

Lesotho



Demographic and
Health Survey

2009

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FOREWORD

The 2009 Lesotho Demographic and Health Survey (LDHS) was commissioned by the Ministry of Health and Social Welfare (MOHSW) to provide countrywide, population-based information on maternal and child mortality, nutrition, fertility levels, family planning, sexually transmitted infections (STIs), HIV and AIDS, and tuberculosis (TB). The findings from the survey will provide data to benchmark efforts in ongoing health sector reforms and to provide information needs for defining global targets, such as the Millennium Development Goals (MDGs) and the United Nations General Assembly Special Summit on HIV and AIDS (UNGASS).

The mainstay of the survey was a structured interview, which was conducted with a nationally representative sample of residents drawn from about 10,000 households. The survey assessed their health status, knowledge, attitudes, and behaviours. Selected biomarkers for anaemia, blood pressure, and HIV status, as well as a number of anthropometric indices, were also measured. The 2009 LDHS used personal digital assistants (PDAs) instead of paper questionnaires to collect the data. Lesotho is appreciative that it is the first country in Africa to have used PDAs in a DHS.

The main findings of the survey include a relative increase in contraceptive prevalence, low fertility levels, high levels of antenatal care attendance, and declining coverage for basic childhood immunisations. An important aspect of the survey was the large amount of information obtained on HIV and AIDS, STIs, and TB knowledge and behaviour. The survey findings indicated a stable HIV prevalence and high levels of infant and maternal mortality.

The success of the survey would not have been possible without the additional financial support received from the Global Fund to Fight AIDS, Tuberculosis, and Malaria; Irish Aid; Millennium Challenge Account (MCA); National Institute for Health and Welfare, United States President's Emergency Fund for AIDS Relief (PEPFAR), National AIDS Commission (NAC), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), United States Agency for International Development (USAID), and the World Health Organization (WHO). The Ministry of Health and Social Welfare (MOHSW) greatly appreciates their support.

Our sincere gratitude also goes to the District Council Secretaries, the Community Councillors, and the chiefs in areas that were selected for the survey; these individuals contributed to the success of the survey in many ways.

The Ministry appreciates the dedication shown by the survey coordinators, field coordinators, supervisors, social mobilisation staff, editors, laboratory staff, and logistics officer who all worked tirelessly till the end of the survey. Special thanks and recognition go to the respondents who openheartedly gave their time to provide the information needed and to undertake a variety of tests. They can rest assured that the information they have provided has added great value to the knowledge of health and demographics in Lesotho and will be treated with the highest level of confidence.

The MOHSW also wishes to express its appreciation for the professional guidance received from ICF Macro, from preparation to completion of the survey. The staff at MOHSW, who worked closely with ICF Macro for almost two years, benefited from their integrity and work ethics.



Mrs. M. M. Khoeli
Principal Secretary for Health
Ministry of Health and Social Welfare

SUMMARY OF FINDINGS

The 2009 Lesotho Demographic and Health Survey (2009 LDHS) is a nationally representative survey of 7,624 women age 15-49 and 3,317 men age 15-59 from 9,391 households covering 400 sample points (enumeration areas) throughout Lesotho. This survey is the second nationally representative population and health survey conducted as part of the worldwide Demographic and Health Surveys (DHS) programme. The survey is designed to provide data to monitor the population and health situation in Lesotho. The sample was selected from the 2006 Population Census in two stages and was designed to produce separate estimates for key indicators for (1) the country as a whole, (2) urban and rural areas, (3) the four ecological zones, and (4) each of the ten districts in Lesotho. Data collection took place over a three-month period, from 16 October 2009 to 26 January 2010.

The survey obtained detailed information on fertility levels and preferences, marriage, sexual activity, awareness and use of family planning methods, breastfeeding practices, nutritional status of women and young children, childhood mortality, maternal and child health, awareness and behaviour regarding HIV/AIDS, other sexually transmitted infections (STIs), and tuberculosis. In addition, the 2009 LDHS carried out anaemia testing in adults and in children under age 5 and HIV testing in women age 15-49 and men age 15-59. Blood pressure measurements were also collected from the same adults.

The 2009 LDHS was implemented by the Ministry of Health and Social Welfare (MOHSW) with the support of the Bureau of Statistics (BOS). Technical assistance was provided through the MEASURE DHS programme, which is funded by the United States Agency for International Development (USAID).

Financial support for the survey was provided by the government of Lesotho; the Global Fund to Fight AIDS, Tuberculosis and Malaria

(Global Fund); Irish Aid; Millennium Challenge Account (MCA); President's Emergency Plan for AIDS Relief (PEPFAR); National AIDS Commission (NAC); United Nations Population Fund (UNFPA); United Nations Children's Fund (UNICEF), USAID, and World Health Organisation (WHO).

FERTILITY

Fertility Levels and Trends. The 2009 LDHS adds to the wealth of demographic data on Lesotho. Changes in fertility levels over time can be tracked by examining fertility estimates from various surveys and censuses that span the last three decades. Comparing data from the 2009 LDHS with that of previous censuses and surveys indicates that the total fertility rate (TFR) has declined significantly over the last three decades, from 5.4 children per woman in the mid-1970s to 5.3 in the mid-1980s, to 4.1 in the mid-1990s, and to 3.5 children per woman in 2004. With a current TFR of 3.3, Lesotho has one of the lowest fertility rates in sub-Saharan Africa.

Fertility Differentials. There are notable differentials; rural women have almost twice as many children (4.0 children per woman) as urban women (2.1 children per woman). The total fertility rate is highest in the Mountains zone (4.7 children per woman) and lowest in the Lowlands (2.7 children per woman). As expected, a woman's education is strongly associated with fertility. For example, the TFR decreases from 4.5 children for women with some primary education to 2.5 children for women with secondary or higher education. Fertility is also very closely related to household economic status. Women who live in households in the lowest wealth quintile have high fertility (5.9 children) while those who live in households in the highest wealth quintile have low fertility (2.0 children).

Unplanned Fertility. Despite a steady rise in the level of contraceptive use over the past 15 years, the 2009 LDHS data indicate that more than half of pregnancies are unplanned; 31 percent are mistimed (wanted later), and 21 percent are unwanted.

Fertility Preferences. The majority of currently married women in Lesotho express a desire to stop childbearing (59 percent), including the 2 percent who are sterilised. Nationally, around four in ten married women want to have another child—23 percent want a child later and 16 percent want a child soon (within two years). The 2009 LDHS results show that the mean ideal family size among currently married women in Lesotho has declined from 3.5 children in 2004 to 3.2 children in 2009.

FAMILY PLANNING

Knowledge of Contraception. Knowledge of family planning is almost universal, with 98 percent or more of women and men age 15-49 knowing at least one modern method of family planning. The male condom is the most widely known method of family planning among all women and men, with 97 percent of women and men saying that they have heard of the method. Among women, knowledge of injectables, the pill, and the female condom is 87 percent or higher. A significant proportion of women have also heard about the IUCD (69 percent) and female sterilisation (66 percent).

Among men, next to male condom, the most known method is the female condom (78 percent), followed by injectables and the pill (72 percent each). Implants are the least known modern method among men (8 percent).

Use of Contraception. The contraceptive prevalence rate (CPR) among married women is 47 percent. Almost all currently married women who use contraception use modern methods (46 percent). The most commonly used contraceptive methods among married women are injectables (19 percent), the pill (13 percent), and the male condom (9 percent).

Trends in Contraceptive Use. Current use of contraception by married women between the 2004 LDHS and the 2009 LDHS survey increased from 37 percent to 47 percent. The most notable increase is in the use of male condoms, from 5 percent in 2004 to 9 percent in 2009. Use of injectables increased substantially in the 5-year period, from 15 percent to 19 percent.

Differentials in Contraceptive Use. Use of any contraception among married women in urban areas is higher than in rural areas (58 percent compared with 42 percent). The CPR among married women is highest in the Lowlands zone (54 percent) and lowest in the Senqu River Valley zone (33 percent). Across districts, the CPR is highest among married women in Maseru (56 percent) and lowest in Mokhotlong (30 percent).

Contraceptive use among currently married women increases with increasing level of education and wealth quintile.

Source of Modern Methods. The most common source of contraceptive methods in Lesotho is government health centres, which supply almost one third of users of modern methods. A large proportion of pill users and users of injectables obtain the methods from a government source (63 percent and 74 percent, respectively). Government sources supply 56 percent of IUCDs. The most common source for the male condoms is the public sector (45 percent), followed by other sources, such as shops (26 percent) and friends or relatives (10 percent).

Unmet Need for Family Planning. Twenty-three percent of married women in Lesotho have an unmet need for family planning. Unmet need for limiting births (12 percent) is higher than unmet need for spacing births (11 percent). In 2009, 67 percent of the demand for family planning was being met, implying that the needs of about one in three women in Lesotho are not being met.

MATERNAL HEALTH

Antenatal Care. A relatively high percentage of women, 92 percent, receive antenatal care from a medical professional, either from doctors (11 percent) or nurses or midwives (81 percent). Very few women receive antenatal care from traditional birth attendants, and 8 percent do not receive any antenatal care. The 2009 LDHS data indicate a slight improvement since the 2004 LDHS, which reported 90 percent coverage for antenatal care from a health professional.

Sixty percent of women received at least two doses of tetanus toxoid for their most recent birth in the five years preceding the survey.

Delivery Care. Nationally, more than half of births in the five years preceding the survey were delivered in a health facility: 38 percent in public health facilities, 2 percent in private health facilities, and 13 percent in Christian Health Association of Lesotho (CHAL) facilities. Forty percent of births occurred at home. The 2009 LDHS data also show that skilled providers assisted with more than 60 percent of deliveries, community health workers assisted with 11 percent of deliveries, traditional birth assistants (TBAs) assisted with 5 percent of deliveries, and relatives or friends attended 22 percent of deliveries. In the five years since 2004, the proportion of deliveries by medically trained providers increased from 55 percent to 62 percent, and deliveries by TBAs declined from 13 percent to 5 percent.

Postnatal Care. Only 3 percent of women received postnatal care within the recommended one hour after delivery. Forty-five percent of women who had a live birth in the five years preceding the survey received postnatal care within two days of delivery, and 6 percent received postnatal care 3 to 41 days after delivery. The proportion of women who did not receive any postnatal care declined from 72 percent in 2004 to 42 percent in 2009.

CHILD HEALTH

Childhood Mortality. Data from the 2009 LDHS show a continued upward trend in the early childhood mortality rates over time. Data for the approximate 2005-2009 period suggest that under-5 mortality is 117 deaths per 1,000 live births. About eight in ten of these deaths occur in the first year of life—infant mortality is 91 deaths per 1,000 live births, and child mortality is 28 deaths per 1,000 children at age 1. Neonatal and postneonatal mortality in the same period accounted for 47 and 45 deaths per 1,000 live births, respectively. The pattern shows that deaths occurring during the neonatal and postneonatal periods account for 79 percent of all deaths under age 5.

Childhood Vaccination Coverage. The 2009 LDHS data suggest that vaccination cover-

age among children age 12-23 months has declined from 68 percent in 2004 to 62 percent in 2009. Ninety-five percent of children have received vaccine to prevent tuberculosis (BCG). Coverage levels are also very high for the first dose of diphtheria, pertussis, and tetanus (DPT) vaccine (96 percent) and the first polio vaccination (94 percent). While coverage for the first dose of DPT and polio is high, the proportion of children receiving the recommended third dose of DPT and polio is lower (84 percent and 75 percent, respectively), as is the proportion receiving a measles vaccination (80 percent).

Childhood Illnesses and Treatment. Six percent of children under age 5 were reported to have had symptoms of acute respiratory illness in the two weeks preceding the survey, and 17 percent were reported to have had fever during the same period. Among children with fever, 60 percent were taken to a health facility or provider for treatment.

Eleven percent of children under age 5 had diarrhoea in the two weeks preceding the survey, and 53 percent were taken to a health provider. More than half of children with diarrhoea were given a solution made from oral rehydration salts (ORS), 55 percent received recommended home fluids (RHF), and 22 percent were given increased fluids. Overall, three in four children with diarrhoea received ORS, RHF, or increased fluids.

NUTRITION

Breastfeeding Practices. Overall, 92 percent of children are breastfed at some point, slightly less than the 95 percent reported in the 2004 LDHS. More than half (53 percent) of last-born, ever breastfed children were given breast milk within one hour of birth, and 93 percent started breastfeeding within one day of birth.

Although a large majority (94 percent) of children under age 6 months are breastfed, just over half (54 percent) are exclusively breastfed, as recommended. About one in five breastfeeding children age 4-5 months consumes solid or semi-solid foods (21 percent) or infant formula (19 percent), one in nine (11 percent) receives other milk, and four in ten (40 percent) receive other liquids (excluding plain water). The 2009 LDHS data indicate that supplementary feeding of children begins early. Breast-

feeding practices in Lesotho should improve because giving supplemental foods to children under age 6 months can be detrimental to a child's health.

One in four children (26 percent) under age 6 months in Lesotho is fed using a bottle with a nipple.

Iodisation of household salt. Overall, 93 percent of the households interviewed in the 2009 LDHS had their salt tested for iodine, while 7 percent had no salt available in the household. Eighty-three percent of children age 6-59 months live in households with adequately iodised salt (<15 parts per million).

Intake of Vitamin A. Ensuring that children age 6-59 months receive enough vitamin A may be the single most effective child survival intervention. Deficiencies in this micronutrient can cause blindness and can increase the severity of infections such as measles and diarrhoea. One in three (34 percent) children age 6-59 months were given vitamin A supplement in the six months preceding the survey. Eight in ten of the youngest children age 6-35 months who live with their mothers have consumed fruits and vegetables rich in vitamin A in the past 24 hours.

Thirty-nine percent of women receive vitamin A supplementation postpartum (in the first two months after delivery), more than double the proportion reported in the 2004 LDHS (17 percent). The level of night blindness among pregnant women is 1 percent (after adjusting for women who had difficulty with daytime vision).

Prevalence of Anaemia. Twenty-six percent of women have some level of anaemia. Anaemia prevalence is somewhat higher among pregnant women (30 percent) and those who smoke cigarettes or tobacco (29 percent).

Iron-deficiency anaemia is a major threat to maternal health and child health. Overall, 47 percent of children 6-59 months in Lesotho have some level of anaemia, including 25 percent of children who are mildly anaemic, 21 percent

who are moderately anaemic, and 1 percent who are severely anaemic.

The prevalence of anaemia is less pronounced among men than among women and children. Twelve percent of men age 15-49 in Lesotho have some level of anaemia.

Nutritional Status of Children. According to the 2009 LDHS, 39 percent of children under age 5 are stunted, and 15 percent are severely stunted. Four percent of children under age 5 are wasted, and 1 percent are severely wasted. These findings are similar to the 2004 LDHS findings. Weight-for-age results show that 13 percent of children under age 5 are underweight, with 4 percent severely underweight.

Children who do not live in the same household with their biological mothers are more likely to be stunted than other children.

Nutritional Status of Women. Only 2 percent of women in Lesotho fall below the 145-centimetres cut-off point, the same percentage as in the 2004 LDHS. The mean BMI for women age 15-49 is 25. Six percent of women were found to be chronically malnourished (BMI less than 18.5), while 42 percent were overweight or obese. Notably, 17 percent of women age 15-49 are obese, with a BMI of 30.0 or higher.

Awareness of AIDS. Data show that knowledge of AIDS in Lesotho has been almost universal since 2004. In 2009, 97 percent of women and 95 percent of men age 15-49 indicated that they had heard about AIDS.

Knowledge that using condoms can reduce the risk of contracting HIV during sexual intercourse is widespread (87 percent of women and 80 percent of men). Eighty-seven percent of women and 82 percent of men said that the chances of getting the AIDS virus (HIV) can be reduced by limiting sex to one faithful, uninfected partner. Knowledge of both of these ways of avoiding HIV transmission is high, with 81 percent of women and 72 percent of men citing both as ways of reducing the risk of contracting HIV/AIDS.

Knowledge that a healthy-looking person can have HIV is widespread. Overall, 87 percent of women and 78 percent of men are aware that a healthy-looking person can have HIV. A person is considered to have a comprehensive knowledge about AIDS when they report that (1) using a condom every time sexual intercourse occurs and having just one uninfected and faithful partner can reduce the chances of contracting HIV/AIDS, (2) a healthy-looking person can have HIV, and (3) they reject the two most common local misconceptions about how HIV/AIDS is transmitted. In Lesotho, only 38 percent of women and 29 percent of men age 15-49 have comprehensive knowledge of HIV/AIDS transmission and prevention methods. These rates are higher than in the 2004 LDHS (24 percent of women and 19 percent of men).

HIV-Related Behavioural Indicators. One of the strategies for reducing the risk of contracting a sexually transmitted infection (STI) is for young persons to delay the age at which they become sexually active. Eight percent of women and 22 percent of men age 15-24 have had sex by age 15. Forty-seven percent of women and 63 percent of men reported they had first sexual intercourse by age 18.

Sexual intercourse with more than one partner is associated with a high risk of exposure to sexually transmitted infections. One in four women (26 percent) and 45 percent of men age 15-49 reported having sexual intercourse with more than one partner in the 12 months preceding the survey.

Promoting the use of condoms is an important strategy in the fight against HIV/AIDS transmission. Overall, 38 percent of women and 52 percent of men age 15-49 who had more than one sexual partner used a condom in the 12 months preceding the survey.

Circumcision among males is practiced in many communities in Lesotho and often serves as a rite of passage to adulthood. This is confirmed by the 2009 LDHS, which shows that 52 percent of men age 15-59 in Lesotho are circumcised and only 4 percent were circumcised when younger than age 13.

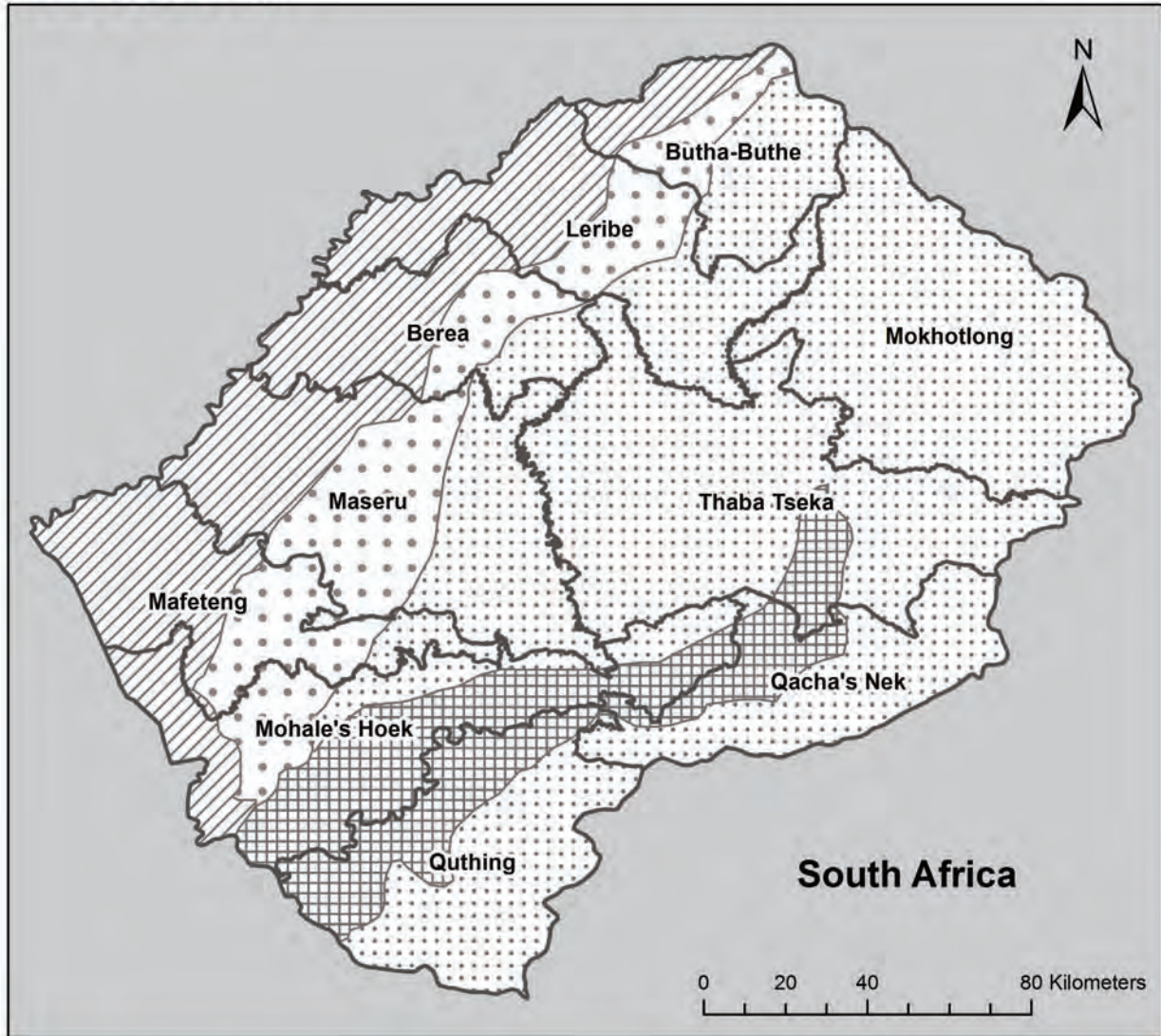
HIV Prevalence. HIV tests were conducted for 94 percent of the 4,112 eligible women and 88 percent of the 3,493 eligible men. Results from the 2009 LDHS indicate that 23 percent of adults age 15-49 in Lesotho are infected with HIV. The prevalence of HIV infection is 27 percent for women age 15-49 and 18 percent for men age 15-49. HIV prevalence has not changed since 2004. For both sexes, rates of infection rise with age, peaking at 42 percent for women age 35-39 and at 40 percent among men age 30-34.

Patterns of HIV Prevalence. Urban residents are more likely to be HIV positive than rural residents (27 and 21 percent, respectively). Among the four ecological zones, Lowlands has the highest rate of infection (24 percent) whereas Senqu River Valley has the lowest (21 percent). Among the districts, Maseru has the highest infection rate for both women and men, while Butha-Buthe has the lowest rate.

For both women and men, education does not seem to have a direct relationship with infection levels. Women who have completed primary school have the highest infection levels. One-third of employed women and 22 percent of employed men are HIV positive, compared with 21 percent of unemployed women and 9 percent of unemployed men. The relationship between HIV status and wealth quintile is not uniform. However, the lowest HIV rates are found among women and men in the lowest wealth quintile.

More than 800 couples were tested for HIV in the 2009 LDHS. Results show that, for 65 percent of cohabiting couples, both partners are HIV negative, while for 19 percent of couples, both partners are HIV positive. In 17 percent of couples, there is discordance in HIV-positive status; that is, one partner is infected and the other is not. Therefore, almost half of couples in which at least one partner is HIV positive have a discordant HIV status.

LESOTHO



Topographic Regions

- | | |
|-----------|--------------------|
| Foothills | Mountains |
| Lowlands | Senqu River Valley |

INTRODUCTION

Mahlape Ramoseme

1.1 GEOGRAPHY, HISTORY, AND ECONOMY

1.1.1 Geography

Lesotho is a small, mountainous kingdom situated in the southern part of Africa where it is completely surrounded by the republic of South Africa. The country is divided into 10 administrative districts with a total area of about 30,355 square kilometres. Less than 10 percent of the land is arable. The country has been divided into two residential areas, urban and rural, and further subdivided into four ecological zones: Lowlands, Foothills, Mountains, and Senqu River Valley.

In Lesotho, there are four seasons in a year; summer being from December to February, with January the warmest month; autumn from March to May; winter from June to August, (the temperature can drop below zero degrees centigrade, and snowfall is not unexpected, especially in the mountains); and spring from September to November. Rainfall amounts vary from 700 mm to 800 mm in most parts of the Lowlands, and most rain falls between the months of October and April.

1.1.2 History

Lesotho gained its independence on 4 October 1966 after having been a British protectorate for almost 100 years (1868-1966). The three largest religious organizations are the Roman Catholic Church, the Lesotho Evangelical Church, and the Anglican Church. Lesotho has two official languages, Sesotho and English.

1.1.3 Economy

Lesotho is primarily a country of subsistence farming. Most of the farming is done between August and April, and harvesting takes place in June and July. The major agricultural products are wheat, corn, sorghum, and livestock. Lesotho's gross domestic product (GDP) is Maluti 9,013 million, with an annual growth rate of 4.4 percent. The inflation rate is estimated at 4.5 percent (BOS, 2010), and the unemployment rate is 22.7 percent (BOS, 2008). Agriculture contributes about 7 percent of the GDP, and manufacturing accounts for 17 percent of the GDP (BOS, 2009).

Other industries include mining, electricity, water, and construction. In 2004, diamond mining and quarrying constituted 9 percent of the GDP, and the contribution of the service industries varied between 55 and 60 percent. The average growth rate of imports has remained at 2.0 percent since 1998 (BOS, 2009).

1.2 POPULATION

According to the 2006 Population and Housing Census, the population of Lesotho is 1,876,633, of which 23 percent live in the urban areas. The urban population was 17 percent of the total population in 1996 (BOS, 2009a). Table 1.1 shows that Lesotho's population has not increased much since then. The annual population growth rate was 0.08 percent between 1996 and 2006.

The 2006 population census shows that the crude birth rate for Lesotho is 33 births per 1,000 population compared with 30 births per 1,000 population estimated in the 1996 census. Between 1996 and 2006, the crude death rate increased more than two fold—from 12.8 deaths to 26.5 deaths per 1,000 population. The infant mortality rate (IMR) in 2006 was 94 deaths per 1,000 live births. For the first time since 1986, the IMR increased *after* it had declined from 113 deaths per 1,000 live births in 1976 to 85 deaths per 1,000 live births in 1986. Table 1.1 shows that the total fertility rate in Lesotho declined from 4.1 to 3.5 births per woman between 1996 and 2006. In the same inter-censal period, life expectancy at birth decreased from 59 years to 41 years. Data from population censuses show that the population of Lesotho is predominantly rural. However, there is an observed increase of population in the urban areas.

Table 1.1 Basic demographic indicators				
Selected demographic indicators for Lesotho, 1976, 1986, 1996, and 2006				
Indicator	1976	1986	1996	2006
Population (millions)	1.2	1.6	1.9	1.9
Inter-censal growth rate (percent)	2.3	2.6	1.5	0.08
Density (pop./km ²)	40	53	61	61
Percent urban	11	12	17	23
Crude birth rate	38-40	37	30.0	32.83
Crude death rate	16-18	11.6	12.8	26.5
Total fertility rate	5.4	5.3	4.1	3.5
Infant mortality rate (per 1,000 births)	113	85	74	94
Life expectancy (years)	51	55	59	41
Male	49.3	49.3	58.6	39.7
Female	52.7	56.7	60.2	42.9

Source: BOS, 1976; BOS, 1986; BOS, 1996; BOS, 2006 (census reports)

1.3 OBJECTIVES OF THE SURVEY

The Ministry of Health and Social Welfare (MOHSW) conducted the 2009 Lesotho Demographic and Health Survey (LDHS) to collect population-based data to inform the Health Sector Reform Programme (2000-2009), evaluate the strides made since the first LDHS was conducted in 2004, set a baseline for new programmes, and provide information for policy and strategic planning.

The 2009 LDHS was conducted using a representative sample of women and men of reproductive age. The specific objectives were to:

- Provide national data on key demographic indicators, particularly fertility and child and adult mortality rates
- Analyze the direct and indirect factors that determine the level of and trends in fertility
- Measure the level of contraceptive knowledge and practice of women and men by method, urban-rural residence, and region
- Provide data on family health, including immunization coverage among children, prevalence and treatment of diarrhoea and other diseases among children under age 5, maternity care indicators including antenatal visits, and assistance at delivery

- Provide data on child feeding practices, including breastfeeding, the nutritional status of women and children, and the prevalence of anaemia among children under age 5, women age 15-49, and men age 15-59
- Provide data on knowledge and attitudes of women and men about sexually-transmitted diseases and HIV/AIDS, and evaluate patterns of recent behaviour regarding condom use
- Provide information on the prevalence of HIV among women age 15-49 and men age 15-59
- Provide biomarker data on blood pressure among women age 15-49 and men age 15-59

1.4 ORGANISATION OF THE SURVEY

The 2009 LDHS was implemented by MOHSW with the support of the Bureau of Statistics (BOS). Technical assistance was provided through the MEASURE DHS programme of ICF Macro, which is funded by the United States Agency for International Development (USAID).

Financial support for the survey was provided by the government of Lesotho; the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund); Irish Aid; the Millennium Challenge Account (MCA); the President's Emergency Plan for AIDS Relief (PEPFAR); the National AIDS Commission (NAC); the United Nations Population Fund (UNFPA); the United Nations Children's Fund (UNICEF); USAID; and the World Health Organisation (WHO).

1.5 SAMPLE DESIGN

The 2009 LDHS was designed to provide estimates of health and demographic indicators at the national level, for urban-rural areas, and for each of the ten districts of Butha-Buthe, Leribe, Berea, Maseru, Mafeteng, Mohale's Hoek, Quthing, Qacha's Nek, Mokhotlong, and Thaba-Tseka. The 2009 LDHS sample points (clusters) were selected from a list of enumeration areas (EAs) defined for the 2006 Lesotho Population and Housing Census. A total of 400 clusters were drawn from the census sample frame, 94 in the urban areas and 306 in the rural areas. The clusters were selected with probability proportional to size (PPS).

Bureau of Statistics (BOS) staff conducted an exhaustive listing of households in each of the LDHS clusters from July through December 2009. From these lists, a systematic sample of households was drawn for a total of 10,000 households, about 25 households on average per cluster. All women age 15-49 identified in the entire sample of households were eligible for individual interview. In addition, half of these households (5,000 households) were selected randomly, and in these households, all men age 15-59 were eligible for individual interview. In the LDHS households where men were interviewed, all children under age 6 were eligible for height, weight, and mid-upper arm circumference measurements as well as anaemia testing. In the same households, women and men who were eligible for individual interview were also eligible for height, weight, and blood pressure measurements in addition to anaemia and HIV testing.

1.6 QUESTIONNAIRES

Three types of questionnaires were used for the LDHS: the Household Questionnaire, the Woman's Questionnaire, and the Man's Questionnaire. The contents of the questionnaires were based on questionnaires developed for the MEASURE DHS programme. The LDHS questionnaires were developed in collaboration with a wide range of stakeholders. After the LDHS survey instruments were drafted, they were translated into and printed in the local language, Sesotho, for pre-testing.

The Household Questionnaire was used to list all the usual members and visitors to the selected households. Basic information was collected on the characteristics of each person listed, including age, sex, education, and relationship to the head of the household. The Household Questionnaire was also used to identify persons eligible for the individual interview. In addition, information was collected about the dwelling, such as the source of water, type of toilet facilities, materials used to construct the house, and ownership of various consumer goods. The results of anthropometric measurement and anaemia testing were recorded in the Household Questionnaire, as was the information on the consent of eligible household members for the HIV testing.

The Woman's Questionnaire was used to collect information on the following topics:

- Background characteristics (age, education, employment, religion, etc.)
- Birth history and childhood mortality
- Knowledge and use of family planning methods
- Antenatal, delivery, and postnatal care
- Infant feeding practices, including patterns of breastfeeding
- Childhood vaccinations
- Episodes of childhood illness and responses to illness
- Marriage and sexual activity
- Fertility preferences
- Husband's background and the woman's work status
- Adult mortality, including maternal mortality
- HIV/AIDS-related knowledge, attitudes, and behaviour
- Knowledge, attitudes, and behaviour related to other health issues

The Man's Questionnaire was shorter than the Woman's Questionnaire but covered many of the same topics, excluding the reproductive history and sections dealing with maternal and child health and maternal mortality.

In this survey, instead of paper questionnaires, personal data assistants (PDAs) were used to record responses during interviews. Bluetooth wireless technology was used for electronic transfer of files, such as transfer of the assignment sheet from the team supervisor to the interviewers, transfer of household questionnaires among survey team members, and transfer of completed questionnaires to team and central office supervisors. The PDA interview applications were implemented using the mobile version of CSPro, which was developed by the MEASURE DHS project in collaboration with the U.S. Census Bureau.

1.7 ANAEMIA AND HIV TESTING

In addition to the collection of information during the survey interview, the LDHS also included anaemia and HIV testing. The protocol for the anaemia and HIV testing was based on the standard protocols employed in the MEASURE DHS programme and adapted to achieve the objectives of the LDHS. It was reviewed and approved by the Research and Ethics Committee at the Ministry of Health and Social Welfare and by the ICF Macro Institutional Review Board (IRB).

1.7.1 Anaemia Testing

Haemoglobin testing is the primary method of anaemia diagnosis. In the LDHS, haemoglobin measurement was performed in the field by the survey field staff. Prior to collecting the blood specimen, participants age 18 and older and married youth age 15-17 were asked to give informed consent to the

testing. For unmarried youth age 15-17, consent was asked from the parent or guardian and the respondent. For children age 6 months to 5 years, consent was asked only from the parent or guardian. The consent statement explained the purpose of the test, informed the prospective subjects and/or their caretakers how the test would be done, advised them that the results would be available as soon as the test was completed, and requested permission for the test to be carried out.

For the haemoglobin measurement, capillary blood was generally taken from one finger of each individual using sterile, single-use lancets that allowed a relatively painless puncture. The concentration of haemoglobin in the blood was measured in the field using the HemoCue system. The results of the anaemia test were immediately provided for all eligible individuals who were tested. Levels of anaemia were classified as severe, moderate, or mild according to criteria developed by WHO. Respondents were provided with a brochure on anaemia, which included suggested changes to diet to treat anaemia. Individuals who were found to be severely anaemic were referred to health facilities for further evaluation.

1.7.2 HIV Testing

The LDHS testing protocol for HIV involved the collection of at least three blood spots from a finger prick (generally the same prick used to obtain the blood drop for anaemia testing) on a special filter paper card. The HIV testing in the LDHS was anonymous; that is, it was conducted in such fashion that the results could not be linked to individual respondents. A unique random identification number (bar code) was assigned to each eligible respondent consenting to the testing, and labels containing that code were affixed to the filter paper card, the questionnaire, and a field tracking form at the time of the collection of the sample. No other identifiers were attached to the sample of dried blood spots (DBS).

Because of the anonymous nature of the testing approach in the LDHS, it was not possible to provide information on the results from the HIV testing conducted during the LDHS. In lieu of providing the LDHS test results, written and verbal information was provided on counselling and testing (VCT) sites where free confidential counselling and HIV testing was available. In addition, any person (whether or not they participated in the LDHS) who approached an LDHS team with a request about VCT was provided with information on the sites in an effort to increase VCT usage in Lesotho.

The procedures that LDHS field staff followed to obtain informed consent from eligible individuals and to collect DBS samples for the HIV test were similar to those used for obtaining consent for the anaemia testing. The HIV consent statement explained the objective of the test and how the DBS sample would be collected, informed prospective subjects and/or their caretakers that the testing process was anonymous and, that, therefore, their result would not be available to them, advised them of the availability of free voluntary counselling and testing services, and requested permission for the test to be carried out.

After the survey team completed a cluster, all questionnaires, the dried blood spot samples, and the sample transmittal forms for the cluster were sent to the MOHSW for logging and checking prior to data entry. Blood samples were checked against the transmittal form and then forwarded to the Lesotho Blood Transfusion Service (LBTS) laboratory for testing. No identifying information other than the unique barcode label affixed at the time of the collection of the DBS sample accompanied the specimen to the laboratory.

1.8 PRETEST

The pre-test training took place in July 2009 at the MOHSW Headquarters. The training was conducted following the DHS training procedures, including class presentations and mock interviews,

using paper questionnaires as well as PDAs. The participants were also trained to take biomarker measurements and tests.

Fourteen people were trained, including two IT officers. They were drawn from staff of the MOHSW, the Christian Health Association of Lesotho (CHAL), the Lesotho Planned Parenthood Association (LPPA), the Food and Nutrition Coordinating Office (FNCO), and the Lesotho Red Cross Society (LRCS). Four female trainees participated in the 2004 LDHS.

The pre-test fieldwork was conducted in Leribe and Butha-Buthe districts in both urban and rural clusters to help gauge how the respondents' reception of the LDHS teams might vary by locality. On average, the Household Questionnaire took 30 minutes to complete, the Woman's Questionnaire took 90 minutes, and the Man's Questionnaire, 80 minutes.

1.9 TRAINING

A total of 109 persons, 34 males and 75 females, were trained to be the 2009 LDHS field staff. The training followed the standard DHS training procedures, including instructions on how to conduct interviews and how to fill in all three questionnaires, classroom demonstration and practice in administering the questionnaires using both paper questionnaires and PDAs, and tests. The participants also practiced interviewing in actual households. Their field experiences were discussed in class.

The first two weeks of the 2009 LDHS training were spent building the participants' familiarity with the survey instruments, enhancing knowledge and skills in conducting interviews, and practicing how to record responses in paper questionnaires. The PDAs were introduced in the third week of training. Participants were also trained to use the case-management system on the PDA to accomplish such tasks as selecting assigned interviews and receiving electronic case assignments from their supervisor. The fourth week was used to practice skills—interviewing in Sesotho, taking measurements of height, weight, and mid-upper arm circumference, testing for anaemia, and taking blood samples for HIV testing in the field; also during this week, supervisors and editors were selected. The training continued through the fifth week with a general overview of biomarkers and the PDA. The supervisors and editors were given instructions on how to perform their tasks during the fieldwork.

All participants received extensive classroom training plus additional field practice on biomarker data collection. They learned how to use informed consent procedures; how to take height, weight, and blood pressure measurements, how to collect finger prick blood spot samples for anaemia and HIV testing, and how to handle and package the dried blood spots. All staff received training in universal precautions and the disposal of hazardous waste.

1.10 FIELDWORK

Fieldwork for the 2009 LDHS commenced on 16 October 2009 and was completed on 26 January 2010. Data collection was carried out by 15 interviewing teams, each consisting of one supervisor, one field editor, three to four female interviewers, and one or two male interviewers. After Christmas break, due to drop out and iteration, the field staff was regrouped into 13 teams. Three Field Coordinator (FC) teams were formed; two consisted of one senior MOHSW staff and one data processing supervisor, and one team consisted of two senior MOHSW staff. The FC teams supervised the data collection teams throughout the fieldwork period.

Collected data were transferred from the interviewer's PDA to the team supervisor's at the end of the day. During visits by the FC teams, data files were transferred from the team supervisors' PDAs to the

FCs' PDAs. Blood samples were also collected during these visits and transferred to the Lesotho Blood Transfusion Service (BLTS) laboratory.

1.11 DATA PROCESSING

All data files for the LDHS were stored in a computer at the MOHSW Headquarters. The data processing operation included secondary editing, which involved checking for inconsistencies. The LDHS data entry and editing programmes used CSPro, a computer software package specifically designed for processing survey data such as that produced by DHS surveys. Data processing commenced in November 2009 and was completed in February 2010.

1.12 SAMPLE RESULTS

Table 1.2 shows household and individual response rates for the 2009 LDHS. A total of 9,994 households were selected for the sample, of which 9,619 were found occupied during data collection. Of the existing households, 9,391 were successfully interviewed, yielding a household response rate of 98 percent.

In these households, 7,786 women were identified as eligible for the individual interview. Interviews were completed with 98 percent of these women. Of the 3,493 eligible men identified in the sub-sample of households selected, 95 percent were successfully interviewed. Overall, response rates were higher in rural areas than in urban areas.

Table 1.2 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence (unweighted), Lesotho 2009

Result	Residence		
	Urban	Rural	Total
Household interviews			
Households selected	2,347	7,647	9,994
Households occupied	2,247	7,372	9,619
Households interviewed	2,141	7,250	9,391
Household response rate ¹	95.3	98.3	97.6
Interviews with women age 15-49			
Number of eligible women	2,043	5,743	7,786
Number of eligible women interviewed	1,977	5,647	7,624
Eligible woman response rate ²	96.8	98.3	97.9
Household interviews for men			
Households selected	1,222	3,972	5,194
Households occupied	1,167	3,826	4,993
Households interviewed	1,105	3,768	4,873
Household response rate ¹	94.7	98.5	97.6
Interviews with men age 15-49			
Number of eligible men	791	2,702	3,493
Number of eligible men interviewed	736	2,581	3,317
Eligible men response rate ²	93.0	95.5	95.0

¹ Households interviewed/households occupied

² Respondents interviewed/eligible respondents

John Nkonyana

This chapter presents information on the social, economic, and demographic characteristics of the household population, focusing mainly on background characteristics such as age, sex, educational attendance and attainment, place of residence, and socioeconomic conditions. The information provided is intended to facilitate interpretation of the key demographic, socioeconomic, and health indices. It is further intended to assist in assessment of the representativeness of the survey.

One of the background characteristics used throughout this report is an index of socioeconomic status. The economic index used here was developed and tested in a large number of countries in relation to inequities in household income, use of health services, and health outcomes (Rutstein et al., 2000). It is an indicator of the level of wealth that is consistent with expenditure and income measures (Rutstein, 1999). The economic index was constructed using household asset data with principal components analysis. The asset information was collected through the Household Questionnaire of the 2009 LDHS. Included is information on household ownership of a number of consumer items, ranging from a television to a bicycle to a car. Also provided is information on dwelling characteristics, for example, the source of drinking water, sanitation facilities, and type of material used for flooring.

Each asset was assigned a weight (factor score) generated through principal components analysis, and the resulting asset scores were standardized in relation to a normal distribution with a mean of zero and a standard deviation of one (Gwatkin et al., 2000). Each household was then assigned a score for each asset, and the scores were summed for each household; individuals were ranked according to the total score of the household in which they resided. The sample was then divided into quintiles ranging from one (lowest) to five (highest). A single asset index was developed for the whole sample; separate indices were not prepared for the urban and rural populations.

2.1 HOUSEHOLD POPULATION BY AGE AND SEX

The 2009 LDHS Household Questionnaire solicited information on key demographic and socioeconomic characteristics; parental survivorship and residence status for people age 17 years and under; educational attendance and attainment; and housing characteristics. A household was defined as a person or group of people, related or unrelated to each other, who live together in the same dwelling unit and share a common source of food.

Table 2.1 presents the distribution of the 2009 LDHS household population by five-year age groups, according to sex and urban-rural residence. The household population constitutes 33,719 persons, of which 46 percent are male and 54 percent are female. There are more persons in the young age groups than in the old age groups for both sexes. For instance, half of the population is under 20 years old.

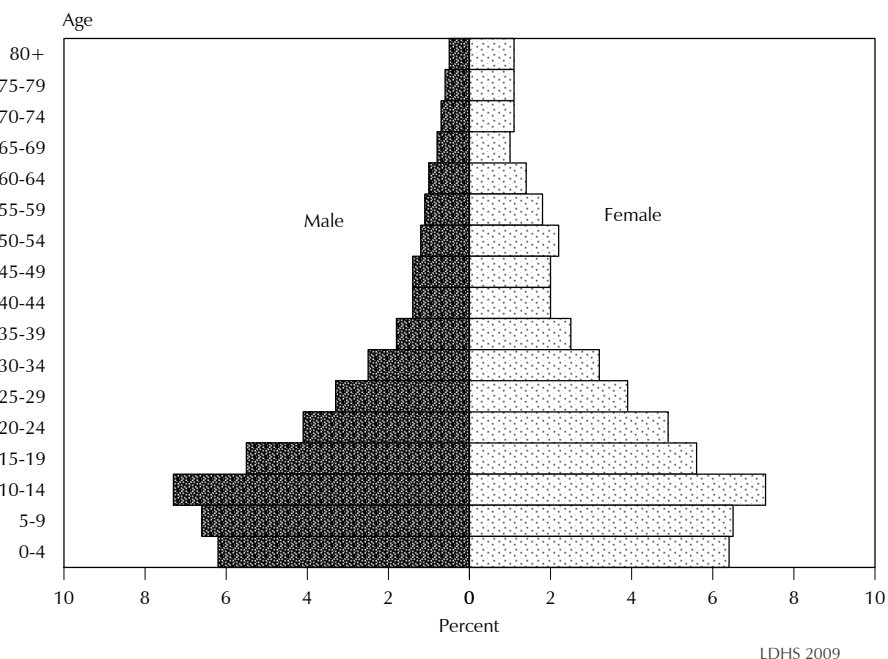
Figure 2.1 shows the age-sex structure of the Lesotho population. The household population age structure has a wide base, indicating that most of Lesotho's population is still young. Forty percent of the population in Lesotho is under age 15, and 7 percent is age 65 or older. The recent decline in fertility is also apparent in the narrow base of the pyramid. The large proportion of women age 50-54 is most likely a result of a deliberate attempt by interviewers to reduce their workload by placing respondents outside of the age range of eligibility for the interview.

Table 2.1 Household population by age, sex, and residence

Percent distribution of the de facto household population by five-year age groups, according to sex and residence, Lesotho 2009

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	10.9	9.2	9.9	14.4	12.7	13.5	13.6	11.8	12.6
5-9	12.5	8.9	10.4	14.9	13.1	14.0	14.4	12.0	13.1
10-14	12.8	11.5	12.0	16.7	14.3	15.5	15.8	13.6	14.6
15-19	11.6	11.0	11.3	12.1	10.2	11.1	12.0	10.4	11.1
20-24	9.6	11.6	10.7	8.8	8.1	8.5	9.0	9.0	9.0
25-29	9.4	11.3	10.5	6.6	5.8	6.2	7.2	7.3	7.2
30-34	8.9	8.8	8.8	4.4	4.8	4.6	5.4	5.8	5.6
35-39	6.1	6.7	6.4	3.3	3.9	3.6	3.9	4.6	4.3
40-44	4.5	4.6	4.5	2.6	3.5	3.1	3.0	3.8	3.4
45-49	3.8	4.4	4.2	2.7	3.4	3.1	3.0	3.7	3.4
50-54	3.1	4.1	3.7	2.4	4.1	3.3	2.6	4.1	3.4
55-59	2.2	2.6	2.5	2.5	3.5	3.0	2.4	3.3	2.9
60-64	1.7	1.9	1.8	2.4	2.8	2.6	2.2	2.6	2.4
65-69	0.9	0.8	0.8	1.9	2.2	2.1	1.7	1.8	1.8
70-74	1.0	0.9	1.0	1.5	2.5	2.1	1.4	2.1	1.8
75-79	0.8	0.9	0.8	1.5	2.4	2.0	1.3	2.0	1.7
80 +	0.3	0.8	0.6	1.2	2.5	1.9	1.0	2.1	1.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	3,485	4,698	8,183	11,999	13,535	25,536	15,484	18,233	33,719

Figure 2.1 Population Pyramid



LDHS 2009

2.2 HOUSEHOLD COMPOSITION

Table 2.2 shows the distribution of households by sex of the head of household and by size of the household, according to rural-urban residence. According to the 2009 LDHS, women head 36 percent of the households, a finding similar to that of the 2006 Population and Housing Census (35 percent) (BOS, 2006). There are modest differences in female-headed households between urban and rural areas (37 percent and 36 percent, respectively). This may be partly attributed to rural to urban migration, exacerbated by the proliferation of textile industries in the cities whose employees are predominantly women.

Table 2.2 shows that the mean size of a Lesotho household is 3.6 persons, which is 0.3 persons lower than the mean household size of 3.9 persons found in the 2004 LDHS (MOHSW, BOS, and ORC Macro, 2005). As expected, urban households have on average a much smaller household size (2.9 persons) than rural households (3.9 persons).

Table 2.2 also provides information on the proportion of households with foster children (that is, children who live in households with neither biological parent present), double orphans (children with both parents dead), and single orphans (children with one parent dead). Overall, 42 percent of the households contain foster children or orphans. Most of these households have foster children (36 percent). More than 21 percent of households have single orphans, and 8 percent have double orphans. Rural households have a higher proportion of foster children and orphans than urban households (47 percent compared with 29 percent).

Table 2.2 Household composition

Percent distribution of households by sex of head of household and by household size; mean size of household, and percentage of households with orphans and foster children under age 18, according to residence, Lesotho 2009

Characteristic	Residence		Total
	Urban	Rural	
Household headship			
Male	62.9	64.0	63.7
Female	37.1	36.0	36.3
Total	100.0	100.0	100.0
Number of usual members			
0	0.5	0.5	0.5
1	26.9	15.1	18.6
2	20.5	14.8	16.5
3	19.2	18.1	18.4
4	15.2	17.3	16.6
5	9.1	13.5	12.2
6	4.5	8.6	7.4
7	2.3	5.4	4.5
8	1.1	3.1	2.6
9+	0.7	3.6	2.7
Total	100.0	100.0	100.0
Mean size of households	2.9	3.9	3.6
Percentage of households with orphans and foster children under age 18			
Foster children ¹	22.8	40.9	35.6
Double orphans	5.1	9.8	8.4
Single orphans ²	16.2	23.5	21.3
Foster and/or orphan children	29.1	47.1	41.8
Number of households	2,778	6,613	9,391

Note: Table is based on de jure household members, i.e., usual residents.

¹ Foster children are those children under age 18 living in households where neither their mother nor their father is a de jure member of the household.

² Includes children with one dead parent and an unknown survival status of the other parent.

2.3 CHILDREN'S LIVING ARRANGEMENTS AND ORPHANHOOD

Living arrangements and parental survival status of children under age 18 who were usual residents of households in the LDHS sample were collected in the Household Questionnaire. The results indicate that only 24 percent of children under age 18 are living in a household with both of their parents; 34 percent are not living with either parent. Children who are living with a single parent are much more likely to live with their mother (33 percent) than with their father (5 percent). Orphanhood is common; 20 percent of children under age 18 have lost one of their parents, and 7 percent have lost both. Among single orphans, children are four times as likely to have lost their father as their mother (16 percent and 4 percent, respectively).

Table 2.3 Children's living arrangements and orphanhood

Percent distribution of de jure children under age 18 by living arrangements and survival status of parents, the percentage of children not living with a biological parent, and the percentage of children with one or both parents dead, according to background characteristics, Lesotho 2009

Background characteristic	Living with both parents	Living with mother but not father		Living with father but not mother		Not living with either parent				Missing information on father or mother	Total	Percentage not living with a biological parent	Percentage with one or both parents dead ¹	Number of children
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead					
Age														
0-4	31.8	36.0	4.7	3.4	0.3	14.4	0.9	2.8	1.0	4.8	100.0	19.1	10.1	4,174
<2	37.1	43.9	3.9	1.6	0.3	7.5	0.4	1.4	0.4	3.6	100.0	9.6	6.6	1,649
2-4	28.4	30.8	5.2	4.6	0.3	18.9	1.2	3.8	1.3	5.5	100.0	25.3	12.3	2,525
5-9	23.5	25.5	6.9	4.3	1.1	19.3	2.5	7.4	4.1	5.4	100.0	33.3	22.9	4,418
10-14	19.4	18.8	10.4	4.6	2.0	15.0	3.9	10.9	10.2	4.9	100.0	40.1	38.9	4,961
15-17	18.3	15.1	11.1	3.8	1.5	15.1	4.5	12.0	15.2	3.2	100.0	46.9	45.4	2,250
Sex														
Male	24.2	24.5	8.2	4.4	1.3	15.7	2.6	7.5	6.7	4.8	100.0	32.6	27.3	7,926
Female	23.0	24.8	7.9	3.8	1.1	16.4	3.0	8.4	6.9	4.7	100.0	34.6	28.2	7,877
Residence														
Urban	29.1	24.1	9.5	3.3	1.3	12.0	2.2	7.5	6.1	5.0	100.0	27.7	27.5	3,138
Rural	22.3	24.8	7.6	4.3	1.2	17.1	3.0	8.1	7.0	4.7	100.0	35.1	27.8	12,665
Ecological zone														
Lowlands	23.0	25.8	7.9	4.0	1.1	15.0	2.8	7.8	7.2	5.4	100.0	32.8	27.8	8,200
Foothills	19.3	27.4	6.1	2.8	0.9	20.2	3.2	8.5	6.5	5.0	100.0	38.4	26.2	1,865
Mountains	28.4	20.7	9.0	5.0	1.5	16.0	2.6	7.5	5.8	3.4	100.0	32.0	27.2	4,307
Senqu River Valley	18.7	26.6	8.2	3.3	1.4	16.8	3.0	9.5	7.7	4.8	100.0	37.0	30.9	1,431
District														
Butha-Buthe	25.2	21.8	7.8	4.8	1.4	16.7	2.5	8.2	6.6	4.9	100.0	34.0	27.8	845
Leribe	23.0	28.3	7.7	3.9	1.3	15.3	3.4	7.4	5.2	4.4	100.0	31.3	25.7	2,606
Berea	24.8	24.1	6.3	3.7	1.1	18.8	2.8	7.8	5.4	5.1	100.0	34.9	24.5	2,065
Maseru	25.1	24.7	8.3	4.1	1.1	13.7	2.7	7.5	8.4	4.4	100.0	32.3	28.8	3,354
Mafeteng	16.0	29.4	7.6	2.8	1.5	16.2	2.6	9.2	8.6	6.2	100.0	36.5	31.0	1,468
Mohale's Hoek	22.8	24.4	7.3	3.6	1.1	16.6	2.9	8.3	7.1	5.8	100.0	35.0	27.9	1,428
Quthing	17.4	25.6	10.0	2.9	2.0	16.4	3.4	9.5	7.3	5.5	100.0	36.6	33.5	984
Qacha's Nek	20.3	20.9	9.0	4.6	1.1	18.8	3.7	8.8	7.9	4.8	100.0	39.2	31.4	587
Mokhotlong	27.5	21.0	8.5	5.0	0.5	17.2	1.0	8.3	5.9	5.1	100.0	32.4	25.1	973
Thaba-Tseka	30.3	19.2	9.5	6.1	1.2	15.8	2.9	6.8	5.5	2.6	100.0	31.0	26.4	1,492
Wealth quintile														
Lowest	31.3	18.0	8.3	4.7	2.0	15.3	2.4	7.8	6.7	3.5	100.0	32.2	27.9	3,591
Second	22.7	21.0	7.1	4.7	0.5	19.0	2.9	8.8	7.4	6.0	100.0	38.1	27.8	3,321
Middle	17.9	25.3	8.5	4.0	1.0	17.7	3.5	8.5	7.9	5.7	100.0	37.6	30.6	3,296
Fourth	18.4	33.0	9.2	3.8	1.2	14.9	2.6	6.7	6.2	4.1	100.0	30.3	26.8	3,000
Highest	27.7	28.1	6.8	2.9	1.4	12.6	2.7	7.9	5.4	4.6	100.0	28.5	24.8	2,595
Total <15	24.5	26.2	7.5	4.1	1.2	16.2	2.5	7.3	5.4	5.0	100.0	31.4	24.8	13,552
Total <18	23.6	24.7	8.0	4.1	1.2	16.1	2.8	8.0	6.8	4.8	100.0	33.6	27.7	15,803

Note: Table is based on de jure members, i.e., usual residents.

¹ Includes children with father dead, mother dead, both dead, and one parent dead but missing information on survival status of the other parent.

Children's living arrangements vary by their background characteristics. As expected, the percentage of children who do not live with either parent increases with age. Fifteen percent of children age 15-17 are double orphans. Table 2.3 shows that the children's living arrangements do not vary by gender; boys and girls are equally likely to be living apart from their parents. Children from rural areas are less likely to live with both parents than children from urban areas (22 percent and 29 percent, respectively). The percentage of children who do not live with either or both parents ranges from 31 percent in Leribe and Thabe-Tseka to 39 percent in Qacha's Nek.

Orphaned children may be at greater risk of dropping out of school because of lack of funds to pay school fees or the need to stay at home to care for a sick parent or sibling. Table 2.4 shows that school attendance rates among de jure children age 10-14 years vary somewhat by whether they have lost one or both parents. Ninety-three percent of children whose mother and father are dead are currently attending school compared with 95 of children whose parents are both alive and who are living with at least one parent. The rate of school attendance among children who are orphaned is virtually identical to the rate of attendance among non-orphaned children (93 percent compared with 95 percent).

Table 2.4 School attendance by survivorship of parents					
For de jure children 10-14 years of age, the percentage attending school by parental survival and the ratio of the percentage attending, by parental survival, according to background characteristics, Lesotho 2009					
Background characteristic	Percentage attending school by survivorship of parents				
	Both parents dead	Number	Both parents alive and living with at least one parent	Number	Ratio ¹
Sex					
Male	86.2	233	91.8	1,081	0.94
Female	98.5	274	97.3	1,039	1.01
Residence					
Urban	100.0	84	99.4	451	1.01
Rural	91.4	423	93.1	1,669	0.98
Ecological zone					
Lowlands	94.8	281	96.8	1,129	0.98
Foothills	96.8	53	94.9	231	1.02
Mountains	85.8	124	89.9	591	0.95
Senqu River Valley	95.3	48	94.5	167	1.01
District					
Butha-Buthe	93.3	31	94.3	106	0.99
Leribe	97.5	64	97.1	406	1.00
Berea	90.3	44	98.5	258	0.92
Maseru	90.4	129	95.3	467	0.95
Mafeteng	93.4	70	93.7	178	1.00
Mohale's Hoek	96.4	47	90.6	180	1.06
Quthing	97.0	34	94.9	116	1.02
Qacha's Nek	93.4	22	94.1	74	0.99
Mokhotlong	91.0	27	90.1	128	1.01
Thaba-Tseka	87.7	38	89.2	207	0.98
Wealth quintile					
Lowest	86.7	113	87.5	474	0.99
Second	91.6	115	95.2	404	0.96
Middle	92.5	123	94.5	406	0.98
Fourth	97.4	94	96.8	431	1.01
Highest	100.0	61	99.4	404	1.01
Total	92.8	506	94.5	2,120	0.98

Note: Table is based only on children who usually live in the household.
¹ Ratio of the percentage with both parents deceased to the percentage with both parents alive and living with a parent

2.4 EDUCATIONAL ATTAINMENT OF HOUSEHOLD MEMBERS

2.4.1 Educational Attainment

Tables 2.5.1 and 2.5.2 show that women are more likely than men to attend school. For instance, 5 percent of the women and 15 percent of the men age 6 and older who were found in the selected households the night before the survey (de facto) have no education. Less than half of women and 54 percent of men have some primary education, and 15 percent of women and 8 percent of men have completed primary education. Data in the tables also show that 31 percent of women and 22 percent of men have attended secondary school.¹ Progress in providing education is taking place in Lesotho because these figures are higher than those recorded in the 2004 LDHS (22 percent of women and 16 percent of men). Additionally, the median number of years of schooling is higher among women (5.6 years) than among men (3.4 years).

Table 2.5.1 Educational attainment of the female household population

Percent distribution of the de facto female household populations age six and over by highest level of schooling attended or completed and median years completed, according to background characteristics, Lesotho 2009

Background characteristic	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary	Don't know/missing	Total	Number	Median years completed
Age										
6-9	12.9	87.1	0.0	0.0	0.0	0.0	0.0	100.0	1,748	0.3
10-14	0.6	85.6	5.4	8.4	0.0	0.0	0.0	100.0	2,478	3.9
15-19	0.9	24.4	16.4	54.7	3.0	0.5	0.1	100.0	1,896	7.0
20-24	0.8	18.9	20.4	39.8	13.6	5.4	1.0	100.0	1,648	7.9
25-29	1.6	21.7	21.6	35.6	12.5	6.0	0.9	100.0	1,322	7.5
30-34	1.9	23.2	25.5	29.7	10.3	8.5	0.9	100.0	1,066	6.9
35-39	1.7	21.0	32.0	30.1	7.0	7.3	0.9	100.0	840	6.8
40-44	2.2	29.2	25.6	30.3	5.7	6.5	0.4	100.0	691	6.7
45-49	3.0	39.4	24.9	19.2	4.1	7.3	2.0	100.0	672	6.3
50-54	6.3	47.5	19.0	17.2	1.6	6.3	2.0	100.0	747	5.7
55-59	5.0	65.7	12.6	8.9	1.6	4.6	1.7	100.0	598	4.6
60-64	7.3	70.8	8.9	6.1	1.1	3.8	2.0	100.0	472	3.9
65+	16.2	71.7	5.0	2.3	0.2	1.5	3.1	100.0	1,465	2.8
Residence										
Urban	1.8	30.8	14.0	33.2	10.1	9.0	1.1	100.0	4,168	7.1
Rural	5.6	56.1	14.8	18.7	2.5	1.4	0.9	100.0	11,474	5.0
Ecological zone										
Lowlands	2.6	42.5	14.5	27.8	6.3	5.1	1.1	100.0	9,131	6.3
Foothills	4.5	57.9	16.4	17.9	1.4	1.1	0.8	100.0	1,614	4.9
Mountains	7.9	60.1	14.7	13.6	2.2	1.0	0.5	100.0	3,613	4.4
Senqu River Valley	9.0	57.5	12.6	15.8	2.8	1.6	0.8	100.0	1,285	4.6
District										
Butha-Buthe	4.2	51.8	13.6	21.6	5.3	2.9	0.6	100.0	790	5.4
Leribe	3.8	45.4	16.9	25.5	5.0	2.4	0.9	100.0	2,727	6.0
Berea	2.6	43.6	14.4	27.2	5.2	5.7	1.3	100.0	2,134	6.2
Maseru	2.8	42.4	14.4	27.6	6.2	5.6	1.0	100.0	3,753	6.3
Mafeteng	2.7	52.5	14.5	22.0	4.2	3.0	1.1	100.0	1,444	5.6
Mohale's Hoek	6.5	56.3	12.5	18.9	3.1	2.1	0.4	100.0	1,322	5.0
Quthing	10.5	57.3	11.3	15.0	2.9	2.1	0.9	100.0	892	4.3
Qacha's Nek	9.0	56.2	11.1	17.2	3.7	2.1	0.8	100.0	533	4.5
Mokhotlong	6.8	59.2	16.5	14.1	2.1	0.9	0.5	100.0	822	4.5
Thaba-Tseka	7.4	61.9	16.1	10.7	2.1	0.9	0.9	100.0	1,224	4.2
Wealth quintile										
Lowest	10.2	68.6	12.8	7.3	0.3	0.0	0.7	100.0	2,890	3.5
Second	6.2	63.1	15.9	12.9	1.0	0.1	0.7	100.0	2,972	4.4
Middle	3.7	54.4	17.4	20.5	2.4	0.7	1.0	100.0	2,990	5.4
Fourth	2.3	38.7	17.0	33.0	6.0	1.9	1.1	100.0	3,253	6.4
Highest	1.3	27.8	10.4	35.2	11.5	12.8	1.1	100.0	3,538	8.2
Total	4.5	49.4	14.6	22.5	4.5	3.5	0.9	100.0	15,642	5.6

¹ Completed 7th grade at the primary level

² Completed 5th grade at the secondary level

¹ Includes women and men who have some secondary education, have completed secondary education, and have more than secondary education

Table 2.5.1 shows that education is becoming more common among younger women, another indication of improvement in education in Lesotho over the years. Urban women and men are more likely to be educated than rural women. For example, 2 percent of urban women have no education compared with 6 percent of rural women. The proportion of urban women who complete secondary education (19 percent) is almost five times as high as that of rural women (4 percent). Educational opportunities go up with wealth; the median number of years completed ranges from 3.5 years for women in the poorest households to 8.2 years for women in the richest households.

Table 2.5.2 shows that 17 percent of men in rural areas have no education compared with 7 percent of men in urban areas. There is a marked urban-rural differential in higher education; 46 percent of men in urban areas have attended secondary school compared with only 15 percent in rural areas.

Background characteristic	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary	Don't know/missing	Total	Number	Median years completed
Age										
6-9	15.5	84.2	0.1	0.0	0.0	0.0	0.1	100.0	1,808	0.0
10-14	2.5	90.7	2.7	3.8	0.0	0.0	0.2	100.0	2,454	2.9
15-19	4.4	45.6	9.8	37.4	1.7	0.6	0.5	100.0	1,853	6.0
20-24	11.0	34.4	11.7	29.6	7.1	5.9	0.5	100.0	1,391	6.4
25-29	14.1	33.0	14.9	18.9	9.9	8.2	1.0	100.0	1,115	6.2
30-34	18.0	29.7	13.1	20.4	10.6	7.6	0.6	100.0	838	6.2
35-39	19.2	35.2	11.9	18.5	5.8	8.4	1.0	100.0	611	5.2
40-44	18.2	33.5	13.8	15.9	9.8	7.5	1.2	100.0	468	5.7
45-49	27.7	33.8	10.7	12.8	4.6	8.8	1.6	100.0	462	4.1
50-54	26.0	38.3	11.2	12.0	4.0	7.0	1.5	100.0	399	3.4
55-59	29.6	44.0	10.9	7.4	2.0	4.5	1.6	100.0	372	2.4
60-64	37.6	45.4	3.3	7.4	0.9	3.6	1.9	100.0	343	1.3
65+	42.9	43.4	3.2	2.8	1.1	4.1	2.6	100.0	841	0.5
Don't know/missing	36.1	0.0	0.0	63.9	0.0	0.0	0.0	100.0	4	8.5
Residence										
Urban	6.7	37.6	8.8	26.4	8.9	10.7	0.9	100.0	3,026	6.5
Rural	17.3	59.6	7.4	11.6	2.0	1.4	0.7	100.0	9,934	2.8
Lesotho Ecological Zone										
Lowlands	8.4	50.8	9.0	20.1	5.1	5.8	0.8	100.0	7,237	4.8
Foothills	15.7	62.8	8.1	10.2	1.1	0.8	1.2	100.0	1,461	2.8
Mountains	26.7	58.0	5.3	6.9	1.9	0.7	0.5	100.0	3,158	1.4
Senqu River Valley	21.6	56.9	5.5	11.7	2.5	1.2	0.7	100.0	1,104	2.3
District										
Butha-Buthe	13.1	55.0	7.3	18.2	3.6	2.5	0.3	100.0	715	3.8
Leribe	12.1	53.8	10.0	16.4	3.7	3.1	0.9	100.0	1,995	3.8
Berea	8.1	52.5	9.4	18.5	4.7	5.9	0.9	100.0	1,777	4.5
Maseru	10.4	50.0	8.2	19.6	4.7	6.1	1.0	100.0	3,104	4.7
Mafeteng	12.5	58.2	7.6	14.0	3.8	3.1	0.7	100.0	1,243	3.4
Mohale's Hoek	23.0	55.7	6.7	9.9	2.4	2.0	0.3	100.0	1,136	2.3
Quthing	22.2	56.7	4.6	11.4	3.0	1.6	0.5	100.0	742	2.4
Qacha's Nek	18.9	58.3	4.7	12.4	2.9	1.4	1.4	100.0	443	2.5
Mokhotlong	22.2	60.1	6.3	8.2	1.7	1.1	0.2	100.0	694	1.7
Thaba-Tseka	26.9	58.3	5.2	6.9	1.5	0.6	0.6	100.0	1,110	1.3
Wealth quintile										
Lowest	30.6	60.9	4.0	3.7	0.1	0.1	0.5	100.0	2,567	0.9
Second	19.4	64.1	7.2	7.8	0.8	0.0	0.6	100.0	2,608	2.2
Middle	11.3	60.4	10.5	13.9	2.2	0.9	0.8	100.0	2,682	3.6
Fourth	8.8	52.2	9.4	22.3	4.2	2.3	0.9	100.0	2,614	4.7
Highest	3.8	33.5	7.4	28.1	11.1	15.2	0.9	100.0	2,489	7.5
Total	14.8	54.4	7.7	15.1	3.6	3.6	0.7	100.0	12,960	3.4

¹ Completed 7th grade at the primary level
² Completed 5th grade at the secondary level

Men in the Mountains and in the Senqu River Valley zones are most disadvantaged in educational opportunities. Across all districts, Thaba-Tseka has the highest proportion of men who never went to school (27 percent), and Berea has the lowest (8 percent). The variation in education among men according to wealth quintile is similar to that among women. As expected, wealthy men are more likely than poor men to be educated. The median number of years of schooling for men in the highest wealth quintile is 7.5 years compared with 0.9 years for men in the lowest quintile.

2.4.2 School Attendance

Table 2.6 presents net attendance ratios (NARs) and gross attendance ratios (GARs) for the de jure household population by level of schooling and sex. The NAR for primary school measures the proportion of children of primary school age who attend primary school, and the GAR represents the total number of primary school students age 5-24 as a percentage of children of primary school age. In the Lesotho context, the levels refer to age 6-12 years for primary school and age 13-17 years for secondary school. The GAR is usually higher than the NAR because the GAR includes participation of those who may be older or younger than the official age range for that level. Students who are over the official age for a given level of school may have started school late, may have repeated one or more grades in school, or may have dropped out of school and later returned.

Table 2.6 shows that 94 percent of children of primary school age (age 6-12) attend primary school. The NAR is 92 percent for males and 97 percent for females. The total NAR in urban areas is higher than in rural areas (97 and 94 percent, respectively). Among districts, the NAR is highest in Leribe and Berea (97 percent) and lowest in Thaba-Tseka and Mophale's Hoek (89 percent). The GAR indicates that there are children in primary school who are not of primary school age, with ratios of 170 for both males and females. This is probably a result of the introduction of free primary education about six years ago.

As expected, both the NAR and the GAR are low at the secondary school level. The NAR indicates that only 34 percent of the secondary-school-age population (age 13-17) is attending secondary school. Net secondary school attendance is higher for females (NAR of 40) than for males (NAR of 28). The GAR shows that there are many secondary school students who are not of secondary school age. School attendance ratios at the secondary level are much lower in rural than in urban areas. For instance, the NAR at the secondary school level in rural areas is 28 percent compared with 57 percent in urban areas. Similarly, the GAR at secondary school is 38 percent in rural areas compared with 78 percent in urban areas.

There is a strong relationship between household economic status and school attendance that can be seen at both the primary and secondary levels and among both the males and the females. The primary school NAR increases from 87 percent for males from the poorest households to 98 percent for males from the richest households.

The Gender Parity Index (GPI) represents the ratio of the NAR or GAR for females to the NAR or GAR for males. It is presented at both the primary and secondary levels and offers a summary measure of gender differences in school attendance rates. A GPI less than 1 indicates that a smaller proportion of females than males attends school. In Lesotho, the GPI is slightly more than 1.01 for primary school attendance, indicating that the gender gap is relatively small, while for secondary school attendance it is greater than 1.30, indicating that females are much more advantaged at this educational level. There are marked differences in GPI in secondary school by residence. For example, the GPI is 1.48 in rural areas compared with 0.94 in urban areas.

Table 2.6 School attendance ratios

Net attendance ratios (NARs) and gross attendance ratios (GARs) for the de facto household population by sex and level of schooling; and the gender parity index (GPI), according to background characteristics, Lesotho 2009

Background characteristic	Net attendance ratio ¹				Gross attendance ratio ²			
	Male	Female	Total	Gender Parity Index (GPI) ³	Male	Female	Total	Gender Parity Index (GPI) ³
PRIMARY SCHOOL								
Residence								
Urban	97.4	96.8	97.1	0.99	173.8	159.5	166.3	0.92
Rural	91.1	96.4	93.7	1.06	168.3	173.2	170.7	1.03
Ecological zone								
Lowlands	95.3	96.7	96.0	1.01	177.6	166.7	172.1	0.94
Foothills	97.0	99.4	98.1	1.02	166.5	176.3	171.0	1.06
Mountains	85.2	95.2	90.1	1.12	152.8	172.3	162.4	1.13
Senqu River Valley	90.8	96.2	93.4	1.06	181.6	178.7	180.2	0.98
District								
Butha-Buthe	92.8	98.8	95.7	1.06	164.8	168.6	166.6	1.02
Leribe	96.0	97.3	96.7	1.01	168.5	168.1	168.3	1.00
Berea	97.5	96.8	97.2	0.99	182.3	166.9	174.4	0.92
Maseru	93.0	98.0	95.4	1.05	172.8	165.8	169.5	0.96
Mafeteng	93.9	97.2	95.5	1.04	171.7	174.9	173.2	1.02
Mohale's Hoek	86.3	92.6	89.3	1.07	164.4	164.3	164.3	1.00
Quthing	91.6	97.9	94.7	1.07	177.0	182.8	179.8	1.03
Qacha's Nek	94.8	97.1	96.0	1.02	207.8	185.5	196.6	0.89
Mokhotlong	87.6	94.4	90.9	1.08	155.7	171.8	163.7	1.10
Thaba-Tseka	84.6	93.7	88.9	1.11	144.9	177.3	160.1	1.22
Wealth quintile								
Lowest	87.0	94.3	90.5	1.08	146.2	170.2	157.6	1.16
Second	90.4	97.2	93.8	1.07	177.8	177.9	177.9	1.00
Middle	94.2	96.7	95.4	1.03	172.6	175.2	173.8	1.02
Fourth	94.5	98.0	96.2	1.04	183.7	170.6	177.5	0.93
Highest	97.8	97.0	97.4	0.99	174.4	156.2	164.5	0.90
Total	92.2	96.5	94.3	1.05	169.3	170.4	169.9	1.01
SECONDARY SCHOOL								
Residence								
Urban	59.1	55.7	57.2	0.94	80.8	75.8	77.9	0.94
Rural	20.6	34.9	27.6	1.70	30.4	44.9	37.5	1.48
Ecological zone								
Lowlands	38.5	48.4	43.6	1.26	53.8	63.4	58.8	1.18
Foothills	18.0	35.7	26.4	1.99	27.5	45.1	35.8	1.64
Mountains	12.6	24.6	18.7	1.96	20.0	33.0	26.6	1.65
Senqu River Valley	20.4	33.5	26.8	1.64	29.2	45.3	37.1	1.55
District								
Butha-Buthe	39.5	47.0	42.9	1.19	52.8	62.9	57.4	1.19
Leribe	29.9	41.7	36.4	1.39	42.4	52.9	48.2	1.25
Berea	38.7	52.8	46.0	1.37	49.6	69.3	59.9	1.40
Maseru	34.3	46.2	40.3	1.35	55.3	60.4	57.9	1.09
Mafeteng	25.8	35.1	30.1	1.36	32.4	44.8	38.2	1.38
Mohale's Hoek	21.3	34.4	27.9	1.62	26.3	46.6	36.5	1.77
Quthing	19.6	34.1	27.0	1.74	29.7	44.7	37.4	1.50
Qacha's Nek	20.8	32.6	26.3	1.57	32.8	49.6	40.7	1.51
Mokhotlong	12.2	29.4	20.8	2.41	23.5	43.7	33.6	1.86
Thaba-Tseka	14.1	19.5	16.8	1.39	19.3	23.9	21.6	1.24
Wealth quintile								
Lowest	6.7	14.8	10.7	2.22	11.0	19.1	15.0	1.73
Second	15.3	27.1	21.0	1.77	23.2	33.6	28.3	1.45
Middle	24.9	38.1	31.2	1.53	33.7	46.3	39.7	1.38
Fourth	37.0	51.6	44.4	1.39	53.7	70.9	62.5	1.32
Highest	59.9	61.8	61.0	1.03	84.2	83.6	83.9	0.99
Total	28.3	40.1	34.3	1.42	40.5	52.7	46.7	1.30

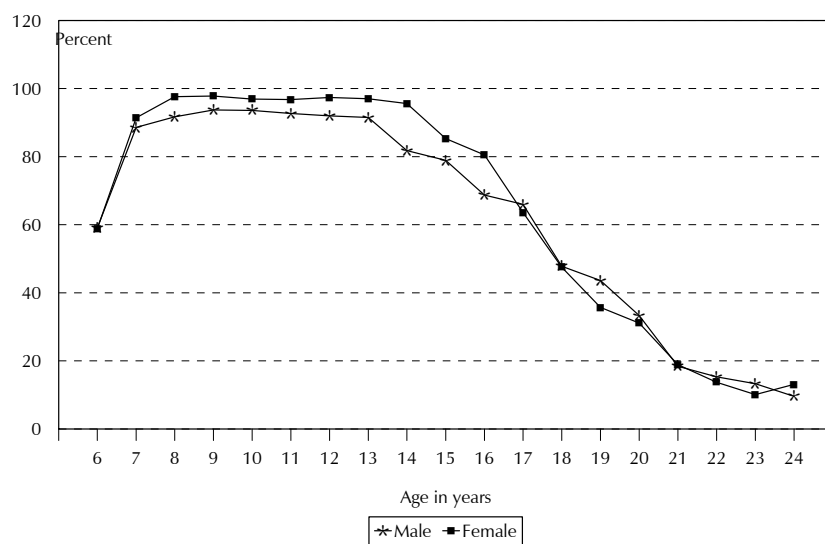
¹ The NAR for primary school is the percentage of the primary-school age (6-12 years) population that is attending primary school. The NAR for secondary school is the percentage of the secondary-school age (13-17 years) population that is attending secondary school. By definition the NAR cannot exceed 100 percent.

² The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary-school-age population. The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.

³ The Gender Parity Index for primary school is the ratio of the primary school NAR(GAR) for females to the NAR(GAR) for males. The Gender Parity Index for secondary school is the ratio of the secondary school NAR(GAR) for females to the NAR(GAR) for males.

Figure 2.2 shows that attendance rates for both males and females are 95 percent or higher for females at ages 8-14, and only 82 to 94 percent for males in the same age range. Both boys and girls tend to drop out of school after a certain age, so that at age 15, only 79 percent of boys and 85 percent of girls are still in school. At age 20, boys are as likely to be in school as girls (33 and 31 percent, respectively) and at age 24, 10 percent of males and 13 percent of females are attending school.

Figure 2.2 Percentage of Males and Females Currently Attending School, by Age



LDHS 2009

2.5 HOUSEHOLD ENVIRONMENT

The physical characteristics of the dwelling in which a household lives are important determinants of the health status of household members, especially children. They can also be used as indicators of the socioeconomic status of households. The 2009 LDHS respondents were asked a number of questions about their household environment, including questions on the source of drinking water; type of sanitation facility; type of flooring, walls, and roof; and number of rooms in the dwelling. The results are presented both in terms of households and of their usual members.

2.5.1 Drinking Water

Increasing access to improved drinking water is one of the Millennium Development Goals that Lesotho, along with other nations worldwide, has adopted (United Nations General Assembly, 2001). Table 2.6 includes a number of indicators that are useful in monitoring household access to improved drinking water (WHO and UNICEF, 2005). The source of drinking water is an indicator of whether it is suitable for drinking. Table 2.7 presents the sources that are likely to provide water suitable for drinking. These improved sources include a piped source within the dwelling or plot, public tap, tube well or borehole, protected well or spring, and rainwater.² Lack of ready access to a water source may limit the quantity of suitable drinking water that is available to a household. Even if the water is obtained from an improved source, water that must be fetched from a source that is not immediately accessible to the household may be contaminated during transport or storage. Another factor in considering the accessibility of water sources is that the burden of going for water often falls disproportionately on female

² The categorisation of improved and non-improved sources follows that proposed by the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (WHO and UNICEF, 2004).

members of the household. Finally, home water treatment can be effective in improving the quality of household drinking water.

Eight in ten households in Lesotho obtain water from improved sources. There is wide variation in usage between urban and rural households (91 percent and 74 percent, respectively). The time taken to obtain water varies among households, with water available on the premises for only 23 percent of all households (63 percent in the urban areas and 6 percent in the rural areas). Overall, one in four households takes 30 minutes or more to obtain water (9 percent in the urban areas compared with 32 percent in the rural areas).

Characteristic	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Source of drinking water						
Improved source	91.1	73.7	78.9	90.1	72.5	76.7
Piped water into dwelling/yard/plot	58.9	3.1	19.6	58.0	2.7	16.1
Public tap/standpipe	24.3	52.7	44.3	23.9	51.6	44.9
Tube well or borehole	5.2	9.2	8.0	5.4	8.9	8.1
Protected dug well	0.8	4.5	3.4	0.9	4.9	3.9
Protected spring	1.8	4.1	3.4	2.0	4.3	3.7
Rainwater	0.1	0.1	0.1	0.0	0.1	0.1
Non-improved source	4.1	25.6	19.2	4.8	26.9	21.6
Unprotected dug well	2.3	14.9	11.1	2.7	15.7	12.5
Unprotected spring	1.2	9.6	7.1	1.6	10.1	8.0
Tanker truck/cart with small tank	0.4	0.5	0.5	0.3	0.5	0.4
Surface water	0.1	0.6	0.5	0.2	0.7	0.6
Bottled water, improved source for cooking/washing ¹	0.1	0.0	0.0	0.1	0.0	0.0
Other	4.7	0.5	1.8	5.0	0.4	1.5
Missing	0.0	0.1	0.1	0.0	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Percentage using any improved source of drinking water	91.2	73.7	78.9	90.2	72.5	76.8
Time to obtain drinking water (round trip)						
Water on premises	63.4	5.5	22.6	61.6	5.2	18.8
Less than 30 minutes	27.6	61.9	51.8	27.6	61.6	53.4
30 minutes or longer	8.9	31.5	24.8	10.6	32.3	27.1
Don't know/missing	0.2	1.1	0.8	0.2	0.9	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Person who usually collects drinking water						
Adult female 15+	24.6	67.9	55.1	25.9	73.7	62.2
Adult male 15+	8.8	17.4	14.9	8.1	10.9	10.2
Female child under age 15	1.7	6.6	5.2	2.3	7.7	6.4
Male child under age 15	1.2	2.1	1.9	1.6	2.0	1.9
Other	0.3	0.3	0.3	0.4	0.3	0.3
Water on premises	63.4	5.5	22.6	61.6	5.2	18.8
Missing	0.0	0.1	0.1	0.0	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Water treatment prior to drinking²						
Boiled	14.5	5.4	8.1	15.0	5.3	7.6
Bleach/chlorine	0.6	0.3	0.4	0.7	0.3	0.4
Strained through cloth	0.2	1.4	1.0	0.2	1.4	1.1
Ceramic, sand or other filter	0.1	0.1	0.1	0.1	0.0	0.1
Other	0.1	0.6	0.5	0.1	0.7	0.5
No treatment	85.0	92.5	90.3	84.5	92.7	90.7
Percentage using an appropriate treatment method ³	14.9	6.7	9.2	15.5	6.5	8.7
Number	2,778	6,613	9,391	8,091	25,470	33,561

¹ Because the quality of bottled water is not known, households using bottled water for drinking are classified as using an improved or non-improved source according to their water source for cooking and washing.

² Respondents may report multiple treatment methods, so the sum of treatment may exceed 100 percent.

³ Appropriate water-treatment methods include boiling, bleaching, straining, filtering, and solar disinfecting.

Getting water is a chore predominantly done by women. Water is collected by women for more than half of the households surveyed, with 55 percent collected by women age 15 or older and 5 percent collected by female children under age 15. This is particularly true in the rural areas where 68 percent of the household's water is collected by women age 15 or older and 87 percent is collected by female children under age 15.

Households were further asked if they treat the water before drinking it. Nine in 10 households do not treat the water in any way. The most common form of treatment is boiling the water, a step taken by 8 percent (15 percent of households in urban areas and 5 percent of households in rural areas).

2.5.2 Household Sanitation Facilities

Ensuring adequate sanitation facilities is another of the Millennium Development Goals that Lesotho shares with other countries. A household is classified as having an improved toilet if the toilet is used only by members of one household (i.e., it is not shared) and if the facility used by the household separates the waste from human contact (WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation, 2004).

Proper sanitation facilities lead to improved hygiene practices, and ultimately low infant mortality rates. Overall, 24 percent of households in Lesotho have improved (not shared) sanitation facilities, and 43 percent have non-improved facilities. Urban households have a higher proportion of improved facilities than rural households (26 and 22 percent, respectively) (Table 2.8). One in 3 households has no toilet facility (4 percent in the urban areas and 45 percent in the rural areas).

Table 2.8 Household sanitation facilities

Percent distribution of households and de jure population by type of toilet/latrine facilities, according to residence, Lesotho 2009

Type of toilet/latrine facility	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Improved, not shared facility	26.3	22.1	23.5	30.4	23.4	25.1
Flush/pour flush to piped sewer system	2.7	0.1	0.9	2.6	0.1	0.7
Flush/pour flush to septic tank	2.9	0.2	1.0	3.1	0.1	0.8
Flush/pour flush to pit latrine	0.2	0.0	0.1	0.2	0.0	0.1
Ventilated improved pit (VIP) latrine	7.5	8.0	7.8	8.9	8.6	8.6
Pit latrine with slab	11.9	11.8	11.9	14.4	12.4	12.9
Composting toilet	1.1	2.0	1.8	1.2	2.2	2.0
Non-improved facility	68.7	32.3	43.1	64.2	30.6	38.8
Any facility shared with other households	34.5	5.6	14.2	28.8	4.7	10.5
Flush/pour flush not to sewer/septic tank/pit latrine	0.6	0.0	0.2	0.7	0.0	0.2
Pit latrine without slab/open pit	33.5	26.7	28.7	34.6	25.9	28.0
Bucket	0.1	0.0	0.0	0.1	0.0	0.1
No facility/bush/field	4.4	44.9	32.9	4.9	45.4	35.6
Other	0.5	0.5	0.5	0.4	0.4	0.4
Missing	0.0	0.1	0.1	0.0	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	2,778	6,613	9,391	8,091	25,470	3,561

2.5.3 Housing Characteristics

Given that there is a strong relationship between household economic conditions and exposure to diseases, information on housing characteristics, such as access to electricity, source of drinking water, sanitary facilities, and flooring and roofing materials is key to explaining the interrelationships among the

social and economic conditions of the household and the likely exposure to and prevalence of diseases. Table 2.9 shows the percent distribution of households by housing characteristics.

Table 2.9 shows that only 17 percent of Lesotho households have electricity, which is, however, an increase of 143 percent from the percentage recorded in the 2004 LDHS (7 percent). Urban households are much more likely to have electricity than rural households (43 percent compared with 6 percent).

Table 2.9 Household characteristics						
Percent distribution of households and de jure population by housing characteristics and percentage using solid fuel for cooking; and among those using solid fuels, percent distribution by type of fire/stove, according to residence, Lesotho 2009						
Housing characteristic	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Electricity						
Yes	43.2	6.0	17.0	48.3	5.8	16.1
No	56.8	93.8	82.9	51.7	94.0	83.8
Missing	0.0	0.1	0.1	0.0	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Flooring material						
Natural floor mud/earth	3.6	45.4	33.0	3.7	46.4	36.1
Rudimentary floor wood planks	0.3	0.1	0.2	0.3	0.1	0.1
Finished floor parquet or polished wood	0.7	0.3	0.4	0.6	0.3	0.4
Vinyl or asphalt strips	18.2	15.9	16.6	18.0	15.5	16.1
Ceramic tiles	10.4	3.2	5.3	12.7	3.6	5.8
Brick tiles	1.9	1.0	1.3	2.1	1.0	1.2
Cement	50.3	23.6	31.5	48.0	23.0	29.1
Carpet	14.0	9.5	10.8	14.1	9.2	10.3
Other	0.6	0.9	0.8	0.6	0.8	0.8
Missing	0.0	0.1	0.1	0.0	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Rooms used for sleeping						
One	46.4	39.2	41.3	41.7	33.3	35.4
Two	19.5	33.0	29.0	24.4	36.3	33.4
Three or more	14.3	14.3	14.3	19.4	18.9	19.1
Missing	19.8	13.5	15.4	14.5	11.4	12.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Place for cooking						
In the house	92.3	36.2	52.8	90.1	33.9	47.4
In a separate building	1.7	8.2	6.2	2.1	8.8	7.1
Outdoors	5.8	55.4	40.7	7.7	57.2	45.2
Other	0.1	0.0	0.0	0.0	0.0	0.0
Missing	0.2	0.2	0.2	0.1	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Cooking fuel						
Electricity	19.7	2.0	7.3	20.1	1.7	6.1
LPG	53.1	11.9	24.1	53.1	10.2	20.5
Kerosene	20.3	6.2	10.4	17.7	4.1	7.4
Coal, lignite	0.1	0.2	0.2	0.1	0.2	0.2
Wood	5.2	60.4	44.1	7.0	62.9	49.4
Straw / shrubs / grass	0.8	8.9	6.5	0.8	9.5	7.4
Agricultural crop	0.0	1.0	0.7	0.0	1.1	0.8
Animal dung	0.6	8.9	6.5	1.1	10.1	7.9
No food cooked in household	0.1	0.1	0.1	0.0	0.0	0.0
Other	0.1	0.1	0.1	0.1	0.1	0.1
Missing	0.0	0.1	0.1	0.0	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Percentage using solid fuel for cooking ¹	6.8	79.5	58.0	8.9	83.8	65.7
Number of households	2,778	6,613	9,391	8,091	25,470	33,561
Type of fire/stove among households using solid fuels¹						
Closed stove with chimney	1.6	0.4	0.4	1.2	0.3	0.4
Open fire/stove with chimney	2.2	0.7	0.7	2.3	0.8	0.8
Open fire/stove with hood	0.0	0.5	0.4	0.0	0.4	0.4
Open fire/stove without chimney or hood	96.2	98.0	97.9	96.6	98.0	98.0
Other	0.0	0.5	0.5	0.0	0.4	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households/population using solid fuel	189	5,258	5,447	724	21,338	22,062

LPG = Liquid petroleum gas

¹ Includes coal/lignite, charcoal, wood/straw/shrubs/grass, agricultural crops, and animal dung

The type of flooring material used in dwellings is a proxy indicator of the socioeconomic status of the household as well as its likely exposure to disease-causing agents. The predominant flooring materials used by Lesotho households are mud, earth, or dung (33 percent), followed closely by cement (32 percent). Half of urban households have cement floors, while 45 percent of rural households have mud, earth, or dung floors.

The most common source of cooking fuel in Lesotho is firewood (44 percent), followed by LPG or natural gas (24 percent). In urban households, the most commonly used source is LPG or natural gas (53 percent). In rural areas, 7 in 10 households use firewood or straw for cooking.

2.6 HOUSEHOLD DURABLE GOODS

Table 2.10 shows the percentage of households possessing various durable goods by urban-rural residence. This indicator also provides a rough measure of the socioeconomic status of households. Ninety-two percent of households in Lesotho have a bed and mattress, 65 percent have a mobile telephone, and 62 percent have a radio. Information technology is starting to be used in households; 3 percent of households have a computer, and 1 percent has access to the Internet. These items are more often found in urban households than in rural households.

Households are more likely to own animal-drawn carts (9 percent) than cars or trucks (7 percent). One percent of households have none of the selected durable goods. As expected, the selected goods are more likely to be available in urban households than in rural households.

Possession	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Radio	77.5	54.9	61.6	78.4	56.3	61.6
Television	40.1	10.2	19.0	46.0	10.8	19.3
Mobile telephone	87.2	55.6	64.9	89.3	59.8	66.9
Non-mobile telephone	14.0	1.4	5.1	17.6	1.4	5.3
Refrigerator	31.9	7.5	14.7	38.1	7.6	14.9
Bicycle	3.3	1.6	2.1	4.2	1.8	2.4
Animal drawn cart	1.5	11.7	8.7	1.9	13.9	11.0
Motorcycle/scooter	0.4	0.2	0.3	0.4	0.2	0.3
Car/truck	14.3	3.6	6.7	17.1	4.0	7.1
Bed/mattress	98.3	89.4	92.0	98.7	89.2	91.5
Battery or generator	10.7	18.5	16.2	11.6	20.6	18.4
Computer	8.5	1.0	3.2	9.4	0.9	3.0
Internet access	3.3	0.4	1.3	3.4	0.4	1.1
Ownership of agricultural land	15.2	67.2	51.8	15.4	70.6	57.3
Ownership of farm animals ¹	22.4	64.1	51.8	26.8	70.7	60.1
None of the above	0.3	1.2	0.9	0.3	1.2	1.0
Number	2,778	6,613	9,391	8,091	25,470	33,561

¹ Cattle, cows, bulls, horses, donkeys, goats, sheep or chickens, pigs, and rabbits

2.7 RESIDENCY STATUS

Table 2.11 shows the residency status of the household population in Lesotho. Three in 4 men who are usual residents were found in their households during the survey compared with 80 percent of women. Fifteen percent of men and women live elsewhere in Lesotho. Ten percent of men and 5 percent of women were reported to live in the Republic of South Africa (RSA).

The proportion of the male household population that lives in their usual residence varies across districts, ranging from 68 percent in Qacha's Nek to 79 percent in Berea. Twelve percent or more of men in Butha-Buthe, Leribe, Mafeteng, Mohale's Hoek, Quthing, and Qacha's Nek live in RSA. Respondents with more than secondary education are more likely to live elsewhere in Lesotho, while respondents with primary or higher education are more likely than other respondents to live in RSA. The residency status does not have a uniform variation by wealth quintile.

Table 2.11 Residency status

Percentage of household population by residency status, according to background characteristics, Lesotho 2009

Background characteristic	Males					Females				
	Percentage usually living:				Number of males	Percentage usually living:				Number of females
	In the household	Elsewhere in Lesotho	In RSA	Total		In the household	Elsewhere in Lesotho	In RSA	Total	
Age										
0-9	90.4	8.7	1.0	100.0	4,773	88.7	10.1	1.1	100.0	4,823
10-19	81.9	16.4	1.7	100.0	5,310	79.7	18.3	2.0	100.0	5,392
20-29	61.3	23.7	15.0	100.0	4,139	68.8	24.4	6.8	100.0	4,202
30-39	58.4	19.1	22.3	100.0	2,457	73.8	17.4	8.7	100.0	2,543
40-49	60.1	13.5	26.4	100.0	1,513	76.2	12.6	11.0	100.0	1,775
50-59	66.8	11.7	21.4	100.0	1,154	85.3	7.6	7.0	100.0	1,596
60+	90.0	4.8	5.1	100.0	1,350	92.4	5.4	2.2	100.0	2,128
Residence										
Urban	77.4	14.4	8.0	100.0	4,500	82.9	13.2	3.7	100.0	5,556
Rural	74.4	15.4	10.2	100.0	16,201	79.4	15.8	4.8	100.0	16,902
Ecological zone										
Lowlands	75.5	14.2	10.1	100.0	11,249	81.2	14.0	4.7	100.0	12,768
Foothills	73.9	14.9	11.2	100.0	2,421	77.6	16.9	5.5	100.0	2,415
Mountains	75.4	18.1	6.5	100.0	5,191	80.2	17.2	2.6	100.0	5,296
Senqu River Valley	72.5	12.7	14.7	100.0	1,840	77.4	15.3	7.3	100.0	1,979
District										
Butha-Buthe	73.1	15.2	11.7	100.0	1,157	80.1	12.5	7.5	100.0	1,161
Leribe	72.5	15.9	11.6	100.0	3,312	81.3	13.7	5.0	100.0	3,784
Berea	78.9	12.2	8.7	100.0	2,677	82.3	13.1	4.3	100.0	2,961
Maseru	77.1	16.3	6.5	100.0	4,706	80.1	16.5	3.3	100.0	5,320
Mafeteng	73.9	13.0	13.1	100.0	2,008	80.2	15.1	4.7	100.0	2,088
Mohale's Hoek	71.0	14.4	14.6	100.0	1,952	76.3	16.8	6.9	100.0	2,035
Quthing	78.0	9.7	12.3	100.0	1,144	83.1	11.4	5.5	100.0	1,253
Qacha's Nek	68.1	15.9	15.8	100.0	788	76.3	14.0	9.7	100.0	811
Mokhotlong	77.6	17.1	5.4	100.0	1,130	82.1	15.8	2.1	100.0	1,183
Thaba-Tseka	74.9	20.3	4.7	100.0	1,828	78.5	19.9	1.6	100.0	1,863
Education										
No education	77.3	12.8	9.9	100.0	3,063	87.8	9.6	2.6	100.0	1,311
Some primary	77.9	13.3	8.7	100.0	9,142	86.7	10.4	2.9	100.0	8,920
Completed primary	61.6	18.8	19.5	100.0	1,634	75.4	17.6	6.9	100.0	2,977
Some secondary	67.1	20.0	12.7	100.0	2,906	71.0	21.8	7.1	100.0	4,835
Completed secondary	64.5	22.6	12.7	100.0	718	72.2	21.5	6.2	100.0	957
More than secondary	61.7	28.9	9.2	100.0	720	64.6	29.1	5.5	100.0	810
Wealth quintile										
Lowest	78.5	15.7	5.8	100.0	4,168	81.9	15.2	2.9	100.0	4,210
Second	75.3	16.4	8.4	100.0	4,201	79.3	15.8	4.8	100.0	4,466
Middle	74.6	14.5	10.9	100.0	4,319	78.0	16.2	5.8	100.0	4,467
Fourth	71.9	14.9	13.1	100.0	4,177	80.1	15.0	4.8	100.0	4,630
Highest	75.0	14.3	10.6	100.0	3,835	81.9	13.6	4.3	100.0	4,686
Total	75.0	15.2	9.8	100.0	20,701	80.3	15.2	4.5	100.0	22,458

Note: Total includes 4 males with missing information on current residency status.
RSA = Republic of South Africa

2.8 BIRTH REGISTRATION

Lesotho is a signatory to the International Convention of the Rights of the Child (United Nations, 1989), which in part states that every child has the right to a name and a nationality and the right to protection from loss of his or her identity. To assess the coverage of birth registration in the 2009 LDHS for all children born in the five years before the survey, a household member was asked if the child had a registered birth certificate. In the 2009 LHDS, a birth is considered to be registered if the child has a birth certificate or if the birth has been reported to the civil authority for the purpose of initiating the registration process.

Table 2.12 shows that 45 percent of the births in the past five years in Lesotho are registered, which is an improvement from the 26 percent reported in the 2004 LDHS. Children under age 2 are less likely than children age 2-4 to have a birth certificate (13 percent compared with 21 percent, respectively). There are small differences by the child's sex. Urban children have a certificate more often than rural children, but births in the rural areas are more often reported to local authorities than are births to urban children. Overall, there is a small urban-rural difference in the coverage of births that are registered.

Background characteristic	Percentage of children whose births are registered			Number of children
	Had a birth certificate	Did not have a birth certificate	Total registered	
Age				
<2	12.9	26.4	39.3	1,649
2-4	21.4	27.5	48.9	2,525
Sex				
Male	19.2	26.5	45.7	2,035
Female	16.9	27.7	44.6	2,139
Residence				
Urban	21.8	21.6	43.4	802
Rural	17.1	28.4	45.5	3,372
District				
Butha-Buthe	25.9	29.5	55.4	225
Leribe	13.4	26.0	39.3	677
Berea	23.3	30.2	53.6	552
Maseru	19.3	19.8	39.1	885
Mafeteng	18.8	23.8	42.6	394
Mohale's Hoek	14.5	36.2	50.7	384
Quthing	17.6	30.8	48.4	219
Qacha's Nek	11.8	39.9	51.7	143
Mokhotlong	22.6	20.4	43.0	281
Thaba-Tseka	13.4	31.9	45.4	414
Mother's education				
No education	17.8	39.4	57.2	64
Some primary	12.1	28.9	41.0	981
Completed primary	16.5	27.0	43.5	948
Some secondary	18.0	28.5	46.5	1,066
Completed secondary	26.0	26.8	52.7	208
More than secondary	43.3	25.6	68.9	117
Mother not in household	21.7	22.5	44.2	762
Wealth quintile				
Lowest	8.6	33.0	41.6	1,005
Second	14.9	28.0	43.0	893
Middle	19.9	26.4	46.3	858
Fourth	22.8	24.5	47.3	775
Highest	28.8	20.6	49.4	643
Total	18.0	27.1	45.1	4,174

Differentials by district indicate that Butha-Buthe has the highest proportion of children with a birth certificate (26 percent) and Qacha's Nek has the lowest (12 percent). Births to mothers with no education are more likely than other births to be reported, but less likely to have a certificate. The likelihood that a birth is registered and has a birth certificate increases with the mother's education. Seven in 10 births to mothers with more than secondary education are registered; 43 percent have a birth certificate, and 26 percent are registered but have no birth certificate.

Birth registration is positively associated with wealth quintile; 9 percent of children in the poorest households have birth certificates compared with 29 percent of children in the richest households. On the other hand, children in the poorest households are more likely to be reported to local authorities without receiving a certificate than children in the richest households. Overall, coverage of birth registration (with or without a birth certificate) increases with wealth quintile, reaching 49 percent among children in the highest wealth quintile.

2.9 WEALTH QUINTILE

Table 2.13 shows the distribution of the de jure household population into five wealth levels (quintiles) based on the wealth index by residence. This distribution indicates the degree to which wealth is distributed by geographic area. Six in 10 persons residing in urban areas are from the richest quintile. On the other hand, more than half of the rural residents are in the two poorest quintiles. In terms of households, 61 percent of households in the urban areas are in the highest quintile compared with only 7 percent of households in the rural areas.

Among the four ecological zones, close to one in three households in the Lowlands zone fall in the highest wealth quintile. In contrast, 50 percent of households in the Mountains zone are in the lowest quintile. Across districts, 30 percent or more of households in Berea and Maseru are in the highest quintile, while 50 percent or more of households in Mokhotlong and Thaba-Tseka are in the lowest quintile.

Also included in Table 2.13 is the Gini Coefficient, which indicates the level of concentration of wealth, with 0 being an equal distribution and 100 being a totally unequal distribution. Wealth is more evenly distributed in urban areas (7 percent) than in rural areas (21 percent). The results also show that wealth is most evenly distributed in the Foothills (13 percent) and least evenly distributed in the Mountains zone (26 percent). Across districts, the population of Mafeteng has the most equal wealth distribution (18 percent) and that in Qacha's Nek has the least (30 percent).

Table 2.13 Wealth quintiles

Percent distribution of the de jure population by wealth quintiles, and the Gini coefficient according to residence and region, Lesotho 2009

Residence/region	Wealth quintile					Total	Number of population	Gini coefficient
	Lowest	Second	Middle	Fourth	Highest			
Residence								
Urban	0.4	2.4	6.9	29.5	60.8	100.0	8,091	6.9
Rural	26.3	25.6	24.2	17.0	7.0	100.0	25,470	21.4
Ecological zone								
Lowlands	4.4	14.6	21.9	27.2	31.8	100.0	18,873	19.4
Foothills	22.4	30.6	28.7	14.7	3.6	100.0	3,664	13.0
Mountains	50.0	25.8	12.4	7.8	4.1	100.0	8,158	25.9
Senqu River Valley	34.4	25.5	17.5	14.2	8.5	100.0	2,866	24.9
District								
Butha-Buthe	20.4	26.8	21.3	19.0	12.6	100.0	1,7752	23.7
Leribe	14.9	18.5	25.1	22.0	19.5	100.0	5,478	25.0
Berea	8.8	14.9	26.2	19.8	30.3	100.0	4,551	22.2
Maseru	7.7	13.1	14.4	30.7	34.1	100.0	7,890	20.1
Mafeteng	7.2	22.2	31.7	22.8	16.2	100.0	3,158	18.4
Mohale's Hoek	25.2	26.5	20.9	15.1	12.2	100.0	2,939	28.1
Quthing	34.5	26.7	15.2	13.9	9.8	100.0	1,934	25.5
Qacha's Nek	39.8	22.7	14.7	11.7	11.1	100.0	1,156	30.2
Mokhotlong	49.7	26.9	12.3	7.7	3.4	100.0	1,848	25.1
Thaba-Tseka	53.7	26.5	11.3	4.9	3.6	100.0	2,832	21.7
Total	20.0	20.0	20.0	20.0	20.0	100.0	33,561	26.6

3.1 BACKGROUND CHARACTERISTICS OF RESPONDENTS

Information on the basic characteristics of women and men interviewed in the 2009 LDHS survey increases understanding of the findings subsequently presented in the final report. Background characteristics of the 7,624 women and 3,317 men age 15-59 are presented in Table 3.1. For both sexes, the proportion of respondents in each age group declines as age increases, reflecting the comparatively young age structure of the population.

More than half of the women are currently married compared with 38 percent of the men. Almost all respondents in current marital unions reported themselves as married, with less than 1 percent of the women and men living together in an informal union. Five percent of the women are divorced or separated compared with 3 percent of the men. Eight percent of the women and 2 percent of the men are widowed. One in three women and 56 percent of the men have never married.

Slightly more than two in three women and men live in rural areas. More than 60 percent of the respondents live in the Lowlands zone, 2 in 10 live in the Mountains zone, and 1 in 10 lives in the Foothills zone. By district, the proportion of respondents ranges from around 3 percent in Qacha's Nek to about 27 percent in Maseru.

Women are much less likely than men to have never attended school (1 and 11 percent, respectively). Women are more likely than men to complete primary school (23 percent versus 12 percent). They also are more likely to attend secondary school. More than half of women but only about 40 percent of the men, have attended secondary school or obtained higher education.

Women diverge in wealth more widely than men. About 14 percent in the lowest wealth quintile, and 28 percent are in the highest quintile. The corresponding proportions for men are 15 and 23 percent, respectively.

More than 4 in 10 of the survey respondents are Roman Catholic, and another one in five each belongs to the Lesotho Evangelical Church and the Pentecostal Church. Only 2 percent of women and 7 percent of men belong to other religions (Table 3.1)

3.2 EDUCATIONAL ATTAINMENT AND LITERACY

Tables 3.2.1 and 3.2.2 reveal that younger persons attain higher levels of education than older people do. This is demonstrated by the higher proportion of young persons who attend secondary school and higher; younger persons also have completed more median years of schooling than older persons. The differential in educational attainment between women and men is evident in every age group but is much greater among older compared with younger respondents.

Urban residents have attained a better education than rural residents. For example, 69 percent of women in urban areas have attended at least some secondary school compared with 44 percent of rural residents. The corresponding figures for men are 69 and 29 percent, respectively.¹

¹ These figures were attained by adding together three education categories: some secondary, completed secondary, and more than secondary.

Table 3.1 Background characteristics of respondents

Percent distribution of women and men age 15-49 by selected background characteristics, Lesotho 2009

Background characteristic	Women			Men		
	Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted
Age						
15-19	23.4	1,785	1,840	27.8	835	838
20-24	20.4	1,552	1,556	21.1	634	631
25-29	16.3	1,244	1,203	15.4	463	462
30-34	12.9	983	960	13.2	396	370
35-39	10.0	763	755	9.7	290	282
40-44	8.6	656	664	6.5	196	204
45-49	8.4	641	646	6.4	193	202
Marital status						
Never married	34.3	2,618	2,554	56.2	1,691	1,682
Married	52.3	3,990	4,071	38.1	1,147	1,129
Living together	0.8	58	58	0.7	22	18
Divorced/separated	5.0	385	349	2.8	84	96
Widowed	7.5	573	592	2.1	64	64
Residence						
Urban	33.7	2,573	1,977	28.1	845	676
Rural	66.3	5,051	5,647	71.9	2,162	2,313
Ecological zone						
Lowlands	62.9	4,798	3,610	61.5	1,850	1,419
Foothills	9.5	725	718	10.6	319	320
Mountains	20.3	1,544	2,336	20.7	621	901
Senqu River Valley	7.3	556	960	7.2	217	349
District						
Butha-Buthe	4.7	357	648	5.6	168	297
Leribe	17.8	1,359	845	16.6	498	312
Berea	14.7	1,122	819	15.0	451	342
Maseru	26.7	2,036	1,211	25.7	773	450
Mafeteng	8.9	682	711	9.8	295	302
Mohale's Hoek	7.9	599	667	8.3	250	271
Quthing	5.0	379	669	5.0	150	257
Qacha's Nek	2.9	219	605	2.6	79	214
Mokhotlong	4.7	356	695	4.6	137	250
Thaba-Tseka	6.8	515	754	6.8	206	294
Education						
No education	1.2	93	114	11.2	336	393
Primary incomplete	23.7	1,810	2,053	36.4	1,095	1,144
Primary complete	22.8	1,741	1,812	12.4	372	350
Secondary+	52.2	3,979	3,645	40.1	1,205	1,102
Religion						
Roman Catholic	42.9	3,270	3,218	42.4	1,276	1,217
Lesotho Evangelical	18.6	1,417	1,400	19.6	590	582
Anglican	8.1	619	585	8.7	261	265
Pentecostal	23.5	1,789	1,838	19.1	575	577
Other Christian	4.9	372	412	3.2	97	114
Other religion	2.0	158	171	6.9	209	234
Wealth quintile						
Lowest	14.1	1,073	1,518	14.7	443	584
Second	15.6	1,190	1,421	19.1	575	635
Middle	17.4	1,325	1,376	22.1	666	647
Fourth	24.9	1,900	1,615	21.3	640	560
Highest	28.0	2,136	1,694	22.7	684	563
Total 15-49	100.0	7,624	7,624	100.0	3,008	2,989
50-59	na	na	na	-	309	328
Total men 15-59	na	na	na	-	3,317	3,317

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.

na = Not applicable

Respondents living in the Lowlands zone are in general better educated than respondents living in the other zones. Across districts, the proportion of women with at least some secondary education ranges from a low of 29 percent in Thaba-Tseka to a high of 61 percent in Berea. For men, the corresponding range, from low to high, is 21 percent in Thaba-Tseka to 50 percent in Maseru.

As expected, the level of education increases with the wealth index. For example, only 18 percent of women in the lowest wealth quintile have at least some secondary education compared with 78 percent of women in the highest quintile.

Background characteristic	Highest level of schooling						Total	Median years completed	Number of women
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary			
Age									
15-24	0.5	20.1	18.9	48.8	8.4	3.3	100.0	7.5	3,337
..15-19	0.3	21.6	17.6	56.2	3.7	0.6	100.0	7.2	1,785
..20-24	0.7	18.5	20.4	40.4	13.7	6.3	100.0	8.0	1,552
25-29	1.6	22.2	23.2	34.4	11.8	6.9	100.0	7.2	1,244
30-34	1.4	23.2	26.6	30.2	9.1	9.4	100.0	6.9	983
35-39	1.5	22.7	30.7	31.8	5.5	7.8	100.0	6.8	763
40-44	1.1	31.9	25.2	30.9	4.5	6.4	100.0	6.6	656
45-49	3.6	39.4	25.1	20.0	3.8	8.1	100.0	6.3	641
Residence									
Urban	0.7	12.3	17.7	43.9	13.6	11.8	100.0	8.6	2,573
Rural	1.5	29.6	25.5	35.6	5.2	2.7	100.0	6.7	5,051
Ecological zone									
Lowlands	0.7	17.3	20.4	43.7	9.8	8.0	100.0	7.9	4,798
Foothills	0.9	31.2	28.6	34.1	3.5	1.7	100.0	6.6	725
Mountains	2.3	35.6	28.1	27.1	5.0	1.9	100.0	6.4	1,544
Senqu River Valley	3.0	36.9	21.6	29.5	6.5	2.4	100.0	6.4	556
District									
Butha-Buthe	1.2	21.6	22.4	37.5	12.1	5.1	100.0	7.4	357
Leribe	0.7	18.1	26.6	41.8	8.0	4.9	100.0	7.4	1,359
Berea	0.3	19.7	19.1	45.2	8.0	7.8	100.0	7.7	1,122
Maseru	1.2	18.3	20.3	41.8	9.8	8.7	100.0	7.8	2,036
Mafeteng	0.1	23.3	24.1	40.1	7.7	4.6	100.0	6.9	682
Mohale's Hoek	2.3	35.3	19.4	34.2	5.5	3.4	100.0	6.6	599
Quthing	4.0	36.6	21.5	28.2	6.8	2.8	100.0	6.4	379
Qacha's Nek	2.2	30.6	20.1	33.3	9.0	4.9	100.0	6.8	219
Mokhotlong	2.4	34.4	30.3	27.3	4.3	1.3	100.0	6.4	356
Thaba-Tseka	1.8	38.1	30.8	22.1	4.6	2.5	100.0	6.3	515
Wealth quintile									
Lowest	3.1	50.6	27.8	17.4	0.9	0.1	100.0	5.8	1,073
Second	2.5	35.7	31.5	27.8	2.2	0.3	100.0	6.3	1,190
Middle	0.8	27.1	27.8	38.0	5.1	1.1	100.0	6.7	1,325
Fourth	0.9	16.2	21.8	48.7	9.3	3.1	100.0	7.7	1,900
Highest	0.1	8.2	13.4	46.0	15.5	16.9	100.0	9.2	2,136
Total	1.2	23.7	22.8	38.4	8.0	5.8	100.0	7.0	7,624

¹ Completed 7th grade at the primary level
² Completed 5th grade at the secondary level

Table 3.2.2 Educational attainment by background characteristics: Men

Percent distribution of men age 15-9 by highest level of schooling attended or completed, and median years completed, according to background characteristics, Lesotho 2009

Background characteristic	Highest level of schooling						Total	Median years completed	Number of men
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary			
Age									
15-24	4.8	38.5	11.0	37.8	4.8	3.1	100.0	6.4	1,470
..15-19	2.4	42.6	9.9	42.3	1.6	1.1	100.0	6.3	835
..20-24	8.0	33.1	12.3	31.7	9.1	5.8	100.0	6.7	634
25-29	12.5	37.5	13.2	17.5	11.5	7.8	100.0	6.0	463
30-34	15.5	28.9	16.4	23.8	6.3	9.0	100.0	6.3	396
35-39	18.5	40.6	8.9	17.9	4.4	9.7	100.0	4.7	290
40-44	19.1	29.8	15.6	16.1	13.7	5.8	100.0	6.1	196
45-49	28.2	33.5	14.7	8.3	3.9	11.5	100.0	4.0	193
Residence									
Urban	3.8	16.1	10.7	40.3	13.2	15.9	100.0	8.7	845
Rural	14.0	44.4	13.0	22.6	3.9	2.1	100.0	5.2	2,162
Ecological zone									
Lowlands	4.8	31.1	13.2	33.9	8.2	8.8	100.0	6.9	1,850
Foothills	11.8	51.8	16.7	17.3	1.9	0.5	100.0	4.9	319
Mountains	27.6	42.9	8.7	14.9	4.4	1.5	100.0	3.4	621
Senqu River Valley	17.7	40.1	9.4	25.3	5.6	2.0	100.0	5.2	217
District									
Butha-Buthe	7.7	38.3	12.0	27.8	9.6	4.5	100.0	6.3	168
Leribe	6.6	34.0	15.9	32.1	6.2	5.1	100.0	6.5	498
Berea	3.9	37.2	13.1	29.6	8.5	7.7	100.0	6.5	451
Maseru	8.7	28.7	12.7	33.2	6.7	10.0	100.0	6.8	773
Mafeteng	8.0	42.8	12.3	24.9	6.6	5.3	100.0	5.9	295
Mohale's Hoek	19.1	45.2	11.4	18.2	3.4	2.7	100.0	4.6	250
Quthing	15.8	40.1	8.1	25.4	8.0	2.5	100.0	5.4	150
Qacha's Nek	15.2	43.3	9.5	22.5	5.6	3.8	100.0	5.4	79
Mokhotlong	23.3	41.7	10.0	18.9	4.3	1.9	100.0	4.2	137
Thaba-Tseka	31.8	39.3	8.2	15.5	4.0	1.3	100.0	3.0	206
Wealth quintile									
Lowest	33.6	49.0	8.8	8.4	0.3	0.0	100.0	2.1	443
Second	15.3	55.1	13.0	14.7	1.7	0.2	100.0	4.5	575
Middle	8.1	44.3	16.1	25.9	4.3	1.3	100.0	5.8	666
Fourth	5.4	29.4	14.7	40.1	7.3	3.1	100.0	6.9	640
Highest	1.5	11.4	8.4	40.7	16.0	21.9	100.0	9.4	684
Total 15-49	11.2	36.4	12.4	27.6	6.5	6.0	100.0	6.2	3,008
50-59	30.3	41.3	9.3	10.1	3.3	5.6	100.0	3.0	309
Total men 15-59	12.9	36.9	12.1	26.0	6.2	5.9	100.0	6.0	3,317

¹ Completed 7th grade at the primary level

² Completed 5th grade at the secondary level

The 2009 LDHS respondents who have not attended secondary or high school were asked to read a simple, short sentence to establish literacy. The sentences were written in Sesotho and English (for those who were interviewed in English). Tables 3.3.1 and 3.3.2 show that the literacy rate is higher for women (97 percent) than for men (81 percent). This pattern is not unexpected in view of the generally higher educational attainment of women than men in Lesotho. The literacy rate decreases with increasing age, particularly among men. Among women, there are relatively minor differences in literacy rates by residence, with urban women only slightly more likely to be able to read than rural women (99 and 96 percent, respectively). Among men, the residential differential is much more pronounced; 94 percent for urban men compared with 76 percent for rural men. Literacy rates rise with increasing wealth, with variations being more significant for men than for women. Among men, the literacy rate across districts ranges from a low of 59 percent in Thaba-Tseka to a high of 90 percent in Berea.

Table 3.3.1 Literacy: Women

Percent distribution of women age 15-49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, Lesotho 2009

Background characteristic	No schooling or primary school					Total	Percentage literate ¹	Number
	Secondary school or higher	Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language			
Age								
15-19	60.5	32.4	5.8	1.1	0.1	100.0	98.8	1,785
20-24	60.4	30.6	6.5	2.4	0.0	100.0	97.5	1,552
25-29	53.0	36.8	6.8	3.2	0.2	100.0	96.6	1,244
30-34	48.7	39.0	9.1	2.9	0.2	100.0	96.8	983
35-39	45.1	43.0	8.4	3.4	0.1	100.0	96.5	763
40-44	41.8	44.4	10.5	3.1	0.2	100.0	96.6	656
45-49	31.9	48.3	11.9	8.0	0.0	100.0	92.0	641
Residence								
Urban	69.3	24.6	4.8	1.1	0.1	100.0	98.8	2,573
Rural	43.5	43.4	9.2	3.8	0.1	100.0	96.0	5,051
Ecological zone								
Lowlands	61.6	31.0	5.8	1.6	0.0	100.0	98.4	4,798
Foothills	39.4	46.4	10.0	4.2	0.0	100.0	95.8	725
Mountains	34.0	49.6	11.0	5.1	0.3	100.0	94.5	1,544
Senqu River Valley	38.5	42.3	11.8	6.7	0.5	100.0	92.7	556
District								
Butha-Buthe	54.7	29.9	12.4	3.0	0.0	100.0	97.0	357
Leribe	54.7	35.0	8.4	1.9	0.0	100.0	98.1	1,359
Berea	61.0	32.1	5.3	1.6	0.0	100.0	98.4	1,122
Maseru	60.3	31.2	6.5	1.9	0.1	100.0	98.0	2,036
Mafeteng	52.4	43.3	2.6	1.7	0.0	100.0	98.3	682
Mohale's Hoek	43.1	42.2	9.4	5.3	0.0	100.0	94.7	599
Quthing	37.9	37.5	14.6	8.5	1.4	100.0	90.0	379
Qacha's Nek	47.1	37.4	9.8	5.3	0.4	100.0	94.3	219
Mokhotlong	32.9	51.4	10.2	5.5	0.0	100.0	94.5	356
Thaba-Tseka	29.3	56.2	9.7	4.4	0.2	100.0	95.2	515
Wealth quintile								
Lowest	18.4	58.1	15.0	8.1	0.2	100.0	91.6	1,073
Second	30.3	51.5	12.3	5.7	0.2	100.0	94.1	1,190
Middle	44.2	45.0	7.9	2.8	0.0	100.0	97.2	1,325
Fourth	61.1	32.1	5.3	1.5	0.1	100.0	98.5	1,900
Highest	78.3	17.9	3.5	0.2	0.1	100.0	99.7	2,136
Total	52.2	37.0	7.7	2.9	0.1	100.0	96.9	7,624

¹ Refers to women who attended secondary school or higher and women who can read a whole sentence or part of a sentence

Table 3.3.2 Literacy: Men

Percent distribution of men age 15-49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, Lesotho 2009

Background characteristic	No schooling or primary school						Total	Percentage literate ¹	Number
	Secondary school or higher	Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language	Blind/visually impaired			
Age									
15-19	45.0	34.1	10.7	10.0	0.2	0.0	100.0	89.8	835
20-24	46.6	26.0	11.7	15.3	0.1	0.3	100.0	84.3	634
25-29	36.7	27.7	12.6	23.0	0.0	0.0	100.0	77.0	463
30-34	39.1	27.6	11.8	21.5	0.0	0.0	100.0	78.5	396
35-39	32.0	25.9	12.5	29.2	0.0	0.4	100.0	70.4	290
40-44	35.5	26.1	11.3	26.6	0.0	0.5	100.0	72.9	196
45-49	23.7	33.0	11.8	31.6	0.0	0.0	100.0	68.4	193
Residence									
Urban	69.4	19.8	4.6	6.2	0.0	0.0	100.0	93.8	845
Rural	28.6	32.8	14.4	23.9	0.1	0.2	100.0	75.8	2,162
Ecological zone									
Lowlands	50.9	28.8	9.3	10.9	0.0	0.1	100.0	89.0	1,850
Foothills	19.7	38.6	19.1	22.2	0.0	0.4	100.0	77.4	319
Mountains	20.8	26.0	14.2	38.7	0.4	0.0	100.0	61.0	621
Senqu River Valley	32.9	27.3	12.9	26.2	0.3	0.5	100.0	73.1	217
District									
Butha-Buthe	41.9	24.2	15.5	18.3	0.0	0.0	100.0	81.7	168
Leribe	43.4	25.7	14.7	15.8	0.0	0.3	100.0	83.8	498
Berea	45.8	35.1	9.0	10.1	0.0	0.0	100.0	89.9	451
Maseru	49.9	27.0	9.9	13.2	0.0	0.0	100.0	86.8	773
Mafeteng	36.9	36.1	10.1	16.5	0.0	0.4	100.0	83.1	295
Mohale's Hoek	24.3	32.6	10.6	32.5	0.0	0.0	100.0	67.5	250
Quthing	35.9	20.5	17.2	23.8	1.9	0.7	100.0	73.7	150
Qacha's Nek	32.0	38.0	12.0	18.0	0.0	0.0	100.0	82.0	79
Mokhotlong	25.1	27.1	13.4	34.4	0.0	0.0	100.0	65.6	137
Thaba-Tseka	20.8	26.6	11.3	41.3	0.0	0.0	100.0	58.7	206
Wealth quintile									
Lowest	8.6	29.6	12.9	48.6	0.0	0.3	100.0	51.1	443
Second	16.6	36.4	19.2	27.6	0.1	0.0	100.0	72.3	575
Middle	31.5	37.6	13.8	16.8	0.2	0.1	100.0	82.8	666
Fourth	50.6	28.9	10.4	9.7	0.1	0.3	100.0	89.9	640
Highest	78.6	14.8	3.6	3.1	0.0	0.0	100.0	96.9	684
Total 15-49	40.1	29.2	11.6	18.9	0.1	0.1	100.0	80.9	3,008
50-59	19.1	39.9	10.3	28.7	0.0	2.0	100.0	69.2	309
Total men 15-59	38.1	30.2	11.5	19.8	0.1	0.3	100.0	79.8	3,317

¹ Refers to men who attended secondary school or higher and men who can read a whole sentence or part of a sentence

3.3 ACCESS TO MASS MEDIA

Mass media access is essential for increasing people's knowledge and awareness of what takes place around them, which in turn affects their perceptions and behaviour. Exposure to media was assessed by asking survey respondents how often they read newspapers, watched television, or listened to a radio. The answers helped to identify population groups accessible by mass media. Development programs will be able to spread information more efficiently as they work to improve health, alleviate poverty, and slow or eliminate the spread of HIV/AIDS.

Tables 3.4.1 and 3.4.2 show that radio has the widest audience, with 66 percent of women and 62 percent of men listening to the radio at least once a week (also see Figure 3.1). Twenty-five percent of women and 27 percent of men watch television at least once a week, and 18-19 percent of women and men read a newspaper or a magazine weekly. Twenty-nine percent of women and 33 percent of men are not exposed to any of these media sources weekly. In contrast, 9 percent of women and 11 percent of men were exposed to all types of media on a regular basis.

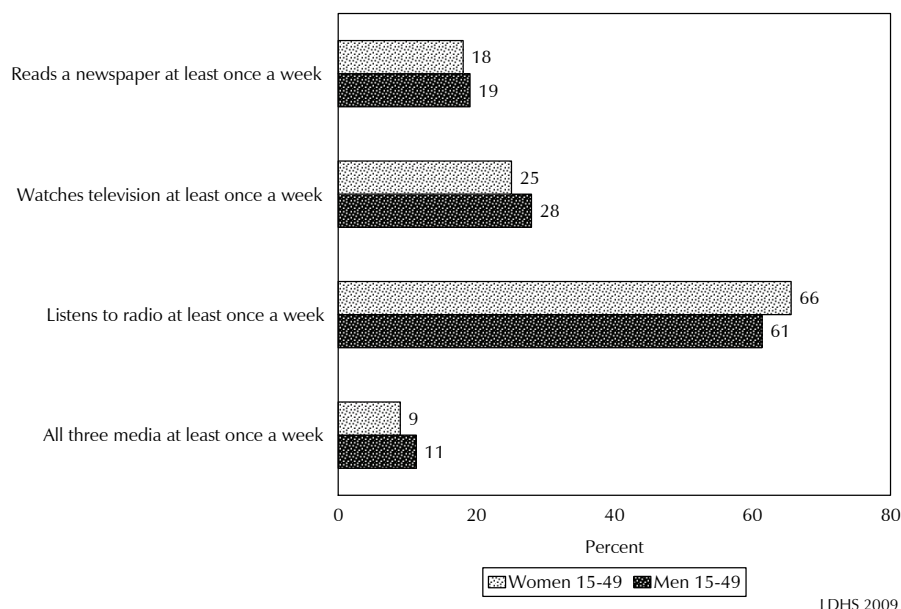
Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to radio at least once a week	All three media at least once a week	No media at least once a week	Number
Age						
15-19	20.1	24.3	61.2	8.2	31.5	1,785
20-24	19.8	24.0	65.6	8.8	28.6	1,552
25-29	17.8	26.0	70.1	8.2	25.4	1,244
30-34	17.6	26.6	65.1	8.2	28.0	983
35-39	17.1	28.3	69.9	10.6	25.9	763
40-44	14.2	24.7	67.0	7.3	28.4	656
45-49	14.9	22.1	63.7	8.6	32.6	641
Residence						
Urban	30.3	49.7	78.2	18.8	13.2	2,573
Rural	11.9	12.6	59.2	3.3	36.7	5,051
Ecological zone						
Lowlands	23.9	34.7	73.1	12.3	20.0	4,798
Foothills	9.0	9.8	57.5	2.1	38.9	725
Mountains	7.4	7.3	50.6	1.8	46.6	1,544
Senqu River Valley	9.9	11.4	53.6	2.6	41.5	556
District						
Butha-Buthe	15.2	13.7	58.1	3.6	36.2	357
Leribe	22.0	26.9	70.2	12.2	26.6	1,359
Berea	22.5	37.4	72.8	11.6	19.1	1,122
Maseru	24.2	34.5	70.9	11.7	21.6	2,036
Mafeteng	13.9	18.3	65.9	5.4	28.1	682
Mohale's Hoek	9.7	19.0	58.8	5.0	35.9	599
Quthing	11.9	11.6	49.8	3.0	45.0	379
Qacha's Nek	12.2	13.2	43.8	3.9	50.8	219
Mokhotlong	7.2	7.6	54.2	1.9	42.6	356
Thaba-Tseka	6.1	6.9	58.4	1.6	40.0	515
Education						
No education	0.0	4.7	45.0	0.0	54.0	93
Primary incomplete	4.8	9.0	50.8	1.1	46.3	1,810
Primary complete	8.0	15.4	61.9	2.6	34.2	1,741
Secondary+	29.0	37.1	74.5	14.7	17.8	3,979
Wealth quintile						
Lowest	3.8	1.8	35.0	0.2	62.8	1,073
Second	6.8	4.6	49.7	1.3	47.5	1,190
Middle	10.3	7.1	62.9	1.7	33.9	1,325
Fourth	19.3	16.8	73.1	4.2	21.2	1,900
Highest	35.2	66.7	85.0	24.8	4.7	2,136
Total	18.1	25.1	65.6	8.5	28.7	7,624

Table 3.4.2 Exposure to mass media: Men

Percentage of men age 15-49 who are exposed to specific media on a weekly basis, by background characteristics, Lesotho 2009

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to radio at least once a week	All three media at least once a week	No media at least once a week	Number
Age						
15-19	18.1	27.6	57.0	9.8	36.5	835
20-24	19.0	25.0	54.9	10.2	39.0	634
25-29	18.5	28.0	62.2	11.0	32.3	463
30-34	19.4	31.8	70.7	12.8	25.1	396
35-39	22.3	31.8	70.7	15.1	24.7	290
40-44	20.6	30.4	67.6	11.9	26.3	196
45-49	18.2	24.4	60.3	12.5	37.0	193
Residence						
Urban	38.7	60.3	79.3	28.0	11.3	845
Rural	11.4	15.4	54.4	4.7	41.6	2,162
Ecological zone						
Lowlands	25.5	36.5	67.9	16.1	25.8	1,850
Foothills	7.7	17.6	46.8	3.2	49.1	319
Mountains	8.3	11.4	50.7	2.9	45.3	621
Senqu River Valley	11.8	18.6	57.9	6.3	37.0	217
District						
Butha-Buthe	16.3	17.4	51.2	7.5	42.0	168
Leribe	22.3	30.0	64.0	13.1	31.8	498
Berea	21.3	35.6	68.1	15.2	27.3	451
Maseru	26.9	41.8	69.1	17.1	24.5	773
Mafeteng	15.6	14.5	48.8	6.4	44.4	295
Mohale's Hoek	10.8	19.5	55.9	6.0	38.9	250
Quthing	12.3	18.1	51.7	6.3	43.7	150
Qacha's Nek	16.8	18.1	48.3	6.1	43.0	79
Mokhotlong	8.7	13.1	62.4	4.3	34.7	137
Thaba-Tseka	7.3	14.6	55.9	3.4	38.3	206
Education						
No education	1.5	6.6	44.0	0.5	54.3	336
Primary incomplete	4.6	13.2	51.6	1.4	45.5	1,095
Primary complete	10.8	26.9	61.3	7.1	34.3	372
Secondary+	39.7	47.8	75.1	24.5	15.5	1,205
Wealth quintile						
Lowest	4.6	5.4	39.0	0.9	57.8	443
Second	6.0	9.2	50.9	2.1	46.7	575
Middle	8.2	11.7	54.6	2.4	42.0	666
Fourth	20.1	30.7	71.6	10.4	24.5	640
Highest	49.1	71.8	81.7	35.2	5.2	684
Total 15-49	19.1	28.0	61.4	11.3	33.1	3,008
50-59	13.7	19.5	62.4	7.8	34.7	309
Total men 15-59	18.6	27.2	61.5	11.0	33.3	3,317

Figure 3.1 Access to Mass Media



There are relatively large differentials by residence in the proportions of respondents with access to media. For example, 19 percent of urban women are exposed to all forms of media once a week compared with only 3 percent of rural women. Among female respondents from the various ecological zones, the residents from the Lowlands zone are the most exposed to the three media sources, and those from the Mountains and Foothills zones are the least exposed (12 and 2 percent, respectively). Across districts, the Leribe, Berea, and Maseru districts have the highest proportion of respondents who are exposed to all three media, while Thaba-Tseka district has the lowest proportion. The proportion of respondents with access to the media increases with increasing education level and wealth status.

3.4 EMPLOYMENT

3.4.1 Employment Status

The 2009 LDHS respondents were asked whether they were employed at the time of the survey and, if not, whether they were employed in the 12 months preceding the survey. Tables 3.5.1 and 3.5.2 show that 39 percent of women and 63 percent of men age 15-59 are currently employed. Eight percent of women and 7 percent of men were not working at the time of the survey but had been employed at some point in the 12 months preceding the survey.

Up to age 35-39, the proportion of women currently employed increases with age. For men, the proportion increases up to age 40-44 before declining somewhat at age 45-49. Women who have never married are the least likely to be employed (27 percent). On the other hand, divorced, separated, or widowed women are the most likely to be employed (60 percent). In contrast, married men are somewhat more likely to be employed than divorced, separated, or widowed men.

The employment rate among women and men who have no children is lower than among those who have children. Urban residents are more likely to be currently employed than rural residents. The percentage of women and men who are currently employed is highest in Thaba-Tseka (47 and 80 percent, respectively). In contrast, the lowest employment rate for women is 22 percent in Qacha's Nek and for men is 52 percent in Quthing.

Table 3.5.1 Employment status: Women

Percent distribution of women age 15-49 by employment status, according to background characteristics, Lesotho 2009

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Total	Number of women
	Currently employed ¹	Not currently employed			
Age					
15-19	13.6	4.9	81.5	100.0	1,785
20-24	32.0	9.0	59.0	100.0	1,552
25-29	48.5	10.1	41.4	100.0	1,244
30-34	51.9	7.7	40.4	100.0	983
35-39	55.8	6.0	38.2	100.0	763
40-44	50.8	8.2	40.9	100.0	656
45-49	55.5	7.7	36.8	100.0	641
Marital status					
Never married	26.9	6.8	66.2	100.0	2,618
Married or living together	41.8	7.9	50.3	100.0	4,049
Divorced/separated/widowed	59.5	8.5	32.0	100.0	957
Number of living children					
0	26.0	6.5	67.5	100.0	2,627
1-2	45.3	8.4	46.3	100.0	3,063
3-4	46.9	7.5	45.5	100.0	1,347
5+	45.3	8.2	46.5	100.0	587
Residence					
Urban	53.2	6.6	40.3	100.0	2,573
Rural	31.7	8.1	60.2	100.0	5,051
Ecological zone					
Lowlands	41.5	7.5	51.0	100.0	4,798
Foothills	27.4	6.8	65.8	100.0	725
Mountains	39.8	8.1	52.1	100.0	1,544
Senqu River Valley	29.9	8.1	62.1	100.0	556
District					
Butha-Buthe	35.7	10.5	53.7	100.0	357
Leribe	37.9	6.3	55.8	100.0	1,359
Berea	38.9	4.7	56.3	100.0	1,122
Maseru	45.5	7.6	46.9	100.0	2,036
Mafeteng	28.5	8.6	62.9	100.0	682
Mohale's Hoek	37.2	10.5	52.2	100.0	599
Quthing	26.1	5.2	68.7	100.0	379
Qacha's Nek	22.2	6.9	71.0	100.0	219
Mokhotlong	44.1	10.4	45.5	100.0	356
Thaba-Tseka	46.7	10.2	43.1	100.0	515
Education					
No education	31.5	10.4	58.1	100.0	93
Primary incomplete	36.7	8.4	54.9	100.0	1,810
Primary complete	39.9	8.4	51.7	100.0	1,741
Secondary+	39.7	6.8	53.5	100.0	3,979
Wealth quintile					
Lowest	35.1	8.4	56.5	100.0	1,073
Second	29.8	9.8	60.3	100.0	1,190
Middle	26.6	8.7	64.6	100.0	1,325
Fourth	41.3	7.6	51.1	100.0	1,900
Highest	51.5	5.2	43.3	100.0	2,136
Total	38.9	7.6	53.5	100.0	7,624

¹ "Currently employed" is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

The proportion of men currently employed is highest among men with no education (78 percent). For women, the employment rate is highest among those who have completed primary school or attended secondary school or higher (40 percent). The proportion of women and men currently employed is lowest for those in the middle wealth quintile.

Table 3.5.2 Employment status: Men

Percent distribution of men age 15-49 by employment status, according to background characteristics, Lesotho 2009

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Total	Number of men
	Currently employed ¹	Not currently employed			
Age					
15-19	38.1	5.3	56.5	100.0	835
20-24	59.4	8.6	32.0	100.0	634
25-29	72.3	7.8	19.9	100.0	463
30-34	76.8	9.5	13.7	100.0	396
35-39	80.1	7.2	12.7	100.0	290
40-44	79.6	9.1	11.3	100.0	196
45-49	74.6	4.9	20.2	100.0	193
Marital status					
Never married	50.1	7.1	42.8	100.0	1,691
Married or living together	77.7	7.5	14.7	100.0	1,169
Divorced/separated/widowed	75.4	9.0	15.6	100.0	148
Number of living children					
0	52.5	7.3	40.2	100.0	1,864
1-2	78.5	7.3	14.2	100.0	737
3-4	74.8	9.1	15.8	100.0	297
5+	79.3	4.2	16.5	100.0	110
Residence					
Urban	64.2	7.1	28.6	100.0	845
Rural	61.2	7.4	31.3	100.0	2,162
Ecological zone					
Lowlands	58.6	8.2	33.2	100.0	1,850
Foothills	63.5	7.7	28.8	100.0	319
Mountains	72.9	4.1	23.0	100.0	621
Senqu River Valley	58.8	8.5	32.7	100.0	217
District					
Butha-Buthe	66.0	4.3	29.7	100.0	168
Leribe	54.1	8.3	37.6	100.0	498
Berea	56.2	7.8	36.0	100.0	451
Maseru	63.6	8.2	28.3	100.0	773
Mafeteng	60.2	6.7	32.8	100.0	295
Mohale's Hoek	70.8	10.7	18.4	100.0	250
Quthing	52.0	8.5	39.5	100.0	150
Qacha's Nek	53.1	4.7	42.2	100.0	79
Mokhotlong	75.1	2.2	22.7	100.0	137
Thaba-Tseka	79.6	3.8	16.6	100.0	206
Education					
No education	78.0	7.3	14.7	100.0	336
Primary incomplete	63.9	5.5	30.6	100.0	1,095
Primary complete	64.0	10.7	25.4	100.0	372
Secondary+	55.4	7.9	36.6	100.0	1,205
Wealth quintile					
Lowest	69.4	5.8	24.8	100.0	443
Second	62.5	9.0	28.4	100.0	575
Middle	58.0	7.6	34.4	100.0	666
Fourth	58.4	8.4	33.2	100.0	640
Highest	64.3	5.7	29.9	100.0	684
Total 15-49	62.1	7.3	30.6	100.0	3,008
50-59	73.7	5.5	20.8	100.0	309
Total men 15-59	63.2	7.2	29.6	100.0	3,317

¹ "Currently employed" is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

3.4.2 Occupation

The occupations of women and men employed in the 12 months preceding the survey are shown in Tables 3.6.1 and 3.6.2. One in five women and half of all men are engaged in agricultural occupations. For women, the other common occupation is sales and service (21 percent). About 12 percent of women are engaged in each of three occupations: skilled manual labour, unskilled manual labour, and domestic service.

Background characteristic	Professional/technical/managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agriculture	Missing	Total	Number of women
Age										
15-19	2.2	7.9	12.9	2.1	8.2	21.9	36.1	8.8	100.0	330
20-24	7.7	9.6	20.2	12.4	12.3	13.4	21.9	2.5	100.0	637
25-29	7.3	10.2	19.8	17.3	15.3	10.9	15.9	3.3	100.0	729
30-34	11.9	7.5	23.2	12.0	16.1	9.0	17.8	2.5	100.0	586
35-39	13.4	4.7	21.2	16.9	13.9	9.2	18.2	2.5	100.0	472
40-44	14.1	5.8	28.0	10.7	6.3	12.2	20.7	2.1	100.0	387
45-49	17.0	5.5	24.4	10.4	5.3	8.8	27.0	1.5	100.0	405
Marital status										
Never married	8.9	11.3	20.7	9.5	13.5	16.3	15.3	4.5	100.0	884
Married or living together	11.3	6.3	20.4	13.4	12.0	8.0	26.1	2.5	100.0	2,011
Divorced/separated/widowed	9.3	7.2	25.3	14.2	9.5	17.0	14.5	3.1	100.0	651
Number of living children										
0	8.6	12.1	18.8	9.6	9.9	16.9	18.6	5.5	100.0	853
1-2	10.9	7.7	21.8	16.2	14.2	10.2	16.7	2.3	100.0	1,646
3-4	12.2	5.1	22.7	12.0	11.3	11.1	23.4	2.2	100.0	733
5+	7.7	1.6	23.1	2.8	6.7	7.6	47.6	2.9	100.0	314
Residence										
Urban	12.5	9.7	25.9	18.7	15.0	11.7	2.8	3.7	100.0	1,537
Rural	8.6	6.1	17.9	7.9	9.5	11.8	35.4	2.7	100.0	2,010
Ecological zone										
Lowlands	11.4	9.0	23.3	16.7	15.2	13.8	7.3	3.4	100.0	2,348
Foothills	8.3	6.1	18.5	6.0	8.0	10.3	40.1	2.7	100.0	247
Mountains	8.2	4.4	16.6	3.8	4.6	6.2	53.5	2.7	100.0	739
Senqu River Valley	8.7	6.6	20.5	4.6	5.3	10.1	42.5	1.6	100.0	211
District										
Butha-Buthe	17.3	13.6	26.3	6.4	5.6	12.9	14.0	4.1	100.0	165
Leribe	9.9	8.5	15.7	20.5	16.0	8.6	15.5	5.3	100.0	601
Berea	15.1	11.2	27.2	11.0	9.8	15.3	9.5	0.9	100.0	490
Maseru	8.9	7.5	24.0	17.3	17.1	12.7	8.7	3.7	100.0	1,082
Mafeteng	11.7	6.8	22.9	10.3	14.6	19.7	12.0	1.9	100.0	253
Mohale's Hoek	6.7	3.8	22.4	5.8	5.9	11.5	43.8	0.0	100.0	286
Quthing	10.2	7.2	25.8	8.6	6.4	11.2	28.0	2.6	100.0	119
Qacha's Nek	13.7	7.4	28.9	5.9	8.4	10.2	23.5	2.0	100.0	64
Mokhotlong	7.6	3.9	11.4	3.1	3.5	6.3	58.6	5.6	100.0	194
Thaba-Tseka	7.9	4.4	12.1	2.9	3.6	5.5	61.4	2.1	100.0	293
Education										
No education	0.0	0.0	20.5	13.0	1.7	11.8	50.8	2.2	100.0	39
Primary incomplete	2.3	1.2	20.7	8.3	11.4	15.6	36.9	3.6	100.0	817
Primary complete	2.6	4.8	16.6	15.2	13.7	17.7	26.1	3.3	100.0	841
Secondary+	17.6	12.0	23.9	13.3	11.5	7.3	11.6	2.8	100.0	1,849
Wealth quintile										
Lowest	2.6	1.1	13.7	1.9	5.4	9.3	63.2	2.8	100.0	467
Second	5.3	3.0	17.6	4.8	10.8	14.4	42.0	2.1	100.0	471
Middle	6.1	5.8	21.1	7.9	12.9	14.8	26.7	4.6	100.0	469
Fourth	6.7	9.0	22.7	20.5	18.8	8.6	10.7	2.9	100.0	929
Highest	19.7	11.7	25.0	15.4	9.2	12.8	3.1	3.1	100.0	1,211
Total	10.3	7.7	21.4	12.6	11.9	11.7	21.3	3.1	100.0	3,546

Table 3.6.2 Occupation: Men

Percent distribution of men age 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Lesotho 2009

Background characteristic	Professional/technical/managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agriculture	Missing	Total	Number of men
Age										
15-19	0.5	1.9	6.3	6.8	5.2	0.6	75.6	3.1	100.0	363
20-24	4.2	2.3	10.3	16.3	8.5	0.2	57.7	0.5	100.0	431
25-29	4.2	3.9	12.9	20.4	6.6	0.9	49.6	1.4	100.0	371
30-34	9.5	3.1	18.5	20.3	13.6	0.9	32.3	1.8	100.0	341
35-39	8.5	1.7	12.6	22.8	16.8	0.3	36.4	1.1	100.0	253
40-44	7.9	3.5	12.2	20.3	10.4	0.0	40.4	5.4	100.0	174
45-49	16.3	1.5	9.0	20.5	9.8	0.0	43.0	0.0	100.0	153
Marital status										
Never married	3.5	2.9	8.3	14.0	6.8	0.3	62.6	1.7	100.0	967
Married or living together	9.2	2.4	15.7	19.8	12.7	0.7	37.5	1.9	100.0	996
Divorced/separated/widowed	2.4	2.1	6.5	25.6	8.0	0.6	53.9	0.9	100.0	125
Number of living children										
0	4.2	2.7	9.1	14.4	7.5	0.4	59.4	2.4	100.0	1,115
1-2	9.3	2.4	17.3	21.2	12.7	0.8	36.0	0.4	100.0	632
3-4	7.8	2.6	12.1	21.6	11.7	0.0	42.5	1.8	100.0	249
5+	3.5	3.5	4.2	17.8	11.0	0.8	55.4	4.0	100.0	92
Residence										
Urban	14.5	4.4	23.6	25.2	15.1	0.7	12.3	4.1	100.0	603
Rural	2.8	1.9	6.9	14.3	7.5	0.4	65.4	0.8	100.0	1,485
Ecological zone										
Lowlands	8.2	3.6	16.5	21.9	12.4	0.5	34.1	2.7	100.0	1,236
Foothills	1.7	1.2	4.9	11.0	7.5	0.0	73.6	0.0	100.0	227
Mountains	3.0	1.1	4.6	10.6	4.2	0.2	75.5	0.8	100.0	478
Senqu River Valley	5.5	1.2	5.3	12.0	8.5	1.8	65.5	0.3	100.0	146
District										
Butha-Buthe	4.8	3.8	12.3	16.1	10.0	0.6	51.7	0.8	100.0	118
Leribe	6.6	3.6	12.9	17.8	12.5	1.0	43.5	2.0	100.0	311
Berea	12.3	3.5	15.5	17.5	11.5	0.0	37.9	1.8	100.0	288
Maseru	6.3	2.9	17.0	23.3	11.1	0.5	35.5	3.3	100.0	555
Mafeteng	1.8	2.8	9.1	14.3	7.0	0.0	64.0	1.0	100.0	197
Mohale's Hoek	3.9	2.1	4.4	14.0	8.4	0.4	66.6	0.0	100.0	204
Quthing	6.6	1.1	9.5	14.7	8.7	1.8	57.6	0.0	100.0	91
Qacha's Nek	9.7	1.7	8.8	25.8	12.6	0.0	39.7	1.7	100.0	46
Mokhotlong	4.1	0.3	4.9	12.1	4.2	0.0	72.0	2.5	100.0	106
Thaba-Tseka	3.0	0.4	3.9	8.8	4.7	0.4	78.3	0.4	100.0	172
Education										
No education	0.6	1.7	6.3	9.6	4.2	0.0	77.3	0.3	100.0	286
Primary incomplete	1.8	0.6	6.4	16.6	7.7	0.1	66.4	0.3	100.0	760
Primary complete	2.6	1.3	14.7	20.4	13.2	0.8	43.8	3.1	100.0	278
Secondary+	13.9	5.4	18.0	20.2	12.4	0.9	25.9	3.3	100.0	763
Wealth quintile										
Lowest	0.5	0.5	3.0	10.3	3.4	0.2	81.7	0.4	100.0	333
Second	1.6	0.9	5.4	14.6	8.1	0.0	69.3	0.1	100.0	411
Middle	2.6	1.1	7.3	15.9	8.8	0.8	62.5	1.0	100.0	437
Fourth	4.3	4.9	19.5	21.6	12.4	0.8	35.3	1.1	100.0	427
Highest	18.8	4.9	20.5	22.6	13.9	0.4	13.4	5.4	100.0	479
Total 15-49	6.1	2.6	11.8	17.4	9.7	0.5	50.1	1.8	100.0	2,088
50-59	7.2	2.8	9.7	23.2	6.7	2.4	47.6	0.4	100.0	245
Total men 15-59	6.3	2.6	11.5	18.0	9.4	0.7	49.8	1.6	100.0	2,333

The respondents' occupation varies according to their age, residence and socioeconomic status. As expected, rural women (35 percent) and men (65 percent) are employed in agriculture, while urban women and men are most often found working in non-agricultural jobs such as sales and services (26 percent for women and 24 percent for men).

3.4.3 Type of Employer, Form of Earnings, and Continuity of Employment

Table 3.7.1 shows that 70 percent of employed women receive cash payment for their work, small percentages receive payment in kind, and almost one in four work without pay. Women are most likely to be paid in kind or not paid at all if they are employed in agricultural activities. For example, 14 percent of women who work in agriculture were paid in cash compared with 86 percent of women who work in the non-agricultural sector.

Fifty-seven percent of women are employed by a non-family member, 28 percent are self-employed, and 16 percent are employed by a family member. Women are less likely to be employed by a non-family member if they are doing agricultural work than if they are engaged in non-agricultural work (20 percent compared with 67 percent).

Women also more often work seasonally if they are employed in agricultural activities (77 percent) than if they work in non-agricultural occupations (12 percent). Conversely, women who engage in non-agricultural work are more likely to work all year than are women who work in the agricultural sector (74 percent and 10 percent, respectively).

Table 3.7.1 Type of employment: Women			
Percent distribution of women age 15-49 employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or non-agricultural), Lesotho 2009			
Employment characteristic	Agricultural work	Non-agricultural work	Total
Type of earnings			
Cash only	13.5	86.0	69.8
Cash and in-kind	3.7	2.1	2.4
In-kind only	11.7	1.3	3.5
Not paid	71.0	10.6	24.2
Total	100.0	100.0	100.0
Type of employer			
Employed by family member	43.8	7.6	15.5
Employed by non-family member	20.1	66.9	56.7
Self-employed	36.2	25.5	27.8
Total	100.0	100.0	100.0
Continuity of employment			
All year	10.0	73.5	60.2
Seasonal	77.4	11.5	25.5
Occasional	12.6	15.0	14.3
Total	100.0	100.0	100.0
Number of women employed during the past 12 months	755	2,682	3,546
Note: Total includes women with information missing on type of employment who are not shown separately.			

Table 3.7.2 shows that, overall, men are less likely than women to be paid for their work; 39 percent of employed men work without pay and about half (51 percent) receive cash payment for their work. These proportions change when the type of employment is considered. Men who are employed in non-agricultural activities are more likely than those who work in agriculture to be paid in cash. For example, 18 percent of men who work in agriculture are paid in cash compared with 86 percent of men who work in non-agriculture sector. Two in three men who work in agriculture are not paid, compared with 11 percent of men who are employed in non-agricultural activities.

Forty-seven percent of men are employed by a non-family member, 29 percent are employed by a family member, and 24 percent are self-employed. Men are much more likely to be employed by a non-family member if they are doing non-agricultural work than if they are engaged in agricultural work (67 percent compared with 27 percent).

Less than half of men work all year. Men less often work all year if they are employed in agricultural activities (34 percent) than if they are in non-agricultural occupations (64 percent). Likewise, men who are engaged in non-agricultural work are less likely to work seasonally than men who work in the agricultural sector (14 percent and 56 percent, respectively).

Table 3.7.2 Type of employment: Men			
Percent distribution of men age 15-59 employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or non-agricultural), Lesotho 2009-10			
Employment characteristic	Agricultural work	Non-agricultural work	Total
Type of earnings			
Cash only	17.7	85.5	51.4
Cash and in-kind	3.0	2.3	2.6
In-kind only	13.0	0.8	6.9
Not paid	66.3	11.4	39.2
Total	100.0	100.0	100.0
Type of employer			
Employed by family member	50.2	8.2	29.0
Employed by non-family member	26.7	67.2	46.6
Self-employed	23.2	24.5	24.3
Total	100.0	100.0	100.0
Continuity of employment			
All year	34.2	63.5	49.0
Seasonal	56.3	14.0	35.0
Occasional	9.5	22.4	16.0
Total	100.0	100.0	100.0
Number of men employed during the past 12 months	1,163	1,132	2,333

Note: Total includes men with information missing on type of employment who are not shown separately.

FERTILITY LEVELS, TRENDS, AND DIFFERENTIALS

4.1 INTRODUCTION

The 2009 Lesotho Demographic and Health Survey (LDHS) collected information on current, past, and cumulative fertility. This chapter presents the results of the survey on levels, trends, and differentials in fertility based on the analysis of the birth histories collected from women age 15-49. Women were first asked a series of questions to determine the total number of live births that occurred in their lifetime. For each live birth, information was collected on the age, sex, and survival status of the child. For dead children, age at death was recorded. Information from the birth history was used to estimate current fertility (age-specific and total fertility) and completed fertility (number of children ever born alive to the woman), as well as to look at other fertility-related factors, such as age at first birth, birth intervals, and teenage childbearing.

The accuracy of fertility estimates is affected by the quality of reporting of births, the total number of births, and the dates of each birth. Underreporting of the number of births affects the estimates of fertility levels, while misreporting of the dates of births can distort estimates of fertility trends. If these errors vary by socioeconomic characteristics of the women, the differentials in fertility will also be affected.

4.2 CURRENT FERTILITY

The level of current fertility is one of the most important topics in this report because of its direct relevance to population policies and programs. Current fertility can be measured using the age-specific fertility rate (ASFR), the total fertility rate (TFR), the general fertility rate (GFR), and the crude birth rate (CBR). The ASFR provides the age pattern of fertility, while the TFR refers to the number of live births that a woman would have had if she were subject to the current ASFRs throughout the reproductive ages (15-49 years). The GFR is expressed as the number of live births per 1,000 women of reproductive age, and the CBR is defined as the number of live births per 1,000 population.

The measures of fertility presented in this chapter refer to the period three years prior to the survey, corresponding approximately to the period from late 2007 to late 2009.

Current estimates of fertility levels are presented in Table 4.1 by urban-rural residence. Table 4.1 shows that, on average, a woman in Lesotho has 3.3 children. Rural women have almost twice as many children as urban women (4.0 children and 2.1 children per woman, respectively), which is reflected in each ASFR. Fertility declines with age more rapidly among urban women than among rural women, with the greatest absolute urban-rural difference in ASFR (80 births per 1,000 women) occurring among women age 20-24 (Figure 4.1).

Table 4.1 Current fertility

Age-specific fertility rate, total fertility rate, general fertility rate, and crude birth rate for the three years preceding the survey, by residence, Lesotho 2009

Age group	Residence		Total
	Urban	Rural	
15-19	64	110	96
20-24	120	200	171
25-29	108	186	155
30-34	73	146	117
35-39	31	97	74
40-44	20	49	40
45-49	3	8	7
TFR 15-49	2.1	4.0	3.3
GFR	80	139	119
CBR	24.5	27.1	26.4

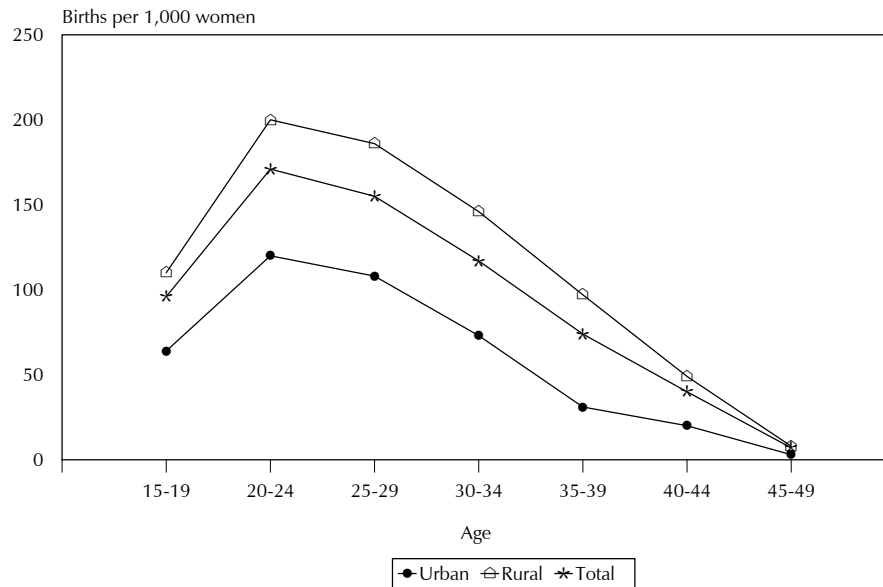
Notes: Age-specific fertility rates are per 1,000 women. Rates for age group 45-49 may be slightly biased due to truncation. Rates are for the period 1-36 months prior to interview.

TFR: Total fertility rate expressed per woman

GFR: General fertility rate expressed per 1,000 women

CBR: Crude birth rate, expressed per 1,000 population

Figure 4.1 Age-Specific Fertility Rates by Urban-Rural Residence



LDHS 2009

4.3 FERTILITY DIFFERENTIALS BY BACKGROUND CHARACTERISTICS

Fertility is known to vary by a woman's residence, educational background, and other characteristics. Table 4.2 indicates that there are large variations in the TFR by residence, education, and wealth quintile. Women in the Lowlands zone and in the Maseru district have on average the fewest children in the country, while women in the Mountains zone and in the Thaba-Tseka district have the most children. Fertility is inversely associated with the woman's education and wealth quintile: fertility decreases as they increase. For example, the TFR for women in the lowest (poorest) quintile is 5.9 children per woman compared with 2.0 children for women in the highest quintile.

The percentage of women who are pregnant provides a useful additional measure of current fertility, although it may be an underestimate because many women may not recognise in themselves the earliest signs of pregnancy. Table 4.2 shows that 4 percent of women said that they were pregnant at the time of the survey. This proportion was higher in rural areas (5 percent) than in urban areas (3 percent). The proportion pregnant by wealth quintile does not show a clear pattern. However, women in the second quintile are more than twice as likely to be pregnant as women in the highest quintile.

The last column in Table 4.2 presents a crude assessment of trends in fertility by comparing current fertility with a measure of completed fertility: the mean number of children ever born to women age 40-49. The mean number of children ever born to older women who are nearing the end of their reproductive years is an indicator of average completed fertility among women who began childbearing during the three decades preceding the survey. If fertility remained constant over time, and the reported data on both children ever born and births during the three years preceding the survey are reasonably accurate, the TFR and the mean number of children ever born for women age 40-49 are expected to be similar. When fertility levels have been falling, the TFR will be substantially lower than the mean number of children ever born. The 2009 LDHS data show that the mean number of children ever born for women age 40-49 is much higher than the TFR for the three years preceding the survey (4.1 compared with 3.3 children per woman), indicating a recent substantial reduction in fertility.

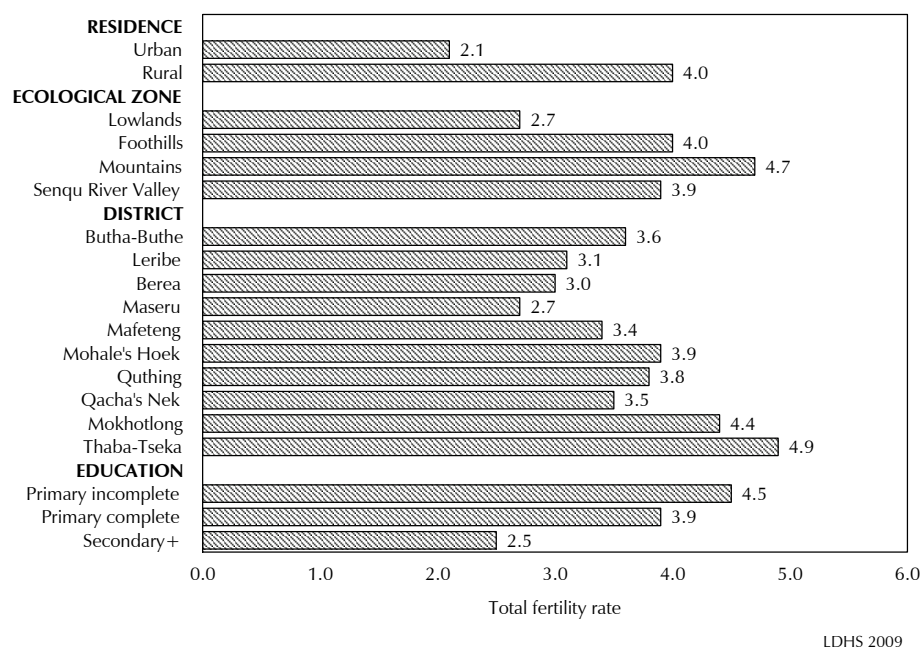
Table 4.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage of women age 15-49 currently pregnant, and mean number of children ever born to women age 40-49 years, by background characteristics, Lesotho 2009

Background characteristic	Total fertility rate	Percentage of women age 15-49 currently pregnant	Mean number of children ever born to women age 40-49
Residence			
Urban	2.1	3.2	3.2
Rural	4.0	4.7	4.5
Ecological zone			
Lowlands	2.7	4.0	3.6
Foothills	4.0	4.3	4.3
Mountains	4.7	5.0	5.1
Senqu River Valley	3.9	3.5	4.5
District			
Butha-Buthe	3.6	3.7	4.0
Leribe	3.1	4.8	4.2
Berea	3.0	3.9	3.6
Maseru	2.7	4.0	3.6
Mafeteng	3.4	4.0	3.7
Mohale's Hoek	3.9	2.0	4.2
Quthing	3.8	3.7	4.5
Qacha's Nek	3.5	5.0	4.4
Mokhotlong	4.4	7.0	5.1
Thaba-Tseka	4.9	5.5	5.7
Education			
No education	*	4.1	4.5
Primary incomplete	4.5	4.0	4.8
Primary complete	3.9	4.7	4.4
Secondary+	2.5	4.1	3.1
Wealth quintile			
Lowest	5.9	5.4	5.5
Second	4.3	5.7	4.8
Middle	3.8	4.2	4.5
Fourth	2.5	4.5	3.7
Highest	2.0	2.6	3.0
Total	3.3	4.2	4.1

Note: Total fertility rates are for the period 1-36 months prior to interview. An asterisk indicates that an estimate is based on fewer than 125 person-years exposure.

Figure 4.2 Total Fertility Rates by Background Characteristics



4.4 FERTILITY TRENDS

Table 4.3 uses information from the retrospective birth histories obtained from 2009 LDHS respondents to examine trends in age-specific fertility rates for successive five-year periods before the survey. To calculate these rates, births were classified according to the period of time in which the birth occurred and the mother's age at the time of birth. Because birth histories were not collected for women over age 50, the rates for older age groups become progressively more truncated for periods more distant from the survey date. For example, rates cannot be calculated for women age 45-49 for the period 5-9 years or more prior to the survey, because women in that age group would have been age 50 or older at the time of the survey.

The results in Table 4.3 confirm that fertility has fallen substantially among all age groups, except among women age 15-19. The most rapid decline is shown by women in their early 30s.

Age-specific fertility rates (per 1,000 women) and total fertility rates, Lesotho 1976-2009							
Mother's age at birth	1976 Census	1986 Census	1996 Census	2001 LDS	2004 LDHS	2006 Census	2009 LDHS
15-19	65	70	37	81	91	112	96
20-24	239	246	145	196	177	171	171
25-29	259	256	153	204	160	148	155
30-34	222	223	131	122	122	121	117
35-39	165	178	106	148	101	90	74
40-44	96	95	66	60	46	47	40
45-49	39	30	27	28	9		7
TFR	5.4	5.3	4.1	4.2	3.5	3.4	3.3

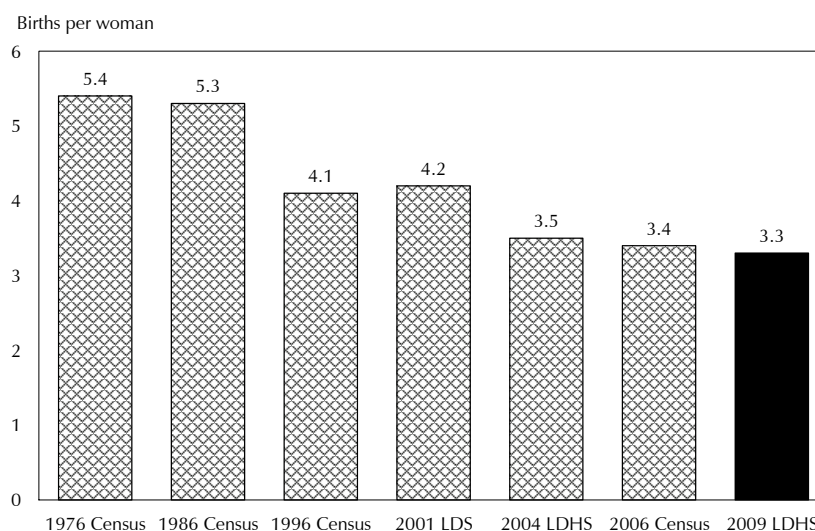
Note: Estimates based on the 1976, 1986, 1996, and 2006 censuses are for five-year periods preceding the census.
Sources: BOS 1976, BOS 1986, BOS 1996, BOS 2001, MOHSW, BOS, and ORC Macro, 2005, BOS 2008, MOHSW and ICF Macro, 2010

Another way to examine fertility trends is to compare current estimates with earlier data sources. Table 4.4 and Figure 4.3 show the ASFRs for the 1976, 1986, 1996, and 2006 censuses, the 2001 LDS, and the 2004 and 2009 LDHS surveys. Data indicate that the TFR in Lesotho has declined significantly since 1976, from 5.4 children per woman in the mid-1970s to 3.3 children in 2007-2009.

Mother's age at birth	Number of years preceding survey			
	0-4	5-9	10-14	15-19
15-19	92	76	83	85
20-24	175	169	206	211
25-29	147	155	177	202
30-34	117	131	150	(157)
35-39	81	102	(110)	-
40-44	42	(52)	-	-
45-49	(6)	-	-	-

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates exclude the month of interview.

Figure 4.3 Total Fertility Rates, Lesotho 1976-2009



4.5 CHILDREN EVER BORN AND LIVING

Table 4.5 presents the distribution of all women and currently married women by number of children ever born, according to five-year age groups. The table also shows the mean number of children ever born. Data on the number of children ever born reflect the accumulation of births to women over the course of their reproductive years and therefore have limited reference to current fertility levels, particularly when a country has experienced a decline in fertility. However, the information on children ever born is useful for observing how average family size varies across age groups and also for observing the level of primary infertility.

Table 4.5 shows that, on average, women have given birth to fewer than one child by their mid-20s, more than two children by their mid-30s, and about 3.5 children by their mid-40s. Differences in the mean number of children ever born between all women and currently married women are large among the younger age groups, after which they narrow.

Age	Number of children ever born											Total	Number of women	Mean number of children ever born	Mean number of living children
	0	1	2	3	4	5	6	7	8	9	10+				
ALL WOMEN															
15-19	84.2	14.3	1.4	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,785	0.17	0.16
20-24	37.4	41.0	17.8	3.4	0.4	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,552	0.89	0.81
25-29	17.9	31.9	28.6	14.5	5.7	1.1	0.2	0.2	0.0	0.0	0.0	100.0	1,244	1.63	1.44
30-34	9.6	18.7	26.9	24.0	12.7	5.2	2.1	0.6	0.1	0.0	0.0	100.0	983	2.39	2.18
35-39	5.7	12.2	21.9	21.9	18.0	9.8	6.4	2.8	1.0	0.2	0.1	100.0	763	3.12	2.81
40-44	3.9	9.4	13.4	20.0	18.0	14.5	10.5	4.4	3.1	1.3	1.5	100.0	656	3.86	3.49
45-49	3.9	7.2	13.2	15.4	17.6	14.0	11.5	7.5	4.0	3.0	2.6	100.0	641	4.29	3.81
Total	32.7	22.0	16.5	11.4	7.5	4.3	2.8	1.4	0.7	0.4	0.4	100.0	7,624	1.80	1.62
CURRENTLY MARRIED WOMEN															
15-19	37.3	54.7	7.7	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	292	0.71	0.66
20-24	15.7	51.4	26.7	5.4	0.7	0.1	0.0	0.0	0.0	0.0	0.0	100.0	860	1.24	1.12
25-29	8.1	31.6	32.8	17.8	7.7	1.6	0.3	0.2	0.0	0.0	0.0	100.0	857	1.92	1.70
30-34	4.4	17.0	27.9	27.0	14.0	5.8	2.9	0.8	0.1	0.0	0.0	100.0	704	2.63	2.44
35-39	3.9	8.4	19.9	23.2	20.2	12.0	7.8	3.1	1.2	0.1	0.2	100.0	522	3.40	3.08
40-44	2.2	8.7	13.0	18.2	15.5	17.2	11.9	5.6	4.0	1.7	1.9	100.0	429	4.15	3.75
45-49	1.7	5.6	12.4	13.3	20.0	14.8	11.5	8.3	5.5	3.8	3.0	100.0	386	4.62	4.10
Total	9.4	27.0	23.2	15.8	10.4	6.2	3.9	2.0	1.1	0.6	0.5	100.0	4,049	2.50	2.25

4.6 BIRTH INTERVALS

A birth interval is defined as the length of time between two live births. The study of birth intervals is important in understanding the health status of young children. Research has shown that short birth intervals are closely associated with poor health of children, especially during infancy. Children born too close to a previous birth, especially if the interval between the births is less than two years, are at increased risk of health problems and death at an early age. Longer birth intervals, on the other hand, contribute to the improved health status of both mother and child.

The study of birth intervals is done using two measures, namely, median birth interval and proportion of non-first births that occur with an interval of 24 months or more after the previous birth. Table 4.6 presents the distribution of second and higher-order births in the five years preceding the survey by the number of months since the previous birth, according to background characteristics. The table also presents the median number of months since the preceding birth.

Results of the 2009 LDHS indicate that the overall median birth interval is 44 months. Twelve percent of births in Lesotho occur fewer than 24 months after the birth of a previous child, and 43 percent take place four or more years after a previous birth. The median birth interval is longest for women who give birth at age 30-39. There are differences in birth intervals by residence; non-first births in the urban areas, in the Lowlands zone, and in Mafeteng have the longest birth intervals.

Table 4.6 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, and median number of months since preceding birth, according to background characteristics, Lesotho 2009

Background characteristic	Months since preceding birth						Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48-59	60+			
Age									
15-19	*	*	*	*	*	*	100.0	25	*
20-29	7.0	11.2	28.0	26.5	11.9	15.4	100.0	1,054	37.3
30-39	1.3	4.1	18.2	18.6	15.6	42.1	100.0	920	53.3
40-49	5.1	4.4	12.8	21.4	18.8	37.6	100.0	270	50.7
Birth order									
2-3	5.0	8.4	21.1	22.1	13.2	30.2	100.0	1,445	43.7
4-6	3.1	6.0	23.6	22.3	16.8	28.2	100.0	665	45.0
7+	8.3	8.3	26.3	27.0	12.3	17.8	100.0	160	37.9
Sex of preceding birth									
Male	4.5	7.5	23.5	22.3	15.1	27.1	100.0	1,181	43.3
Female	4.9	7.8	20.8	22.6	13.2	30.6	100.0	1,088	44.2
Survival of preceding birth									
Living	2.3	6.6	22.5	22.9	15.2	30.4	100.0	2,000	45.2
Dead	22.2	15.2	20.0	19.2	6.7	16.7	100.0	269	29.5
Residence									
Urban	4.5	4.8	12.8	20.1	13.5	44.3	100.0	435	54.9
Rural	4.7	8.3	24.5	23.0	14.4	25.1	100.0	1,834	41.9
Ecological zone									
Lowlands	4.3	7.1	16.9	20.9	14.1	36.7	100.0	1,123	48.5
Foothills	5.5	6.9	19.4	25.1	14.9	28.2	100.0	255	44.4
Mountains	4.5	9.0	31.1	24.0	14.8	16.8	100.0	703	37.9
Senqu River Valley	6.5	7.4	24.4	23.1	11.7	26.8	100.0	188	42.0
District									
Butha-Buthe	1.6	5.9	24.5	21.8	19.1	27.1	100.0	118	45.7
Leribe	6.5	8.7	18.7	21.2	14.6	30.3	100.0	401	45.3
Berea	4.5	7.3	20.9	21.5	13.2	32.7	100.0	285	44.0
Maseru	3.6	7.3	16.2	25.1	14.8	32.9	100.0	480	46.5
Mafeteng	4.9	5.3	16.7	18.8	13.1	41.2	100.0	188	51.5
Mohale's Hoek	2.8	6.6	23.9	26.3	13.7	26.7	100.0	209	43.4
Quthing	7.7	11.6	25.7	17.7	12.4	24.9	100.0	113	40.2
Qacha's Nek	4.7	5.8	30.6	20.1	18.2	20.6	100.0	75	41.6
Mokhotlong	5.3	7.5	31.7	25.0	14.6	16.0	100.0	167	37.7
Thaba-Tseka	5.1	9.4	33.1	21.7	11.4	19.2	100.0	233	36.8
Education									
No education	7.8	5.4	29.9	24.6	9.9	22.5	100.0	54	38.1
Primary incomplete	7.3	9.5	24.8	22.0	14.3	22.2	100.0	796	39.8
Primary complete	3.2	7.1	22.1	24.4	13.0	30.3	100.0	695	44.0
Secondary+	3.0	6.4	18.9	21.1	15.6	35.0	100.0	724	48.4
Wealth quintile									
Lowest	6.4	10.1	31.2	23.5	13.1	15.7	100.0	627	36.6
Second	5.6	7.9	25.2	24.9	15.5	20.9	100.0	454	41.7
Middle	3.2	8.6	21.4	20.7	16.6	29.5	100.0	444	45.1
Fourth	3.9	4.6	14.5	23.0	14.1	39.9	100.0	427	51.4
Highest	3.2	5.3	11.8	18.8	11.2	49.8	100.0	317	59.9
Total	4.7	7.7	22.2	22.5	14.2	28.8	100.0	2,269	43.7

Note: The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed. First-order births are excluded.

The interval between births is much lower for births in which a preceding sibling did not survive. This relationship is largely a result of replacement fertility, whereby a mother will get pregnant again soon after the death of a child. In Lesotho, the median birth interval length is shortened by 16 months when the preceding sibling dies.

4.7 AGE AT FIRST BIRTH

One of the factors that determines the fertility in a population is the average age at first birth. Women who marry early are typically exposed to pregnancy for a longer period. Thus, early childbearing generally leads to a large family size and is often associated with increased health risks for the mother and child. A rise in the median age at first birth is typically a sign of transition to lower fertility levels.

Table 4.7 indicates that women are delaying first childbirth. The distribution is similar to that in the 2004 LDHS and shows that the prevalence of early childbearing has declined over time. While 44 percent of women age 45-49 had their first child by age 20, the proportion of women age 20-24 who had their first child by age 20 is 37 percent. The increase in the median age at first birth among Basotho women can also be observed in the last column of Table 4.7—20.4 years for women age 45-49 compared with 21.2 years for women age 25-29.

Current age	Percentage who gave birth by exact age					Percentage who have never given birth	Number of women	Median age at first birth
	15	18	20	22	25			
15-19	0.9	na	na	na	na	84.2	1,785	a
20-24	0.8	13.2	37.3	na	na	37.4	1,552	a
25-29	0.8	13.6	35.0	57.1	76.2	17.9	1,244	21.2
30-34	0.9	13.1	37.3	61.7	77.9	9.6	983	20.9
35-39	1.0	16.1	40.3	60.4	79.8	5.7	763	20.9
40-44	1.1	13.2	38.7	63.6	84.1	3.9	656	20.9
45-49	0.9	16.4	44.2	66.2	82.9	3.9	641	20.4
20-49	0.9	14.0	38.1	na	na	17.0	5,839	a
25-49	0.9	14.3	38.4	61.1	79.5	9.6	4,287	20.9

na = Not applicable
a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group

Table 4.8 presents trends in the median age at first birth across age cohorts for key sub-groups. The measures are presented for women age 25-49 to ensure that half of the women have already had a birth. There are differences in the age at which women have their first child. Urban women start childbearing 1.4 years later than their rural counterparts (21.9 years compared with 20.5 years). A positive association is noted between educational level and wealth status and median age at first birth. For example, women with secondary or higher education start childbearing about 2.7 years later (median age 22.3 years) than women who do not complete primary education (median age 19.6 years). This relationship holds true for all age groups.

Table 4.8 Median age at first birth

Median age at first birth among women age 25-49 years, by current age and background characteristics, Lesotho 2009

Background characteristic	Age					Women age 25-49
	25-29	30-34	35-39	40-44	45-49	
Residence						
Urban	22.7	22.0	21.8	21.2	21.5	21.9
Rural	20.7	20.5	20.6	20.7	20.0	20.5
Ecological zone						
Lowlands	21.6	21.3	21.4	21.2	20.6	21.3
Foothills	21.0	20.6	20.2	20.4	20.8	20.6
Mountains	20.5	20.4	20.6	20.4	20.0	20.4
Senqu River Valley	21.6	20.4	20.3	20.6	19.7	20.5
District						
Butha-Buthe	20.9	21.3	21.1	20.7	21.5	21.1
Leribe	21.6	20.5	20.1	20.8	20.3	20.7
Berea	22.0	22.1	20.8	21.2	20.7	21.4
Maseru	21.4	21.1	21.9	21.2	20.7	21.3
Mafeteng	21.2	20.6	20.4	21.0	20.9	20.9
Mohale's Hoek	20.3	21.1	20.6	20.2	19.9	20.5
Quthing	22.1	20.3	19.9	20.3	20.1	20.5
Qacha's Nek	20.7	20.5	20.1	19.8	21.1	20.4
Mokhotlong	20.4	21.4	21.2	20.8	20.1	20.7
Thaba-Tseka	20.5	19.9	20.8	20.8	19.5	20.3
Education						
No education	*	*	*	*	*	*
Primary incomplete	19.8	19.7	20.0	19.3	19.6	19.6
Primary complete	20.6	20.0	20.2	20.7	20.3	20.4
Secondary+	22.7	22.3	22.0	22.0	22.3	22.3
Wealth quintile						
Lowest	19.8	20.1	20.4	20.1	19.8	20.0
Second	20.7	20.5	20.1	20.3	19.5	20.3
Middle	20.4	20.4	20.8	20.8	19.9	20.4
Fourth	21.7	20.6	20.3	20.9	20.8	20.9
Highest	23.1	22.8	22.4	21.7	21.6	22.4
Total	21.2	20.9	20.9	20.9	20.4	20.9

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

4.8 TEENAGE PREGNANCY AND MOTHERHOOD

Teenage pregnancy is a major health concern because of its association with higher morbidity and mortality for both the mother and child. Childbearing during the teenage years also frequently has adverse social consequences, particularly on female educational attainment. Women who become mothers in their teens are more likely to curtail education and have limited access to job opportunities.

Using information from the 2009 LDHS, Table 4.9 shows the percentage of women age 15-19 who are mothers or who are pregnant with their first child. Table 4.9 shows that 2 in 10 teenagers have started childbearing: 16 percent are already mothers and 4 percent are currently pregnant with their first child. These figures are similar to those reported in the 2004 LDHS. The proportion of teenagers who have started childbearing rises very rapidly with age. Although only 3 percent of women age 15 have started childbearing, 41 percent of women have had a baby or are pregnant with their first child by age 19.

There is a substantial difference in fertility among urban and rural teenagers. Rural women are almost twice as likely as urban women to have started childbearing (22 and 12 percent, respectively). A woman's educational attainment is inversely related to the initiation of childbearing; women with less education are more likely to have begun childbearing during adolescence than women with higher education. Twenty-eight percent of women with completed primary education have become mothers compared with 15 percent of women with secondary or higher education.

Table 4.9 Teenage pregnancy and motherhood

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child and percentage who have begun childbearing, by background characteristics, Lesotho 2009

Background characteristic	Percentage who:		Percentage who have begun childbearing	Number of women
	Have had a live birth	Are pregnant with first child		
Age				
15	2.2	0.8	3.0	353
16	5.1	2.8	7.9	343
17	15.5	3.8	19.2	396
18	22.9	4.9	27.9	368
19	34.3	6.7	41.0	325
Residence				
Urban	9.4	2.9	12.4	485
Rural	18.2	4.1	22.3	1,300
Ecological zone				
Lowlands	13.6	3.7	17.3	1,056
Foothills	24.2	3.8	28.0	186
Mountains	16.5	3.8	20.3	385
Senqu River Valley	19.2	3.9	23.1	158
District				
Butha-Buthe	17.8	2.9	20.8	80
Leribe	16.2	3.2	19.4	334
Berea	10.0	5.1	15.0	280
Maseru	14.7	3.2	17.9	383
Mafeteng	17.8	4.6	22.4	177
Mohale's Hoek	24.0	3.7	27.7	155
Quthing	13.9	1.3	15.2	113
Qacha's Nek	12.6	6.0	18.5	56
Mokhotlong	15.6	3.7	19.3	80
Thaba-Tseka	20.5	5.1	25.6	127
Education				
No education	*	*	*	6
Primary incomplete	20.6	4.7	25.4	385
Primary complete	23.1	5.0	28.1	314
Secondary+	11.8	3.1	14.9	1,080
Wealth quintile				
Lowest	23.8	3.5	27.3	270
Second	20.7	4.4	25.2	307
Middle	18.1	4.9	23.0	359
Fourth	12.2	4.3	16.6	433
Highest	8.8	1.9	10.7	416
Total	15.8	3.8	19.6	1,785

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

Mahlape Ramoseme

This chapter presents 2009 LDHS findings about contraceptive knowledge, attitudes, and behaviour. Data are presented for men as well as women because men play an important role in the realisation of a couple's reproductive goals. Wherever possible, the responses of men are compared with those of women to determine the level of interspousal communication and agreement.

5.1 KNOWLEDGE OF CONTRACEPTIVE METHODS

Knowledge about methods of contraception and their availability helps people to make informed choices when planning their families. One of the major objectives of the 2009 LDHS is to assess knowledge of family planning methods among reproductive-age women and men. This information was collected during the survey by asking the respondents to name ways or methods by which a couple can delay or avoid pregnancy. If any respondent failed to mention a particular method spontaneously, the interviewer described the method and asked whether the respondent recognised it. In this way, information was collected about approximately nine modern methods: female sterilisation, male sterilisation, the pill, the intrauterine contraceptive device (IUCD), injectables, implants, male condoms, female condoms, emergency contraception, and two traditional methods (periodic abstinence or rhythm and withdrawal).

Table 5.1 shows that knowledge of contraceptive methods among women and men in Lesotho is nearly universal; 98 percent of women age 15-49 and men age 15-49 know at least one method of family planning.

Modern methods are more widely known than traditional methods. For example, 98 percent of women and men have heard of at least one modern method, and 73 percent of women and 72 percent of men know of a traditional method. The male condom is the most widely known method of family planning among women and men, with 97 percent of women and men saying that they have heard of the method. Among women, knowledge of injectables, the pill, and the female condom is 87 percent or higher. A significant proportion of women have also heard about the IUCD (69 percent) and female sterilisation (66 percent). Other modern methods are less well known among women.

Table 5.1 shows that, after the male condom, the method most familiar to men is the female condom (78 percent), followed by injectables and the pill (72 percent each). Implants are the least known modern method among men (8 percent).

Differences in knowledge of contraceptive methods between women and men are not substantial. Overall, contraceptive knowledge is higher among women than among men. The average number of methods known is 6.8 for women and 5.7 for men.

Table 5.1 Knowledge of contraceptive methods
Percentage of all respondents, currently married respondents, and sexually active unmarried respondents age 15-49 who know any contraceptive method, by specific method, Lesotho 2009

Method	Women			Men		
	All women	Currently married women	Sexually active unmarried woman ¹	All men	Currently married men	Sexually active unmarried men ¹
Any method	98.3	99.2	99.5	98.2	99.2	99.4
Any modern method	98.2	99.1	99.5	98.0	99.0	99.4
Female sterilisation	66.2	72.1	73.2	54.3	68.9	58.1
Male sterilisation	18.0	18.0	22.7	23.2	25.5	30.4
Pill	88.9	94.9	94.3	71.6	86.6	74.1
IUCD	68.6	76.9	76.2	40.8	52.3	41.1
Injectables	89.6	95.6	95.8	72.1	88.4	76.0
Implants	25.9	31.8	29.3	8.4	11.2	9.0
Male condom	96.8	97.8	99.2	96.6	97.6	98.6
Female condom	86.6	89.6	92.6	77.5	83.1	85.9
Emergency contraception	31.5	32.8	38.4	25.7	29.0	32.2
Any traditional method	73.3	81.4	84.4	72.3	87.8	75.9
Rhythm	36.9	38.2	40.4	28.7	34.1	28.8
Withdrawal	68.3	77.7	80.4	69.5	85.9	73.3
Mean number of methods known by respondents 15-49	6.8	7.3	7.4	5.7	6.6	6.1
Number of respondents	7,624	4,049	466	3,008	1,169	471
Mean number of methods known by men 15-59	na	na	na	5.8	6.6	6.1
Number of respondents	na	na	na	3,317	1,416	479

¹ Had last sexual intercourse within 30 days preceding the survey
na = Not applicable

5.2 CURRENT USE OF CONTRACEPTIVE METHODS

The percentage of currently married women age 15-49 who use any method of family planning is known as the contraceptive prevalence rate (CPR). Table 5.2 shows that the CPR for Lesotho in 2009 is 47 percent, an increase of 10 percentage points from the percentage of 37 percent recorded in the 2004 LDHS. Almost all currently married women who use contraception use modern methods (46 percent). Current contraceptive use is higher among sexually active unmarried women than among married women (58 percent and 47 percent, respectively), primarily because 31 percent of sexually active unmarried women report using male condoms. The most commonly used contraceptive methods among married women are injectables (19 percent), the pill (13 percent), and the male condom (9 percent).

Use of any contraceptive method increases with age, from a low of 28 percent among married women age 15-19 to a peak of 57 percent among married women age 30-34. Use then steadily declines to 32 percent at age 45-49. Use of the pill and injectables is most common among women in the prime childbearing years (age 20-39). As expected, use of female sterilisation as a method increases with age to a high of 9 percent at age 40-44.

At 47 percent, the CPR in Lesotho is lower only than in Zimbabwe, Namibia, and Swaziland and higher than in other countries in eastern or southern Africa with comparable data (Figure 5.1).

Table 5.2 Current use of contraception by age

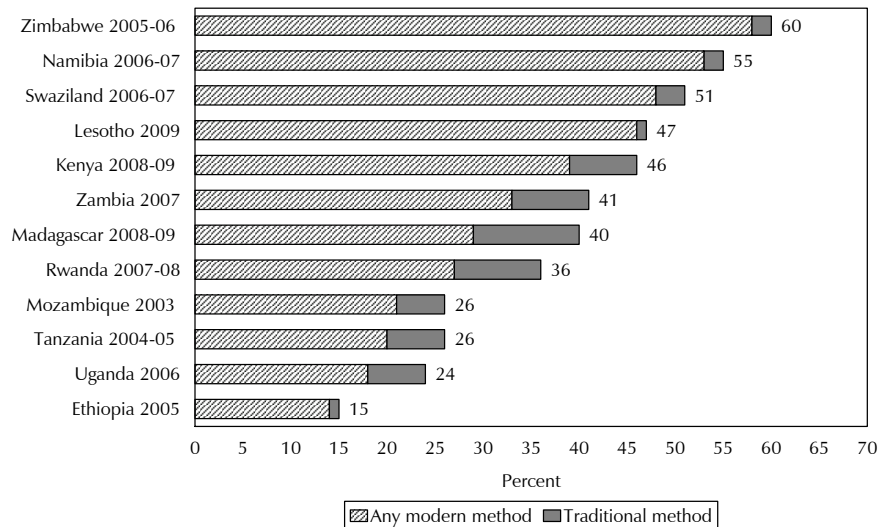
Percent distribution of all women, currently married women, and sexually active unmarried women age 15-49 by contraceptive method currently used, according to age, Lesotho 2009

Age	Modern method							Traditional method					Total	Number of women		
	Any method	Any modern method	Female sterilisation	Pill	IUCD	Injectables	Implants	Male condom	Female condom	Any traditional method	Rhythm	Withdrawal			Folk method	Not currently using
ALL WOMEN																
15-19	10.9	10.4	0.0	1.2	0.0	3.1	0.0	6.0	0.1	0.5	0.1	0.2	0.2	89.1	100.0	1,785
20-24	37.3	36.8	0.1	6.8	0.1	15.8	0.1	13.7	0.2	0.6	0.0	0.4	0.2	62.7	100.0	1,552
25-29	48.5	47.8	0.7	12.3	0.8	20.9	0.1	13.0	0.1	0.7	0.1	0.4	0.3	51.5	100.0	1,244
30-34	54.7	52.8	1.1	14.5	2.0	23.8	0.1	11.2	0.0	1.9	0.3	1.1	0.6	45.3	100.0	983
35-39	50.4	48.7	3.3	12.1	2.9	19.0	0.0	11.1	0.3	1.6	0.0	0.7	0.9	49.6	100.0	763
40-44	41.2	38.8	7.7	7.7	2.6	10.5	0.1	10.0	0.2	2.4	0.0	0.5	1.9	58.8	100.0	656
45-49	26.5	25.2	5.4	4.4	4.1	2.7	0.0	8.4	0.3	1.3	0.4	0.7	0.1	73.5	100.0	641
Total	35.9	34.9	1.7	7.8	1.3	13.4	0.1	10.4	0.2	1.1	0.1	0.5	0.5	64.1	100.0	7,624
CURRENTLY MARRIED WOMEN																
15-19	28.2	26.8	0.0	6.8	0.0	13.8	0.0	5.8	0.4	1.4	0.2	0.5	0.7	71.8	100.0	292
20-24	43.9	43.1	0.1	11.0	0.2	23.5	0.1	7.8	0.2	0.8	0.0	0.7	0.2	56.1	100.0	860
25-29	52.2	51.2	0.6	14.7	1.1	24.4	0.1	10.2	0.1	1.0	0.1	0.6	0.4	47.8	100.0	857
30-34	57.4	55.5	0.9	17.6	2.5	24.6	0.2	9.8	0.0	1.8	0.2	1.2	0.4	42.6	100.0	704
35-39	52.7	51.1	3.2	14.5	3.5	18.8	0.0	10.7	0.3	1.7	0.0	1.1	0.6	47.3	100.0	522
40-44	45.3	42.6	9.4	9.2	2.6	9.9	0.2	11.3	0.1	2.7	0.0	0.6	2.1	54.7	100.0	429
45-49	32.0	31.0	6.5	6.7	5.2	3.6	0.0	8.9	0.0	1.0	0.4	0.4	0.2	68.0	100.0	386
Total	47.0	45.6	2.4	12.5	1.9	19.3	0.1	9.4	0.1	1.4	0.1	0.7	0.6	53.0	100.0	4,049
SEXUALLY ACTIVE UNMARRIED WOMEN¹																
15-19	44.6	41.4	0.0	0.0	0.0	3.7	0.0	37.6	0.0	3.2	0.0	3.2	0.0	55.4	100.0	67
20-24	53.9	53.9	0.0	5.2	0.0	11.3	0.0	37.4	0.0	0.0	0.0	0.0	0.0	46.1	100.0	97
25-29	66.8	66.8	0.0	17.2	0.0	22.9	0.0	26.7	0.0	0.0	0.0	0.0	0.0	33.2	100.0	70
30-34	71.1	67.7	2.7	14.4	0.0	26.0	0.0	24.6	0.0	3.4	0.0	0.0	3.4	28.9	100.0	73
35-39	65.1	64.5	1.4	13.5	1.0	12.0	0.0	36.6	0.0	0.7	0.0	0.0	0.7	34.9	100.0	56
40-44	55.5	55.5	2.8	5.5	7.4	17.9	0.0	22.0	0.0	0.0	0.0	0.0	0.0	44.5	100.0	63
45-49	43.6	40.0	5.1	0.0	3.1	1.7	0.0	30.2	0.0	3.6	3.6	0.0	0.0	56.4	100.0	41
Total	57.8	56.5	1.4	8.3	1.4	14.4	0.0	31.0	0.0	1.4	0.3	0.5	0.6	42.2	100.0	466

Note: If more than one method is used, only the most effective method is considered in this tabulation.

¹ Women who have had sexual intercourse within 30 days preceding the survey

Figure 5.1 Current Use of Family Planning among Currently Married Women Age 15-49, Selected Countries in East Africa and Southern Africa



Source: Macro International Inc, 2010. MEASURE DHS STATcompiler.
<http://www.measuredhs.com>, August 9, 2010

5.3 TRENDS IN CONTRACEPTIVE USE

Table 5.3 shows that the contraceptive prevalence rate for currently married women age 15-49 has increased considerably from 37 percent in the 2004 LDHS to 47 percent in the 2009 LDHS. The most notable increase is in the use of male condoms, from 5 percent in 2004 to 9 percent in 2009. Another method that increased substantially in use during the 5-year period is injectables, which grew from 15 percent to 19 percent.

Contraceptive method	LDS 2001 ¹	LDHS 2004	LDHS 2009-10
Any method	40.6	37.3	47.0
Any modern method	36.1	35.2	45.6
Pill	11.5	10.9	12.5
IUCD	2.9	2.1	1.9
Injectables	14.7	14.7	19.3
Female sterilisation	0.3	2.7	2.4
Implants	0.1	0.0	0.1
Male condom	6.5	4.8	9.4
Other modern ²	0.1	0.0	0.1
Any traditional method	4.5	2.1	1.4
Rhythm or periodic abstinence (calendar)	0.5	0.5	0.1
Withdrawal	0.4	0.9	0.7
Natural family planning	3.5	na	na
Local traditional method	na	1.2	0.6
Total	100.0	100.0	100.0
Number of respondents	9,459	3,709	4,049

na = Not applicable
¹ Includes 8 married women age 12-14
² Methods used vary by survey and include diaphragm, foam or jelly, and the female condom.

5.4 DIFFERENTIALS IN CONTRACEPTIVE USE BY BACKGROUND CHARACTERISTICS

As shown in Table 5.4 and in Figure 5.2, there are marked differences in the CPR by background characteristics. For example, the number of children a woman has is strongly related to the likelihood that she is using contraception. The proportion of married women using modern methods reaches a peak at 3-4 children (55 percent) and then declines to 32 percent for women with five or more children.

Currently married women in urban areas are more likely to use any method of contraception (58 percent) than women in rural areas (42 percent). The CPR among married women is highest in the Lowlands zone (54 percent). Across districts, the CPR is highest among married women in Maseru (56 percent) and lowest in Mokhotlong (30 percent). There are no differentials in the type of methods used across residential categories.

Contraceptive use among currently married women increases with increasing level of education and wealth quintile. For example, contraceptive use is 32 percent for women with no education but 56 percent for women with at least some secondary education.

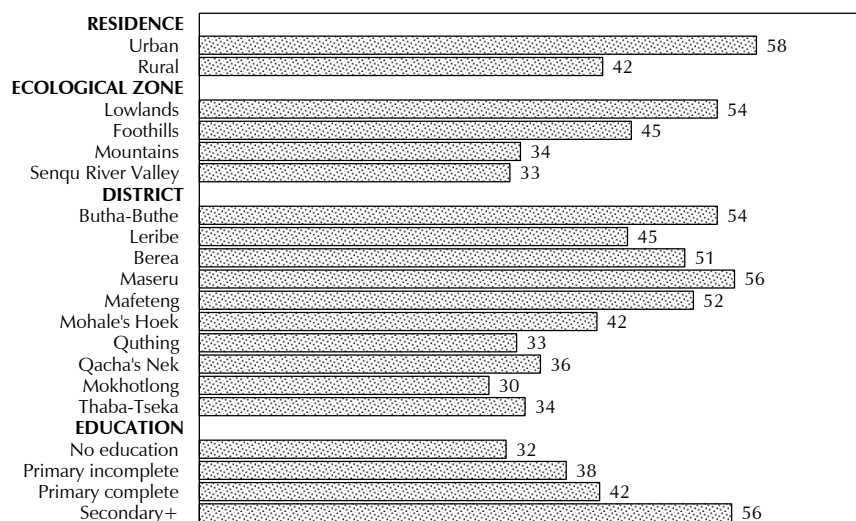
Table 5.4 Current use of contraception by background characteristics

Percent distribution of currently married women age 15-49 by contraceptive method currently used, according to background characteristics, Lesotho 2009

Background characteristic	Modern method						Traditional method				Total	Number of women				
	Any method	Any modern method	Female sterilisation	Pill	IUCD	Injectables	Implants	Male condom	Female condom	Any traditional method			Rhythm	Withdrawal	Folk method	Not currently using
Number of living children																
0	12.1	11.8	0.2	2.7	0.0	3.8	0.2	4.5	0.4	0.3	0.0	0.3	0.0	87.9	100.0	461
1-2	53.0	51.6	1.0	14.8	1.5	23.1	0.1	11.0	0.1	1.4	0.1	0.8	0.5	47.0	100.0	2,131
3-4	56.0	54.5	4.9	14.8	3.9	22.4	0.0	8.4	0.1	1.5	0.2	0.6	0.7	44.0	100.0	1,007
5+	34.6	32.0	5.1	6.6	1.5	9.8	0.0	8.8	0.2	2.5	0.0	1.5	1.1	65.4	100.0	450
Residence																
Urban	58.3	57.2	2.6	16.3	2.3	21.1	0.2	14.6	0.1	1.1	0.2	0.5	0.4	41.7	100.0	1,216
Rural	42.2	40.7	2.3	10.8	1.8	18.5	0.0	7.1	0.2	1.5	0.1	0.8	0.6	57.8	100.0	2,833
Ecological zone																
Lowlands	54.2	53.0	3.1	14.4	2.7	21.1	0.1	11.5	0.0	1.2	0.1	0.6	0.5	45.8	100.0	2,405
Foothills	45.2	42.1	1.4	12.0	2.0	21.4	0.0	4.7	0.5	3.1	0.0	1.5	1.7	54.8	100.0	451
Mountains	33.6	32.7	1.4	8.8	0.2	15.3	0.1	6.6	0.3	0.9	0.1	0.6	0.3	66.4	100.0	906
Senqu River Valley	32.5	30.7	0.7	8.9	1.0	12.6	0.0	7.3	0.3	1.8	0.2	1.2	0.3	67.5	100.0	287
District																
Butha-Buthe	54.2	53.7	2.5	13.6	3.0	29.2	0.0	5.5	0.0	0.6	0.3	0.3	0.0	45.8	100.0	225
Leribe	44.8	44.2	0.5	12.9	2.7	20.1	0.1	7.8	0.0	0.7	0.0	0.4	0.3	55.2	100.0	745
Berea	50.8	48.5	4.7	10.7	4.4	20.5	0.0	8.2	0.0	2.3	0.3	0.8	1.3	49.2	100.0	543
Maseru	56.0	54.5	4.0	14.4	1.7	19.6	0.2	14.4	0.1	1.5	0.0	0.8	0.7	44.0	100.0	1,030
Mateteng	51.7	49.6	1.0	17.1	0.8	23.0	0.0	7.5	0.3	2.1	0.2	1.2	0.7	48.3	100.0	364
Mohale's Hoek	41.6	40.7	0.6	11.5	0.6	19.9	0.0	7.9	0.0	1.0	0.0	0.8	0.2	58.4	100.0	335
Quthing	33.2	32.3	1.9	10.2	0.9	11.9	0.0	7.0	0.3	0.9	0.0	0.9	0.0	66.8	100.0	179
Qacha's Nek	35.7	34.3	3.5	9.3	0.3	12.2	0.8	7.0	1.3	1.4	0.0	0.0	1.4	64.3	100.0	108
Mokhotlong	30.3	29.5	1.3	7.9	0.2	10.7	0.0	9.4	0.0	0.8	0.3	0.2	0.3	69.7	100.0	209
Thaba-Tseka	34.1	32.0	1.2	8.6	0.6	14.1	0.0	7.0	0.4	2.1	0.2	1.5	0.4	65.9	100.0	311
Education																
No education	32.1	27.8	1.7	6.3	0.0	19.1	0.0	0.8	0.0	4.2	0.0	4.2	0.0	67.9	100.0	58
Primary incomplete	38.4	36.6	2.0	8.8	1.2	17.5	0.0	6.9	0.1	1.8	0.1	0.6	1.1	61.6	100.0	1,086
Primary complete	41.9	40.5	2.2	11.7	2.0	17.4	0.0	7.2	0.0	1.4	0.1	0.8	0.5	58.1	100.0	1,088
Secondary+	55.7	54.7	2.7	15.4	2.4	21.4	0.2	12.4	0.2	1.0	0.1	0.6	0.3	44.3	100.0	1,817
Wealth quintile																
Lowest	30.1	28.6	0.3	8.2	0.1	16.0	0.0	3.9	0.1	1.5	0.0	1.0	0.6	69.9	100.0	658
Second	38.1	36.5	1.6	8.0	0.8	18.2	0.0	7.5	0.4	1.6	0.0	0.9	0.7	61.9	100.0	687
Middle	46.9	44.5	1.0	9.7	2.3	21.8	0.0	9.5	0.2	2.4	0.1	1.4	1.0	53.1	100.0	713
Fourth	49.5	48.3	3.0	14.7	1.8	18.9	0.2	9.7	0.1	1.1	0.1	0.5	0.5	50.5	100.0	966
Highest	61.7	60.9	4.5	18.2	3.7	20.6	0.2	13.7	0.0	0.8	0.3	0.3	0.2	38.3	100.0	1,025
Total	47.0	45.6	2.4	12.5	1.9	19.3	0.1	9.4	0.1	1.4	0.1	0.7	0.6	53.0	100.0	4,049

Note: If more than one method is used, only the most effective method is considered in this tabulation.

Figure 5.2 Current Use of Any Contraceptive Method among Currently Married Women Age 15-49, by Background Characteristics



LDHS 2009

5.5 KNOWLEDGE OF THE FERTILE PERIOD

An elementary knowledge of reproductive physiology provides a useful background for successful practice of coitus-related methods, such as the calendar method, the Billings method, and other methods collectively called 'periodic abstinence.' The successful use of such methods depends in part on an understanding of when during the ovulatory cycle a woman is most likely to conceive. Women and men were asked, 'From one menstrual period to the next, are there certain days when a woman is more likely to get pregnant if she has sexual relations?' If the answer was affirmative, they were further asked whether that time was just before the woman's period begins, during her period, right after her period has ended, or halfway between two periods.

Table 5.5 shows that comparatively few women understand that a woman is most likely to conceive halfway between her menstrual periods (19 percent). This is not surprising because the number of women who are using the calendar or rhythm as a family planning method is very limited (less than 1 percent among all women). Thirty-eight percent of women wrongly believe that the fertile period is right before or after a woman's period has ended. Twenty-eight percent of women say they do not know when the fertile period occurs, and 11 percent believe that there is no specific fertile time.

Table 5.5 Knowledge of fertile period

Percent distribution of women age 15-49 by knowledge of the fertile period during the ovulatory cycle, Lesotho 2009

Perceived fertile period	All women
Just before her menstrual period begins	17.9
During her menstrual period	2.8
Right after her menstrual period has ended	19.9
Halfway between two menstrual periods	19.1
Other	0.7
No specific time	11.2
Don't know	28.4
Total	100.0
Number of women	7,624

5.6 SOURCE OF MODERN CONTRACEPTION METHODS

Information on where women obtain their contraceptives is useful for family planning programme managers and for implementers of logistical planning. In the 2009 LDHS, women who reported using a

modern contraceptive method at the time of the survey were asked where they obtained the method the last time they acquired it. Because some women may not know in exactly which category the source they use falls, such as government hospital or mission health centre, the interviewers were instructed to note the full name of the facility. Supervisors and field editors were instructed to verify that the name and source type were consistent, asking informants in the clusters for the names of local family planning outlets, if necessary.

Table 5.6 shows that public facilities provide contraceptives to 63 percent of users; 55 percent are obtained from a government facility and 7 percent from the Christian Health Association of Lesotho (CHAL). Twenty-one percent of users get their methods from the private medical sector, and 13 percent obtain them from non-medical sources, such as shops.

Source	Female sterilisation	Pill	IUCD	Injectables	Male condom	Total ¹
Public sector	88.1	63.3	55.5	73.6	45.2	62.7
Government hospital	69.2	17.5	28.9	25.1	14.3	22.3
Government health centre	4.4	38.9	18.7	40.3	23.0	32.2
Family planning clinic	1.0	0.0	0.0	0.0	0.0	0.0
CHAL hospital	13.5	1.5	4.4	1.9	1.2	2.3
CHAL health centre	0.0	3.4	3.5	4.8	3.3	3.8
CHAL health post	0.0	0.6	0.0	0.5	0.3	0.4
Other public sector	0.0	1.4	0.0	1.0	3.1	1.7
Private medical sector	6.2	28.7	44.5	23.5	12.4	21.4
Private hospital/clinic	3.6	8.8	13.8	10.6	3.7	7.9
Pharmacy	0.0	5.3	0.0	1.2	3.9	2.8
Private doctor	1.4	1.6	6.7	0.6	0.0	0.9
CBD	0.0	0.4	0.0	0.3	0.7	0.4
Community health worker	0.0	0.9	0.0	0.3	1.4	0.8
LPPA	0.0	11.2	23.4	9.2	2.2	7.7
Other private medical sector	1.2	0.5	0.6	1.4	0.5	0.9
Other source	0.0	5.0	0.0	0.4	37.8	12.7
Support groups	0.0	1.4	0.0	0.0	1.1	0.7
Shop	0.0	2.4	0.0	0.2	26.1	8.4
Church	0.0	0.0	0.0	0.0	0.1	0.0
Peer educators	0.0	0.5	0.0	0.2	0.7	0.5
Friend/relative	0.0	0.7	0.0	0.0	9.8	3.1
Other	5.7	2.9	0.0	2.1	4.6	3.1
Missing	0.0	0.0	0.0	0.3	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	131	595	96	1,025	795	2,659

CHAL=Christian Health Association of Lesotho
LPPA=Lesotho Planned Parenthood Association
CBD=community-based distributor
¹ Total includes other modern methods.

The most common source of contraceptive methods in Lesotho is government health centres, which supply almost one third of the users of modern methods. Government hospitals supply 22 percent of users. Government sources supply a larger proportion of users of pills (63 percent) and injectables (74 percent) than users of long-term methods like the IUCD (56 percent). Forty-five percent of users of the IUCD obtain their method from a private medical facility, with about half (23 percent) coming from the Lesotho Planned Parenthood Association (LPPA). The most common source for the male condom is the public sector (45 percent), followed by other sources such as shops (26 percent) and friends or relatives (10 percent).

5.7 INFORMED CHOICE

Current users of modern methods who are well informed about the side effects and problems associated with methods and who are familiar with a range of options are in a good position to make an informed choice about the contraceptive method they would like to use. Table 5.7 shows current users of modern methods categorised by whether they were informed about side effects or problems, informed about what to do if they encountered them, and informed of other methods they could use.

About 54 percent of users of modern contraceptive methods were informed of other methods available, and only 43 percent were informed about side effects or health problems of the method they were provided. Although the results are based on a small number of cases, they indicate that IUCD users are more likely than other users to be informed both about other methods (73 percent) and about side effects or problems (76 percent).

Users who obtain their methods from a public rather than private source are most likely to be informed about alternative methods that can be used and about the side effects associated with the method they eventually adopt. Urban women are more informed about potential side effects or problems than rural women. Women in the Lowlands zone are more likely to be provided information about family planning than women in other zones. Across districts, women in Quthing are the least likely to have information about other methods and side effects or possible problems with the method they are using.

Table 5.7 Informed choice

Among current users of modern methods age 15-49 who started the last episode of use within the five years preceding the survey, the percentage who were informed about possible side effects or problems of that method, the percentage who were informed about what to do if they experienced side effects, and the percentage who were informed about other methods that they could use, by method and source, Lesotho 2009

Method/source	Among women who started last episode of modern contraceptive method within five years preceding the survey:			Number of women
	Percentage who were informed about side effects or problems of method used	Percentage who were informed about what to do if experienced side effects	Percentage who were informed by a health or family planning worker of other methods that could be used	
Method				
Female sterilisation	(42.6)	(37.8)	(65.7)	51
Pill	38.1	30.6	52.1	481
IUCD	(75.9)	(70.8)	(73.4)	43
Injectables	44.0	39.5	53.2	886
Initial source of method¹				
Public sector	44.5	38.7	54.5	1,219
Government hospital	47.3	43.4	62.5	340
Government health centre	41.7	33.6	48.9	601
Family planning clinic	51.6	49.2	56.5	132
CHAL hospital/health centre/health post	38.2	36.5	57.7	123
Other public sector	66.5	54.2	54.2	23
Private medical sector	35.0	33.2	50.8	219
Private hospital/clinic	40.7	39.1	55.4	137
Other private medical sector	25.3	23.3	43.1	82
Other source	34.2	16.6	37.8	32
Other	*	*	*	2
Missing	*	*	*	4
Residence				
Urban	49.9	43.8	60.1	501
Rural	39.3	34.0	50.1	975
Ecological zone				
Lowlands	45.3	39.5	57.2	980
Foothills	33.8	29.9	49.1	159
Mountains	40.1	35.0	44.4	263
Senqu River Valley	39.6	32.7	45.0	74
District				
Butha-Buthe	38.7	33.2	44.6	101
Leribe	42.3	33.0	50.0	271
Berea	42.8	40.6	63.2	218
Maseru	47.9	40.9	55.6	398
Mafeteng	38.7	36.3	55.6	161
Mohale's Hoek	38.0	35.8	56.5	114
Quthing	37.3	26.4	29.5	49
Qacha's Nek	48.4	43.0	58.0	34
Mokhotlong	49.1	44.0	54.9	48
Thaba-Tseka	38.3	35.7	42.6	81
Education				
No education	*	*	*	17
Primary incomplete	37.4	31.1	41.8	349
Primary complete	38.0	36.1	50.7	358
Secondary+	47.9	41.2	60.8	752
Wealth quintile				
Lowest	38.5	30.5	35.4	182
Second	31.7	25.9	45.5	225
Middle	36.9	32.1	51.7	255
Fourth	44.5	42.0	57.6	371
Highest	52.4	45.0	62.4	443
Total	42.9	37.4	53.5	1,476

Note: Table includes a small number of users of implants and other methods in addition to the users of the methods listed individually. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Source at start of current episode of use

5.8 FUTURE USE OF CONTRACEPTION

An important indicator of the changing demand for family planning is the extent to which non-users of contraception plan to use family planning in the future. Women who were not currently using a method of contraception were asked about their intention to use family planning in the future. The results are presented in Table 5.8.

Intention	Number of living children ¹					Total
	0	1	2	3	4+	
Intends to use	54.7	74.8	64.1	55.1	46.4	60.7
Unsure	7.1	3.6	3.7	5.5	5.5	4.8
Does not intend to use	38.2	21.6	32.0	39.2	47.9	34.4
Missing	0.0	0.0	0.2	0.2	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	290	622	471	255	507	2,145

¹ Includes current pregnancy

Sixty-one percent of currently married nonusers say that they intend to use family planning in the future, 34 percent do not intend to use family planning, and 5 percent are unsure. The proportion of women who do not intend to use contraception in the future among those who have started childbearing increases with the number of children that a woman has.

5.9 EXPOSURE TO FAMILY PLANNING MESSAGES

Information on the level of public exposure to a particular type of media allows policymakers to identify the most effective media for various target groups in the population. To assess the media dissemination of family planning information, the 2009 LDHS asked all female and male respondents whether they had heard about family planning on the radio or television, or read about family planning in a newspaper or magazine, in the few months preceding the interview.

Table 5.9 shows that the most popular media for family planning messages is the radio (21 percent of women and 18 percent of men). Television reaches 6 percent of women and 5 percent of men. Readership of a newspaper or magazine is slightly higher among women than among men (10 and 9 percent, respectively).

There is a sharp contrast in exposure to family planning messages between urban and rural areas. For instance, 12 percent of urban women and men are exposed to messages through television compared with 3 percent of women and men in the rural areas. Exposure to family planning messages through the radio varies markedly by ecological zone, ranging from 17 percent of women and 13 percent of men in the Foothills zone to 22 percent of women and 19 percent of men in the Lowlands zone.

Exposure to family planning message rises with a woman's level of education. As expected, the association between education and exposure to family planning messages is strongest when reading about family planning in a newspaper or magazine. The same is true with wealth status; women from the richest households are almost 14 times more likely than women in the poorest households to read about family planning in a newspaper or magazine.

Table 5.9 Exposure to family planning messages

Percentage of women and men age 15-49 who heard or saw a family planning message on the radio or television or in a newspaper in the past few months, according to background characteristics, Lesotho 2009

Background characteristic	Women					Men				
	Radio	Television	Newspaper/ magazine	None of these three media sources	Number	Radio	Television	Newspaper/ magazine	None of these three media sources	Number
Age										
15-19	10.8	4.0	7.7	82.7	1,785	11.2	3.1	6.0	83.7	835
20-24	17.6	5.3	10.1	75.1	1,552	14.4	6.0	9.5	78.3	634
25-29	25.9	5.8	10.9	69.0	1,244	20.7	6.0	10.9	72.6	463
30-34	24.9	6.5	10.6	69.1	983	23.0	5.6	11.1	69.8	396
35-39	27.6	8.6	11.4	66.5	763	27.7	4.6	14.0	65.5	290
40-44	25.5	6.5	8.4	68.5	656	26.9	7.5	9.3	68.1	196
45-49	23.5	5.7	8.9	71.4	641	22.8	6.3	9.9	73.1	193
Residence										
Urban	24.5	11.5	16.2	64.7	2,573	23.0	11.5	19.1	65.1	845
Rural	18.4	2.7	6.3	77.8	5,051	16.4	2.7	5.6	79.6	2,162
Ecological zone										
Lowlands	21.6	7.6	12.3	70.2	4,798	19.4	6.7	12.5	72.3	1,850
Foothills	17.4	1.9	5.0	80.6	725	13.0	1.8	2.2	84.5	319
Mountains	18.7	2.3	4.5	79.1	1,544	18.0	2.7	4.8	79.5	621
Senqu River Valley	20.1	3.4	7.0	75.2	556	16.6	3.4	6.4	78.7	217
District										
Butha-Buthe	22.4	4.3	9.8	72.5	357	19.2	4.1	7.5	76.1	168
Leribe	15.8	4.5	6.5	80.2	1,359	21.1	5.2	8.1	73.4	498
Berea	19.4	8.2	12.3	72.2	1,122	16.0	5.7	10.2	77.6	451
Maseru	24.7	8.6	13.9	65.8	2,036	17.4	6.3	14.1	73.1	773
Mafeteng	18.8	3.8	9.6	74.7	682	16.4	5.6	7.5	78.4	295
Mohale's Hoek	20.6	2.9	6.8	75.1	599	17.6	3.6	5.0	79.0	250
Quthing	16.6	4.1	6.8	79.1	379	17.4	3.5	7.8	77.3	150
Qacha's Nek	15.0	3.2	9.1	80.8	219	15.0	4.3	7.8	79.5	79
Mokhotlong	22.1	3.1	5.5	75.4	356	28.5	4.3	7.1	68.2	137
Thaba-Tseka	23.4	2.7	3.5	75.3	515	17.7	3.3	6.1	79.4	206
Education										
No education	13.4	0.4	0.0	86.6	93	13.4	1.1	1.4	85.8	336
Primary incomplete	16.0	1.7	1.8	82.6	1,810	15.3	0.9	2.0	83.1	1,095
Primary complete	19.7	2.8	4.4	77.7	1,741	22.7	3.3	4.2	73.5	372
Secondary+	23.0	8.9	15.7	66.9	3,979	21.0	10.6	20.0	66.5	1,205
Wealth quintile										
Lowest	11.8	0.6	1.4	87.3	1,073	11.8	0.9	3.1	85.5	443
Second	17.2	1.1	4.5	79.9	1,190	15.2	1.1	3.3	81.8	575
Middle	16.9	1.1	5.1	79.8	1,325	19.1	2.1	4.6	78.6	666
Fourth	23.5	2.7	9.8	71.8	1,900	20.3	4.4	7.9	76.0	640
Highest	26.3	16.3	19.2	60.1	2,136	22.4	14.9	24.7	60.6	684
Total 15-49	20.5	5.7	9.6	73.3	7,624	18.3	5.1	9.4	75.6	3,008
50-59	na	na	na	na	na	29.5	9.8	10.4	65.5	309
Total men 15-59	na	na	na	na	na	19.3	5.6	9.5	74.6	3,317

na = Not applicable

5.10 CONTACT OF NONUSERS WITH FAMILY PLANNING PROVIDERS

In the 2009 LDHS, women who were not using any family planning method were asked whether they had been visited by a fieldworker who talked with them about family planning in the 12 months preceding the survey. This information is especially useful for family planning programme managers to gauge the contact between nonusers of family planning and family planning providers. Table 5.10 shows that only 12 percent of nonusers discussed family planning in the 12 months before the survey, either at a health facility (9 percent) or during a visit by a fieldworker (3 percent).

Background characteristic	Percentage of women who were visited by fieldworker who discussed family planning	Percentage of women who visited a health facility in the past 12 months and who:		Percentage of women who discussed family planning neither with fieldworker nor at a health facility	Number of women
		Discussed family planning	Did not discuss family planning		
Age					
15-19	1.8	3.2	20.6	95.4	1,590
20-24	2.9	11.6	25.5	86.5	973
25-29	4.0	14.4	31.8	82.8	640
30-34	3.6	13.0	31.3	84.2	445
35-39	3.9	14.6	23.6	82.6	379
40-44	4.0	10.7	31.4	86.8	386
45-49	5.8	6.3	32.7	89.2	471
Residence					
Urban	2.7	7.6	28.5	90.3	1,468
Rural	3.4	9.6	25.3	88.0	3,416
Ecological zone					
Lowlands	2.8	8.5	28.0	89.3	2,871
Foothills	4.1	8.6	23.3	88.2	465
Mountains	4.0	9.9	24.3	87.6	1,131
Senqu River Valley	2.8	10.6	23.5	87.6	417
District					
Butha-Buthe	4.2	10.4	33.6	86.9	195
Leribe	2.6	5.5	25.2	92.3	909
Berea	4.5	10.7	34.1	85.6	738
Maseru	2.8	7.8	23.7	90.0	1,140
Mafeteng	1.0	10.1	23.2	89.3	409
Mohale's Hoek	2.4	10.8	27.7	88.0	400
Quthing	2.5	5.6	20.0	92.2	287
Qacha's Nek	5.1	9.1	21.5	88.5	156
Mokhotlong	3.0	12.3	21.2	86.1	269
Thaba-Tseka	5.8	14.1	29.6	82.4	380
Education					
No education	4.2	8.9	25.0	89.4	66
Primary incomplete	3.1	8.8	23.9	88.8	1,238
Primary complete	3.8	10.6	27.1	86.7	1,135
Secondary+	2.9	8.3	27.1	89.5	2,445
Wealth quintile					
Lowest	4.6	10.9	22.8	86.2	821
Second	3.8	10.3	25.5	86.9	840
Middle	2.7	8.8	28.4	89.4	854
Fourth	3.0	8.6	28.3	88.9	1,186
Highest	2.4	7.4	25.7	90.9	1,183
Total	3.2	9.0	26.3	88.7	4,883

In general, a woman's contact with a service provider most often takes place in rural areas and in Thaba-Tseka. Women in the poorest households are more likely than women in the richest households to have a discussion about family planning with a service provider.

5.11 HUSBAND/PARTNER'S KNOWLEDGE OF WOMEN'S USE OF CONTRACEPTION

All women who are currently using a method were asked whether their husband/partner knows about their use of contraception. Nine in ten women responded that their husband or partner knows about their use of contraception. There is no specific pattern, and there are large differentials in the husband or partner's knowledge of their wife's use of contraception. The proportion of women who say that their husband or partner does not know that they use family planning is highest in Butha-Buthe (15 percent) and lowest in Maseru (6 percent).

Table 5.11 Husband/partner's knowledge of women's use of contraception					
Among currently married women age 15-49 who are using a method, percent distribution by whether they report that their husbands/partners know about their use, according to background characteristics, Lesotho 2009					
Background characteristic	Knows ¹	Does not know	Unsure whether knows/missing	Total	Number of women
Age					
15-19	87.7	9.7	2.6	100.0	82
20-24	90.6	9.2	0.2	100.0	377
25-29	91.4	8.2	0.4	100.0	447
30-34	87.5	11.2	1.3	100.0	404
35-39	90.5	9.1	0.5	100.0	275
40-44	89.5	8.8	1.7	100.0	194
45-49	92.4	6.2	1.4	100.0	123
Residence					
Urban	91.0	8.0	1.1	100.0	709
Rural	89.4	9.9	0.7	100.0	1,195
Ecological zone					
Lowlands	90.8	8.2	1.0	100.0	1,303
Foothills	89.3	9.4	1.3	100.0	204
Mountains	88.1	11.6	0.3	100.0	305
Senqu River Valley	86.6	13.4	0.0	100.0	93
District					
Butha-Buthe	84.7	15.3	0.0	100.0	122
Leribe	92.5	7.5	0.0	100.0	334
Berea	86.5	12.2	1.3	100.0	276
Maseru	92.2	6.2	1.7	100.0	577
Mafeteng	91.2	8.8	0.0	100.0	188
Mohale's Hoek	86.3	12.2	1.5	100.0	140
Quthing	88.6	11.4	0.0	100.0	59
Qacha's Nek	88.9	10.2	0.9	100.0	39
Mokhotlong	87.9	12.1	0.0	100.0	63
Thaba-Tseka	90.7	8.9	0.5	100.0	106
Education					
No education	*	*	*	100.0	19
Primary incomplete	84.6	14.9	0.5	100.0	417
Primary complete	87.9	10.9	1.2	100.0	456
Secondary+	93.2	6.0	0.9	100.0	1,013
Wealth quintile					
Lowest	86.7	13.0	0.3	100.0	198
Second	86.2	13.6	0.1	100.0	262
Middle	89.2	10.3	0.5	100.0	335
Fourth	90.5	7.9	1.5	100.0	478
Highest	92.6	6.4	1.0	100.0	632
Total	90.0	9.2	0.9	100.0	1,904

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Includes women who report use of male sterilisation, male condoms or withdrawal

5.12 MEN'S ATTITUDE ABOUT CONTRACEPTION

Male respondents were asked whether they agree or disagree with four statements about family planning use: (1) contraception is women's business, and a man should not have to worry about it; (2) women who use contraception may become promiscuous; (3) a woman is the one who gets pregnant so she should be the one to use contraception; and (4) women who use contraception may have a problem becoming pregnant. Table 5.12 shows the responses to these questions.

Table 5.12 Men's attitude about contraception					
Among men age 15-49, percentage who agree with various statements about contraceptive use, by background characteristics, Lesotho 2009					
Background characteristic	Percentage who agree that:				Number of men
	Contraception is women's business	Women who use contraception may become promiscuous	A woman is the one who becomes pregnant so she should use contraception	Women who use contraception may have a problem becoming pregnant	
Age					
15-19	45.7	60.5	62.1	53.5	835
20-24	47.9	72.2	69.4	65.2	634
25-29	49.1	74.7	71.5	62.4	463
30-34	45.8	76.5	72.3	61.7	396
35-39	43.5	73.0	70.3	61.9	290
40-44	46.1	69.6	71.3	67.9	196
45-49	48.4	67.1	69.9	55.4	193
Residence					
Urban	35.8	64.3	63.9	53.2	845
Rural	51.0	71.5	70.1	63.1	2,162
Ecological zone					
Lowlands	43.9	68.4	66.7	60.3	1,850
Foothills	58.8	71.4	75.2	60.7	319
Mountains	46.8	69.7	68.6	59.2	621
Senqu River Valley	52.3	75.3	71.1	63.3	217
District					
Butha-Buthe	45.4	60.5	61.7	58.3	168
Leribe	45.2	68.5	70.3	61.0	498
Berea	49.6	73.1	69.6	65.4	451
Maseru	44.8	65.3	66.0	54.3	773
Mafeteng	50.3	72.4	70.8	62.7	295
Mohale's Hoek	49.4	80.0	78.8	71.2	250
Quthing	51.1	71.9	66.7	57.0	150
Qacha's Nek	34.6	57.8	50.9	46.0	79
Mokhotlong	45.3	71.7	69.0	60.4	137
Thaba-Tseka	46.0	71.3	65.8	62.6	206
Education					
No education	59.5	76.0	76.0	68.1	336
Primary incomplete	54.1	70.2	70.7	63.0	1,095
Primary complete	51.5	73.3	73.3	56.7	372
Secondary+	34.9	65.8	62.4	56.8	1,205
Wealth quintile					
Lowest	49.9	73.4	68.8	64.6	443
Second	53.3	70.0	75.5	59.9	575
Middle	52.8	71.4	69.8	66.1	666
Fourth	44.9	70.2	67.3	56.4	640
Highest	34.8	64.0	61.5	55.8	684
Total	46.7	69.5	68.4	60.3	3,008

Nearly half of men (47 percent) say that contraception is women's business, and 68 percent think that since a woman is the one who gets pregnant, she should be the one to use a method of family planning. Seventy percent of men say that women who use family planning may become promiscuous, and 60 percent of men believe that women who use contraception may experience problems becoming pregnant. In general, rural men and men with no education are more likely than other men to agree with these statements. Whereas there is no specific pattern across districts, men in Mohale's Hoek are the most likely to agree with three of four statements, and men in Qacha's Nek are the least likely to agree with all four statements. There is also no definite pattern by the men's wealth quintile, but men in the richest households consistently disagree with all four statements.

6.1 INTRODUCTION

Research on fertility demonstrates that fertility levels in most populations can be explained by five key proximate determinants that define the risk of becoming pregnant. These are marriage, sexual intercourse, postpartum amenorrhoea, abstinence from sexual relations, onset of menopause, and contraceptive use. This chapter addresses all of these determinants except contraception, which is discussed in Chapter 5.

In many societies, marriage is a principal indicator of women's exposure to risk of pregnancy. Early marriage is usually associated with early childbearing, a longer period of exposure to the risk of pregnancy, and higher fertility levels. The early initiation of childbearing may also adversely affect women's and children's health. The duration of postpartum amenorrhoea and postpartum abstinence affects the length of time a woman is insusceptible to pregnancy and thus, determines the interval between births. The onset of menopause marks the end of a woman's reproductive life cycle. This chapter presents factors that determine the duration of a woman's reproductive life and the pace of childbearing, leading to a better understanding of fertility levels and differences.

6.2 MARITAL STATUS

The category *currently married* is used to refer to those persons who are married and who live together. Those who are divorced, separated, and widowed are referred to as *formerly married*. The proportion of women and men who are currently married and formerly married together comprise the proportion *ever married*.

Table 6.1 shows that one-third of women of childbearing age have never been married; more than half are either married or living together; 8 percent are widowed; and the remaining 5 percent are separated or divorced. Only 5 percent of women age 45-49 have never been married, indicating that marriage is nearly universal in Lesotho.

Fifty-six percent of men age 15-49 have never been married, 39 percent are currently married or living together, 2 percent are widowed, and 3 percent are separated or divorced. If one compares the sexes, a larger proportion of men have never been married (56 percent of men compared with 34 percent of women, respectively), and a smaller proportion of men are widowed (2 percent compared with 8 percent), or separated or divorced (3 percent compared with 5 percent).

Table 6.1 Current marital status
Percent distribution of women age 15-49 and men age 15-49 by current marital status, according to age, Lesotho 2009

Age	Marital status						Total	Percentage of respondents currently in union	Number of respondents
	Never married	Married	Living together	Divorced	Separated	Widowed			
WOMEN									
15-19	82.7	16.3	0.0	0.0	0.8	0.0	100.0	16.3	1,785
20-24	40.1	54.7	0.7	0.4	3.1	1.0	100.0	55.4	1,552
25-29	19.9	68.1	0.8	1.7	4.8	4.7	100.0	68.9	1,244
30-34	12.4	70.0	1.7	0.9	5.9	9.1	100.0	71.7	983
35-39	9.5	67.5	0.8	1.1	6.3	14.7	100.0	68.4	763
40-44	7.0	64.3	1.0	1.6	8.3	17.7	100.0	65.3	656
45-49	4.6	59.0	1.2	1.7	5.3	28.1	100.0	60.2	641
Total 15-49	34.3	52.3	0.8	0.9	4.2	7.5	100.0	53.1	7,624
MEN									
15-19	98.2	1.2	0.2	0.0	0.3	0.0	100.0	1.5	835
20-24	78.6	20.3	0.6	0.1	0.4	0.0	100.0	20.9	634
25-29	47.3	47.5	0.4	1.4	2.1	1.2	100.0	47.9	463
30-34	19.7	72.2	0.0	0.5	4.4	3.2	100.0	72.2	396
35-39	10.9	78.2	3.1	0.5	4.7	2.6	100.0	81.3	290
40-44	12.6	71.9	0.9	1.1	7.1	6.6	100.0	72.7	196
45-49	9.5	69.5	1.8	1.5	4.7	13.0	100.0	71.3	193
Total 15-49	56.2	38.1	0.7	0.5	2.3	2.1	100.0	38.9	3,008
50-59	5.3	78.3	1.5	1.1	3.6	10.3	100.0	79.8	309
Total men 15-59	51.5	41.9	0.8	0.6	2.4	2.9	100.0	42.7	3,317

6.3 POLYGYNY

The extent of polygyny in Lesotho was measured by asking currently married men the question, ‘Do you have one wife or more than one wife’? If more than one, he was asked, ‘How many wives do you have’? Table 6.2 and Figure 6.1 show that 2 percent of men age 15-49 report having more than one wife. Polygyny is higher among older men and men living in Quthing and Thaba-Tseka districts. Men with no education are more likely to be in a polygynous union than educated men. For instance, 3 percent of men with no education have more than one wife compared with less than 1 percent of men with secondary or higher education.

There is no clear pattern of association between polygyny and wealth quintile. Men in the middle quintile have two or more wives more often than men in other quintiles. No men in the highest wealth quintile report having more than one wife.

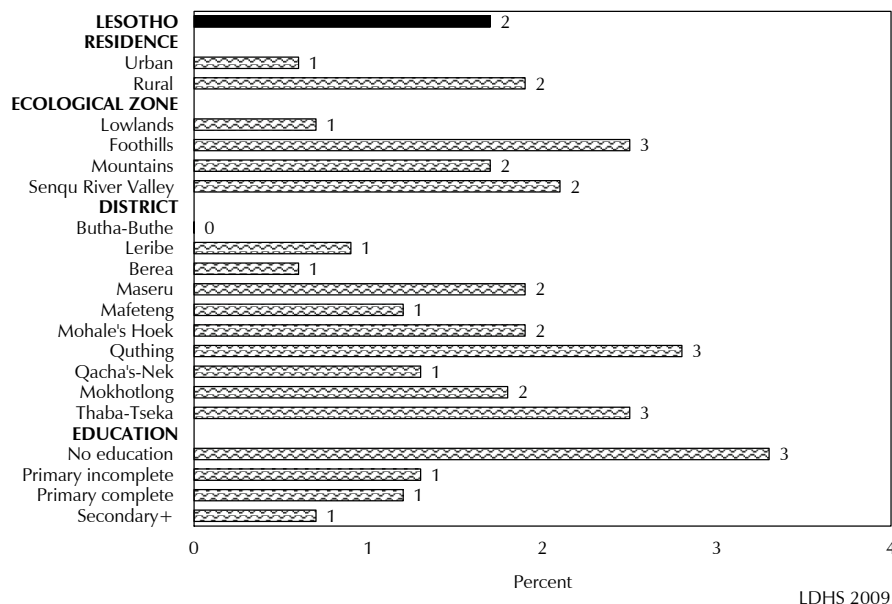
Table 6.2 Polygyny: Currently married men

Percent distribution of currently married men age 15-49 by number of wives, according to background characteristics, Lesotho 2009

Background characteristic	Number of wives		Total	Number of men
	1	2+		
Age				
15-19	*	*	100.0	12
20-24	100.0	0.0	100.0	133
25-29	98.3	1.7	100.0	222
30-34	99.8	0.2	100.0	286
35-39	98.5	1.5	100.0	236
40-44	97.7	2.3	100.0	143
45-49	95.6	4.4	100.0	137
Residence				
Urban	99.4	0.6	100.0	384
Rural	98.1	1.9	100.0	785
Ecological zone				
Lowlands	99.3	0.7	100.0	654
Foothills	97.5	2.5	100.0	106
Mountains	98.3	1.7	100.0	287
Senqu River Valley	97.9	2.1	100.0	70
District				
Butha-Buthe	100.0	0.0	100.0	70
Leribe	99.1	0.9	100.0	206
Berea	99.4	0.6	100.0	164
Maseru	98.1	1.9	100.0	305
Mafeteng	98.8	1.2	100.0	82
Mohale's Hoek	98.1	1.9	100.0	95
Quthing	97.2	2.8	100.0	45
Qacha's Nek	98.7	1.3	100.0	33
Mokhotlong	98.2	1.8	100.0	60
Thaba-Tseka	97.5	2.5	100.0	108
Education				
No education	96.7	3.3	100.0	204
Primary incomplete	98.7	1.3	100.0	409
Primary complete	98.8	1.2	100.0	167
Secondary+	99.3	0.7	100.0	389
Wealth quintile				
Lowest	98.1	1.9	100.0	209
Second	97.6	2.4	100.0	228
Middle	97.5	2.5	100.0	199
Fourth	99.0	1.0	100.0	259
Highest	100.0	0.0	100.0	275
Total 15-49	98.5	1.5	100.0	1,169
50-59	97.3	2.7	100.0	247
Total men 15-59	98.3	1.7	100.0	1,416

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed

Figure 6.1 Percentage of Currently Married Men Who Have More Than One Wife



6.4 AGE AT FIRST MARRIAGE

Table 6.3.1 shows that few women age 20-49 marry before age 15 (only 3 percent). One in four women marry before age 18 (26 percent), and 49 percent marry before age 20. The median age at first marriage, that is, the age by which half of all women have married, among women age 25-49, is 19.9 years. The data show an increase in age at first marriage, from 18.9 years among women age 45-49 to 20.9 years among women age 25-29.

Table 6.3.1 Age at first marriage: Women

Percentage of women age 15-49 who were first married by specific exact ages and median age at first marriage, according to current age, Lesotho 2009

Current age	Percentage first married by exact age:					Percentage never married	Number	Median age at first marriage
	15	18	20	22	25			
15-19	1.6	na	na	na	na	82.7	1,785	a
20-24	2.3	18.8	41.2	na	na	40.1	1,552	a
25-29	1.4	22.2	42.5	57.1	74.1	19.9	1,244	20.9
30-34	2.1	25.2	47.5	62.3	73.8	12.4	983	20.3
35-39	4.4	31.1	52.0	68.4	80.2	9.5	763	19.8
40-44	4.8	32.7	57.9	72.6	84.9	7.0	656	19.2
45-49	5.0	37.5	65.2	75.8	87.4	4.6	641	18.9
20-49	2.9	25.8	48.5	na	na	19.5	5,839	a
25-49	3.2	28.4	51.1	65.5	78.8	12.1	4,287	19.9

Note: The age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner

na = Not applicable due to censoring

a = Omitted because less than 50 percent of the women married for the first time before reaching the beginning of the age group

Table 6.3.2 indicates that on average men marry at a much older age than women. Only 9 percent of men age 25-59 married before age 20, and 46 percent married before age 25. The median age at first marriage for men also increased over time, from 24.6 years among men age 50-59 to 25.5 years among men age 30-34.

Current age	Percentage first married by exact age					Percentage never married	Number	Median age at first marriage
	15	18	20	22	25			
15-19	0.2	na	na	na	na	98.2	835	a
20-24	0.2	1.6	7.3	na	na	78.6	634	a
25-29	0.2	3.0	6.2	17.9	39.1	47.3	463	a
30-34	0.3	2.6	9.0	21.7	45.3	19.7	396	25.5
35-39	0.0	4.1	11.6	22.6	45.7	10.9	290	25.6
40-44	1.0	3.7	11.6	27.8	46.9	12.6	196	25.4
45-49	0.0	1.6	6.0	18.6	48.3	9.5	193	25.2
50-59	0.3	1.0	8.1	22.0	54.7	5.3	309	24.6
25-59	0.3	2.7	8.5	21.3	45.9	21.0	1,847	a
30-59	0.3	2.6	9.3	22.4	48.1	12.2	1,384	25.2

Note: The age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner
na = Not applicable due to censoring
a = Omitted because less than 50 percent of the women married for the first time before reaching the beginning of the age group

Table 6.4 presents socioeconomic differentials in the median age at first marriage for women age 25-49 and for men age 30-59. Urban women marry two years later than their rural counterparts. Continuing education for a woman means delaying marriage. Among all women age 25-49, the median age at first marriage among women who completed secondary education is more than 4 years beyond the age at which women with no education marry.

The median age at first marriage is lowest among women age 25-49 in Thaba Tseka (18.8 years) and highest in Berea (20.9 years). Age at first marriage has a positive association with wealth quintile. The median age at first marriage increases from 18.8 years for women in the lowest quintile to 21.9 years for women in the highest quintile.

The median age at first marriage for men age 30-59 also varies with residence and educational status. Rural men and men with no education enter into marriage at age 25, about a year earlier than urban men and men with the highest level of education. Men in the Mountains zone marry 2 years earlier than men in the Lowlands zone—at age 24 and 26, respectively.

Table 6.4 Median age at first marriage

Median age at first marriage among women by five-year age groups, age 20-49 and age 25-49, and men age 30-59, according to background characteristics, Lesotho 2009

Background characteristic	Age					Women age 20-49	Women age 25-49	Men age 30-59
	25-29	30-34	35-39	40-44	45-49			
Residence								
Urban	22.5	22.4	21.5	19.7	20.6	a	21.7	26.0
Rural	20.2	19.6	19.1	19.0	18.4	19.6	19.3	25.0
Ecological zone								
Lowlands	21.7	20.9	20.4	19.8	19.4	a	20.6	25.9
Foothills	20.1	19.1	18.2	18.7	18.5	19.2	19.0	25.3
Mountains	19.3	19.4	19.3	18.7	18.3	19.1	19.0	24.0
Senqu River Valley	20.8	20.2	19.4	18.7	17.5	19.7	19.3	25.4
District								
Butha-Buthe	20.1	20.2	19.6	19.5	19.4	19.8	19.8	24.0
Leribe	21.3	19.6	19.3	19.1	18.7	a	19.7	25.3
Berea	22.8	21.4	20.1	20.4	19.4	a	20.9	26.1
Maseru	21.5	20.7	20.7	19.4	19.4	a	20.5	25.9
Mafeteng	20.6	20.1	18.8	19.2	18.7	19.8	19.7	25.9
Mohale's Hoek	19.8	20.4	19.7	18.9	18.4	19.7	19.5	24.4
Quthing	21.1	20.4	19.3	18.4	17.8	19.7	19.2	25.7
Qacha's Nek	20.9	20.3	18.8	18.9	19.0	19.9	19.4	23.9
Mokhotlong	19.8	20.0	19.6	19.1	18.7	19.6	19.5	23.9
Thaba-Tseka	19.2	18.9	19.1	18.6	17.9	18.9	18.8	23.9
Education								
No education	17.1	21.1	19.1	19.1	17.3	17.7	17.8	24.5
Primary incomplete	19.2	18.6	18.5	17.7	17.6	18.4	18.3	25.0
Primary complete	19.6	19.0	19.1	18.8	18.7	19.2	19.0	24.9
Secondary+	22.8	22.3	21.2	21.0	21.0	a	21.9	26.3
Wealth quintile								
Lowest	19.2	18.9	18.6	18.4	18.4	18.8	18.8	23.8
Second	20.0	19.8	18.8	18.8	17.8	19.3	19.1	25.4
Middle	20.1	19.8	19.6	19.0	18.0	19.6	19.2	25.0
Fourth	21.7	20.1	19.3	19.3	19.0	a	19.9	25.1
Highest	22.7	22.3	21.7	20.3	21.3	a	21.9	26.1
Total	20.9	20.3	19.8	19.2	18.9	a	19.9	25.2

Note: The age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner

a = Omitted because less than 50 percent of the women married for the first time before reaching the beginning of the age group

6.5 AGE AT FIRST SEXUAL INTERCOURSE

Although age at marriage is often used as a proxy measure for the beginning of exposure to the risk of pregnancy, some women engage in sexual activity before marriage. The 2009 LDHS collected information on the timing of the first sexual intercourse for both men and women. The percentage of women and men who had had sexual intercourse by exact ages is given in Table 6.5. Five percent of women age 25-49 in Lesotho have had sex by age 15. By age 20, 70 percent have initiated sexual activity. The median age at which women had their first sexual intercourse has not changed much over time.

Table 6.5 Age at first sexual intercourse

Percentage of women age 15-49 and men age 15-59 who had first sexual intercourse by specific exact ages, percentage who never had intercourse, and median age at first intercourse, according to current age, Lesotho 2009

Current age	Percentage who had first sexual intercourse by exact age:					Percentage who never had intercourse	Number	Median age at first intercourse
	15	18	20	22	25			
WOMEN								
15-19	8.5	na	na	na	na	53.5	1,785	a
20-24	6.9	45.4	74.0	na	na	7.9	1,552	18.3
25-29	6.0	41.6	68.6	84.7	94.3	1.8	1,244	18.5
30-34	5.3	38.6	67.5	82.9	90.2	1.8	983	18.6
35-39	4.3	45.6	70.1	84.0	92.3	0.3	763	18.3
40-44	4.3	43.9	69.7	86.6	93.2	0.2	656	18.4
45-49	7.0	44.2	73.8	86.2	94.7	0.4	641	18.3
20-49	5.8	43.1	70.7	na	na	2.9	5,839	18.4
25-49	5.4	42.3	69.6	84.7	92.9	1.1	4,287	18.5
MEN								
15-19	25.5	na	na	na	na	40.3	835	a
20-24	17.6	61.0	84.4	na	na	7.9	634	17.1
25-29	10.5	50.6	71.0	83.1	91.0	3.3	463	17.9
30-34	7.1	42.6	61.1	79.0	87.6	0.8	396	18.7
35-39	7.3	39.3	55.8	71.8	80.4	0.4	290	18.8
40-44	3.6	25.6	42.7	69.0	80.6	1.3	196	20.3
45-49	3.9	24.9	44.9	57.9	75.8	0.5	193	20.5
50-59	1.4	10.9	24.2	46.6	66.8	0.1	309	22.6
25-59	6.3	35.1	52.9	70.2	81.8	1.3	1,847	19.5
30-59	4.9	30.0	46.9	65.9	78.8	0.6	1,384	20.2

na = Not applicable due to censoring
a = Omitted because less than 50 percent of the respondents had intercourse for the first time before reaching the beginning of the age group

Men reported an earlier age at first sex than women for most age groups. The age at first sex among men has been declining over time, from 22.6 years for men in their fifties to 17-18 years for men in their twenties.

For women and men, the largest differentials are by educational level (Table 6.6). For example, for women age 20-49, those who completed secondary education begin sexual activity 2.7 years later than women with no education. For men age 25-59, the corresponding figures are reversed, men with no education started sexual activity two years later than men who obtained some secondary education.

Table 6.6 Median age at first intercourse

Median age at first sexual intercourse among women by five-year age groups, age 20-49 and age 25-49, and among men age 25-59 and 30-59, according to background characteristics, Lesotho 2009

Background characteristic	Age						Women age 20-49	Women age 25-49	Men age 25-59	Men age 30-59
	20-24	25-29	30-34	35-39	40-44	45-49				
Residence										
Urban	18.6	18.9	19.1	18.9	18.9	19.3	18.9	19.0	18.6	18.9
Rural	18.1	18.3	18.4	18.0	18.2	17.9	18.2	18.2	20.1	20.5
Ecological zone										
Lowlands	18.5	18.7	18.8	18.4	18.7	18.6	18.6	18.7	19.2	20.0
Foothills	17.9	18.6	18.5	18.2	18.3	18.3	18.3	18.4	20.0	21.2
Mountains	17.9	18.1	18.3	18.1	18.0	17.8	18.0	18.1	20.1	20.4
Senqu River Valley	17.4	17.6	18.2	17.8	17.8	16.9	17.6	17.7	19.4	20.2
District										
Butha-Buthe	18.5	18.8	18.8	18.5	18.6	19.1	18.7	18.8	19.3	20.2
Leribe	18.3	19.0	18.6	18.0	18.2	18.2	18.4	18.5	18.6	19.6
Berea	18.0	18.5	18.5	18.2	18.6	18.8	18.4	18.5	20.1	20.3
Maseru	18.7	18.7	19.0	18.7	18.6	18.4	18.7	18.7	19.3	20.2
Mafeteng	18.3	18.5	18.1	18.0	18.7	18.3	18.3	18.3	18.9	20.3
Mohale's Hoek	17.9	17.8	18.5	18.5	18.2	17.9	18.1	18.2	19.0	19.8
Quthing	17.0	16.8	17.0	17.6	17.5	16.8	17.2	17.2	19.7	20.2
Qacha's Nek	18.0	18.3	19.2	18.0	18.5	18.7	18.4	18.5	20.2	20.6
Mokhotlong	18.3	18.4	18.4	18.6	18.5	18.4	18.4	18.4	19.9	20.3
Thaba-Tseka	18.4	18.7	18.4	17.8	18.2	17.3	18.2	18.1	20.3	20.5
Education										
No education	15.7	16.7	16.4	16.7	17.9	16.3	16.5	16.6	20.5	20.7
Primary incomplete	17.0	17.4	17.4	17.7	17.0	17.3	17.3	17.3	20.1	20.4
Primary complete	17.9	18.1	18.4	18.0	18.1	18.4	18.1	18.2	19.7	20.5
Secondary+	18.8	19.2	19.5	18.9	19.8	19.7	19.2	19.4	18.5	18.8
Wealth quintile										
Lowest	17.5	17.4	18.0	17.7	17.6	17.8	17.7	17.7	20.1	20.4
Second	17.9	18.5	18.4	17.6	18.0	17.6	18.0	18.1	19.9	20.5
Middle	18.3	18.2	18.1	18.4	18.1	17.6	18.1	18.1	20.3	20.7
Fourth	18.6	18.6	18.7	18.0	18.6	18.5	18.6	18.5	18.8	19.8
Highest	18.5	19.2	19.3	19.1	18.9	19.5	19.0	19.2	18.9	19.2
Total	18.3	18.5	18.6	18.3	18.4	18.3	18.4	18.5	19.5	20.2

6.6 RECENT SEXUAL ACTIVITY

In the absence of contraception, the chance of becoming pregnant is determined by the frequency of sexual intercourse. Information on sexual activity can, therefore, be used to refine measures of exposure to pregnancy. In the 2009 LDHS, women and men were asked how long ago their last sexual activity occurred. Recent sexual activity is defined as sexual activity in the four weeks preceding the survey. Tables 6.7.1 and 6.7.2 show that 15 percent of women age 15-49 and 12 percent of men age 15-59 have never had sexual intercourse, 39 percent of women and 45 percent of men had a recent sexual encounter (i.e., within 4 weeks preceding the interview), and 11 percent of women and 10 percent of men report that their last sexual encounter occurred more than one year before the survey.

Table 6.7.1 Recent sexual activity: Women

Percent distribution of women age 15-49 by timing of last sexual intercourse, according to background characteristics, Lesotho 2009

Background characteristic	Timing of last sexual intercourse					Total	Number of women
	Within the past 4 weeks	Within 1 year ¹	One or more years	Missing	Never had sexual intercourse		
Age							
15-19	12.0	24.8	9.3	0.4	53.5	100.0	1,785
20-24	37.1	41.9	12.1	1.0	7.9	100.0	1,552
25-29	50.8	36.6	9.6	1.1	1.8	100.0	1,244
30-34	53.8	35.5	7.7	1.2	1.8	100.0	983
35-39	49.2	36.2	12.6	1.7	0.3	100.0	763
40-44	53.2	29.6	14.0	3.0	0.2	100.0	656
45-49	42.6	33.0	20.4	3.7	0.4	100.0	641
Marital status							
Never married	9.2	30.6	15.8	1.5	42.9	100.0	2,618
Married or living together	61.5	33.7	4.0	0.8	0.0	100.0	4,049
Divorced/separated/widowed	22.6	43.4	30.7	3.3	0.0	100.0	957
Marital duration²							
0-4 years	57.3	37.0	5.0	0.6	0.0	100.0	1,218
5-9 years	64.8	31.6	3.4	0.2	0.0	100.0	797
10-14 years	63.5	33.3	2.4	0.9	0.0	100.0	669
15-19 years	62.2	33.9	3.0	1.0	0.0	100.0	443
20-24 years	64.3	30.4	4.2	1.0	0.0	100.0	407
25+ years	59.7	32.6	5.4	2.3	0.0	100.0	419
Married more than once	66.1	29.2	4.4	0.3	0.0	100.0	95
Residence							
Urban	42.2	30.7	11.3	1.5	14.3	100.0	2,573
Rural	36.9	35.4	11.4	1.3	15.0	100.0	5,051
Ecological zone							
Lowlands	38.6	33.5	11.6	1.7	14.7	100.0	4,798
Foothills	37.6	39.4	9.8	1.1	12.1	100.0	725
Mountains	40.9	31.3	11.1	0.6	16.1	100.0	1,544
Senqu River Valley	34.6	36.7	12.9	1.1	14.6	100.0	556
District							
Butha-Buthe	42.5	35.7	10.5	0.5	10.8	100.0	357
Leribe	35.4	38.4	9.7	0.6	15.9	100.0	1,359
Berea	36.7	31.3	12.3	2.3	17.5	100.0	1,122
Maseru	42.6	31.4	10.6	2.4	13.0	100.0	2,036
Mafeteng	36.0	34.4	14.4	0.9	14.4	100.0	682
Mohale's Hoek	37.8	37.5	11.6	0.1	13.0	100.0	599
Quthing	32.1	36.3	15.5	1.7	14.5	100.0	379
Qacha's Nek	36.6	34.1	13.2	1.4	14.7	100.0	219
Mokhotlong	42.4	29.1	11.3	0.0	17.2	100.0	356
Thaba-Tseka	41.1	32.0	9.9	0.8	16.1	100.0	515
Education							
No education	38.4	38.6	15.6	4.8	2.6	100.0	93
Primary incomplete	39.9	33.8	12.6	1.4	12.3	100.0	1,810
Primary complete	41.4	37.9	10.3	1.8	8.6	100.0	1,741
Secondary+	36.9	31.9	11.2	1.1	18.8	100.0	3,979
Wealth quintile							
Lowest	41.1	31.2	12.6	0.9	14.2	100.0	1,073
Second	38.4	35.2	11.5	1.0	13.9	100.0	1,190
Middle	34.9	37.8	10.9	1.3	15.2	100.0	1,325
Fourth	36.6	35.1	11.5	1.6	15.1	100.0	1,900
Highest	41.7	30.8	10.9	1.7	14.9	100.0	2,136
Total	38.7	33.8	11.4	1.4	14.7	100.0	7,624

¹ Excludes women who had sexual intercourse within the last 4 weeks

² Excludes women who are not currently married

Table 6.7.2 Recent sexual activity: Men

Percent distribution of men age 15-49 by timing of last sexual intercourse, according to background characteristics, Lesotho 2009

Background characteristic	Timing of last sexual intercourse				Never had sexual intercourse	Total	Number of men
	Within the past 4 weeks	Within 1 year ¹	One or more years	Missing			
Age							
15-19	16.0	31.5	11.8	0.4	40.3	100.0	835
20-24	39.4	39.8	11.8	1.1	7.9	100.0	634
25-29	55.7	33.1	5.6	2.3	3.3	100.0	463
30-34	66.0	22.8	8.0	2.4	0.8	100.0	396
35-39	68.4	24.3	6.1	0.7	0.4	100.0	290
40-44	63.5	21.5	9.4	4.4	1.3	100.0	196
45-49	57.9	24.6	14.8	2.2	0.5	100.0	193
Marital status							
Never married	24.3	36.5	13.5	1.4	24.2	100.0	1,691
Married or living together	74.7	20.7	2.9	1.7	0.0	100.0	1,169
Divorced/separated/widowed	35.9	40.4	22.0	1.7	0.0	100.0	148
Marital duration²							
0-4 years	74.0	22.8	1.5	1.8	0.0	100.0	355
5-9 years	78.4	18.6	1.9	1.2	0.0	100.0	285
10-14 years	73.7	22.4	2.1	1.8	0.0	100.0	193
15-19 years	74.5	19.1	4.6	1.8	0.0	100.0	118
20-24 years	76.3	17.5	3.3	2.9	0.0	100.0	104
25+ years	62.0	23.9	14.2	0.0	0.0	100.0	35
Married more than once	70.6	20.8	7.3	1.4	0.0	100.0	79
Residence							
Urban	52.5	23.8	7.9	2.9	12.9	100.0	845
Rural	41.3	33.2	10.6	1.0	13.9	100.0	2,162
Ecological zone							
Lowlands	44.1	29.9	9.4	2.1	14.5	100.0	1,693
Foothills	46.5	32.3	9.7	0.2	11.4	100.0	298
Mountains	47.1	31.6	10.7	0.3	10.3	100.0	591
Senqu River Valley	42.0	32.1	8.9	2.4	14.5	100.0	214
District							
Butha-Buthe	52.7	26.4	7.9	0.7	12.3	100.0	168
Leribe	45.7	32.3	8.3	0.6	13.1	100.0	498
Berea	44.5	29.5	10.1	3.7	12.2	100.0	451
Maseru	47.8	26.9	7.6	1.9	15.7	100.0	773
Mafeteng	37.6	36.7	13.1	0.6	12.0	100.0	295
Mohale's Hoek	37.8	37.6	12.1	1.7	10.9	100.0	250
Quthing	38.5	29.4	12.9	2.5	16.7	100.0	150
Qacha's Nek	40.3	34.4	9.5	0.6	15.2	100.0	79
Mokhotlong	42.6	31.8	10.5	0.0	15.1	100.0	137
Thaba-Tseka	47.0	27.4	12.5	0.3	12.8	100.0	206
Education							
No education	52.8	31.3	11.0	2.2	2.6	100.0	336
Primary incomplete	42.9	31.1	9.9	1.1	15.0	100.0	1,095
Primary complete	48.8	29.4	9.3	1.5	11.0	100.0	372
Secondary+	42.2	30.2	9.6	1.7	16.1	100.0	1,205
Wealth quintile							
Lowest	46.4	30.9	10.2	0.3	12.2	100.0	443
Second	42.3	32.7	11.1	1.1	12.9	100.0	575
Middle	37.9	34.5	11.9	1.7	13.9	100.0	666
Fourth	43.9	30.6	9.1	1.3	15.0	100.0	640
Highest	52.0	24.7	7.1	2.7	13.4	100.0	684
Total 15-49	44.5	30.6	9.8	1.5	13.6	100.0	3,008
50-59	53.3	25.7	13.0	7.9	0.1	100.0	309
Total men 15-59	45.3	30.1	10.1	2.1	12.3	100.0	3,317

¹ Excludes men who had sexual intercourse within the last 4 weeks

² Excludes men who are not currently married

Recent sexual activity is less common among young women and men; 54 percent of women and 40 percent of men age 15-19 have never had sex. Recent sexual activity is more common among those who are currently married; 62 percent of married women and 75 percent of married men had sex in the four weeks before the survey.

Gender differences in recent sexual activity are most notable for those who have never married and those who were formerly married. Among those who have never married, for example, the proportion of men who report a recent sexual encounter is nearly three times that of women (24 and 9 percent, respectively). The proportions reporting recent sexual activity do not differ greatly across other characteristics.

6.7 POSTPARTUM AMENORRHOEA, ABSTINENCE, AND INSUSCEPTIBILITY

Postpartum amenorrhoea is defined as the period between childbirth and the return of ovulation, generally approximated by the resumption of menstruation following childbirth. This period is largely determined by the duration and intensity of breastfeeding. The risk of conception in this period is very low. The duration of postpartum amenorrhoea and the period of sexual abstinence following birth jointly determine the length of the insusceptibility period. Thus, women are considered insusceptible if they are abstaining from sex following childbirth or are amenorrhoeic.

Women who gave birth three years preceding the survey were asked about the duration of their periods of amenorrhoea and sexual abstinence following each birth. The results presented in Table 6.8 show that almost all women are insusceptible to pregnancy in the first two months following childbirth. At 6 to 7 months after birth, about half of the women are still amenorrhoeic and half are still abstinent. After about one year (12-13 months), the proportion who are amenorrhoeic drops to 22 percent, and after 24-25 months, only 7 percent are amenorrhoeic following childbirth. The proportion of women who abstain after childbirth also drops steadily, but the decline is less rapid than for amenorrhoea. For example, at 18 to 19 months following childbirth, 25 percent of women still abstain compared with 15 percent who are still amenorrhoeic.

Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrhoeic	Abstaining	Insusceptible ¹	
< 2	85.1	97.7	98.6	103
2-3	72.1	83.2	89.5	183
4-5	61.7	68.4	79.5	149
6-7	50.9	52.0	67.2	129
8-9	49.1	38.7	61.8	124
10-11	33.3	36.3	55.5	136
12-13	21.7	27.5	42.0	139
14-15	25.7	30.4	45.0	172
16-17	19.5	28.5	38.4	123
18-19	15.0	25.4	35.0	126
20-21	14.5	19.2	29.3	134
22-23	9.7	14.3	20.5	110
24-25	6.9	15.4	20.5	132
26-27	5.2	5.4	8.9	146
28-29	2.0	5.0	6.9	107
30-31	7.5	5.5	12.1	95
32-33	10.1	14.0	20.0	105
34-35	3.9	6.6	8.8	99
Total	29.0	33.7	43.3	2,311
Median	7.4	7.2	11.5	na
Mean	10.2	11.7	15.0	na

Note: Estimates are based on status at the time of the survey.
na = Not applicable
¹ Includes births for which mothers are either still amenorrhoeic or still abstaining (or both) following birth

The median duration of abstinence is 7.2 months, of amenorrhoea is 7.4 months, and of insusceptibility is 11.5 months (Table 6.9). Older women (age 30 and over) have a slightly longer median period of insusceptibility than younger women, mainly because of the longer duration of postpartum amenorrhoea. Variations in the length of postpartum insusceptibility across other background characteristics are only notable by district, ranging from 8.6 months in Leribe to 16.4 months in Mafeteng.

Table 6.9 Median duration of amenorrhoea, postpartum abstinence and postpartum insusceptibility

Median number of months of postpartum amenorrhoea, postpartum abstinence, and postpartum insusceptibility following births in the three years preceding the survey, by background characteristics, Lesotho 2009

Background characteristic	Postpartum amenorrhoea	Postpartum abstinence	Postpartum insusceptibility ¹
Mother's age			
15-29	6.8	7.0	11.2
30-49	9.7	7.6	12.8
Residence			
Urban	3.8	4.6	9.8
Rural	7.8	7.6	12.7
Ecological zone			
Lowlands	7.0	6.1	10.6
Foothills	6.5	6.8	9.5
Mountains	8.6	9.6	13.8
Senqu River Valley	8.8	8.9	11.8
District			
Butha-Buthe	4.2	5.0	13.1
Leribe	6.5	6.6	8.6
Berea	6.4	6.8	12.2
Maseru	6.0	6.2	9.5
Mafeteng	8.2	6.3	16.4
Mohale's Hoek	9.7	8.9	11.7
Quthing	8.0	7.9	10.0
Qacha's Nek	6.9	9.2	10.1
Mokhotlong	10.3	9.8	14.0
Thaba-Tseka	10.5	11.4	14.6
Education			
No education	9.4	10.0	11.1
Primary incomplete	9.0	9.0	12.9
Primary complete	8.7	8.1	12.4
Secondary+	5.6	5.9	8.1
Wealth quintile			
Lowest	10.0	9.7	14.5
Second	7.1	6.4	10.8
Middle	7.3	7.4	9.7
Fourth	7.4	6.4	11.1
Highest	3.0	4.0	9.5
Total	7.4	7.2	11.5

Note: Medians are based on the status at the time of the survey (current status)

¹ Includes births for which mothers are either still amenorrhoeic or still abstaining (or both) following birth

6.8 TERMINATION OF EXPOSURE TO PREGNANCY

While the onset of infecundity is difficult to determine for an individual woman, there are ways of estimating it for a given population. One indicator of infecundity is the beginning of menopause. Menopausal women are defined in the 2009 LDHS as women who are neither pregnant nor postpartum amenorrhoeic, but who have not had a menstrual period in the six months before the survey. The prevalence of menopause increases with the woman's age, from 5 percent for age 30-34 to 49 percent for age 48-49 (Table 6.10).

Table 6.10 Menopause

Percentage of women age 30-49 who are menopausal, by age, Lesotho 2009

Age	Percentage menopausal ¹	Number of women
30-34	5.3	983
35-39	6.6	763
40-41	6.3	299
42-43	8.7	225
44-45	19.1	264
46-47	27.1	275
48-49	48.8	235
Total	12.5	3,043

¹ Percentage of all women who are not pregnant and not postpartum amenorrhoeic whose last menstrual period occurred six or more months preceding the survey

Insight into the fertility desires of a population is important, both for estimating the potential unmet need for family planning and for predicting future fertility. This chapter presents data from the 2009 LDHS on the fertility intentions of women and men, the need for family planning services, and the ideal family size as envisioned by women and men in Lesotho. It also considers the potential effect on fertility of efforts to prevent unwanted pregnancies.

7.1 DESIRE FOR MORE CHILDREN

To obtain information on the desire for more children at the time of the survey, nonsterilised women and all men in the 2009 LDHS sample were asked, ‘Would you like to have (a/another) child or would you prefer not to have any (more) children?’ Respondents who mentioned that they would like to have more children were asked, ‘How long would you like to wait from now before the birth of (a/another) child?’

Table 7.1 shows the reproductive preferences of currently married women and men. Nearly three in five married women (59 percent) either do not want a/nother child or are sterilised. Almost all of the remaining women want another child. Among the women wanting a child, the majority—23 percent of all women—want to wait at least two years before having a child. Fertility preferences among married men show a similar pattern, although the percentage who do not want any more children is lower for men (41 percent) than for women (56 percent), and the proportion who would like to have another child soon is higher for men (24 percent) than women (16 percent).

Both the desire for a child and the timing desired for the next birth are strongly related to the number of children one currently has. As expected, the majority (80 percent) of women who have no children want a birth soon. However, there is interest in controlling the timing of the first birth among some childless women; 9 percent expressed a desire to delay having a child for at least two years. Interest in delaying births is even more evident among women with one child; almost half want to wait two years or more to have the next child. Among women with more than one child, the proportion wanting no more children increases rapidly, from 63 percent among women with two children to 94 percent among women with six or more children. Among men, the proportion wanting no more children also increases with the number of children but at a slower rate, peaking at 75 percent among men with six or more children.

The desire to limit childbearing is shown by background characteristics in Table 7.2. Overall, there is virtually no difference by urban-rural residence in the proportion of either married women or men wanting to limit childbearing. However, marked residential differences in the desire to limit childbearing are evident among lower-parity women. For example, 59 percent of rural women with two children do not want another or are sterilised compared with 74 percent of urban women. By district, the proportion of women wanting no more children is highest in Qacha’s Nek (63 percent) and lowest in Mafeteng (50 percent). Among men, the proportion wanting to limit childbearing is also highest (50 percent) in Qacha’s Nek and lowest in Mafeteng (35 percent).

The desire to limit childbearing generally decreases with education among women but does not show a clear pattern for men. The desire to limit childbearing does not vary noticeably by wealth quintile among either women or men.

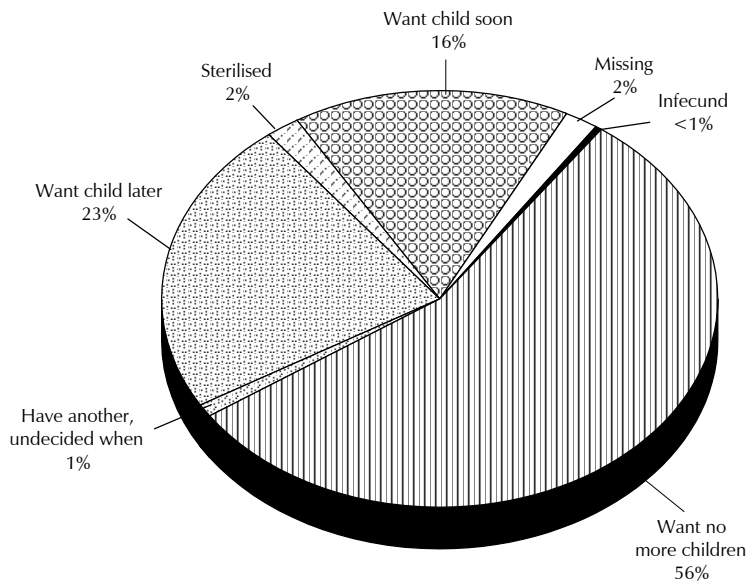
Table 7.1 Fertility preferences by number of living children

Percent distribution of currently married women and currently married men age 15-49 by desire for children, according to number of living children, Lesotho 2009

Desire for children	Number of living children ^{1,5}							Total 15-49
	0	1	2	3	4	5	6+	
WOMEN								
Have another soon ²	79.5	18.4	11.4	4.7	2.2	3.2	0.7	16.3
Have another later ³	9.2	49.0	21.0	10.1	3.5	1.6	0.5	22.8
Have another, undecided when	0.9	0.8	0.4	0.2	0.0	0.1	0.2	0.5
Undecided	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Want no more	6.7	28.8	63.3	79.4	88.2	89.8	93.9	56.3
Sterilised ⁴	0.3	0.6	1.4	4.9	4.8	5.3	4.7	2.4
Declared infecund	2.7	0.1	0.5	0.0	0.0	0.0	0.0	0.4
Missing	0.8	2.2	1.9	0.8	1.2	0.0	0.0	1.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	346	1,215	1,007	626	394	235	227	4,049
MEN								
Have another soon ²	67.7	28.2	15.5	12.4	12.9	10.0	13.6	24.4
Have another later ³	16.2	54.3	32.5	19.9	8.5	16.1	9.2	31.5
Have another, undecided when	1.8	2.5	1.2	0.3	0.0	0.0	0.0	1.3
Undecided	0.8	1.5	2.2	1.3	1.2	0.0	2.4	1.5
Want no more	12.4	13.5	48.2	65.4	76.5	73.9	74.8	40.8
Sterilised ⁴	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Declared infecund	1.0	0.0	0.0	0.8	0.0	0.0	0.0	0.2
Missing	0.0	0.0	0.4	0.0	0.8	0.0	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	137	350	305	183	90	44	60	1,169

¹ The number of living children includes current pregnancy for women
² Wants next birth within 2 years
³ Wants to delay next birth for 2 or more years
⁴ Includes both female and male sterilisation
⁵ The number of living children includes one additional child if a male respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife).

Figure 7.1 Fertility Preferences among Currently Married Women Age 15-49



LDHS 2009

Background characteristic	Number of living children ¹							Total women	Total men
	0	1	2	3	4	5	6+		
Residence									
Urban	8.9	33.7	74.4	93.9	96.6	(94.8)	*	58.2	39.8
Rural	5.9	26.9	59.4	81.2	91.9	95.1	98.5	58.8	41.3
Ecological zone									
Lowlands	7.3	31.8	69.6	90.4	96.8	97.6	100.0	59.6	41.7
Foothills	(5.3)	27.1	58.1	84.2	(92.4)	(98.3)	(100.0)	58.0	37.9
Mountains	3.3	23.8	50.9	69.2	88.2	90.2	97.8	56.0	38.7
Senqu River Valley	15.9	23.4	69.3	81.4	86.8	(94.1)	(95.9)	59.9	45.9
District									
Butha-Buthe	(14.7)	31.2	62.6	79.0	(96.1)	(91.7)	*	57.6	39.5
Leribe	(5.9)	32.9	62.2	84.8	(95.4)	(89.4)	(100.0)	59.0	38.1
Berea	(3.0)	29.5	62.7	90.0	(97.7)	(100.0)	(100.0)	61.5	38.0
Maseru	7.8	32.5	74.2	93.7	93.3	(96.7)	(100.0)	60.7	42.6
Mafeteng	(2.8)	21.9	55.5	80.7	(97.1)	*	*	50.4	35.0
Mohale's Hoek	(9.9)	21.8	72.7	89.6	(90.0)	(100.0)	(100.0)	58.6	45.3
Quthing	(14.9)	27.9	72.0	69.8	(91.3)	(92.7)	(93.8)	60.6	45.4
Qacha's Nek	(3.2)	32.2	71.6	(82.9)	(91.9)	(90.6)	(100.0)	62.9	50.3
Mokhotlong	(0.0)	26.1	45.4	70.3	(97.7)	(90.0)	(100.0)	56.3	41.0
Thaba-Tseka	(5.5)	27.0	48.0	65.3	76.5	(98.3)	(95.4)	55.2	41.7
Education									
No education	*	*	*	*	*	*	*	52.6	45.1
Primary incomplete	11.1	30.3	62.9	78.7	91.5	97.1	97.8	65.0	40.1
Primary complete	6.3	22.6	61.9	82.0	90.6	92.5	100.0	58.9	38.1
Secondary+	5.0	31.6	68.5	91.2	97.8	97.3	100.0	54.8	40.5
Wealth quintile									
Lowest	3.1	20.0	48.8	69.2	87.9	92.4	97.6	57.8	40.1
Second	11.0	25.5	60.6	80.5	87.3	98.1	98.4	56.3	40.7
Middle	7.9	31.9	59.3	85.4	96.8	95.0	(100.0)	61.8	41.2
Fourth	8.9	33.8	64.0	90.6	93.5	(95.4)	(100.0)	58.2	41.4
Highest	4.8	29.8	76.6	91.0	98.4	(95.3)	(100.0)	58.9	40.6
Total	7.0	29.4	64.8	84.3	93.1	95.1	98.6	58.6	40.8

7.2 NEED FOR FAMILY PLANNING SERVICES

One of the major concerns of family planning programs is to define the size of the potential demand for contraception and to identify women who are the most in need of contraceptive services. Table 7.3 presents estimates of unmet and met need for family planning services.

Women with an *unmet need for family planning* (shown in columns 1-3 of Table 7.3) include the following:

- Currently married women who are in need of family planning for *spacing* purposes. This group includes (1) pregnant women whose pregnancy is mistimed (i.e., wanted later); (2) amenorrhoeic women whose last birth was mistimed; and (3) non-users who are neither pregnant nor amenorrhoeic and who either want to delay the next birth at least two or more

years, are unsure whether they want another child, or want another child but are unsure when to have the birth.

- Currently married women who are in need of family planning for *limiting* purposes. This group includes: (1) pregnant women whose pregnancy is unwanted, (2) amenorrhoeic women whose last child was unwanted, and (3) non-users who are neither pregnant nor amenorrhoeic and who want no more children.

Menopausal and infecund women are excluded from the unmet need category as are pregnant or amenorrhoeic women who became pregnant while using a contraceptive method. Pregnant women whose pregnancy is mistimed or amenorrhoeic women whose last birth was mistimed are considered to be in need of better contraception.

Women with a *met need for family planning* (shown in columns 4-6 of Table 7.3) include women who are currently using contraception. The *total demand for family planning* (shown in columns 7-9 of Table 7.3) represents the sum of unmet need and met need. The total demand also includes pregnant and amenorrhoeic women who became pregnant while using a family planning method. The percentage of the total demand that is satisfied is shown in column 10 in Table 7.3.

More than one-fifth of currently married women in Lesotho have an unmet need for family planning—11 percent for spacing and 12 percent for limiting childbearing. Taking into account women currently using contraception, the total demand for family planning comprises 70 percent of married women in Lesotho. Thus, if all women who want to space or limit childbearing were to use family planning methods, the contraceptive prevalence rate in Lesotho could increase from the current level of 47 percent (Chapter 5) to 70 percent.

Looking at unmet need by age, the total proportion in need of family planning exceeds 25 percent among married women under age 25 and declines to less than 16 percent among women age 45-49. Unmet need for spacing declines with age from a peak of 26 percent at age 15-19 to less than 1 percent at age 45-49. Unmet need for limiting is comparatively low as expected among women age 15-19 (3 percent) and rises to a peak of 18 percent among women age 35-44.

Unmet need for family planning is higher among rural women (26 percent) than among urban women (15 percent). By ecological zone, unmet need ranges from a low of 18 percent in the Lowlands to a high of 33 percent in the Mountains zone. Maseru district (18 percent) has the lowest level of unmet need and Mokhotlong, the highest level (35 percent). The proportion in need of family planning is lowest among women with a secondary or higher education and declines with wealth status.

Table 7.3 also shows that the total demand for family planning and the proportion of total demand that is satisfied vary markedly by background characteristics. For example, demand increases sharply with age, peaking at 78 percent among women age 30-34. The level of satisfied demand is also highest in this age group (74 percent). The total demand for family planning is higher among urban women (73 percent) than rural women (69 percent). However, satisfied demand is much less among rural than urban women (62 percent and 80 percent, respectively). Looking at the patterns by ecological zone and district, the Lowlands zone and Maseru and Butha-Buthe districts have both the highest total demand for family planning and the highest proportion of satisfied demand. Total demand is lowest in Senqu River Valley zone (61 percent) and in the Quthing district (61 percent). The level of satisfied demand is lowest in the Mountains zone (51 percent) and in Mokhotlong district (46 percent). Total demand is highest among women with secondary education (74 percent) and women in the highest wealth quintiles (75 percent). The highest level of satisfied demand is found among women in the highest wealth quintile (83 percent).

Table 7.3 Need and demand for family planning among currently married women

Percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage for the demand for contraception that is satisfied, by background characteristics, Lesotho 2009

Background characteristic	Unmet need for family planning ¹			Met need for family planning (currently using) ²			Total demand for family planning			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	26.3	3.0	29.3	19.2	8.9	28.2	45.6	12.0	57.5	49.0	292
20-24	18.1	9.3	27.5	25.8	18.1	43.9	43.9	27.5	71.4	61.5	860
25-29	12.0	10.7	22.6	25.4	26.8	52.2	37.4	37.5	74.8	69.8	857
30-34	7.9	12.8	20.6	18.9	38.4	57.4	26.8	51.2	78.0	73.5	704
35-39	5.0	18.1	23.0	6.8	45.9	52.7	11.8	64.0	75.8	69.6	522
40-44	2.8	17.9	20.7	1.8	43.5	45.3	4.6	61.4	66.0	68.6	429
45-49	0.7	14.9	15.7	0.3	31.7	32.0	1.0	46.6	47.6	67.1	386
Residence											
Urban	5.4	9.6	15.0	21.9	36.5	58.3	27.3	46.0	73.3	79.6	1,216
Rural	12.9	13.5	26.4	14.4	27.8	42.2	27.3	41.3	68.6	61.5	2,833
Ecological zone											
Lowlands	8.4	9.8	18.2	18.9	35.2	54.2	27.4	45.1	72.4	74.8	2,405
Foothills	13.1	11.8	24.9	15.1	30.1	45.2	28.2	41.9	70.1	64.4	451
Mountains	14.9	17.9	32.8	13.1	20.5	33.6	28.1	38.4	66.4	50.6	906
Senqu River Valley	11.7	16.6	28.4	10.7	21.7	32.5	22.5	38.4	60.8	53.4	287
District											
Butha-Buthe	9.9	9.6	19.5	21.3	32.9	54.2	31.2	42.5	73.7	73.6	225
Leribe	13.1	10.9	24.0	15.0	29.8	44.8	28.1	40.7	68.8	65.1	745
Berea	7.9	11.7	19.6	16.0	34.8	50.8	24.0	46.4	70.4	72.2	543
Maseru	7.5	10.5	18.1	18.8	37.3	56.0	26.3	47.8	74.1	75.6	1,030
Mafeteng	11.0	10.1	21.0	23.4	28.3	51.7	34.3	38.4	72.8	71.1	364
Mohale's Hoek	10.2	14.7	24.9	14.3	27.4	41.6	24.5	42.1	66.5	62.6	335
Quthing	11.0	17.1	28.2	10.1	23.2	33.2	21.1	40.3	61.4	54.1	179
Qacha's Nek	12.2	14.9	27.2	9.0	26.7	35.7	21.3	41.6	62.9	56.8	108
Mokhotlong	17.3	17.6	35.0	12.4	17.9	30.3	29.7	35.6	65.3	46.4	209
Thaba-Tseka	15.2	17.7	32.8	14.9	19.2	34.1	30.0	36.9	66.9	50.9	311
Education											
No education	6.9	14.7	21.6	18.4	13.6	32.1	25.3	28.3	53.7	59.8	58
Primary incomplete	11.8	15.2	27.1	10.4	28.0	38.4	22.3	43.2	65.5	58.7	1,086
Primary complete	11.4	15.5	26.9	14.0	27.9	41.9	25.4	43.4	68.8	61.0	1,088
Secondary+	9.6	8.6	18.2	21.8	33.9	55.7	31.4	42.6	74.0	75.3	1,817
Wealth quintile											
Lowest	17.7	19.0	36.7	12.0	18.2	30.1	29.7	37.2	66.9	45.1	658
Second	15.0	14.4	29.4	14.2	23.8	38.1	29.3	38.2	67.5	56.4	687
Middle	10.0	11.6	21.7	14.4	32.5	46.9	24.5	44.1	68.6	68.4	713
Fourth	8.6	12.0	20.6	17.0	32.5	49.5	25.6	44.5	70.1	70.6	966
Highest	5.5	7.4	12.9	22.4	39.3	61.7	27.9	46.7	74.6	82.7	1,025
Total	10.6	12.3	23.0	16.6	30.4	47.0	27.3	42.7	70.0	67.2	4,049

¹ Unmet need for spacing includes women who are fecund and not using family planning and who say they want to wait two or more years for their next birth, or who say they are unsure whether they want another child, or who want another child but are unsure when to have the child. In addition, unmet need for spacing includes pregnant women whose current pregnancy was mistimed, or whose last pregnancy was unwanted but who now say they want more children. Unmet need for spacing also includes amenorrhoeic women whose last birth was mistimed, or whose last birth was unwanted but who now say they want more children. Unmet need for limiting includes women who are fecund and not using family planning and who say they do not want another child. In addition, unmet need for limiting includes pregnant women whose current pregnancy was unwanted but who now say they do not want more children or who are undecided whether they want another child. Unmet need for limiting also includes amenorrhoeic women whose last birth was unwanted but who now say they do not want more children or who are undecided whether they want another child.

² Using for spacing is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Using for limiting is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

7.3 IDEAL FAMILY SIZE

In the first part of this chapter, the discussion of fertility preferences focused on desires with respect to future childbearing. Future childbearing intentions obviously are influenced by the number of children an individual already has. The 2009 LDHS tried to obtain a measure of fertility preferences that was less dependent on current family size by asking about the respondent's *ideal* number of children. Women and men who were interviewed in the 2009 LDHS were asked two questions to determine ideal family size. Those who did not have any living children were asked, 'If you could choose exactly the number of children to have in your lifetime, how many would that be?' For respondents who had living children, the question was rephrased as follows, 'If you could go back to the time you did not have any children and could choose exactly the number of children to have in your lifetime, how many would that be?'

Information on ideal family size is presented in Table 7.4 for both women and men. Most respondents were able to say how many children they considered to be ideal; less than 1 percent of both women and men failed to give a numeric response. The mean ideal family size among married women age 15-49 (3.2 children) was almost half a child less than the ideal voiced by married men age 15-49 (3.6 children).

The ideal number of children increases with the number of living children, ranging from 2.2 children among women with no children to 4 children among women with six or more children and from 2.9 among men with no children to 5.4 among men with five or more living children. This pattern undoubtedly reflects 'adjustments' to the ideal number of children as the actual number of children increases (rationalisation). Nevertheless, despite the likelihood of some rationalisation, considerable proportions of women and men report ideal family sizes that are smaller than their actual family sizes. For example, more than 80 percent of women and 58 percent of men with six or more living children report ideal family sizes of fewer than six children.

Table 7.4 Ideal number of children								
Percent distribution of women and men 15-49 by ideal number of children, and mean ideal number of children for all respondents and for currently married respondents, according to number of living children, Lesotho 2009								
Ideal number of children	Number of living children ^{1,3}							Total
	0	1	2	3	4	5	6+	
WOMEN								
0	9.9	3.1	2.4	1.5	2.4	1.0	2.6	4.9
1	10.8	10.3	6.5	4.9	1.7	1.5	1.1	7.9
2	49.5	41.1	32.8	24.1	24.3	22.4	15.0	37.6
3	19.1	25.9	22.2	19.0	14.8	18.5	15.8	20.8
4	7.3	14.7	29.3	34.6	37.4	31.7	37.0	20.2
5	2.1	2.9	3.5	8.1	6.6	7.6	10.0	4.0
6+	1.1	1.9	3.1	7.6	11.8	17.0	17.8	4.4
Non-numeric responses	0.2	0.0	0.1	0.1	1.1	0.3	0.8	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	2,471	1,848	1,344	836	524	301	300	7,624
Mean ideal number children for:²								
All women	2.2	2.6	2.9	3.4	3.6	3.8	4.0	2.8
Number	2,465	1,848	1,343	835	519	300	297	7,606
Currently married women	2.8	2.7	3.0	3.5	3.6	3.8	4.1	3.2
Number	344	1,215	1,006	624	390	234	225	4,039
MEN								
0	3.1	1.1	0.2	1.3	2.4	0.0	0.0	2.2
1	5.0	4.4	3.4	0.4	1.5	0.0	1.0	4.2
2	38.6	31.9	27.7	21.1	14.9	5.3	4.9	33.2
3	24.3	30.3	23.5	23.3	4.4	11.0	7.1	23.7
4	17.1	18.1	29.3	29.6	33.9	22.8	32.2	20.4
5	7.3	8.6	9.7	12.5	17.5	22.9	12.9	8.8
6+	3.9	5.5	5.3	8.7	24.2	35.5	37.6	6.5
Non-numeric responses	0.6	0.2	0.8	3.1	1.3	2.5	4.3	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,823	427	341	205	95	54	62	3,008
Mean ideal number children for men 15-49:²								
All men	2.9	3.2	3.4	3.7	4.7	5.4	5.4	3.2
Number	1,812	426	338	198	94	53	60	2,981
Currently married men	3.0	3.3	3.4	3.7	4.6	5.2	5.4	3.6
Number	135	350	302	177	89	44	57	1,154
Mean ideal number children for men 15-59:²								
All	2.9	3.3	3.5	3.9	4.6	5.1	5.3	3.3
Number	1,831	452	372	267	135	99	129	3,285
Currently married	3.0	3.3	3.5	3.8	4.5	5.0	5.4	3.8
Number	143	369	327	233	122	82	122	1,398

¹ The number of living children includes current pregnancy for women

² Means are calculated excluding respondents who gave non-numeric responses.

³ The number of living children includes one additional child if a male respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife).

Table 7.5 presents data on the mean ideal number of children for all women and men by background characteristics. The ideal family size for women increases with age, peaking at 3.8 children for women age 45-49 and 4.3 children for men age 45-49. For both women and men, ideal family size is slightly higher in rural areas than in urban areas, and is highest in the Mountains zone and in the Thaba-Tseka district. Ideal family size decreases with increasing level of education, with women who have a secondary or higher education reporting an average ideal family size of 2.5 children, one child less than the ideal among women with no education. Among men, the difference across educational levels is even greater, with those who have a secondary or higher education reporting an average ideal family size of 2.7 children compared with 4.0 children among men with no education. The average ideal family decreases with an increase in the wealth quintile for both women and men.

Table 7.5 Mean ideal number of children

Mean ideal number of children for all women and men age 15-49 by background characteristics, Lesotho 2009

Background characteristic	Women		Men	
	Mean	Number ¹	Mean	Number ¹
Age				
15-19	2.1	1,781	2.7	832
20-24	2.5	1,551	3.1	630
25-29	2.7	1,242	3.0	462
30-34	2.9	982	3.2	391
35-39	3.2	762	3.9	288
40-44	3.6	653	3.6	191
45-49	3.8	634	4.3	187
Residence				
Urban	2.5	2,569	2.7	835
Rural	2.9	5,037	3.4	2,146
Ecological zone				
Lowlands	2.6	4,790	2.9	1,836
Foothills	3.0	723	3.4	314
Mountains	3.1	1,539	3.9	615
Senqu River Valley	2.8	554	3.4	215
District				
Butha-Buthe	3.0	357	3.3	167
Leribe	2.9	1,355	3.3	498
Berea	2.7	1,119	3.1	448
Maseru	2.6	2,034	2.9	762
Mafeteng	2.7	680	3.1	291
Mohale's Hoek	2.8	599	3.4	248
Quthing	2.7	376	3.3	149
Qacha's Nek	2.7	219	3.5	79
Mokhotlong	3.0	355	3.5	136
Thaba-Tseka	3.3	512	3.9	202
Education				
No education	3.5	92	4.0	329
Primary incomplete	3.1	1,800	3.5	1,087
Primary complete	3.1	1,738	3.2	367
Secondary+	2.5	3,977	2.7	1,198
Wealth quintile				
Lowest	3.2	1,067	4.1	438
Second	3.0	1,188	3.4	568
Middle	2.8	1,319	3.2	663
Fourth	2.6	1,897	2.8	634
Highest	2.5	2,135	2.7	677
Total	2.8	7,606	3.2	2,981

¹ Number of respondents who gave a numeric response

7.4 WANTED AND UNWANTED FERTILITY

Information obtained in the 2009 LDHS on fertility preferences can be used to derive several indicators of the level of unwanted fertility. First, interviewers asked women a series of questions regarding children born in the five years preceding the survey date and about any current pregnancy to determine whether each birth/pregnancy was wanted then, wanted later, or unwanted. When interpreting these data, remember that women may rationalise mistimed or unwanted pregnancies, declaring them as wanted only after the children are born. Nevertheless, the information on unplanned pregnancies provides a useful indicator of the extent to which couples are successfully controlling fertility.

Table 7.6 presents the information from the LDHS on the planning status of recent births. More than half of all births in the five-year period before the survey were unplanned, with 21 percent reported as unwanted and 31 percent mistimed (wanted later). The percentage of births considered to be unplanned increases with the birth order. Overall, two-thirds of births of order four and above were unplanned, and 43 percent were unwanted. Women under age 25 have somewhat higher levels of unplanned fertility than women age 25-34, primarily due to the comparatively high level of mistimed births among the younger women. Unwanted births rise with the mother's age, from 14 percent among births to women age 15-19 to 66 percent among births to women age 40-44.

Birth order and mother's age at birth	Planning status of birth				Total	Number of births
	Wanted then	Wanted later	Wanted no more	Missing		
Birth order						
1	54.2	34.8	11.0	0.0	100.0	1,593
2	51.8	34.6	13.5	0.1	100.0	997
3	44.9	28.1	26.9	0.1	100.0	593
4+	34.5	22.2	43.2	0.2	100.0	871
Mother's age at birth						
<20	44.6	41.3	14.1	0.1	100.0	854
20-24	49.8	37.9	12.3	0.0	100.0	1,322
25-29	54.1	25.9	20.0	0.0	100.0	885
30-34	52.3	20.0	27.7	0.0	100.0	546
35-39	38.1	16.3	45.2	0.5	100.0	298
40-44	19.7	14.2	66.1	0.0	100.0	139
45-49	*	*	*	*	100.0	11
Total	48.0	31.1	20.9	0.1	100.0	4,054

Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.

A second approach to assessing unwanted fertility considers what the fertility rate would be in Lesotho if women had avoided recent births that they did not want. The *wanted fertility rate* is calculated in the same manner as the total fertility rate, but unwanted births are excluded from the numerator. Unwanted births are defined as births that exceed the number considered ideal by the respondent. For purposes of calculating the wanted fertility rate, women who did not report a numeric ideal family size are assumed to have wanted all their births. To the extent that women are unwilling to report an ideal family size that is lower than their actual family size, the wanted fertility rate may be overestimated. Nevertheless, a comparison of the total wanted fertility rate and the actual total fertility rate suggests the potential demographic effects of the elimination of unwanted births.

Table 7.7 shows that the total wanted fertility rate for Lesotho is 2.4 births, almost one child less than the actual fertility rate (3.3). Urban women are much closer to achieving their wanted fertility than rural women. The gap between the wanted and actual fertility rate is greatest for the Mountains zone and the Mokhotlong and Thaba-Tseka districts. The difference between the wanted and actual fertility rates increases markedly as both the educational level and wealth quintile decline, with a gap of around two births observed among those with no education and those in the lowest wealth quintile.

Table 7.7 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, Lesotho 2009

Background characteristic	Total wanted fertility rates	Total fertility rate
Residence		
Urban	1.7	2.1
Rural	2.8	4.0
Ecological zone		
Lowlands	2.1	2.7
Foothills	2.8	4.0
Mountains	3.1	4.7
Senqu River Valley	2.7	3.9
District		
Butha-Buthe	2.7	3.6
Leribe	2.3	3.1
Berea	2.4	3.0
Maseru	2.1	2.7
Mafeteng	2.3	3.4
Mohale's Hoek	2.8	3.9
Quthing	2.7	3.8
Qacha's Nek	2.1	3.5
Mokhotlong	2.8	4.4
Thaba-Tseka	3.3	4.9
Education		
No education	3.5	5.5
Primary incomplete	3.1	4.5
Primary complete	2.8	3.9
Secondary+	2.0	2.5
Wealth quintile		
Lowest	3.8	5.9
Second	2.8	4.3
Middle	2.7	3.8
Fourth	1.9	2.5
Highest	1.8	2.0
Total	2.4	3.3

Note: Rates are calculated based on births to women age 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table 4.2.

This chapter presents information on levels, trends, and differentials in neonatal, postneonatal, infant, and child mortality. The information is critical for assessment of population and health policies and programmes. Estimates of infant and child mortality are required for population projections, particularly if the level of adult mortality is known from another source or can be inferred with reasonable confidence. Information on child mortality also serves the needs of health ministries by identifying sectors of the population that are at high risk. Infant and child mortality rates serve as indices that reflect the degree of poverty and deprivation of a population.

The data for mortality estimates were collected in the birth history section of the Women's Questionnaire. The section begins with questions about the aggregate childbearing experience of respondents (i.e., the number of sons and daughters who live with the respondent, those who live elsewhere, and the number who have died). For each of the births, more detailed information is collected on the sex, the month and year of birth, survivorship status, and current age if the child was alive, or age at death if the child had died.

The primary causes of childhood mortality change as children grow older, from factors related mostly to biological conditions to factors related mostly to childhood environment. Postneonatal, infant, and child mortality are attributed mainly to childhood diseases and accidents. In this chapter, age-specific mortality rates are defined as follows:

Neonatal mortality:	the probability of dying within the first month of life
Postneonatal mortality:	the difference between infant and neonatal mortality
Infant mortality:	the probability of dying before the first birthday
Child mortality:	the probability of dying between the first and fifth birthdays
Under-5 mortality:	the probability of dying before the fifth birthday.

All rates are expressed per 1,000 live births, except for child mortality, which is expressed per 1,000 children surviving to 12 months of age.

8.1 DATA QUALITY

The quality of mortality estimates calculated from retrospective birth histories depends upon the completeness with which births and deaths are reported and recorded. Potentially the most serious data quality problem is the selective omission from the birth histories of those births that did not survive, which can lead to underestimation of mortality rates. Other potential problems include displacement of birth dates, which may cause a distortion of mortality trends, and misreporting of the age at death, which may distort the age pattern of mortality. When selective omission of childhood deaths occurs, it is usually most common for deaths in early infancy to be overlooked. If early neonatal deaths are selectively underreported, the result is an unusually low ratio of deaths occurring within the first seven days after birth to all neonatal deaths, and an unusually low ratio of neonatal to infant deaths. Underreporting of early infant deaths is most commonly observed for births that occurred long before the survey; hence it is useful to examine the ratios over time.

An examination of the number of early infant deaths in Appendix Table C.5 shows that there is a tendency for deaths in the 2009 LDHS to be reported in commonly recognised periods of days. For example, the number of deaths for all 5-year periods is much higher at 7 days (1 week) and 14 days (2 weeks). Table C.6 also shows that mothers tend to report deaths in monthly intervals that are easily remembered. For instance, the number of deaths reported at 12 months (1 year) and 18 months (1.5 years) is much higher than the number reported for other months. For some reason, the numbers of deaths reported at 14 months and 16 months are also higher than numbers reported for other months.

8.1 LEVELS AND TRENDS IN INFANT AND CHILD MORTALITY

Table 8.1 shows the variation in neonatal, postneonatal, infant, child, and under-5 mortality rates for three successive five-year periods preceding the survey. The five-year periods that are used to calculate the rates will conceal any year-to-year fluctuations in early childhood mortality. For the most recent five-year period preceding the survey, infant mortality is 91 deaths per 1,000 live births, and under-5 mortality is 117 deaths per 1,000 live births. This means that about one in every nine children born in Lesotho dies before reaching his or her fifth birthday. Deaths occurring during the neonatal period account for 40 percent of the mortality, and deaths during the postneonatal period account for 38 percent of all deaths under age 5 .

Years preceding the survey	Approximate calendar year	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (₁ q ₀)	Child mortality (₄ q ₁)	Under-5 mortality (₅ q ₀)
0-4	2005-2009	47	45	91	28	117
5-9	2000-2004	35	38	72	20	90
10-14	1995-1999	35	22	57	15	71

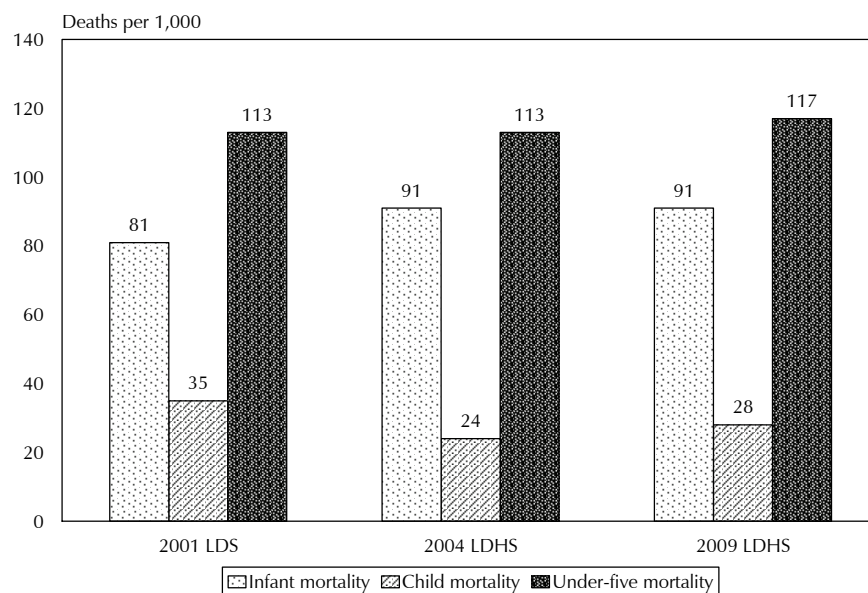
¹ Computed as the difference between the infant and neonatal mortality rates

Table 8.1 shows an upward trend in the early childhood mortality rates over time. For example, the infant mortality rate increased from 72 deaths per 1,000 live births in the 5-9 year period preceding the survey (approximately 2000-2004) to 91 deaths per 1,000 live births in the 2005-2009 period. Under-5 mortality has increased from 90 to 117 deaths per 1,000 live births over the same time period. The increase may be a result of several factors, including poverty, malnutrition (www.bos.gov.ls/Population_statistics.html), the effect of the AIDS epidemic in Lesotho, and the tendency of mothers to underreport child deaths, particularly those that happened several years ago.

Figure 8.1 shows the trends in the under-5 mortality rate estimated by the 2001 Lesotho Demographic Survey (LDS), and the 2004 and the 2009 LDHS. The under-5 mortality rate is 113 deaths per 1,000 live births in the first two surveys and may appear to have increased to 117 in the last five years. However, in interpreting the mortality data, it is useful to keep in mind the sampling errors surrounding the estimates. For example, the 95 percent confidence intervals for the under-5 mortality estimate of 105 deaths per 1,000 live births from the 2001 LDS are 95 and 115 per 1,000 live births. The 95 percent confidence limits for under-5 mortality in the 2004 LDHS are 101 and 125 per 1,000 live births, indicating that there is high probability that the true value of the under-5 mortality in the two surveys has increased. The confidence limits surrounding under-5 mortality in the 2009 LDHS are 101 and 131 per 1,000 live births, indicating that the under-5 mortality in the last five years has stayed at the same level.

Note that the 2001 LDS estimated childhood mortality rates for the two- to eight-year period preceding the survey. The changes in childhood mortality rates in the three surveys—the increase in infant mortality and the decrease in child mortality—probably signify the effect of HIV and AIDS and may indicate that a significant number of children affected by HIV do not survive the first year of life.

Figure 8.1 Trends in Infant, Child, and Under-5 Mortality, 2001 LDS, 2004 LDHS, and 2009 LDHS



8.2 SOCIOECONOMIC DIFFERENTIALS IN INFANT AND CHILD MORTALITY

Mortality varies by place of residence, education of mother, and wealth. Table 8.2 and Figure 8.2 show that the under-5 mortality rate is 19 percent higher in rural areas than in urban areas (110 and 89 deaths per 1,000 live births, respectively). Children in the Lowlands zone have the lowest infant and under-5 mortality rates of all the zones. The largest differentials are in child mortality, where the rate ranges from 17 deaths per 1,000 births in Senqu River Valley to 37 deaths per 1,000 births in the Foothills zone. Among districts, Mohale’s Hoek has the highest level of infant mortality, childhood mortality, and under-5 mortality. Qacha’s Nek has the lowest infant mortality and under-5 mortality.

Compared with rates from the 2004 LDHS, there is much less variation in childhood mortality across residence. However, the rates by district should be interpreted cautiously because of the high level of sampling errors (see Appendix B).

Table 8.2 Early childhood mortality rates by socioeconomic characteristics

Neonatal, postneonatal, infant, child, and under-5 mortality rates for the 10-year period preceding the survey, by background characteristic, Lesotho 2009

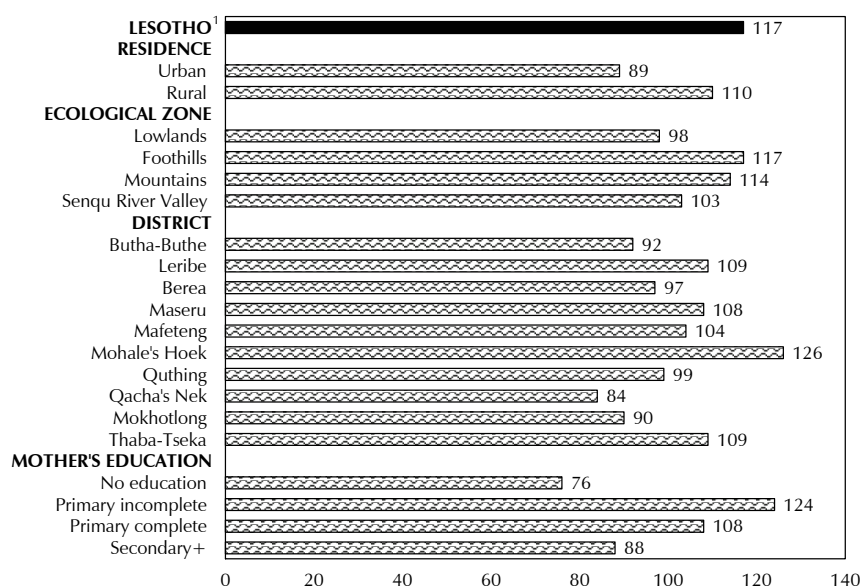
Background characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (₁ q ₀)	Child mortality (₄ q ₁)	Under-5 mortality (₅ q ₀)
Residence					
Urban	35	39	74	16	89
Rural	44	42	86	27	110
Ecological zone					
Lowlands	40	39	79	20	98
Foothills	(48)	35	82	37	117
Mountains	44	44	89	28	114
Senqu River Valley	34	55	88	17	103
District					
Butha-Buthe	(34)	29	63	31	92
Leribe	(47)	39	87	24	109
Berea	(37)	37	74	25	97
Maseru	45	44	89	20	108
Mafeteng	(46)	32	78	29	104
Mohale's Hoek	(41)	57	98	31	126
Quthing	(25)	52	77	23	99
Qacha's Nek	(24)	38	63	22	84
Mokhotlong	(35)	38	73	19	90
Thaba-Tseka	46	45	91	20	109
Mother's education					
No education	*	(34)	(55)	(22)	76
Primary incomplete	49	46	95	32	124
Primary complete	49	39	88	22	108
Secondary+	31	40	71	19	88
Wealth quintile					
Lowest	44	44	88	21	107
Second	46	47	93	35	125
Middle	35	40	76	22	96
Fourth	52	39	91	27	115
Highest	28	37	65	16	80

Note: Parentheses indicate that a rate is based on 250-499 exposed persons. An asterisk indicates that a rate is based on fewer than 250 exposed persons and has been suppressed.

¹ Computed as the difference between the infant and neonatal mortality rates

The mother's level of education is expected to be strongly linked to child survival; a higher level of education is generally associated with lower mortality rates, presumably because education exposes mothers to information about better nutrition, use of contraceptives to space births, and knowledge about child immunisation, childhood illness, and treatment. However, Table 8.2 and Figure 8.2 indicate that the association between mother's education and childhood mortality rates is not a uniform pattern. Mortality rates are low for children of mothers who have the least and the most education. The same is true with wealth quintile; while childhood mortality is consistently lowest for children of mothers in the highest wealth quintile, it is variably highest for children in the second to fourth quintiles.

Figure 8.2 Under-5 Mortality by Background Characteristics



¹ For five-year period before the survey

LDHS 2009

8.3 DEMOGRAPHIC DIFFERENTIALS IN INFANT AND CHILD MORTALITY

Table 8.3 shows that for all indicators, male children have higher mortality rates than female children. A mother's age at birth can affect a child's chance of survival. Risk of dying is usually high when the mother is too young or too old when she gives birth. However, Table 8.3 shows that infant mortality and under-5 mortality increase as the mother's age increases. Childhood mortality, on the other hand, is lowest when the mother is 40-49 when she gives birth. The high rates for younger and older women may relate to biological factors that lead to complications during pregnancy and delivery.

The 2009 LDHS results show that there is a clear positive association between birth order and the probability of dying—the risk of dying increases with higher order births. For example, while the infant mortality rate for first-order births is 79 deaths per 1,000 live births, the rate for seventh-order births or higher is 122 deaths per 1,000 live births. Similarly, under-5 mortality for first-order births is 99 deaths per 1,000 live births compared with 143 deaths for seventh-order births or higher.

Childhood mortality rates are expected to decline as the birth interval increases. This pattern is observed for children born 3 years or fewer after the previous birth. For example, the infant mortality rate for children born fewer than two years after a previous birth is more than two times higher than the rate for children born after an interval of two years (146 deaths per 1,000 live births compared with 72 deaths per 1,000 live births). However, all of the mortality rates for children born 4 years or more after the older sibling are higher than rates for those born 3 years after the previous birth.

Table 8.3 Early childhood mortality rates by demographic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by demographic characteristics, Lesotho 2009

Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (₁ q ₀)	Child mortality (₄ q ₁)	Under-5 mortality (₅ q ₀)
Child's sex					
Male	52	47	99	26	122
Female	30	36	66	22	86
Mother's age at birth					
<20	41	38	79	23	101
20-29	37	44	81	24	104
30-39	46	36	82	24	104
40-49	*	(49)	131	(14)	143
Birth order					
1	39	40	79	21	99
2-3	37	44	81	26	105
4-6	46	38	83	24	105
7+	*	44	122	25	143
Previous birth interval²					
<2 years	(77)	68	146	31	172
2 years	27	45	72	21	92
3 years	39	27	66	20	84
4+ years	41	40	82	30	109
Birth size³					
Small/very small	94	62	156	na	na
Average or larger	37	44	81	na	na

Note: Parentheses indicate that a rate is based on 250-499 exposed persons. An asterisk indicates that a rate is based on fewer than 250 exposed persons and has been suppressed.

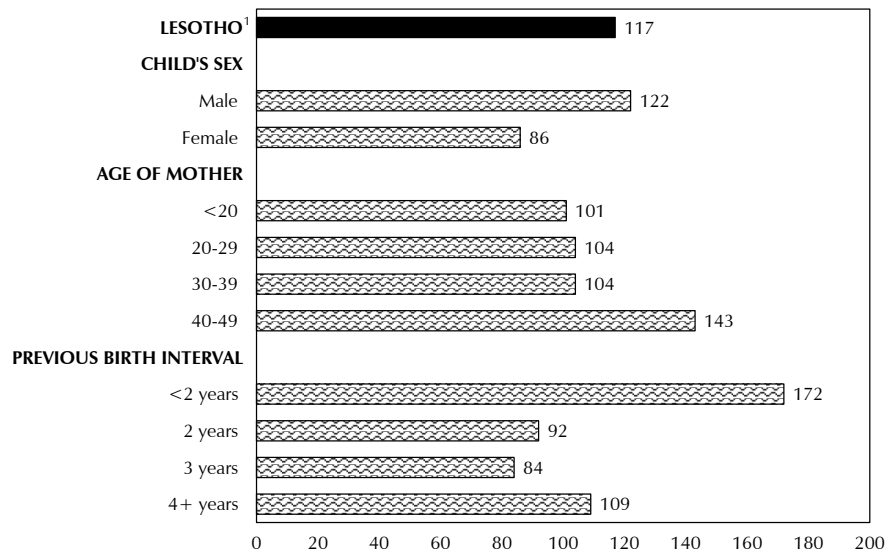
¹ Computed as the difference between the infant and neonatal mortality rates

² Excludes first-order births

³ Rates for the five-year period before the survey

A child's size at birth has been shown to be strongly associated with the risk of dying during infancy, particularly during the first months of life. In the 2009 LDHS, for all children born in the five years preceding the survey, mothers were asked whether the child was very small, small, average size, large, or very large at birth. Although subjective, the mother's judgment has been shown to correlate closely with the actual birth weight. The 2009 LDHS results show that mortality levels are higher among children perceived by their mother to have been small or very small at birth. The size at birth of the child appears to have a stronger effect on neonatal mortality than on postneonatal mortality and infant mortality. The neonatal mortality rate for infants who were judged by their mothers to be small or very small at birth is almost two and a half times higher than the rate for infants who were reported by their mothers to be average or large at birth (94 deaths per 1,000 live births compared with 37 deaths per 1,000 live births).

Figure 8.3 Under-5 Mortality by Demographic Characteristics



¹ For five-year period before the survey

LDHS 2009

8.4 PERINATAL MORTALITY

In the 2009 LDHS, women were asked to report all pregnancy losses that occurred in the five years preceding the survey. For each such pregnancy, the duration was recorded. In this report, perinatal deaths include pregnancy losses that occurred after seven completed months of gestation (stillbirths) and deaths among live births that occurred within the first seven days of life (early neonatal deaths). The perinatal mortality rate is the sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months' duration. The distinction between a stillbirth and an early neonatal death may be a fine one, depending often on the observed presence or absence of some faint signs of life after delivery. The causes of stillbirths and early neonatal deaths overlap, and examining just one or the other can understate the actual level of mortality around the time of delivery. For this reason, both event types are combined and examined together in this report.

The perinatal mortality rate is a useful indicator of the state of delivery services, both in terms of the use of these services and their ability to ensure delivery of healthy babies. Data in Table 8.4 show that overall, 63 stillbirths and 141 early neonatal deaths were reported for the five-year period preceding the survey, resulting in a perinatal mortality rate of 54 per 1,000 pregnancies.

Perinatal mortality is highest among births to women who give birth after age 40 and lowest among births to women who are under age 20 at childbirth. Table 8.4 shows that the outcome of the index pregnancy varies by the length of the interval that follows the previous pregnancy. Pregnancies occurring within 15 months and within 15-26 months of a previous birth have the highest risk of pregnancy loss or early death (65 and 74 pregnancy losses or early deaths per 1,000 pregnancies, respectively). The safest period is more than 27 months (52 pregnancy losses or early deaths per 1,000 pregnancies).

Perinatal mortality rates are similar in urban and rural areas (52 and 54 per 1,000 pregnancies, respectively). Table 8.4 shows that perinatal mortality is lowest among births to women with no education (20 pregnancy losses or early deaths per 1,000 pregnancies). This is possibly due to the small number of pregnancies among these women.

Table 8.4 Perinatal mortality

Number of stillbirths and early neonatal deaths, and the perinatal mortality rate for the five-year period preceding the survey, by background characteristics, Lesotho 2009

Background characteristic	Number of stillbirths ¹	Number of early neonatal deaths ²	Perinatal mortality rate ³	Number of pregnancies of 7+ months duration
Mother's age at birth				
<20	10	25	44	798
20-29	34	64	47	2,053
30-39	17	44	76	803
40-49	2	9	79	141
Previous pregnancy interval in months⁴				
First pregnancy	24	46	50	1,420
<15	2	6	65	121
15-26	5	26	74	413
27-38	11	17	52	534
39+	22	46	52	1,307
Residence				
Urban	17	29	52	882
Rural	46	112	54	2,913
Ecological zone				
Lowlands	43	80	60	2,039
Foothills	7	17	56	424
Mountains	11	38	47	1,028
Senqu River Valley	3	7	32	303
District				
Butha-Buthe	4	6	50	202
Leribe	17	35	76	687
Berea	5	15	42	482
Maseru	9	40	58	840
Mafeteng	12	11	66	348
Mohale's Hoek	5	9	41	337
Quthing	3	4	37	188
Qacha's Nek	0	3	25	112
Mokhotlong	2	5	30	245
Thaba-Tseka	5	15	56	354
Mother's education				
No education	1	1	20	66
Primary incomplete	20	53	66	1,115
Primary complete	18	47	63	1,040
Secondary+	24	40	41	1,574
Wealth quintile				
Lowest	7	33	47	862
Second	13	33	62	752
Middle	11	13	34	706
Fourth	17	47	79	805
Highest	15	15	44	671
Total	63	141	54	3,795

¹ Stillbirths are foetal deaths in pregnancies lasting seven or more months.

² Early neonatal deaths are deaths at age 0-6 days among live-born children.

³ The sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months' duration, expressed per 1000.

⁴ Categories correspond to birth intervals of <24 mos., 24-35 mos., 36-47 mos., and 48+ mos.

There is no clear pattern in the association between wealth and perinatal mortality rate; children living in richer households do not necessarily have lower mortality risks. For example, children in the middle wealth quintile have the lowest mortality—34 pregnancy losses or early deaths per 1,000 pregnancies— compared with 44 losses in households in the highest wealth quintile.

8.5 HIGH-RISK FERTILITY BEHAVIOUR

There is a strong relationship between maternal fertility patterns and children's survival risks. Generally, infants and children have a greater probability of dying if they are born to mothers who are either very young or very old, if they are born after a short birth interval, or if they are of high birth order. These risk factors are of particular interest because they are easily avoidable at low cost. For the analysis of high-risk fertility presented in Table 8.5, a mother is classified as too young if she is less than 18 years of age and too old if she is over 34 years of age at the time of delivery. A short birth interval is defined as a birth occurring fewer than 24 months after the previous birth, and a child is of high birth order if the mother has previously given birth to three or more children, that is, if the child is of birth order four or higher. Although first births are commonly associated with high mortality risk, even if they occur when the mother is age 18 to 34 years, they are not included in the high-risk category (unless they occur too early or too late), because they are considered unavoidable.

Table 8.5 presents the distribution of children born in the five years preceding the survey by the above-mentioned categories of increased risk of mortality. The first column of Table 8.5 shows the percentages of births in the five years preceding the survey that fall into these various risk categories. Thirty-two percent of births are not in any high-risk category, 31 percent of births have an elevated risk of death that is not avoidable, and 37 percent are first births for which risk is considered avoidable. Among those who are at risk, 26 percent of births are in only one of the high-risk categories, while 11 percent are in multiple high-risk categories (due to combinations of mother's age, birth order, and birth interval). The single high-risk category with the largest percentage of births in Lesotho is birth order four or higher, which constitutes 11 percent of births in Lesotho. The mortality associated with this category is 1.07 times that of births with no elevated mortality risk, or 7 percent higher.

The second column shows the risk categories of various groups of children compared with those that have no elevated risk. Risk ratios are higher for children in a multiple high-risk category (1.70) than for children in a single high-risk category (1.09). The highest risk ratio is associated with births to mothers who are too young (age less than 18) and with an interval between children of less than 24 months. These children have more than 6 times the risk of dying when compared with children who have no elevated risk.

The last column in Table 8.5 was obtained by simulating the distribution of currently married women by the risk category in which a birth would fall if a woman were to conceive at the time of the survey. Although many women are protected from conception because of use of family planning methods, postpartum insusceptibility, and prolonged abstinence, for simplicity only those who have been sterilised are included in the 'not in any high-risk category'. Overall, 31 percent of married women are not in any risk category. Sixty-nine percent of currently married women have the potential for having a high-risk birth, with 8 percent of these in the unavoidable risk category, 31 percent in a single high-risk category, and 30 percent in a multiple high-risk category. The largest group is women who would give birth at age 34 or older and whose children would be of birth order four or higher (22 percent).

Table 8.5 High-risk fertility behaviour

Percent distribution of children born in the five years preceding the survey by category of elevated risk of mortality and the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Lesotho 2009

Risk category	Births in the 5 years preceding the survey		Percentage of currently married women ¹
	Percentage of births	Risk ratio	
Not in any high-risk category	32.1	1.00	30.9 ^a
Unavoidable risk category			
First order births between ages 18 and 34 years	31.2	1.08	7.9
Single high-risk category			
Mother's age <18	7.5	0.84	0.6
Mother's age >34	2.0	1.57	9.0
Birth interval <24 months	4.9	1.32	12.3
Birth order >3	11.3	1.07	9.1
Subtotal	25.6	1.09	31.1
Multiple high-risk category			
Age <18 and birth interval <24 months ²	0.3	6.22	0.3
Age >34 and birth interval <24 months	0.1	0.00	0.4
Age >34 and birth order >3	8.5	1.35	21.8
Age >34 and birth interval <24 months and birth order >3	0.8	2.83	2.2
Birth interval <24 months and birth order >3	1.6	2.39	5.3
Subtotal	11.1	1.70	30.1
In any avoidable high-risk category	36.8	1.27	61.2
Total	100.0	na	100.0
Number of births/women	3,732	na	4,049

Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead among births not in any high-risk category.

na = Not applicable

¹ Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth less than 15 months ago, or latest birth being of order 3 or higher.

² Includes the category age <18 and birth order >3

^a Includes sterilised women

Mahlape Ramoseme

This chapter presents findings from key areas in maternal health, namely antenatal, postnatal, and delivery care. The priority of the Ministry of Health and Social Welfare (MOHSW) in Lesotho is to provide medical care and counselling services to women during pregnancy and delivery because these services will improve their health and probability of survival. Information on maternal health care can be used to identify women whose babies are at risk because they don't use maternal health services and to plan interventions to improve maternal services. The LDHS findings in the following sections are based on data collected from mothers about live births that occurred in the five years preceding the survey.

9.1 ANTENATAL CARE**9.1.1 Antenatal Care Coverage**

Table 9.1 shows the percentage distribution of women who had a live birth in the five years preceding the survey by type of antenatal care (ANC) provider for the most recent birth. The women were asked to report on all providers they may have seen for ANC. However, if more than one person was seen for antenatal care (ANC), only the provider with the highest qualification is shown in the table.

Coverage of ANC by medical professionals (a doctor, a nurse, or a midwife) in 2009 is slightly higher than that recorded in the 2004 LDHS (92 percent compared with 90 percent). During this period, there has been a significant increase in the proportion of women who received ANC from a doctor (11 percent in 2009 compared with 7 percent in 2004) and a decline in the proportion of women who received ANC from a nurse/midwife (81 percent in 2009 and 83 percent in 2004).

Table 9.1 shows that ANC is strongly related to maternal age at birth. Women who give birth at younger than age 20 are less likely than women who gave birth at older ages to have seen a doctor. However, women who give birth at age 35-49 are also much more likely to have had no ANC compared with younger women. Low-parity women are much more likely to have seen a doctor for ANC than high-parity women. On the other hand, high-parity women are more likely to see no one than low-parity women. For example, 18 percent of women of parity 6 or higher saw no one for ANC compared with 5 percent of women with a parity of 1. Urban women more often see a doctor for care than rural women. Nurses and midwives are more popular among rural women than among urban women. Women in the Lowlands zone and in Maseru district are more likely to have seen a doctor for ANC than women in other areas. In contrast, women in the Foothills zone and in Leribe district are more likely to have seen no one for ANC than women in other areas.

Women's education is associated with contact with a skilled provider for ANC; women who have no education and who did not complete primary school are more likely to have not seen anyone for ANC (13 to 15 percent) compared with women with higher education (4 to 7 percent). Wealth quintile is directly associated with antenatal care; women in the lowest quintile are the most likely to have seen no one and the least likely to have seen a doctor for care.

Table 9.1 Antenatal care

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey, by antenatal care (ANC) provider during pregnancy for the most recent birth, and the percentage receiving antenatal care from a skilled provider for the most recent birth, according to background characteristics, Lesotho 2009

Background characteristic	Doctor	Nurse/ midwife	Traditional birth attendant	Other	No one	Missing	Total	Percentage receiving antenatal care from a skilled provider ¹	Number of women
Mother's age at birth									
<20	8.6	83.3	0.6	0.3	7.2	0.0	100.0	92.0	591
20-34	11.8	80.7	0.0	0.1	7.3	0.1	100.0	92.5	2,028
35-49	12.3	75.1	0.0	0.0	12.6	0.0	100.0	87.4	366
Birth order									
1	11.4	83.2	0.3	0.1	5.0	0.0	100.0	94.6	1,119
2-3	12.9	79.1	0.1	0.1	7.6	0.1	100.0	92.0	1,205
4-5	9.2	79.9	0.0	0.0	10.9	0.0	100.0	89.1	435
6+	5.5	76.4	0.0	0.0	18.1	0.0	100.0	81.9	224
Residence									
Urban	22.0	73.7	0.2	0.0	3.9	0.2	100.0	95.7	759
Rural	7.6	82.9	0.1	0.1	9.3	0.0	100.0	90.5	2,225
Ecological zone									
Lowlands	14.6	78.0	0.2	0.2	6.9	0.1	100.0	92.6	1,671
Foothills	7.4	80.5	0.0	0.0	12.2	0.0	100.0	87.8	334
Mountains	7.1	85.0	0.1	0.0	7.8	0.0	100.0	92.1	748
Senqu River Valley	6.3	84.6	0.0	0.0	9.1	0.0	100.0	90.9	230
District									
Butha-Buthe	12.3	80.5	0.5	0.0	6.7	0.0	100.0	92.7	156
Leribe	6.2	83.0	0.0	0.3	10.5	0.0	100.0	89.2	540
Berea	11.6	79.8	0.4	0.0	8.2	0.0	100.0	91.4	394
Maseru	19.6	73.9	0.3	0.2	5.8	0.2	100.0	93.5	691
Mafeteng	12.4	78.1	0.0	0.0	9.6	0.0	100.0	90.4	283
Mohale's Hoek	8.2	85.1	0.0	0.0	6.7	0.0	100.0	93.3	258
Quthing	7.3	83.0	0.0	0.0	9.7	0.0	100.0	90.3	141
Qacha's Nek	4.6	89.8	0.0	0.0	5.5	0.0	100.0	94.5	87
Mokhotlong	8.1	86.7	0.0	0.0	5.2	0.0	100.0	94.8	178
Thaba-Tseka	6.8	83.9	0.0	0.0	9.3	0.0	100.0	90.7	255
Mother's education									
No education	10.1	76.8	0.0	0.0	13.1	0.0	100.0	86.9	46
Primary incomplete	6.2	78.7	0.3	0.2	14.6	0.0	100.0	84.9	802
Primary complete	9.3	83.3	0.3	0.2	6.8	0.2	100.0	92.6	791
Secondary+	15.5	80.2	0.0	0.0	4.4	0.0	100.0	95.6	1,345
Wealth quintile									
Lowest	4.7	82.4	0.1	0.0	12.8	0.0	100.0	87.1	597
Second	5.6	83.8	0.4	0.5	9.7	0.0	100.0	89.4	560
Middle	10.6	82.2	0.0	0.0	7.1	0.0	100.0	92.9	555
Fourth	12.6	80.9	0.0	0.0	6.5	0.0	100.0	93.5	675
Highest	22.1	73.7	0.3	0.0	3.6	0.3	100.0	95.8	598
Total	11.2	80.6	0.2	0.1	7.9	0.1	100.0	91.8	2,984

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation.

¹ Skilled provider includes doctor, nurse, and midwife

9.1.2 Number and Timing of Antenatal Care Visits

The World Health Organisation recommends that women with a normal pregnancy schedule at least 4 antenatal care visits (WHO, 2006). The first visit should be in the first trimester, and the subsequent visits should be at 24-28 weeks, 30-32 weeks, and 36-38 weeks.

Table 9.2 shows that 8 percent of women who had a live birth in the 5 years before the survey never went for ANC visits; 4 percent of these women were from urban and 9 percent were from rural areas. Data in the table also show that, in accordance with WHO recommendations, 70 percent of women make at least four visits. The same percentage was recorded in the 2004 LDHS. Urban women are more likely to have four or more visits (83 percent) than rural women (66 percent).

The table further shows that only 33 percent of the women received ANC in the first trimester, 37 percent in the second trimester, and 22 percent in the last trimester of pregnancy. The median number of months of pregnancy at the first ANC visit is 4.8 months. Urban women have their pregnancy checkups earlier than rural women (4.4 months compared with 4.9 months).

Table 9.2 Number of antenatal care visits and timing of first visit

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent live birth, and by the timing of the first visit, and among women with ANC, median months pregnant at first visit, according to residence, Lesotho 2009

Number and timing of ANC visits	Residence		Total
	Urban	Rural	
Number of ANC visits			
None	3.9	9.3	7.9
1	0.9	1.7	1.5
2-3	9.9	20.7	17.9
4+	82.5	66.3	70.4
Don't know/missing	2.8	2.1	2.3
Total	100.0	100.0	100.0
Number of months pregnant at time of first ANC visit			
No antenatal care	3.9	9.3	7.9
<4	42.3	29.2	32.5
4-5	35.4	37.5	37.0
6-7	13.7	20.7	19.0
8+	4.3	2.7	2.7
Don't know/missing	0.3	0.6	0.6
Total	100.0	100.0	100.0
Median months pregnant at first visit (for those with ANC)	4.4	4.9	4.8
Number of women	448	2,411	2,859

9.1.3 Components of Antenatal Care

Pregnancy complications remain the primary cause of maternal and child morbidity and mortality. To address this problem, the MOHSW launched the Roadmap for Accelerating Reduction of Maternal and Newborn Morbidity and Mortality in 2007, which was promoted in 2005 at the meeting of the African Union heads of states. The Roadmap was meant to define and monitor the problems associated with maternal and child morbidity and mortality and to find ways to rectify the problems. In the 2009 LDHS, women who had a live birth in the five years preceding the survey were asked about ANC services, including whether they were told about the signs of pregnancy complications, whether they were weighed, whether their height and blood pressure were measured, whether urine and blood samples were taken, and whether they took iron tablets or syrup.

Overall, less than half of the women who had a birth in the five years preceding the survey took iron tablets or syrup during pregnancy. Women in the Lowlands zone and in Maseru district are the most likely to take iron supplements. The proportion of women who take iron supplements increases with the woman's education and wealth quintile. For instance, 35 percent of the women in the poorest households took iron tablets or syrup during pregnancy compared with 61 percent of women from the richest households (Table 9.3).

Table 9.3 Components of antenatal care

Among women age 15-49 with a live birth in the five years preceding the survey, the percentage who took iron tablets or syrup during the pregnancy of the most recent birth, and among women receiving antenatal care (ANC) for the most recent live birth in the five years preceding the survey, the percentage receiving specific antenatal services, according to background characteristics, Lesotho 2009

Background characteristic	Among women with a live birth in the past five years, the percentage who during the pregnancy of their last birth:		Among women who received antenatal care for their most recent birth in the past five years, the percentage with selected services:					
	Took iron tablets or syrup	Number of women with a live birth in the past five years	Informed of signs of pregnancy complications	Weighed	Blood pressure measured	Urine sample taken	Blood sample taken	Number of women with ANC for their most recent birth
Mother's age at birth								
<20	45.1	591	48.6	95.7	94.4	62.8	91.7	548
20-34	47.4	2,028	53.4	97.3	96.2	71.8	92.2	1,879
35-49	44.1	366	57.7	96.3	95.5	73.9	91.2	320
Birth order								
1	48.7	1,119	54.4	97.2	96.0	71.3	92.7	1,064
2-3	48.5	1,205	52.8	96.7	96.0	70.6	92.7	1,112
4-5	40.6	435	52.2	96.4	94.3	69.0	89.6	388
6+	36.9	224	46.4	97.2	96.0	64.4	88.0	184
Residence								
Urban	53.3	759	66.5	99.0	98.6	80.3	95.4	728
Rural	44.2	2,225	48.0	96.1	94.7	66.6	90.7	2,019
Ecological zone								
Lowlands	51.1	1,671	60.1	98.1	96.9	80.1	94.4	1,554
Foothills	48.5	334	45.9	97.1	95.7	66.0	90.5	294
Mountains	38.6	748	42.8	94.7	93.9	53.9	88.5	690
Senqu River Valley	36.4	230	43.0	95.1	93.8	56.4	87.2	209
District								
Butha-Buthe	40.0	156	37.6	98.4	98.7	71.8	96.4	146
Leribe	43.4	540	46.9	97.3	95.5	71.7	93.7	483
Berea	50.7	394	57.4	98.5	97.4	79.3	93.0	362
Maseru	64.3	691	69.1	98.5	97.8	76.8	94.7	649
Mafeteng	43.3	283	58.0	96.1	94.4	86.0	93.4	256
Mohale's Hoek	39.9	258	43.7	94.7	94.4	58.6	88.8	241
Quthing	31.2	141	40.4	92.6	91.8	58.5	83.3	127
Qacha's Nek	47.7	87	53.4	96.3	94.7	65.5	88.6	83
Mokhotlong	24.1	178	41.0	92.4	92.8	42.0	86.0	169
Thaba-Tseka	36.8	255	42.0	97.2	93.8	57.2	88.4	231
Mother's education								
No education	41.1	46	39.4	95.1	93.5	65.8	90.6	40
Primary incomplete	40.9	802	42.6	94.8	92.6	63.3	87.5	685
Primary complete	44.3	791	49.6	96.6	94.5	66.6	91.9	736
Secondary+	51.4	1,345	60.7	98.2	98.2	76.1	94.4	1,286
Wealth quintile								
Lowest	35.3	597	38.3	94.3	93.5	53.7	87.1	521
Second	43.0	560	43.3	95.6	93.9	62.5	91.2	506
Middle	44.1	555	53.2	97.2	94.8	71.6	91.0	515
Fourth	48.8	675	58.3	97.6	97.2	78.4	94.2	631
Highest	60.8	598	68.5	99.3	98.7	81.9	95.5	575
Total	46.5	2,984	52.9	96.9	95.8	70.2	92.0	2,747

Table 9.3 also shows that 53 percent of the women who had a birth in the five years preceding the survey and who received antenatal care for the most recent birth report that they were informed of the signs of pregnancy complications. The likelihood of a woman being told about pregnancy complications increases with the women's age and declines with her parity. Urban women are more likely to have been told about pregnancy complications than rural women (67 percent and 48 percent, respectively). Women in the Lowlands zone are more likely to have been told about pregnancy complications than women in the other ecological zones. Among the districts, the proportion of women who were told about the pregnancy complications ranges from 38 percent in Butha-Buthe to 69 percent in Maseru. The likelihood of a woman being told about pregnancy complications increases with her level of education. Women in the highest wealth quintile are more likely to have been informed about complications than women in the lower quintiles (69 percent compared with 58 percent or lower).

Table 9.3 shows that weights were measured for 97 percent of pregnant women, 96 percent had their blood pressure measured, and 92 percent gave blood samples. Urine samples were taken from 70 percent of the pregnant women. In general, all indicators have improved compared with the results recorded in the 2004 LDHS (MOHSW, BOS, and ORC Macro, 2005).

9.1.4 Tetanus Toxoid Immunisation

Tetanus toxoid (TT) injections are given during pregnancy to prevent neonatal tetanus, one of the principal causes of death among infants in many developing countries. To achieve protection for herself and her newborn baby, a pregnant woman will typically receive at least two doses of tetanus toxoid. On the other hand, if a woman has been fully vaccinated during a previous pregnancy, she may only require one dose during her current pregnancy to achieve such protection. Five doses are considered adequate to provide lifetime protection. To estimate the extent of tetanus toxoid coverage during pregnancy, the 2009 LDHS collected data on the number of injections women received during pregnancy for the most recent birth in the five years preceding the survey. These results are presented in Table 9.4 and Figure 9.1.

Table 9.4 shows that 60 percent of mothers received two or more doses of tetanus toxoid during their last pregnancy. This proportion has not changed since 2004. The proportion of mothers who received two or more injections during their last pregnancy declines with the mothers' age and the birth order. Urban mothers are more likely to receive two or more injections than rural mothers (69 percent compared with 57 percent). Women in the Lowlands zone and in the Maseru and Mafeteng districts are more likely to receive two or more injections than women from other areas.

The likelihood of a woman receiving two or more injections increases with educational level and wealth quintile. For example, 43 percent of women with no education received two or more injections during pregnancy for the most recent birth compared with 66 percent of women with secondary or higher education. Whereas 48 percent of women in the lowest wealth quintile received two or more injections, the proportion among women in the highest wealth quintile is 69 percent.

Overall, 76 percent of women have had their last birth protected against neonatal tetanus. The differences in the proportion of women whose last birth is protected against tetanus across subgroups of women are similar to the variation in the proportion of women who receive two or more injections.

Table 9.4 Tetanus toxoid injections

Among mothers age 15-49 with a live birth in the five years preceding the survey, the percentage receiving two or more tetanus toxoid injections (TTI) during the pregnancy for the last live birth and the percentage whose past live birth was protected against neonatal tetanus, according to background characteristics, Lesotho 2009

Background characteristic	Percentage receiving two or more injections during last pregnancy	Percentage whose last birth was protected against neonatal tetanus ¹	Number of mothers
Mother's age at birth			
<20	65.6	70.0	591
20-34	60.2	77.6	2,028
35-49	49.9	73.8	366
Birth order			
1	69.8	73.1	1,119
2-3	58.8	80.3	1,205
4-5	45.9	73.5	435
6+	44.6	67.2	224
Residence			
Urban	69.1	82.4	759
Rural	56.9	73.3	2,225
Ecological zone			
Lowlands	65.5	80.2	1,671
Foothills	55.8	74.7	334
Mountains	51.5	68.7	748
Senqu River Valley	53.4	66.3	230
District			
Butha-Buthe	57.0	74.9	156
Leribe	62.9	76.6	540
Berea	55.9	78.6	394
Maseru	67.4	81.7	691
Mafeteng	66.7	78.2	283
Mohale's Hoek	60.5	72.2	258
Quthing	47.7	61.0	141
Qacha's Nek	56.9	72.9	87
Mokhotlong	50.5	75.2	178
Thaba-Tseka	48.4	63.3	255
Mother's education			
No education	43.1	66.0	46
Primary incomplete	49.9	64.1	802
Primary complete	60.6	79.0	791
Secondary+	66.2	80.9	1,345
Wealth quintile			
Lowest	47.8	66.1	597
Second	58.2	73.1	560
Middle	60.1	75.4	555
Fourth	64.0	79.8	675
Highest	69.3	83.2	598
Total	60.0	75.7	2,984

¹ Includes mothers with two injections during the pregnancy of her last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within ten years of the last live birth), or five or more injections prior to the last birth.

9.2 DELIVERY CARE

9.2.1 Place of Delivery

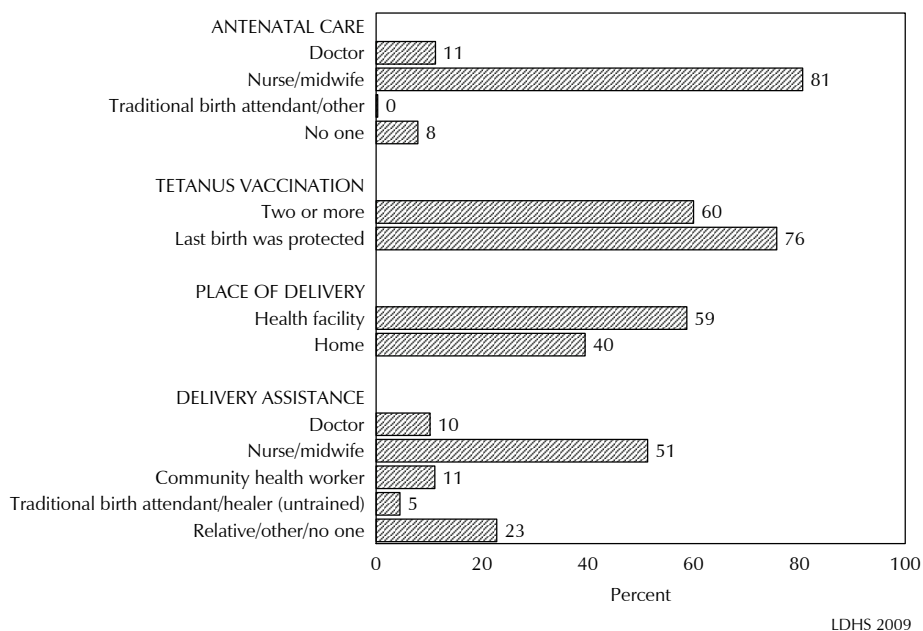
The objective of providing safe delivery services is to protect the life and health of the mother as well as her child. An important component of programmes aimed at reducing the health risk to mothers and children is to increase the proportion of deliveries under the supervision of a health professional. Proper medical attention under hygienic conditions during delivery can reduce the risk of complications and infections that may cause death or serious illness either to the mother, the baby, or both. In the 2009 LDHS, women were asked where they delivered their children born in the five years preceding the survey.

Background characteristic	Percentage delivered in a health facility		Home	Other	Missing	Total	Percentage delivered in a health facility	Number of births
	Public sector	Private sector						
Mother's age at birth								
<20	59.8	2.5	36.5	1.1	0.1	100.0	62.3	788
20-34	55.5	3.7	38.8	2.0	0.0	100.0	59.2	2,524
35-49	45.1	3.1	49.3	2.1	0.3	100.0	48.3	421
Birth order								
1	69.7	4.2	24.3	1.8	0.0	100.0	73.8	1,449
2-3	51.2	3.4	43.4	2.0	0.1	100.0	54.6	1,459
4-5	40.5	2.4	55.3	1.6	0.2	100.0	42.9	538
6+	31.0	1.3	66.5	1.0	0.2	100.0	32.3	286
Antenatal care visits¹								
None	21.7	0.5	75.5	2.4	0.0	100.0	22.1	236
1-3	49.6	1.9	46.9	1.7	0.0	100.0	51.4	580
4+	63.0	4.6	30.3	2.1	0.0	100.0	67.6	2,101
Don't know/missing	70.6	6.0	22.9	0.5	0.0	100.0	76.6	67
Residence								
Urban	78.6	7.0	12.6	1.8	0.0	100.0	85.6	864
Rural	48.2	2.3	47.6	1.8	0.1	100.0	50.5	2,868
Ecological zone								
Lowlands	64.7	4.5	28.8	2.0	0.1	100.0	69.2	1,997
Foothills	45.8	4.0	49.3	0.9	0.0	100.0	49.8	417
Mountains	42.3	1.6	54.4	1.6	0.1	100.0	43.9	1,018
Senqu River Valley	49.7	1.6	46.1	2.5	0.1	100.0	51.3	300
District								
Butha-Buthe	59.1	1.8	35.9	2.9	0.3	100.0	61.0	198
Leribe	59.3	1.9	36.7	2.1	0.0	100.0	61.2	669
Berea	59.1	4.3	35.1	1.5	0.0	100.0	63.5	477
Maseru	61.2	7.8	30.0	1.1	0.0	100.0	69.0	831
Mafeteng	53.6	2.2	41.3	2.6	0.3	100.0	55.8	336
Mohale's Hoek	49.9	0.7	46.6	2.8	0.0	100.0	50.6	332
Quthing	50.2	2.8	43.9	2.6	0.5	100.0	53.0	185
Qacha's Nek	58.6	2.6	35.9	2.9	0.0	100.0	61.2	112
Mokhotlong	46.8	0.8	51.7	0.6	0.0	100.0	47.7	243
Thaba-Tseka	40.0	1.7	57.4	1.0	0.0	100.0	41.6	348
Mother's education								
No education	37.5	0.0	61.2	0.6	0.7	100.0	37.5	65
Primary incomplete	36.4	1.2	60.6	1.7	0.1	100.0	37.6	1,095
Primary complete	51.3	3.1	44.0	1.6	0.1	100.0	54.3	1,023
Secondary+	72.0	5.3	20.7	2.1	0.0	100.0	77.3	1,549
Wealth quintile								
Lowest	31.4	0.8	66.4	1.2	0.1	100.0	32.3	855
Second	45.0	1.7	51.2	1.9	0.1	100.0	46.8	738
Middle	54.6	3.1	39.8	2.5	0.0	100.0	57.7	694
Fourth	71.4	3.3	23.2	2.0	0.1	100.0	74.8	788
Highest	79.0	9.1	10.5	1.4	0.0	100.0	88.1	656
Total	55.3	3.4	39.5	1.8	0.1	100.0	58.7	3,732

¹ Includes only the most recent birth in the five years preceding the survey

Table 9.5 and Figure 9.1 show that 59 percent of deliveries in Lesotho are conducted in a health facility, 55 percent in a public facility, and 3 percent in a private facility. Two in five deliveries occurred at home. Younger women (age 20 or younger) are more likely to deliver in health facilities than women in older age groups (62 percent compared with 59 percent or lower). Higher-order births are more likely to occur at home than at health facilities, while lower-order births are more likely to occur at health facilities. For example, 67 percent of sixth or higher-order births were delivered at home while 74 percent of first-order births were born in a health facility. Children of a better educated mother and from a rich household are the most likely to be delivered in a health facility. Antenatal care visits have a positive association with having the baby delivered in a health facility; women who have four or more visits are more likely to deliver at health facilities than women with fewer visits (68 percent compared with 51 percent or lower). The proportion of births delivered at home is lowest in Maseru (30 percent) and highest in Thaba-Tseka (57 percent).

Figure 9.1 Antenatal Care, Tetanus Vaccinations, Place of Delivery, and Delivery Assistance



9.2.2 Assistance at Delivery

The type of assistance a woman receives during birth has important health consequences for both the mother and the child. Women interviewed in the 2009 LDHS were asked who assisted with the delivery of their children born in the five years preceding the survey. Interviewers were able to record multiple responses if more than one person assisted during delivery. However, for the purpose of this tabulation, only the most highly qualified attendant was considered if there was more than one response.

Table 9.6 and Figure 9.1 show that more than six in ten live births in the five years preceding the survey in Lesotho were delivered under the supervision of a health professional: 10 percent by a doctor and 51 percent by a nurse or a midwife. Eleven percent were delivered by a community health worker. A small percentage of births were delivered by an untrained traditional birth attendant/healer.

Table 9.6 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, percentage of birth assisted by a skilled provider and percentage delivered by caesarean-section, according to background characteristics, Lesotho 2009

Background characteristic	Person providing assistance during delivery							Total	Percent- age delivered by a skilled provider ¹	Percent- age delivered by C-section	Number of births
	Doctor	Nurse/ midwife	Com- munity health worker	Traditional birth attendant/ healer (untrained)	Relative/ other	No one	Don't know/ missing				
Mother's age at birth											
<20	11.6	52.1	9.3	5.3	21.3	0.3	0.1	100.0	63.7	6.3	788
20-34	10.3	52.0	10.9	4.4	21.4	1.0	0.0	100.0	62.3	7.0	2,524
35-49	7.6	45.3	16.0	3.4	26.1	1.3	0.3	100.0	52.9	5.5	421
Birth order											
1	14.6	61.6	6.5	4.0	13.0	0.3	0.0	100.0	76.2	8.8	1,449
2-3	9.4	48.6	11.8	4.6	24.7	0.8	0.1	100.0	58.0	6.1	1,459
4-5	4.9	40.6	15.4	5.6	31.5	1.9	0.2	100.0	45.5	4.0	538
6+	2.9	32.9	22.8	4.2	34.4	2.7	0.2	100.0	35.8	3.5	286
Place of delivery											
Health facility	16.6	82.7	0.1	0.0	0.2	0.3	0.0	100.0	99.3	10.8	2,189
Elsewhere	1.2	6.7	26.7	10.9	52.7	1.8	0.1	100.0	7.9	0.8	1,542
Residence											
Urban	18.4	69.7	2.7	2.5	5.7	0.8	0.0	100.0	88.1	11.4	864
Rural	7.8	45.7	13.6	5.1	26.8	0.9	0.1	100.0	53.5	5.2	2,868
Ecological zone											
Lowlands	13.9	58.4	7.1	4.0	15.6	1.0	0.1	100.0	72.3	9.1	1,997
Foothills	4.9	47.4	10.8	5.9	29.2	1.8	0.0	100.0	52.3	4.1	417
Mountains	6.5	39.9	18.3	4.3	30.6	0.4	0.1	100.0	46.4	3.7	1,018
Senqu River Valley	6.4	48.1	13.8	6.6	24.3	0.7	0.1	100.0	54.5	4.2	300
District											
Butha-Buthe	9.8	54.1	13.5	1.5	19.9	1.0	0.3	100.0	63.9	6.2	198
Leribe	9.5	54.9	10.6	1.9	21.7	1.3	0.0	100.0	64.4	6.7	669
Berea	14.4	51.3	9.1	6.0	17.6	1.5	0.0	100.0	65.7	9.3	477
Maseru	14.6	57.7	5.2	5.3	16.8	0.4	0.0	100.0	72.3	9.6	831
Mafeteng	10.2	49.2	7.8	3.2	27.4	1.9	0.3	100.0	59.4	5.6	336
Mohale's Hoek	7.3	47.6	14.1	7.1	24.0	0.0	0.0	100.0	54.9	3.3	332
Quthing	6.7	50.6	9.4	3.5	28.1	1.2	0.5	100.0	57.3	4.4	185
Qacha's Nek	6.3	57.2	10.5	10.1	15.9	0.0	0.0	100.0	63.5	7.4	112
Mokhotlong	5.3	43.0	19.7	6.3	25.5	0.2	0.0	100.0	48.3	3.6	243
Thaba-Tseka	5.4	37.0	23.1	3.5	30.1	0.9	0.0	100.0	42.4	3.4	348
Mother's education											
No education	5.0	34.6	20.5	5.1	29.3	4.8	0.7	100.0	39.6	0.4	65
Primary incomplete	5.1	35.6	15.7	6.5	35.9	1.0	0.1	100.0	40.7	4.2	1,095
Primary complete	7.6	49.4	12.2	6.2	23.2	1.2	0.1	100.0	57.0	5.1	1,023
Secondary+	15.8	64.3	6.7	1.9	10.8	0.4	0.0	100.0	80.1	9.7	1,549
Wealth quintile											
Lowest	4.0	30.7	17.8	7.0	39.4	1.0	0.1	100.0	34.7	2.7	855
Second	5.3	44.8	16.0	5.2	27.8	0.7	0.1	100.0	50.1	3.9	738
Middle	7.3	53.6	11.1	4.6	21.6	1.8	0.0	100.0	60.9	6.0	694
Fourth	14.3	64.2	5.2	3.4	12.4	0.4	0.1	100.0	78.5	7.4	788
Highest	22.2	67.5	4.0	1.6	4.1	0.5	0.0	100.0	89.7	14.8	656
Total	10.2	51.3	11.1	4.5	21.9	0.9	0.1	100.0	61.5	6.7	3,732

Note: Total includes one birth with missing information on place of delivery. If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation.

¹ Skilled provider includes doctor and nurse/midwife.

In the five years since the 2004 LDHS, the proportion of deliveries assisted by a doctor or nurse/midwife has increased from 55 percent to 62 percent, while the proportion by a traditional birth attendant has declined from 13 percent to 5 percent. The proportion of deliveries by relatives/others has also declined from 30 percent in 2004 to 22 percent in 2009 (MOHSW, BOS, ORC Macro, 2005).

Births to younger women, first-order births, and births in urban areas, the Lowlands zone, and Maseru district are more likely to occur with assistance from a skilled provider than other births. The proportion reported the delivery was assisted by a doctor was highest among urban women and women with the highest education and wealth status.

One pregnancy outcome assessed in the survey is delivery by caesarean section (C-section). This operation is an emergency obstetric care function recommended for many high-risk pregnancies. Overall, 7 percent of births in the five years preceding the survey were delivered by C-section. This proportion is higher than that recorded in the 2004 LDHS (5 percent). C-section deliveries are more common among first-order births (9 percent), in urban areas (11 percent), in the Lowlands zone (9 percent), and in Maseru district (10 percent). The likelihood that a woman delivers by C-section increases with wealth quintile and education level. For example, a C-section is performed on 3 percent of women in the lowest wealth quintile and on 15 percent of women in the highest quintile.

9.2.3 Timing of First Postnatal Checkup

The timing of the first postnatal checkup is very important for the woman and the child. The Lesotho MOHSW recommends that the first postnatal checkup be performed within one hour of the delivery. Table 9.7 shows that 42 percent of women had no postnatal checkup. Among those who received postnatal care, only 3 percent had their first postnatal checkup in the recommended time period (less than one hour after giving birth), and 14 percent had their first checkup between 1 and 4 hours after delivery. One in six women were checked between 4 to 23 hours after delivery, and 15 percent of women had their first postnatal checkup 2 days after delivery. A small percentage of women (6 percent) had their first postnatal checkup from 3 to 41 days after delivery.

Women in urban areas, in the Lowlands zone, and in the Maseru district are more likely than other women to have had their first postnatal checkup less than one hour after delivery. Across income categories, the most likely group to have had the recommended first postnatal checkup within one hour of delivery is women in the highest wealth quintile.

The likelihood of women not having a postnatal checkup decreases with education and wealth quintile. Rural women, women in the Mountains zone, and women in the Quthing district are more likely than other women not to receive postnatal care.

Table 9.7 Timing of first postnatal checkup

Among women age 15-49 giving birth in the five years preceding the survey, the percent distribution of the mother's first postnatal check-up for the last live birth by time after delivery, according to background characteristics, Lesotho 2009

Background characteristic	Time after delivery of mother's first postnatal checkup						No postnatal checkup ¹	Total	Number of women
	Less than 1 hour	1-4 hours	4-23 hours	2 days	3-41 days	Don't know/missing			
Mother's age at birth									
<20	2.4	14.6	15.0	16.1	7.1	4.2	40.5	100.0	591
20-34	2.4	14.0	17.5	15.5	5.0	5.1	40.4	100.0	2,028
35-49	4.7	9.8	11.5	13.0	6.5	4.4	50.2	100.0	366
Birth order									
1	2.7	17.0	18.4	18.2	5.2	5.5	33.0	100.0	1,119
2-3	2.9	12.6	17.7	14.0	6.0	5.2	41.7	100.0	1,205
4-5	2.6	9.6	12.9	12.0	4.9	3.7	54.3	100.0	435
6+	1.6	10.0	4.7	14.9	7.1	2.2	59.5	100.0	224
Residence									
Urban	4.2	20.5	23.8	18.6	3.3	6.5	23.2	100.0	759
Rural	2.2	11.2	13.7	14.2	6.4	4.3	47.9	100.0	2,225
Ecological zone									
Lowlands	3.1	14.7	20.4	17.0	4.7	5.3	34.7	100.0	1,671
Foothills	2.4	9.9	13.1	16.3	6.6	4.2	47.5	100.0	334
Mountains	1.9	12.7	8.9	12.6	7.0	4.4	52.5	100.0	748
Senqu River Valley	2.6	13.8	14.5	10.5	6.5	3.9	48.2	100.0	230
District									
Butha-Buthe	1.4	12.1	17.7	17.5	7.1	11.4	33.0	100.0	156
Leribe	0.9	13.9	12.0	13.9	4.2	2.7	52.5	100.0	540
Berea	3.1	8.7	20.4	14.0	6.9	4.9	42.2	100.0	394
Maseru	4.6	17.6	21.5	23.4	5.7	3.4	23.7	100.0	691
Mafeteng	3.4	9.6	18.0	13.0	3.7	8.6	43.8	100.0	283
Mohale's Hoek	2.0	12.2	22.8	12.9	4.1	4.5	41.6	100.0	258
Quthing	3.5	16.8	8.1	5.6	3.7	5.9	56.6	100.0	141
Qacha's Nek	4.0	12.6	10.2	13.1	7.4	7.5	45.2	100.0	87
Mokhotlong	2.2	14.2	9.9	11.4	3.4	5.6	53.4	100.0	178
Thaba-Tseka	1.0	14.6	6.7	11.2	11.7	3.3	51.5	100.0	255
Education									
No education	3.0	12.6	4.8	10.6	3.1	2.7	63.1	100.0	46
Primary incomplete	1.4	9.4	10.1	10.6	8.3	4.2	56.2	100.0	802
Primary complete	2.3	11.4	14.3	17.0	5.9	3.3	45.8	100.0	791
Secondary+	3.7	17.4	21.5	17.3	4.0	6.2	29.8	100.0	1,345
Wealth quintile									
Lowest	1.7	9.8	7.8	12.2	6.9	2.5	59.1	100.0	597
Second	1.4	11.3	11.5	11.3	7.3	4.3	52.9	100.0	560
Middle	3.3	12.6	13.6	15.6	7.2	3.7	43.9	100.0	555
Fourth	2.6	14.8	22.2	16.9	3.2	6.3	34.0	100.0	675
Highest	4.5	19.2	25.0	20.2	4.1	7.0	20.0	100.0	598
Total	2.7	13.6	16.3	15.3	5.6	4.8	41.6	100.0	2,984

¹ Includes women who received a checkup after 41 days

9.2.4 Type of Provider of First Postnatal Checkup

Table 9.8 provides information about the type of health provider who first examined the mother postnatally. More than half (53 percent) of women were seen by a doctor, a nurse, or a midwife for their first postnatal checkup, 5 percent were seen by a community health worker, and 1 percent were examined by a traditional birth attendant.

Table 9.8 Type of provider of first postnatal checkup

Among women age 15-49 giving birth in the five years preceding the survey, the percent distribution by type of provider of the mother's first postnatal health check for the last live birth, according to background characteristics, Lesotho 2009

Background characteristic	Type of health provider of mother's first postnatal checkup				No postnatal checkup ¹	Total	Number of women
	Doctor/nurse/midwife	Community health worker	Traditional birth attendant	Other			
Mother's age at birth							
<20	54.1	3.9	1.1	0.3	40.5	100.0	591
20-34	53.6	4.9	0.5	0.6	40.4	100.0	2,028
35-49	44.1	5.0	0.7	0.0	50.2	100.0	366
Birth order							
1	62.5	3.1	0.9	0.5	33.0	100.0	1,119
2-3	52.4	4.8	0.6	0.5	41.7	100.0	1,205
4-5	37.9	6.9	0.3	0.5	54.3	100.0	435
6+	32.1	8.1	0.4	0.0	59.5	100.0	224
Residence							
Urban	74.9	1.0	0.7	0.2	23.2	100.0	759
Rural	44.9	6.0	0.7	0.5	47.9	100.0	2,225
Ecological zone							
Lowlands	61.7	2.5	0.7	0.4	34.7	100.0	1,671
Foothills	45.3	6.2	0.5	0.6	47.5	100.0	334
Mountains	38.2	8.2	0.6	0.6	52.5	100.0	748
Senqu River Valley	43.2	7.8	0.6	0.1	48.2	100.0	230
District							
Butha-Buthe	62.9	3.1	0.0	1.0	33.0	100.0	156
Leribe	42.8	3.8	0.3	0.7	52.5	100.0	540
Berea	54.8	2.0	0.6	0.4	42.2	100.0	394
Maseru	72.5	2.0	1.2	0.5	23.7	100.0	691
Mafeteng	50.9	5.3	0.0	0.0	43.8	100.0	283
Mohale's Hoek	48.7	7.7	1.7	0.3	41.6	100.0	258
Quthing	38.7	4.2	0.0	0.5	56.6	100.0	141
Qacha's Nek	46.8	6.1	1.6	0.3	45.2	100.0	87
Mokhotlong	35.1	10.7	0.6	0.3	53.4	100.0	178
Thaba-Tseka	36.9	11.0	0.3	0.3	51.5	100.0	255
Education							
No education	27.2	6.9	2.7	0.0	63.1	100.0	46
Primary incomplete	34.9	7.4	1.0	0.5	56.2	100.0	802
Primary complete	46.5	6.0	0.9	0.9	45.8	100.0	791
Secondary+	67.5	2.3	0.2	0.2	29.8	100.0	1,345
Wealth quintile							
Lowest	29.5	10.2	0.8	0.3	59.1	100.0	597
Second	39.8	5.5	1.0	0.7	52.9	100.0	560
Middle	49.5	4.9	0.7	1.0	43.9	100.0	555
Fourth	62.9	2.4	0.4	0.3	34.0	100.0	675
Highest	78.6	0.9	0.5	0.0	20.0	100.0	598
Total	52.6	4.7	0.7	0.4	41.6	100.0	2,984

¹ Includes women who received a checkup after 41 days

The proportion of women who received their first postnatal checkup from health professionals decreases with age and with the child's birth order. Urban women, women in the Lowlands zone, and women in Maseru district are most likely to receive postnatal care from a doctor. Across districts, Maseru has the highest proportion (73 percent) of women who were seen by health professionals for their first postnatal checkup, while Mokhotlong has the lowest proportion (35 percent). The likelihood that a woman is seen by a health professional for her first postnatal checkup increases with the woman's level of education and wealth quintile. For instance, 27 percent of women with no education received postnatal care from a health professional compared with 68 percent of women with secondary or higher education.

9.2.5 Problems in Accessing Health Care

Access to health care is one of the major components of the Health Sector Reform Project of MOHSW (World Bank, 2010). To increase access to health care services, starting in 2008, the MOHSW health services in public health centres were provided free of charge. Despite this effort, 73 percent of women say that they have at least one problem in accessing health care (Table 9.9). The majority of women (59 percent) are concerned that drugs are not available, 33 percent say that getting money for treatment is a big problem, 32 percent have to take transport, and 31 percent mention distance to health facility as a problem. Having to go alone to the health facility is cited as a problem by 12 percent of the women. Only a few women (7 percent) indicate that getting permission to go for treatment is a big problem.

Background characteristic	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone	Concern no drugs available	At least one problem accessing health care	Number of women
Age								
15-19	7.9	30.7	29.1	29.7	14.6	51.3	68.4	1,785
20-34	6.8	33.5	30.8	32.6	11.7	60.9	74.3	3,779
35-49	4.8	34.4	31.9	33.5	9.6	60.5	74.1	2,060
Number of living children								
0	6.8	29.3	27.0	28.5	13.7	54.0	69.6	2,627
1-2	7.1	32.7	29.7	30.9	10.2	59.3	71.9	3,063
3-4	4.7	37.5	33.7	36.3	10.9	62.2	77.0	1,347
5+	6.7	42.2	45.6	45.7	13.9	66.2	83.2	587
Marital status								
Never married	6.1	29.9	26.0	27.3	12.8	54.6	69.2	2,618
Married or living together	7.3	33.0	33.6	35.0	11.8	60.9	74.3	4,049
Divorced/separated/widowed	4.5	42.0	31.1	33.2	8.9	59.4	76.7	957
Employed past 12 months								
Not employed	7.3	34.4	34.3	35.3	13.7	58.8	73.7	4,078
Employed for cash	5.7	31.6	22.4	25.6	7.9	57.9	70.0	2,563
Employed not for cash	5.5	31.8	37.2	36.4	14.4	59.2	77.0	983
Residence								
Urban	5.0	26.8	12.5	15.3	7.0	53.6	64.5	2,573
Rural	7.3	36.3	40.0	40.7	14.2	61.1	77.1	5,051
Ecological zone								
Lowlands	5.6	31.4	23.4	26.5	9.1	56.0	68.7	4,798
Foothills	5.0	37.3	42.1	44.9	11.9	66.6	78.9	725
Mountains	7.8	35.0	43.9	40.6	16.5	62.9	81.0	1,544
Senqu River Valley	12.7	37.4	41.7	40.7	21.9	57.8	78.4	556
District								
Butha-Butha	4.6	45.9	41.7	42.3	10.7	72.5	86.1	357
Leribe	8.8	35.7	31.6	33.6	13.3	50.1	66.4	1,359
Berea	5.3	29.9	25.9	30.1	8.6	62.1	75.2	1,122
Maseru	4.2	27.5	20.1	22.4	7.7	56.2	65.8	2,036
Mafeteng	4.8	34.4	28.9	32.1	8.7	58.8	71.7	682
Mohale's Hoek	7.3	31.3	29.5	31.2	14.5	50.2	71.0	599
Quthing	15.5	44.4	47.0	48.4	25.2	60.4	81.4	379
Qacha's Nek	5.0	31.7	38.7	30.4	16.2	69.1	80.5	219
Mokhotlong	6.9	41.8	50.5	49.2	18.7	72.9	89.1	356
Thaba-Tseka	8.9	33.4	47.5	42.2	16.3	66.0	86.6	515
Education								
No education	9.2	41.4	46.6	39.2	17.1	59.0	82.3	93
Primary incomplete	8.6	41.4	41.2	41.8	16.5	58.3	78.2	1,810
Primary complete	7.0	38.0	35.2	36.5	12.8	60.9	76.4	1,741
Secondary+	5.3	27.0	23.5	25.7	9.1	57.6	68.7	3,979
Wealth quintile								
Lowest	10.8	43.8	51.2	48.1	21.1	62.1	83.5	1,073
Second	6.9	41.2	45.8	46.6	16.0	62.8	80.9	1,190
Middle	7.3	40.0	36.8	41.1	12.4	61.9	77.5	1,325
Fourth	6.6	31.4	25.6	28.4	9.7	59.0	71.2	1,900
Highest	3.7	20.5	12.7	13.9	6.3	51.9	61.7	2,136
Total	6.5	33.1	30.7	32.1	11.8	58.5	72.9	7,624

Mahlape Ramoseme

The chapter presents findings from a survey of key aspects of child health in Lesotho. Information collected about the health status of children includes weight and size at birth, vaccination status, and prevalence and treatment of common childhood illnesses, including acute respiratory infection (ARI), fever, and diarrhoea. The Ministry of Health and Social Welfare (MOFSW) provides free health services to monitor the growth of children under age 5. Information gathered during the provision of these services helps to detect malnutrition and other problems in child growth.

10.1 CHILD'S SIZE AT BIRTH

The 2009 LDHS obtained information on certain aspects of deliveries, including the birth weight of babies. Low birth weight is associated with high neonatal morbidity and mortality. To obtain the birth weight, mothers were asked whether their baby was weighed at birth, and if so, how much the baby weighed. A weight of 2.5 kilogrammes or more is considered normal birth weight. Babies that weigh less than that at birth are regarded as small or low birth weight.

Birth weights were recorded in the LDHS for 71 percent of all births in the five years preceding the survey. The data were based either on a written record, if available, or on the mother's recall. The mother's estimate of her baby's size at birth was obtained for 99 percent of all births. Although this size estimate is subjective, it has been shown to be a useful proxy for the birth weight (Blanc and Wardlaw 2005). Children whose birth weight is less than 2.5 kilogrammes, or children reported to be 'very small' or 'smaller than average' are considered to have a higher than average risk of early childhood death. Table 10.1 shows that 9 in 10 babies born in the past five years weigh 2.5 kilogrammes or more at birth; only about 1 in 10 has a birth weight less than 2.5 kilogrammes.

A mother's place of residence is associated with her child's birth weight. Mothers who live in urban areas, in the Lowlands zone, and in Leribe and Berea districts are more likely to have a baby that weighs 2.5 kilogrammes or more at birth. Babies of mothers who smoke cigarettes have a slightly higher risk of low birth weight compared with babies of mothers who do not smoke cigarettes (11 percent compared with 9 percent). In general, a mother's level of education and her wealth quintile have a positive association with normal birth weight; births to mothers with secondary or higher education and births to mothers in the highest wealth quintile are most likely to have a normal birth weight.

Mothers' estimates of the birth size of their children are also presented in Table 10.1. Five percent of the children born during the five years preceding the survey were reported to be very small, and 9 percent were said to be smaller than average. Similar to the pattern observed with the birth weight data, babies born to women with no education are most likely to be reported as being very small or smaller than average at birth (6 percent and 10 percent, respectively). Looking at births across the wealth status of households, infants of mothers in the lowest quintile are most likely—and infants of mothers in the highest quintile are least likely—to be reported as being very small or smaller than average at birth (16 percent and 9 percent, respectively).

Table 10.1 Child's weight and size at birth

Percent distribution of live births in the five years preceding the survey with a reported birth weight by birth weight; percent distribution of all live births in the five years preceding the survey by mother's estimate of baby's size at birth, and percentage of all births with a reported birth weight, according to background characteristics, Lesotho 2009

Background characteristic	Distribution of births with reported birth weight ¹			Number of births	Percentage of all births with a reported birth weight ¹	Distribution of births by mother's estimate of size of child at birth				Total	Number of births
	Less than 2.5 kg	2.5 kg or more	Total			Very small	Smaller than average	Average or larger	Don't know/missing		
Mother's age at birth											
<20	8.9	89.8	98.7	611	74.9	5.0	8.8	85.6	0.6	100.0	788
20-34	9.2	90.0	99.2	1,859	71.8	4.1	8.5	86.8	0.5	100.0	2,524
35-49	11.2	87.9	99.1	278	62.3	7.9	8.3	81.1	2.6	100.0	421
Birth order											
1	9.2	90.0	99.2	1,214	82.2	4.4	8.8	86.3	0.5	100.0	1,449
2-3	9.3	89.9	99.2	1,049	69.5	4.1	9.5	85.6	0.9	100.0	1,459
4-5	11.8	86.4	98.2	341	59.8	4.5	6.2	88.4	0.9	100.0	538
6+	5.7	93.6	99.4	144	47.7	10.0	7.0	81.5	1.5	100.0	286
Mother's smoking status											
Smokes cigarettes/tobacco	10.8	85.0	95.8	198	50.4	8.2	9.5	81.2	1.1	100.0	359
Does not smoke	9.2	90.1	99.3	2,550	73.6	4.4	8.4	86.4	0.7	100.0	3,373
Residence											
Urban	8.4	91.5	99.9	793	89.6	3.8	5.8	90.1	0.3	100.0	864
Rural	9.7	89.0	98.7	1,956	65.9	5.0	9.4	84.7	0.9	100.0	2,868
Ecological zone											
Lowlands	8.6	91.2	99.8	1,624	79.5	3.9	7.1	88.2	0.8	100.0	1,997
Foothills	10.3	88.2	98.5	277	64.8	4.8	9.5	85.3	0.5	100.0	417
Mountains	10.8	87.0	97.8	635	59.5	6.2	10.8	82.5	0.5	100.0	1,018
Senqu River Valley	9.3	88.7	98.0	213	66.6	5.2	9.3	83.5	2.0	100.0	300
District											
Butha-Buthe	8.7	91.3	100.0	172	85.1	4.3	8.4	86.0	1.3	100.0	198
Leribe	6.9	91.8	98.7	516	74.8	2.3	8.1	88.1	1.5	100.0	669
Berea	6.9	91.8	98.7	341	68.9	3.3	8.6	87.9	0.3	100.0	477
Maseru	9.5	90.2	99.7	670	78.6	3.3	7.0	89.5	0.2	100.0	831
Mafeteng	12.1	87.6	99.6	251	73.1	7.8	9.1	82.1	1.1	100.0	336
Mohale's Hoek	11.8	86.7	98.5	233	67.3	6.9	7.9	84.8	0.3	100.0	332
Quthing	9.9	88.9	98.8	126	63.2	6.4	8.8	81.8	3.1	100.0	185
Qacha's Nek	10.2	89.8	100.0	99	86.6	4.4	5.3	89.0	1.3	100.0	112
Mokhotlong	11.1	87.4	98.6	141	56.2	9.8	9.7	80.1	0.3	100.0	243
Thaba-Tseka	11.4	86.2	97.6	201	55.1	5.6	13.3	80.7	0.4	100.0	348
Mother's education											
No education	10.0	87.3	97.3	37	49.4	6.0	9.9	82.6	1.5	100.0	65
Primary incomplete	12.4	85.4	97.8	632	53.7	5.8	10.4	82.8	1.0	100.0	1,095
Primary complete	9.2	89.8	99.0	724	68.7	5.3	7.3	86.4	0.9	100.0	1,023
Secondary+	7.9	91.8	99.7	1,355	86.5	3.5	8.0	88.0	0.5	100.0	1,549
Wealth quintile											
Lowest	10.9	86.3	97.2	458	50.6	6.6	9.4	83.3	0.7	100.0	855
Second	10.5	87.7	98.2	484	62.2	5.1	10.2	83.8	0.9	100.0	738
Middle	8.8	90.7	99.5	521	72.8	4.2	8.6	86.4	0.9	100.0	694
Fourth	10.7	89.2	99.9	669	83.2	4.2	8.4	86.4	1.0	100.0	788
Highest	6.2	93.7	99.9	617	92.9	3.2	5.6	90.7	0.5	100.0	656
Total	9.3	89.7	99.1	2,749	71.4	4.7	8.5	85.9	0.8	100.0	3,732

¹ Based on either a written record or the mother's recall

10.2 VACCINATION COVERAGE OF CHILDREN

Universal immunisation of children against the vaccine-preventable diseases is crucial to reducing infant and child mortality. The LDHS collects information on vaccination coverage among young children, which is very helpful in assessing the performance of the Lesotho Expanded Programme of Immunisation (LEPI).

10.2.1 Collection of Data

The 2009 LDHS collected the data on vaccination coverage for all living children born in the five years preceding the survey. Information on vaccination coverage was collected in two ways: from vaccination cards shown to the interviewer and from mothers' verbal reports. If the cards were available, the interviewer copied the vaccination dates directly onto the questionnaire. If there was no vaccination card for the child or if a vaccine had not been recorded on the card as given, the respondent was asked to recall the vaccines given to her child.

10.2.2 Level and Trends in Vaccination Coverage

According to the guidelines developed by the World Health Organization, children are considered fully vaccinated when they have received by the age of 12 months a vaccination against tuberculosis (BCG); three doses of the diphtheria, pertussis (whooping cough), and tetanus (DPT) vaccine; three doses of the poliomyelitis (polio) vaccine; and one dose of the measles vaccine. BCG should be given at birth or at first clinical contact, DPT and polio require three vaccinations at approximately 6, 10, and 14 weeks of age, and measles should be given at or soon after 9 months of age. In addition to this basic schedule of vaccinations, it is also recommended that babies in Lesotho be given a polio vaccination at the time of birth and three doses of the hepatitis B vaccine before reaching age 1. The target is to fully vaccinate 80 percent of children.

Data in Table 10.2 and Figure 10.1 take into account both the information on the child's health card and the mother's report. Overall, 62 percent of the children age 12-23 months received all recommended vaccinations, that is, a BCG and measles vaccination and three doses of the DPT and polio vaccines, at some point before the survey interview. Only three percent of the children had never been vaccinated against any of these childhood illnesses at the time of the 2009 LDHS. Fifty-three percent of children age 12-23 months had received all recommended vaccinations by their first birthday.

Table 10.2 Vaccinations by source of information

Percentage of children age 12-23 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 12 months of age, Lesotho 2009

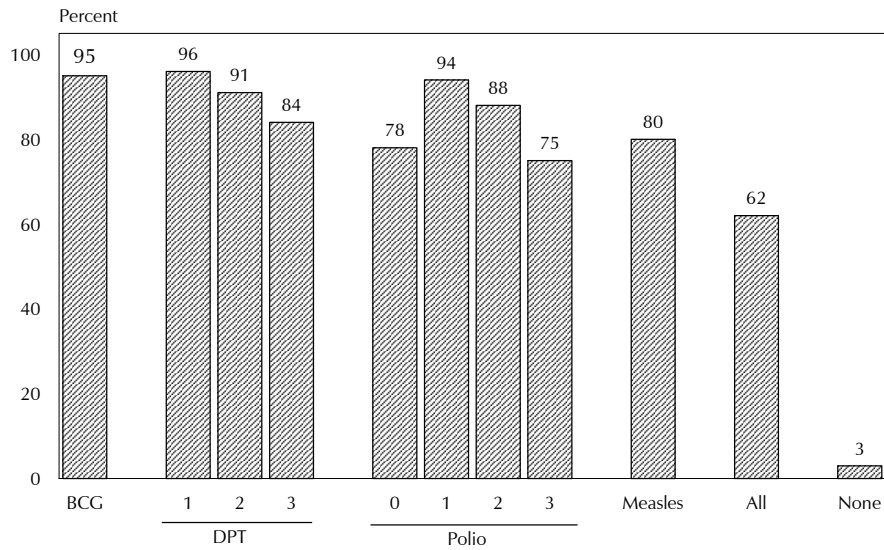
Source of information	BCG	DPT			Polio			Measles	All basic vaccinations ²	No vaccinations	Number of children	
		1	2	3	0 ¹	1	2					3
Vaccinated at any time before survey												
Vaccination card	72.7	73.7	71.7	68.2	63.1	72.6	71.3	67.4	61.8	56.3	0.2	552
Mother's report	22.4	22.0	19.6	15.3	15.1	21.6	16.5	7.5	18.5	5.4	2.8	192
Either source	95.1	95.7	91.3	83.5	78.2	94.2	87.8	74.9	80.3	61.7	3.1	744
Vaccinated by 12 months of age³												
	94.4	95.4	91.2	81.6	77.9	94.1	87.3	73.4	69.6	53.2	3.2	744

¹ Polio 0 is the polio vaccination given at birth.

² BCG, measles and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

³ For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccination.

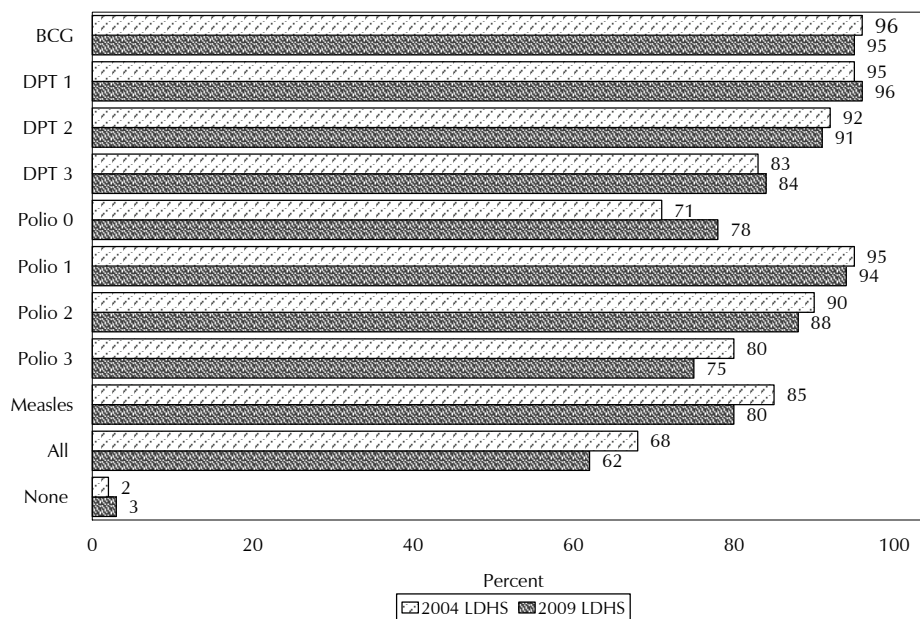
Figure 10.1 Percentage of Children Age 12-23 Months with Specific Vaccines, According to Health Card or Mother's Report



LDHS 2009

As Figure 10.2 shows, the proportion of children age 12-23 months who were fully immunised at the time of the 2009 LDHS was 6 percentage points lower than the rate (68 percent) recorded at the time of the 2004 LDHS survey (MOHSW, BOS, ORC Macro, 2005). The most notable declines are in the coverage of Polio 3, which dropped from 80 percent in 2004 to 75 percent in 2009, and in the coverage of measles, which declined from 85 percent to 80 percent in the same period.

Figure 10.2 Trends in Vaccination Coverage, Lesotho 2004 and 2009



Looking at specific vaccines, BCG coverage among children age 12-23 months is 95 percent at the time of the 2009 LDHS. Coverage levels are also very high for the first DPT (96 percent) and the first polio (94 percent) vaccination. The proportions of children receiving subsequent doses of the DPT and polio vaccines dropped off slightly, with 84 percent of children receiving the third DPT and 75 percent getting the third polio dose.

Table 10.3 presents vaccination coverage, based on card information and mothers' reports, among children age 12-23 months. Caution should be exercised when interpreting these results because the number of children in some subgroups shown in the table is small and the differentials across subgroups are generally not large.

Table 10.3 Vaccinations by background characteristics

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a vaccination card, by background characteristics, Lesotho 2009

Background characteristic	BCG	DPT			Polio				Measles	All basic vaccinations ²	No vaccinations	Percentage with a vaccination card seen	Number of children
		1	2	3	0 ¹	1	2	3					
Sex													
Male	95.5	96.5	92.9	83.5	75.2	93.2	88.7	74.3	77.9	58.6	2.7	72.6	356
Female	94.8	95.0	89.8	83.6	81.0	95.1	87.0	75.3	82.6	64.5	3.4	75.6	388
Birth order													
1	95.9	97.5	93.9	85.8	81.1	95.5	90.8	76.3	84.2	64.0	1.9	76.6	293
2-3	95.2	96.1	92.6	85.4	81.3	95.3	88.7	78.2	84.5	66.0	2.6	74.7	298
4-5	96.6	95.2	89.3	82.6	70.4	92.4	87.3	73.7	68.5	56.1	3.4	75.1	99
6+	87.3	84.4	73.9	62.7	59.7	84.2	68.0	50.9	58.5	35.5	11.5	56.4	54
Residence													
Urban	97.6	97.9	95.7	91.4	88.3	95.1	87.4	75.4	90.0	70.7	1.2	67.7	170
Rural	94.4	95.0	90.0	81.2	75.2	94.0	87.9	74.7	77.5	59.0	3.6	76.1	574
Ecological zone													
Lowlands	96.9	97.5	92.7	87.3	82.3	94.8	87.5	75.2	85.1	64.0	1.0	73.5	395
Foothills	94.4	96.4	93.5	89.1	77.7	95.1	90.4	78.6	80.4	63.7	3.6	77.1	87
Mountains	92.4	92.2	87.4	75.7	69.9	92.4	87.0	73.5	73.8	58.7	6.4	72.9	196
Senqu River Valley	93.8	94.3	91.8	76.5	79.2	95.4	88.8	72.0	71.3	54.0	4.6	78.0	66
District													
Butha-Buthe	83.3	84.4	81.6	75.8	76.1	81.1	75.6	67.1	75.0	53.7	13.8	65.3	32
Leribe	97.7	96.4	89.3	81.4	73.3	97.7	91.4	72.5	76.9	54.9	2.3	60.5	120
Berea	96.2	98.6	98.6	95.7	79.2	98.6	91.5	83.8	85.3	71.2	0.0	80.6	95
Maseru	98.2	97.2	93.7	85.6	86.9	92.8	83.0	68.7	83.2	60.3	1.8	73.4	161
Mafeteng	96.0	97.9	93.0	86.3	83.2	96.4	91.6	81.3	82.1	66.4	1.2	89.5	81
Mohale's Hoek	91.1	93.7	85.7	78.7	77.4	87.7	85.2	74.3	77.5	59.5	4.4	72.7	72
Quthing	88.0	93.2	87.6	81.8	71.2	93.2	83.3	71.3	76.5	58.5	6.8	70.8	42
Qacha's Nek	(98.0)	(95.8)	(95.8)	(94.2)	(60.2)	(98.0)	(98.0)	(86.3)	(86.8)	(79.0)	(2.0)	(84.0)	16
Mokhotlong	97.1	96.4	94.4	84.3	72.8	96.4	92.1	82.1	84.3	74.7	2.9	81.9	52
Thaba-Tseka	93.0	92.9	86.8	69.6	73.8	93.9	88.8	71.8	74.1	52.7	5.2	72.7	72
Mother's education													
No education	*	*	*	*	*	*	*	*	*	*	*	*	12
Primary incomplete	93.3	92.7	84.8	75.0	67.4	90.2	83.3	71.9	71.1	54.4	4.4	76.3	204
Primary complete	94.2	94.9	93.5	85.4	78.1	93.7	86.7	71.1	79.2	60.5	4.9	76.4	175
Secondary+	96.6	97.8	93.8	87.1	84.3	96.8	90.7	77.9	86.3	66.1	1.4	71.7	354
Wealth quintile													
Lowest	91.0	91.0	84.2	72.0	68.3	90.9	84.6	69.2	67.8	52.1	7.6	73.4	169
Second	93.7	96.0	92.7	82.7	69.6	93.0	89.8	75.5	77.5	59.2	2.8	79.5	142
Middle	97.2	96.1	92.3	85.8	78.6	97.0	90.4	79.0	82.8	64.3	1.4	78.0	142
Fourth	95.7	98.5	92.6	90.7	85.9	92.9	86.6	74.9	83.8	62.2	1.5	72.6	144
Highest	98.7	97.6	95.8	88.3	89.9	97.8	88.2	76.7	91.7	72.1	1.3	67.8	147
Total	95.1	95.7	91.3	83.5	78.2	94.2	87.8	74.9	80.3	61.7	3.1	74.2	744

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

¹ Polio 0 is the polio vaccination given at birth.

² BCG, measles and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

Table 10.3 shows that the proportion of female children who are fully immunised exceeds that of male children (65 percent and 59 percent, respectively). Coverage decreases with the child's birth order, although first order births are slightly less likely to be immunised than children of birth order two or three. As expected, urban children and children in the Lowlands and Foothills zones have higher immunisation coverage than children in other areas. The differentials across districts are significant, ranging from 53 percent in Thaba-Tseka to 79 percent in Qacha's Nek. Coverage levels increase with the mother's level of education and reach 66 percent among children whose mothers have secondary or higher education. Variation in vaccination coverage across wealth quintiles is also considerable, ranging from 52 percent for children in the lowest quintile to 72 percent for children in the highest quintile.

Table 10.4 shows the percentage of children age 12-59 months at the time of the survey who received specific vaccines by 12 months of age, and the percentage with a vaccination card, by current age of the child. Forty-nine percent of the children received all vaccines by 12 months of age. Children in the 48-59-month age cohort were less likely (44 percent) to have received all their vaccines compared with those in the 12-23-month age cohort (53 percent). This pattern is true for each individual vaccine.

Age in months	BCG	DPT			Polio			Measles	All basic vaccinations ²	No vaccinations	Percentage with a vaccination card seen	Number of children	
		1	2	3	0 ¹	1	2						3
12-23	94.4	95.4	91.2	81.6	77.9	94.1	87.3	73.4	69.6	53.2	3.2	74.2	744
24-35	90.3	91.9	86.1	76.3	73.2	90.3	81.3	63.7	65.7	46.4	7.2	66.9	608
36-47	92.6	91.7	88.4	79.0	70.6	90.7	83.7	68.2	66.1	48.9	6.3	66.3	603
48-59	90.4	90.7	85.3	75.4	71.2	88.6	78.4	62.2	62.8	43.8	6.9	59.9	612
Total	92.1	92.6	88.0	78.3	73.6	91.1	83.0	67.2	66.6	48.5	5.7	67.2	2,567

Note: Information was obtained from the vaccination card or if there was no written record, from the mother. For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccinations.

¹ Polio 0 is the polio vaccination given at birth.

² BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

10.3 ACUTE RESPIRATORY INFECTION AND FEVER

According to medical records, pneumonia is a leading cause of hospital admissions and deaths among children in Lesotho. The programme to control acute respiratory infection (ARI) aims to treat cases of ARI early, before complications develop. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths due to pneumonia. Emphasis is therefore placed on recognition of signs of impending severity, both by mothers and primary health care workers, so assistance can be sought.

The prevalence of ARI was estimated by asking mothers whether their children under age 5 had been ill with a cough accompanied by short, rapid breathing in the two weeks preceding the survey. These symptoms are compatible with pneumonia. It should be understood that morbidity data collected in surveys are subjective (i.e., they reflect a mother's perception of illness) and are not validated by medical examination. Table 10.5 shows that 6 percent of children under age 5 were ill with a cough and rapid breathing during the two weeks preceding the survey. This proportion is much lower than the 19 percent recorded in the 2004 LDHS (MOHSW, BOS, ORC Macro, 2005). The reported prevalence of ARI symptoms peaks at age 6-11 months (11 percent).

The proportion of children with ARI symptoms is slightly higher among females (6 percent) than males (5 percent). The proportion is also higher among children whose mothers smoke cigarettes or use tobacco. The proportion of children with ARI symptoms varies according to the type of fuel used for cooking; it is highest (10 percent) among children living in households that use animal dung and lowest (3 percent) among children in households that use electricity or gas.

Rural children are much more likely than urban children to have ARI symptoms (6 percent compared with 3 percent). The Mountains zone has the highest proportion of children with ARI symptoms (9 percent), while the Lowlands and Foothills zones have the lowest (4 percent). Across districts, Mokhotlong has the highest (12 percent), and Leribe and Maseru have the fewest reported symptoms of ARI (4 percent). Presence of ARI symptoms has a negative association with wealth quintile. The proportion of children who showed ARI symptoms is lowest among children in the highest wealth quintile (2 percent) and highest among children in the lowest wealth quintile (8 percent).

Two in three children with symptoms of ARI were taken to a health facility or a health service provider for treatment. Rural children, children in the Senqu River Valley, and those in Quthing district are more often taken to a health facility or a provider when they have symptoms of ARI than other children (data not shown).

Seventeen percent of children were reported to have a fever in the two weeks preceding the survey. The proportion of children who had a fever is higher among children age 6-11 months compared with children from other age groups. Male children and children from rural areas are more likely (19 percent and 18 percent, respectively) to suffer from a fever than female children (16 percent) and children in the urban areas (14 percent). Across districts, Mokhotlong has the highest proportion of children who had a fever in the two weeks preceding the survey (24 percent), and Quthing has the lowest proportion (10 percent). The proportion of children who had a fever does not vary with the mother's level of education.

Table 10.5 Prevalence of symptoms of ARI

Among children under age five, the percentage who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey, according to background characteristics, Lesotho 2009

Background characteristic	Children under age five	
	Percentage with symptoms of ARI ¹	Number of children
Age in months		
<6	2.1	412
6-11	10.6	369
12-23	6.4	744
24-35	6.4	608
36-47	6.2	603
48-59	2.1	612
Sex		
Male	4.9	1,659
Female	6.0	1,689
Mother's smoking status		
Smokes cigarettes/tobacco	6.9	302
Does not smoke	5.3	3,046
Cooking fuel		
Electricity or gas	3.3	871
Kerosene	4.0	246
Coal/lignite	0.0	8
Wood/straw ²	6.2	1,973
Animal dung	9.6	250
Residence		
Urban	2.7	791
Rural	6.3	2,557
Ecological zone		
Lowlands	4.0	1,805
Foothills	4.1	373
Mountains	9.3	900
Senqu River Valley	4.5	269
District		
Butha-Buthe	5.1	182
Leribe	3.6	585
Berea	4.9	438
Maseru	3.8	745
Mafeteng	4.7	302
Mohale's Hoek	6.4	295
Quthing	5.7	165
Qacha's Nek	5.9	102
Mokhotlong	11.6	220
Thaba-Tseka	9.4	314
Mother's education		
No education	4.6	60
Primary incomplete	7.2	960
Primary complete	5.6	911
Secondary+	4.3	1,416
Wealth quintile		
Lowest	7.9	767
Second	7.1	650
Middle	5.0	636
Fourth	5.0	690
Highest	1.8	605
Total	5.5	3,348

¹ Symptoms of ARI (cough accompanied by short, rapid breathing which was chest-related) is considered a proxy for pneumonia.

² Includes grass, shrubs, crop residues

Table 10.6 Prevalence and treatment of fever

Among children under age 5, the percentage who had a fever in the two weeks preceding the survey; and among children with fever, the percentage of children for whom treatment was sought from a health facility or provider, by background characteristics, Lesotho 2009

Background characteristic	Among children under age five:		Children under age 5 with fever	
	Percentage with fever	Number of children	Percentage for whom advice or treatment was sought from a health facility or provider ¹	Number of children
Age in months				
<6	11.7	412	77.8	48
6-11	25.7	369	64.4	95
12-23	23.4	744	59.8	174
24-35	18.3	608	58.6	111
36-47	13.2	603	57.0	79
48-59	11.3	612	45.3	69
Sex				
Male	18.6	1,659	58.0	308
Female	15.9	1,689	61.6	269
Residence				
Urban	14.1	791	55.6	112
Rural	18.2	2,557	60.7	465
Ecological zone				
Lowlands	17.3	1,805	60.5	313
Foothills	10.9	373	(55.8)	40
Mountains	20.3	900	56.5	183
Senqu River Valley	15.2	269	72.2	41
District				
Butha-Buthe	14.9	182	(68.7)	27
Leribe	12.7	585	(53.5)	74
Berea	21.4	438	54.3	94
Maseru	14.9	745	66.5	111
Mafeteng	18.8	302	55.1	57
Mohale's Hoek	19.9	295	68.7	59
Quthing	10.3	165	(75.5)	17
Qacha's Nek	16.9	102	(64.3)	17
Mokhotlong	23.8	220	50.7	52
Thaba-Tseka	22.1	314	57.3	69
Mother's education				
No education	16.9	60	*	10
Primary incomplete	17.1	960	54.1	164
Primary complete	17.3	911	63.3	158
Secondary+	17.3	1,416	60.8	245
Wealth quintile				
Lowest	18.0	767	54.3	138
Second	19.3	650	60.7	125
Middle	18.2	636	59.6	116
Fourth	15.5	690	65.8	107
Highest	15.0	605	59.6	91
Total	17.2	3,348	59.7	577

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

¹ Excludes pharmacy, shop, and traditional practitioner

Sixty percent of children who suffered from fever in the two weeks preceding the survey were taken to a health facility/provider. Female children are more likely to be taken for treatment when suffering from fever than male children (62 percent compared with 58 percent). Children in the rural areas are more likely (61 percent) to be taken for treatment when suffering from fever than children in the urban areas (56 percent). The likelihood that a child with fever will be taken to a health facility or provider is not uniformly or clearly associated with the mother's education and wealth status.

10.4 DIARRHOEAL DISEASE

10.4.1 Prevalence of Diarrhoea

Diarrhoea is the second most common cause of admissions and deaths among children in health facilities in Lesotho. Exposure to agents that cause diarrhoea frequently relates to use of contaminated water and unhygienic practices in food preparation and excreta disposal. In the 2009 LDHS, women with children under age 5 were asked if the youngest child had diarrhoea in the two weeks preceding the survey.

Table 10.7 shows that 11 percent of children under age 5 were reported to have some form of diarrhoea in the two weeks preceding the survey, and 2 percent had blood in the stool. Children age 12-23 months are more likely to suffer from diarrhoea than other children. Children whose household gets water from an improved source and an improved sanitation facility are slightly less likely to have diarrhoea than children whose household gets water from an unimproved source and a non-improved or shared toilet.

There are small variations in the diarrhoea prevalence by residence. The proportion of children with diarrhoea decreases with the level of the mother's education and wealth quintile.

10.4.2 Diarrhoea Treatment

In the 2009 LDHS, mothers of children who had diarrhoea were asked what was done to treat the illness. Table 10.8 shows that 53 percent of children with diarrhoea were taken to a health facility or a provider for treatment. Treatment of diarrhoea varies by age of the child. Infants under 6 months are the least likely to be taken to a health facility or a provider compared with other age groups. Male children

Table 10.7 Prevalence of diarrhoea

Percentage of children under age 5 who had diarrhoea in the two weeks preceding the survey, by background characteristics, Lesotho 2009

Background characteristic	All diarrhoea	Diarrhoea with blood	Number of children
Age in months			
<6	5.8	0.4	412
6-11	18.5	2.5	369
12-23	19.5	3.5	744
24-35	13.8	4.7	608
36-47	4.4	1.2	603
48-59	4.4	0.5	612
Sex			
Male	11.7	2.5	1,659
Female	10.7	2.0	1,689
Source of drinking water¹			
Improved	10.6	1.9	2,497
Not improved	12.9	3.4	850
Toilet facility²			
Improved, not shared	8.8	0.8	613
Non-improved or shared	11.7	2.6	2,735
Residence			
Urban	9.8	1.3	791
Rural	11.6	2.6	2,557
Ecological zone			
Lowlands	10.3	1.3	1,805
Foothills	11.1	2.0	373
Mountains	12.5	4.0	900
Senqu River Valley	12.9	3.5	269
District			
Butha-Buthe	12.4	2.7	182
Leribe	7.6	1.2	585
Berea	9.6	1.6	438
Maseru	13.4	2.1	745
Mafeteng	10.9	1.9	302
Mohale's Hoek	11.2	3.0	295
Quthing	11.6	3.3	165
Qacha's Nek	11.6	2.3	102
Mokhotlong	13.2	2.9	220
Thaba-Tseka	12.8	4.0	314
Mother's education			
No education	13.8	4.9	60
Primary incomplete	12.9	3.6	960
Primary complete	11.5	2.2	911
Secondary+	9.7	1.3	1,416
Wealth quintile			
Lowest	13.8	4.0	767
Second	12.2	3.0	650
Middle	11.5	1.9	636
Fourth	9.3	1.2	690
Highest	8.6	0.8	605
Total	11.2	2.3	3,348

Note: Total includes 1 child with missing information on source of drinking water

¹ See Table 2.7 for definition of categories.

² See Table 2.8 for definition of categories.

are more likely to be taken to the health facility when they have diarrhoea than female children (56 percent and 50 percent, respectively). Children who have bloody diarrhoea are more likely to be taken to the health facility/provider than children who do not have bloody diarrhoea (66 percent compared with 50 percent). Children in Leribe and Qacha's Nek are most often taken to the health facility or provider when they have diarrhoea (59 percent), while children in Mohale's Hoek are the least often taken (46 percent).

Table 10.8 Diarrhoea treatment

Among children under age five who had diarrhoea in the two weeks preceding the survey, the percentage for whom advice or treatment was sought from a health facility or provider, the percentage given oral rehydration therapy (ORT), the percentage given increased fluids, the percentage given ORT or increased fluids, and the percentage who were given other treatments, by background characteristics, Lesotho 2009

Background characteristic	Percentage of children with diarrhoea for whom advice or treatment was sought from a health facility or provider ¹	Oral rehydration therapy (ORT)					Other treatments			Number of children
		ORS packets or pre-packaged liquid	Recommended home fluids (RHF)	Either ORS or RHF	Increased fluids	ORT or increased fluids	Intra-venous solution	Home remedy/ other	No treatment	
Age in months										
<6	(35.9)	(25.5)	(39.3)	(50.3)	(7.4)	(52.7)	(0.0)	(27.3)	(34.1)	24
6-11	51.3	43.6	52.6	64.6	19.0	68.4	3.9	47.0	17.9	68
12-23	54.2	52.8	53.3	71.7	25.9	73.8	2.5	44.7	21.8	145
24-35	59.4	54.3	60.7	77.2	16.2	83.5	1.3	52.5	12.7	84
36-47	50.7	62.6	56.8	80.5	38.1	93.8	0.0	48.9	4.9	27
48-59	53.4	66.1	68.0	75.3	26.1	79.8	7.6	43.8	18.3	27
Sex										
Male	56.3	50.9	51.7	71.7	23.4	75.3	3.6	48.4	17.4	195
Female	50.2	51.9	59.0	70.6	20.9	75.8	1.3	43.3	19.4	180
Type of diarrhoea										
Non bloody	50.2	49.8	53.7	69.5	23.0	73.5	3.0	42.5	20.3	299
Bloody	65.8	57.6	61.3	77.8	19.2	83.4	0.7	59.6	10.6	76
Residence										
Urban	53.5	56.9	52.5	72.5	32.1	79.6	6.3	43.7	19.2	78
Rural	53.3	49.9	55.9	70.8	19.6	74.4	1.5	46.6	18.1	297
Ecological zone										
Lowlands	51.7	52.8	53.0	70.8	25.0	76.9	4.0	44.8	19.5	186
Foothills	(51.6)	(42.5)	(53.9)	(63.0)	(21.2)	(65.9)	(2.0)	(44.8)	(24.9)	41
Mountains	58.7	54.1	55.2	72.6	20.1	75.3	0.9	49.1	15.1	112
Senqu River Valley	46.9	44.9	68.6	78.2	14.9	80.1	0.0	43.6	15.0	35
District										
Butha-Buthe	(56.0)	(63.6)	(67.6)	(82.9)	(18.1)	(82.9)	(4.3)	(42.9)	(11.1)	23
Leribe	(59.3)	(43.5)	(48.3)	(59.4)	(20.1)	(66.2)	(0.0)	(50.5)	(25.1)	45
Berea	(52.5)	(53.7)	(43.3)	(60.1)	(19.6)	(65.9)	(8.7)	(42.9)	(27.2)	42
Maseru	52.9	51.2	64.0	75.2	28.4	81.4	1.7	48.1	14.7	100
Mafeteng	(53.7)	(48.0)	(47.4)	(71.0)	(18.0)	(73.5)	(6.3)	(41.5)	(20.9)	33
Mohale's Hoek	(45.8)	(59.4)	(58.9)	(79.8)	(17.1)	(79.8)	(0.0)	(41.0)	(20.2)	33
Quthing	(52.0)	(56.9)	(64.9)	(79.6)	(20.1)	(79.6)	(0.0)	(36.7)	(17.6)	19
Qacha's Nek	(59.2)	(47.1)	(57.6)	(67.0)	(9.4)	(67.0)	(2.5)	(56.7)	(20.9)	12
Mokhotlong	57.4	47.7	45.4	65.2	28.3	73.6	0.0	54.3	18.0	29
Thaba-Tseka	49.5	48.4	51.7	73.7	22.2	77.0	1.9	43.6	11.0	40
Mother's education										
No education	*	*	*	*	*	*	*	*	*	8
Primary incomplete	44.0	45.0	52.1	64.2	17.7	70.7	1.1	40.0	19.7	124
Primary complete	55.0	52.1	54.9	71.2	15.8	74.9	1.2	47.3	18.2	105
Secondary+	60.8	56.9	56.0	76.0	30.7	78.8	5.0	50.2	18.3	137
Wealth quintile										
Lowest	52.0	50.7	55.9	70.9	20.0	73.9	0.8	44.5	18.2	106
Second	48.5	45.2	58.7	71.0	14.5	72.8	1.5	48.1	15.3	79
Middle	52.4	51.9	52.9	69.3	16.5	73.5	0.0	39.0	22.4	73
Fourth	(49.6)	(55.0)	(55.1)	(72.8)	(29.9)	(80.1)	(1.3)	(47.3)	(17.8)	64
Highest	(69.7)	(56.7)	(52.1)	(72.6)	(36.9)	(80.0)	(12.7)	(54.0)	(18.3)	52
Total	53.4	51.3	55.2	71.2	22.2	75.5	2.5	46.0	18.3	375

Note: ORT includes solution prepared from oral rehydration salt (ORS), pre-packaged ORS packet, and recommended home fluids (RHF). Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

¹ Excludes pharmacy, shop, and traditional practitioner

Mother's level of education and the socioeconomic status of the household are related to whether young children receive treatment for diarrhoea. The higher the mother's level of education, the more likely it is that children with diarrhoea will be taken for treatment to a health facility or provider.

A simple and effective response to dehydration caused by diarrhoea is to increase the child's fluid intake through some form of oral rehydration therapy (ORT). Table 10.8 shows that 71 percent of children ill with diarrhoea were given a solution prepared from an oral rehydration salts (ORS) packet or a homemade mixture usually prepared from sugar, salt, and water that is recommended to treat the diarrhoea. Three in four children were treated with some form of ORT or increased fluids. Almost half of children with diarrhoea (46 percent) were treated with a home or traditional remedy, and 18 percent of children did not receive any treatment at all.

Correct treatment of diarrhoea in children, with ORS packets or increased fluids, is most often practiced for children with bloody diarrhoea and for children from the urban areas. Children of better educated mothers who belong to the highest wealth quintile are most likely to be given the correct treatment for diarrhoea.

10.4.3 Feeding Practices during Diarrhoea

To gauge knowledge about drinking and eating practices for a child with diarrhoea, mothers with children under age 5 who had diarrhoea in the two weeks preceding the survey were asked about the drinking and eating patterns of these children compared with normal practice. Table 10.9 shows that 22 percent of children who had diarrhoea were given more liquids than usual and 5 percent were given more food than usual. Liquids were not given at all to 4 percent of children with diarrhoea, and 4 percent of children were not given any food during that time. Correct feeding practice for children with diarrhoea was reported for 16 percent of children who were given increased fluids and continued feeding. Additionally, 48 percent of children were given continued feeding and ORT or increased fluids.

Table 10.9 Feeding practices during diarrhoea

Percent distribution of children under age 5 who had diarrhoea in the two weeks preceding the survey by amount of liquids and food offered compared with normal practice, the percentage of children given increased fluids and continued feeding during the diarrhoea episode, and the percentage of children who continued feeding and were given ORT and/or increased fluids during the episode of diarrhoea, by background characteristics, Lesotho 2009

Background characteristic	Amount of liquids offered					Amount of food offered					Total	Percentage given increased fluids and continued feeding ¹	Percentage who continued feeding and were given ORT and/or increased fluids	Number of children with diarrhoea				
	Same as usual		More		Don't know /missing	Same as usual		More		Don't know/missing								
	More	Some-what less	Much less	None		More	Some-what less	Much less	None						Never gave food			
Age in months																		
<6	(7.4)	(59.6)	(19.6)	(2.5)	(10.9)	(0.0)	(100.0)	(2.3)	(38.7)	(17.0)	(5.0)	(3.8)	(33.1)	(0.0)	(100.0)	(28.4)	24	
6-11	19.0	25.3	27.2	20.7	7.9	0.0	100.0	7.0	27.3	22.6	29.6	5.7	7.8	0.0	100.0	15.6	68	
12-23	25.9	34.6	19.8	15.1	2.6	2.0	100.0	7.5	33.9	23.3	28.6	4.7	0.0	2.0	100.0	19.0	145	
24-35	16.2	37.1	15.5	28.3	2.9	0.0	100.0	0.0	39.4	24.3	32.6	3.6	0.0	0.0	100.0	11.3	84	
36-47	38.1	25.3	14.1	21.3	1.2	0.0	100.0	8.8	33.0	26.5	31.7	0.0	0.0	0.0	100.0	34.7	27	
48-59	26.1	60.0	8.2	5.6	0.0	0.0	100.0	1.9	43.3	20.5	32.8	0.0	1.6	0.0	100.0	13.8	27	
Sex																		
Male	23.4	37.7	18.9	16.1	2.4	1.5	100.0	6.6	35.6	23.7	25.1	4.5	3.0	1.5	100.0	18.2	195	
Female	20.9	34.5	18.9	20.1	5.5	0.0	100.0	3.5	34.0	22.3	32.6	3.2	4.4	0.0	100.0	14.3	180	
Type of diarrhoea																		
Non bloody	23.0	38.4	19.2	14.5	3.9	1.0	100.0	5.6	36.8	25.1	23.8	3.6	4.1	1.0	100.0	18.0	299	
Bloody	19.2	27.4	17.7	31.9	3.9	0.0	100.0	3.1	26.9	14.9	48.2	5.1	1.8	0.0	100.0	9.9	76	
Residence																		
Urban	32.1	36.0	4.2	17.5	6.5	3.8	100.0	12.4	41.5	9.4	28.5	2.1	2.3	3.8	100.0	25.4	78	
Rural	19.6	36.2	22.8	18.2	3.2	0.0	100.0	3.2	33.1	26.6	28.8	4.4	4.0	0.0	100.0	14.0	297	
Ecological zone																		
Lowlands	25.0	36.6	14.1	17.6	5.1	1.6	100.0	6.9	36.7	23.0	25.8	1.6	4.4	1.6	100.0	19.7	186	
Foothills	(21.2)	(47.7)	(28.1)	(3.0)	(0.0)	(0.0)	(100.0)	(0.0)	(46.6)	(27.3)	(19.6)	(3.6)	(2.9)	(0.0)	(100.0)	(14.8)	(47.9)	41
Mountains	20.1	31.8	20.5	23.8	3.8	0.0	100.0	5.0	28.4	22.2	34.8	7.5	2.0	0.0	100.0	12.8	112	
Senqu River Valley	14.9	34.4	29.0	19.5	2.2	0.0	100.0	1.8	31.4	20.5	35.8	4.7	5.7	0.0	100.0	11.5	35	
Mother's education																		
No education	*	*	*	*	*	*	100.0	*	*	*	*	*	*	*	100.0	*	*	8
Primary incomplete	17.7	33.9	24.4	20.0	4.0	0.0	100.0	5.9	30.2	22.8	30.5	5.1	5.5	0.0	100.0	12.5	124	
Primary complete	15.8	42.5	17.7	20.0	3.9	0.0	100.0	2.6	40.5	23.6	26.1	5.4	1.8	0.0	100.0	12.7	105	
Secondary+	30.7	35.2	15.7	12.4	3.9	2.1	100.0	6.6	36.4	22.5	27.0	1.9	3.4	2.1	100.0	22.4	137	
Wealth quintile																		
Lowest	20.0	34.5	25.1	19.0	1.3	0.0	100.0	4.9	33.9	26.4	30.1	3.5	1.2	0.0	100.0	13.6	106	
Second	14.5	39.2	24.7	18.7	2.8	0.0	100.0	1.2	33.7	22.8	29.8	8.1	4.3	0.0	100.0	8.8	79	
Middle	16.5	36.7	26.5	15.4	4.9	0.0	100.0	3.8	39.1	27.5	21.7	3.5	4.4	0.0	100.0	15.5	73	
Fourth	29.9	26.6	5.3	27.9	5.8	4.5	100.0	9.0	27.4	20.8	31.3	3.0	4.0	4.5	100.0	26.1	64	
Highest	(36.9)	(46.1)	(3.5)	(6.7)	(6.7)	(0.0)	(100.0)	(8.6)	(41.4)	(13.0)	(31.0)	(0.0)	(6.1)	(0.0)	(100.0)	(22.6)	(52.4)	52
Total	22.2	36.2	18.9	18.0	3.9	0.8	100.0	5.1	34.8	23.0	28.7	3.9	3.6	0.8	100.0	16.3	47.6	375

¹ Continue feeding practices includes children who were given more, same as usual, or somewhat less food during the diarrhoea episode

10.4.4 Knowledge of ORS

Table 10.10 shows that knowledge about ORS packets or ORS pre-packaged liquids for treatment of diarrhoea is widespread among mothers in Lesotho (91 percent). Although knowledge of ORS packets or ORS pre-packaged liquids increases with the mother's age, knowledge of ORS packets or ORS pre-packaged liquids does not vary much across other subgroups of women.

10.4.5 Disposal of Children's Stools

Proper disposal of children's faeces is extremely important in preventing the spread of diseases. If faeces are left uncontained, diseases may spread by direct contact or through animal contact. Table 10.11 shows that, for 55 percent of the youngest children under age 5, the stools are disposed of safely (that is, children use a toilet or latrine, the stools are rinsed into the toilet or latrine, or the stools are buried). Mothers report that 13 percent of children always use a toilet or latrine, 38 percent have their stools thrown into a toilet or latrine, and 4 percent report burying their children's stools in the yard. One in four mothers left their children's stools in the open.

Whereas there are small differences in the proportion of children whose stools are disposed of safely by the child's age, children who live in households with an improved, not shared toilet are much more likely than other children to have their stools disposed of safely. Safe disposal of children's stools is more common in the urban areas, in the Lowlands zone, and in Maseru district. Thaba-Tseka has the lowest proportion of safe disposal of children's stools.

Safe disposal of children's stools has a positive association with mother's education and wealth quintile. For example, safe disposal is 29 percent for children whose mothers have no education compared with 72 percent for children whose mothers have a secondary or higher education.

Table 10.10 Knowledge of ORS packets or pre-packaged liquids

Percentage of mothers age 15-49 who gave birth in the five years preceding the survey who know about ORS packets or ORS pre-packaged liquids for treatment of diarrhoea by background characteristics, Lesotho 2009

Background characteristic	Percentage of women who know about ORS packets or ORS pre-packaged liquids	Number of women
Age		
15-19	77.6	282
20-24	91.1	912
25-34	93.0	1,252
35-49	93.1	538
Residence		
Urban	92.2	759
Rural	90.5	2,225
Ecological zone		
Lowlands	92.6	1,671
Foothills	90.2	334
Mountains	88.8	748
Senqu River Valley	87.3	230
District		
Butha-Buthe	90.8	156
Leribe	91.5	540
Berea	94.9	394
Maseru	92.2	691
Mafeteng	88.4	283
Mohale's Hoek	92.5	258
Quthing	88.2	141
Qacha's Nek	86.1	87
Mokhotlong	93.3	178
Thaba-Tseka	83.2	255
Education		
No education	90.7	46
Primary incomplete	88.0	802
Primary complete	91.0	791
Secondary+	92.7	1,345
Wealth quintile		
Lowest	86.6	597
Second	91.3	560
Middle	91.1	555
Fourth	91.5	675
Highest	94.2	598
Total	90.9	2,984

ORS = Oral rehydration salts

Table 10.11 Disposal of children's stools

Percent distribution of youngest children under age 5 living with the mother by the manner of disposal of the child's last faecal matter, and percentage of children whose stools are disposed of safely, according to background characteristics, Lesotho 2009

Background characteristic	Manner of disposal of children's stools							Total	Percentage of children whose stools are disposed of safely	Number of mothers
	Child used toilet or latrine	Put/rinsed into toilet or latrine	Buried	Put/rinsed into drain or ditch	Thrown into garbage	Left in the open	Other			
Age in months										
<6	5.3	44.0	4.2	15.2	12.9	10.7	7.8	100.0	53.4	406
6-11	6.2	46.5	3.3	7.0	11.0	22.1	3.9	100.0	56.0	347
12-23	6.0	43.7	3.8	3.7	14.9	27.6	0.2	100.0	53.6	681
24-35	13.5	35.4	5.3	1.7	12.9	30.8	0.4	100.0	54.2	458
36-47	26.4	26.7	3.6	3.1	11.0	28.4	0.7	100.0	56.7	379
48-59	31.3	21.5	2.6	2.2	10.8	28.2	3.3	100.0	55.5	301
Toilet facility										
Improved, not shared ¹	17.8	62.0	2.5	2.1	6.0	8.6	1.0	100.0	82.3	503
Non-improved or shared	12.1	31.6	4.2	6.2	14.3	28.9	2.7	100.0	48.0	2,070
Residence										
Urban	27.9	59.8	1.3	3.2	3.2	2.8	1.8	100.0	89.0	579
Rural	8.9	31.1	4.7	6.0	15.4	31.4	2.6	100.0	44.7	1,994
Ecological zone										
Lowlands	19.2	53.2	3.4	3.4	7.3	11.3	2.3	100.0	75.8	1,395
Foothills	10.7	31.4	3.9	5.7	16.1	30.2	1.9	100.0	46.0	300
Mountains	4.5	12.8	5.3	8.9	19.3	47.1	2.2	100.0	22.5	671
Senqu River Valley	5.2	20.9	3.0	6.4	22.5	37.6	4.4	100.0	29.1	207
District										
Butha-Buthe	18.7	34.3	2.1	4.2	7.4	32.0	1.3	100.0	55.1	139
Leribe	15.9	41.6	3.5	2.3	6.4	28.1	2.2	100.0	61.0	453
Berea	12.6	47.8	2.5	4.9	9.0	19.3	4.0	100.0	62.8	343
Maseru	22.1	53.1	3.3	4.8	10.8	5.7	0.2	100.0	78.5	559
Mafeteng	13.5	47.3	5.8	3.7	12.9	15.1	1.9	100.0	66.5	252
Mohale's Hoek	5.7	23.5	7.3	5.2	15.8	35.4	7.0	100.0	36.5	225
Quthing	5.7	25.2	2.8	5.7	24.9	32.8	2.9	100.0	33.7	129
Qacha's Nek	11.0	20.6	1.7	9.3	8.1	46.7	2.6	100.0	33.3	77
Mokhotlong	2.5	11.9	6.9	10.1	18.6	46.4	3.6	100.0	21.3	162
Thaba-Tseka	3.7	12.7	3.3	11.3	25.0	42.9	1.2	100.0	19.7	235
Education										
No education	0.0	23.1	5.9	6.7	27.9	34.5	1.8	100.0	29.0	42
Primary incomplete	8.9	21.9	5.0	7.1	17.6	36.5	2.8	100.0	35.9	719
Primary complete	11.0	32.7	4.3	5.4	14.9	29.7	2.1	100.0	47.9	678
Secondary+	17.7	50.8	2.9	4.2	7.7	14.4	2.3	100.0	71.5	1,135
Wealth quintile										
Lowest	1.7	6.1	4.0	9.7	23.8	52.2	2.6	100.0	11.7	550
Second	5.8	24.7	7.7	7.1	17.5	34.5	2.7	100.0	38.1	515
Middle	13.2	39.0	5.0	3.4	10.9	25.1	3.3	100.0	57.2	510
Fourth	21.0	57.2	1.9	1.7	7.7	7.7	2.8	100.0	80.1	540
Highest	26.3	65.1	0.8	4.7	1.6	1.4	0.2	100.0	92.1	457
Total	13.2	37.5	3.9	5.4	12.7	24.9	2.4	100.0	54.7	2,573

¹ Non-shared facilities that are of the types: flush or pour flush into a piped sewer system/septic tank/pit latrine; ventilated, improved pit (VIP) latrine; pit latrine with a slab; and a composting toilet.

Mahlape Ramoseme

Nutritional status is the result of complex interactions between food consumption and the overall status of health and care practices. Numerous socioeconomic and cultural factors influence the decisions on patterns of feeding and nutritional status. The 2009 LDHS used 24-hour recall to determine foods eaten in the past 24 hours, including breastfeeding, complementary feeding, and use of feeding bottles. Heights and weights of all children under age five, women age 15-49, and men age 15-59 were measured to determine the adult and child nutritional status. This chapter presents the findings on infant feeding practices and the nutritional status of women, men, and children.

11.1 NUTRITIONAL STATUS OF CHILDREN UNDER AGE 5

The growth patterns of healthy, well-fed children are reflected in positive changes in their height and weight. An inadequate food supply, among other factors, often leads to malnutrition, resulting in serious consequences for the physical and mental growth and development of children. Monitoring of nutrition indicators provides information on the progress made towards achievement of the Millennium Development Goals (MDGs)¹ as well as the targets of government Health Sector Reforms.

In addition to questions about feeding practices of infants and young children, the 2009 LDHS included an anthropometric component, in which all children under age 5 were both weighed and measured. Each interviewing team carried a scale and measuring board. The scales were lightweight, bathroom-type scales with a digital screen designed and manufactured under the authority of UNICEF. The measuring boards were specially produced by Shorr Productions for use in survey settings. Children younger than 24 months were measured lying down on the board (recumbent length), and standing height was measured for older children.

Any evaluation of nutritional status is based on the rationale that in a well-nourished population, there is a statistically predictable distribution of children for any age group. In any large population, there will be variation in height and weight. This variation approximates a normal distribution. Use of a standard reference population as a point of comparison facilitates the examination of differences in the anthropometric status of subgroups in a population and of changes in nutritional status over time. The World Health Organisation (WHO) adopted in 2006 a Child Growth Standard for use as a reference population. The use of this reference population is based on the finding that young children of all population groups have similar genetic potential for growth.

Three standard indices of physical growth that describe the nutritional status of children are presented:

- Height-for-age (stunting)
- Weight-for-height (wasting)
- Weight-for-age (underweight)

¹ One of the Millennium Development Goal indicators is to reduce by half the proportion of malnourished children by 2015.

Each of the three nutritional indicators is expressed in standard deviations (Z-scores) from the mean of the reference population.² Deviations of the indicators below -2 standard deviations (SD) indicate that the children are moderately affected, while deviations below -3 SD indicate that the children are severely affected. A total of 2,227 (weighted) children under age 5 were eligible to be weighed and measured. Of these children, 3 percent had missing data, either for height or weight, 3 percent had implausibly high or low values for their height and weight measurements, and less than 1 percent had incomplete age information. The following analysis focuses on the 2,086 children under age 5 for whom complete and plausible anthropometric data were collected.

11.1.1 Stunting

Height-for-age is a measure of linear growth. A child who is below -2 SD from the median of the reference population in terms of height-for-age is considered short for his or her age, or *stunted*, a condition reflecting the cumulative effect of chronic malnutrition. If the child is below -3 SD from the reference median, then the child is considered to be severely stunted. A child between -2 and -3 SD is considered to be moderately stunted. Stunting reflects failure to receive adequate nutrition over a long period of time and may also be caused by recurrent and chronic illness. Height-for-age, therefore, represents a measure of the long-term effects of malnutrition in a population and does not vary appreciably according to the season of data collection. Stunted children are not immediately obvious in a population; a stunted 3-year-old child may look like a well-fed 2-year-old child.

Table 11.1 shows the nutritional status of children under age 5 as measured by stunting (height-for-age) indicator by various background characteristics. At the national level in Lesotho, 39 percent of children under age 5 are stunted, and the proportion who are severely stunted is 15 percent. The level of stunting in Lesotho has remained stable since the 2004 LDHS survey. Among the various age groups, stunting is highest (48 percent) among children age 24-35 months and lowest (19 percent) among children under 8 months of age. It must be noted that the percentage of stunted children remains quite high among children 36-59 months (43-46 percent). Table 11.1 also shows that severe stunting increases sharply from 6 to 7 percent among children under age 11 months to 14-20 percent among children 12 months or older. The prevalence of severe stunting peaks at 20 percent among children age 24-35 months, after which it drops somewhat.

Female children are less likely (35 percent) to be stunted than male children (43 percent). Children born less than 24 months after a previous birth (44 percent), those who were born very small (54 percent) or small (47 percent), children whose mothers were not interviewed and were not in the household at the time of interview (44 percent), and those born to thin mothers (48 percent) are more likely than other children to be stunted.

Thirty percent of urban children are moderately stunted compared with 41 percent of rural children. With regard to ecological zones, the Mountains zone has the highest (48 percent) level of stunting, while the Lowlands zone has the lowest (34 percent). At the district level, the proportion of stunted children ranges from 32 percent in Maseru to 52 percent in Thaba-Tseka.

Children of mothers with secondary or higher education have the lowest level of stunting (31 percent) when compared with children of mothers with no or primary education (41-44 percent). Wealth also has an inverse relationship with stunting among children under age 5. Children in the lowest two wealth quintiles (46-47 percent) have a much higher prevalence of stunting than those in the higher two wealth quintiles (28-29 percent).

² The distribution of the standard reference population has been normalized and hence the mean and the median coincide.

Table 11.1 Nutritional status of children

Percentage of children under 5 years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Lesotho 2009

Background characteristic	Height-for-age			Weight-for-height				Weight-for-age				Number of children
	Percentage below -3 SD	Percentage below -2 SD ¹	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD ¹	Percentage above +2 SD	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD ¹	Percentage above +2 SD	Mean Z-score (SD)	
Age in months												
<6	6.9	19.1	(0.6)	2.1	7.6	17.2	0.5	2.6	9.8	4.4	(0.1)	188
6-8	5.6	19.2	(0.9)	7.1	10.6	8.9	(0.1)	2.7	9.5	4.0	(0.7)	99
9-11	6.2	21.4	(0.8)	3.0	8.3	6.8	(0.3)	4.9	15.8	2.8	(0.7)	94
12-17	15.7	31.7	(1.3)	2.0	4.5	10.7	0.3	3.5	10.7	3.9	(0.5)	222
18-23	16.5	43.9	(1.8)	0.5	2.1	9.0	0.3	0.9	14.8	1.0	(0.6)	202
24-35	20.4	47.8	(1.9)	0.9	1.6	6.4	0.4	2.1	15.1	1.6	(0.7)	434
36-47	16.1	45.5	(1.8)	0.8	2.8	4.9	0.3	2.6	13.5	1.0	(0.8)	383
48-59	14.2	43.4	(1.7)	0.7	2.9	3.1	0.1	1.6	13.2	0.3	(1.0)	464
Sex												
Male	18.4	43.4	(1.7)	1.7	4.1	7.4	0.3	3.3	15.7	1.4	(0.8)	1,034
Female	11.2	35.0	(1.3)	1.1	3.5	7.0	0.2	1.4	10.7	2.2	(0.6)	1,052
Birth interval in months²												
First birth ³	15.2	35.9	(1.5)	1.5	4.6	7.7	0.2	1.9	13.0	1.6	(0.7)	563
<24	14.0	43.8	(1.6)	0.6	5.7	3.4	0.0	1.9	16.5	0.0	(0.9)	106
24-47	15.3	39.3	(1.6)	1.9	4.8	9.2	0.2	4.0	15.2	2.1	(0.8)	427
48+	12.4	36.8	(1.4)	1.2	2.6	7.0	0.3	1.5	9.8	2.5	(0.6)	409
Size at birth²												
Very small	16.0	54.1	(1.9)	2.0	4.2	2.7	(0.3)	1.8	24.4	0.0	(1.4)	60
Small	22.9	46.9	(1.9)	1.9	6.5	4.0	(0.2)	6.8	26.7	2.2	(1.3)	149
Average or larger	13.3	35.9	(1.4)	1.3	3.8	8.3	0.3	1.8	10.8	1.9	(0.6)	1,290
Missing	20.0	28.0	(0.5)	20.3	20.3	4.3	(1.2)	20.0	34.1	0.0	(1.4)	7
Mother's interview status												
Interviewed	14.4	37.7	(1.5)	1.5	4.2	7.6	0.2	2.4	13.0	1.9	(0.7)	1,505
Not interviewed but in household	14.1	41.1	(1.6)	1.1	3.0	4.9	0.2	2.5	9.1	0.2	(0.8)	189
Not interviewed, and not in the household ⁴	16.6	44.0	(1.7)	1.3	2.4	6.7	0.3	1.9	15.8	2.4	(0.7)	392
Mother's nutritional status⁵												
Thin (BMI < 18.5)	23.7	48.2	(1.9)	2.9	6.0	4.9	(0.2)	7.8	21.0	0.0	(1.2)	63
Normal (BMI 18.5-24.9)	14.7	40.6	(1.6)	1.7	5.2	6.6	0.1	2.4	15.7	1.0	(0.8)	809
Overweight/obese (BMI ≥ 25)	12.8	32.5	(1.4)	1.0	2.6	8.8	0.4	1.8	8.5	3.1	(0.5)	652
Missing	24.0	39.8	(1.6)	5.4	5.4	18.1	0.3	4.9	17.9	0.0	(0.8)	25
Residence												
Urban	12.6	30.2	(1.2)	1.6	4.0	8.8	0.4	1.7	12.2	5.0	(0.4)	353
Rural	15.2	41.0	(1.6)	1.4	3.7	6.9	0.2	2.4	13.4	1.2	(0.8)	1,733
Ecological zone												
Lowlands	12.6	34.3	(1.4)	0.7	2.8	8.3	0.4	1.2	11.5	2.6	(0.6)	1,083
Foothills	17.6	35.5	(1.6)	2.7	3.8	6.6	0.2	2.1	14.3	0.9	(0.8)	241
Mountains	18.3	48.3	(1.7)	2.1	5.2	5.8	0.1	3.9	16.3	1.1	(0.9)	572
Senqu River Valley	13.3	44.5	(1.6)	1.7	4.8	5.8	0.1	4.2	12.3	0.8	(0.9)	190
District												
Butha-Buthe	9.5	32.5	(1.4)	1.3	3.8	3.9	0.1	3.0	10.8	0.5	(0.7)	111
Leribe	19.4	39.6	(1.6)	0.4	1.4	13.3	0.8	1.0	10.7	5.1	(0.4)	349
Berea	9.8	35.3	(1.4)	0.5	2.8	7.1	0.3	1.1	10.0	2.5	(0.6)	280
Maseru	12.4	31.7	(1.4)	1.4	3.8	7.1	0.2	2.7	12.9	1.5	(0.7)	435
Mafeteng	15.8	37.6	(1.5)	1.4	5.2	1.8	0.0	0.5	14.5	0.0	(0.9)	199
Mohale's Hoek	11.1	44.8	(1.7)	2.6	4.9	5.4	(0.0)	5.0	19.1	0.7	(1.0)	189
Quthing	12.4	37.6	(1.5)	2.8	4.2	6.7	0.2	3.1	8.9	0.6	(0.7)	114
Qacha's Nek	13.0	47.0	(1.5)	1.0	3.9	11.4	0.3	2.2	10.5	2.0	(0.6)	66
Mokhotlong	19.0	48.2	(1.8)	2.0	4.0	3.5	0.0	4.7	18.3	0.5	(1.0)	138
Thaba-Tseka	23.1	51.8	(1.8)	2.4	5.9	7.2	0.1	2.4	16.8	1.2	(1.0)	206
Mother's education⁶												
No education	17.6	41.4	(1.8)	1.3	2.7	8.4	0.2	0.0	13.3	0.0	(0.9)	42
Primary incomplete	18.7	43.5	(1.7)	2.2	5.3	6.8	0.1	4.1	16.3	1.4	(0.9)	546
Primary complete	12.9	40.5	(1.5)	1.2	3.3	7.4	0.2	2.0	12.4	1.8	(0.7)	475
Secondary+	11.2	31.0	(1.3)	1.0	3.7	7.7	0.3	1.4	9.5	2.0	(0.5)	627
Wealth quintile												
Lowest	18.9	45.6	(1.7)	2.3	5.6	4.8	0.1	4.4	17.8	1.1	(0.9)	481
Second	17.4	46.9	(1.8)	1.4	3.0	6.0	0.2	2.3	13.5	0.7	(0.9)	461
Middle	14.5	40.3	(1.5)	0.9	3.1	8.4	0.3	1.3	11.9	0.8	(0.7)	472
Fourth	11.7	28.7	(1.3)	0.7	3.1	8.4	0.4	1.7	11.5	3.6	(0.5)	393
Highest	8.5	28.3	(1.2)	2.0	3.8	9.7	0.3	1.4	9.2	4.2	(0.4)	280
Total	14.8	39.2	(1.5)	1.4	3.8	7.2	0.2	2.3	13.2	1.8	(0.7)	2,086

Note: Total includes 7 children with information missing on size at birth. Table is based on children who slept in the household the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards adopted in 2006. The indices in this table are NOT comparable to those based on the previously used NCHS/CDC/WHO reference. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight. Figures in parentheses are based on 25-49 unweighted cases.

¹ Includes children who are below -3 standard deviations (SD) from the WHO Child Growth standards population median

² Excludes children whose mothers were not interviewed

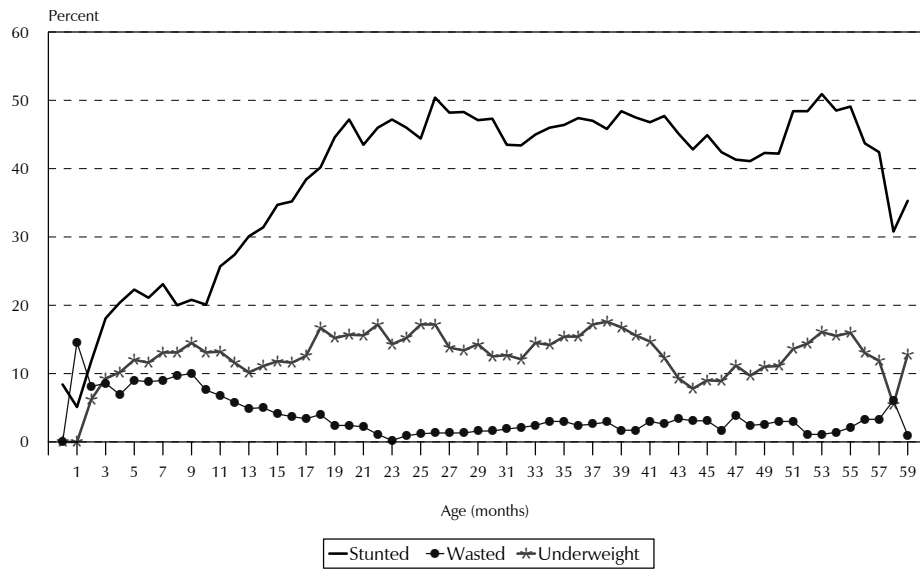
³ First born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval

⁴ Includes children whose mothers are deceased

⁵ Excludes children whose mothers were not weighed and measured. Mother's nutritional status in terms of BMI (Body Mass Index) is presented in Table 11.10

⁶ For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire

Figure 11.1 Nutritional Status of Children by Age



Note: *Stunting* reflects chronic malnutrition; *wasting* reflects acute malnutrition; *underweight* reflects chronic or acute malnutrition or a combination of both. Plotted values are smoothed by a five-month moving average.

LDHS 2009

11.1.2 Wasting

Weight-for-height measures body mass in relation to body length and describes current nutritional status. A child who is below -2 SD from the reference median for weight-for-height is considered to be too thin for his or her height, or *wasted*, a condition reflecting acute malnutrition. Wasting represents the failure to receive adequate nutrition in the period immediately preceding the survey and may be the result of inadequate food intake or recent episodes of illness causing loss of weight and the onset of malnutrition. As with stunting, wasting is considered severe if the child is below -3 SD from the reference mean. Severe wasting is closely linked to an elevated risk of mortality. Prevalence of wasting may vary considerably by season.

Table 11.1 also shows that, nationally, 4 percent of children in Lesotho are wasted, and 1 percent are severely wasted. These findings are similar to the 2004 LDHS survey findings.

Wasting is highest in children age 6-8 months (11 percent) and lowest in children age 18-35 months (2 percent). Children born fewer than 24 months after a previous birth are twice as likely to be wasted (6 percent) as those with a birth interval of 48 months or more (3 percent). Looking at the ecological zones, Senqu River Valley and the Mountains have a slightly higher level of wasting (5 percent) compared with the other zones. At the district level, the prevalence of wasting ranges from 1 percent in Leribe to 6 percent in Thaba-Tseka. Children of mothers with some primary education (5 percent) and those in the lowest wealth quintile (6 percent) are somewhat more likely than other children to be moderately wasted.

11.1.3 Underweight

Weight-for-age is a composite index of height-for-age and weight-for-height and, thus, does not distinguish between acute malnutrition (wasting) and chronic malnutrition (stunting). A child can be underweight for his age because he is stunted, wasted, or both. Weight-for-age is a useful tool in clinical

settings for continuous assessment of nutritional progress and growth. Children whose weight-for-age is below -2 SD from the median of the reference population are classified as underweight.

The data from Table 11.1 show that 13 percent of children under age 5 are underweight. The proportion of severely underweight children is 2 percent, slightly lower than the 2004 LDHS reported proportion of 4 percent. The proportion of underweight children is highest among children age 9-11 months (16 percent) and lowest among those under 8 months of age (10 percent). The underweight prevalence is higher (16 percent) among male children than among female children (11 percent).

There are no significant differences in the proportion of children who are underweight between urban children and rural children (12 percent and 13 percent, respectively) or by ecological zones (ranging from 12 to 16 percent). At the district level, Molepolole (19 percent) has the highest proportion of children who are moderately underweight, and Quthing has the lowest proportion (9 percent).

The proportion of underweight children is lowest among children of mothers with secondary or higher education (10 percent) and highest among children of mothers with some primary education (16 percent). The percentage of underweight children is negatively correlated with wealth; it decreases from 18 percent of children in the lowest wealth quintile to 9 percent among those in the highest quintile.

It must be noted that, overall, 2 percent of children in Lesotho are overweight, i.e., their weight-for-age is above +2 SD from the median of the reference population.

11.2 BREASTFEEDING AND SUPPLEMENTATION

Feeding practices play a pivotal role in determining optimal development of infants. Poor breastfeeding and infant feeding practices have adverse consequences for the health and nutritional status of children, which in turn has consequences for the mental and physical development of the child.

11.2.1 Initiation of Breastfeeding

Breastfeeding is sufficient and beneficial for infant nutrition in the first six months of life. Early initiation of breastfeeding (breastfeeding within one hour) facilitates the newborn's innate sucking reflex, which helps to stimulate breast milk production and provides all of the nutritional requirements of a young infant. The high concentration of antibodies in colostrum, the first yellowish, highly nutritious milk that is present right after delivery, protects the child from infection before the child's immune system has matured. Early initiation also encourages the bond between mother and baby and helps to maintain the baby's body temperature. Breastfeeding also helps the uterus to retract, hence reducing postpartum blood loss of the mother. Prelacteal feeding (giving something other than breast milk in the first three days of life) is generally discouraged because it may inhibit breastfeeding and expose the newborn infant to illness.

Table 11.2 shows the percentage of children born in the five years preceding the survey who were ever breastfed, and for the last children born in the five years preceding the survey ever breastfed, the percentage who started breastfeeding within one hour and within one day of birth and the percentage who received a prelacteal feed, by background characteristics. Overall, 92 percent of children are breastfed at some point, slightly less than the 95 percent reported in the 2004 LDHS. Fifty-three percent of last-born ever breastfed children started breastfeeding within one hour of birth, and 93 percent started breastfeeding within one day of birth.

Table 11.2 Initial breastfeeding

Percentage of children born in the five years preceding the survey who were ever breastfed, and for the last children born in the five years preceding the survey ever breastfed, the percentage who started breastfeeding within one hour and within one day of birth and the percentage who received a prelacteal feed, by background characteristics, Lesotho 2009

Background characteristic	Breastfeeding among children born in past five years		Among last-born children ever breastfed:			
	Percentage ever breastfed	Number of children born in past five years	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth ¹	Percentage who received a prelacteal feed ²	Number of last-born children ever breastfed
Sex						
Male	91.9	1,890	54.1	93.2	32.1	1,390
Female	92.8	1,842	52.7	92.7	28.7	1,395
Residence						
Urban	92.0	864	58.2	94.7	23.8	706
Rural	92.4	2,868	51.8	92.3	32.7	2,080
Ecological zone						
Lowlands	91.9	1,997	56.6	93.8	27.4	1,560
Foothills	93.2	417	54.5	93.0	32.8	315
Mountains	93.0	1,018	46.9	91.0	35.8	700
Senqu River Valley	91.6	300	49.6	92.8	31.5	210
District						
Butha-Buthe	94.2	198	56.7	94.2	35.7	148
Leribe	91.5	669	57.7	93.6	29.4	499
Berea	92.4	477	45.3	93.1	30.8	365
Maseru	91.6	831	58.2	93.3	25.9	650
Mafeteng	92.9	336	62.4	92.8	32.4	267
Mohale's Hoek	92.2	332	45.8	91.5	31.9	238
Quthing	90.4	185	56.4	91.5	32.1	128
Qacha's Nek	95.1	112	59.4	89.6	24.9	83
Mokhotlong	93.6	243	47.6	92.7	33.0	166
Thaba-Tseka	93.5	348	39.4	93.4	36.3	240
Mother's education						
No education	94.1	65	61.1	90.8	25.2	44
Primary incomplete	90.7	1,095	52.7	92.3	35.5	738
Primary complete	91.9	1,023	51.0	91.8	31.9	739
Secondary+	93.8	1,549	54.9	94.0	26.7	1,265
Assistance at delivery						
Health professional ³	92.6	2,297	54.7	93.9	23.2	1,779
Community health worker	89.4	415	49.3	92.6	43.1	277
Traditional birth attendant	92.6	142	59.3	94.9	41.0	106
Other	93.1	843	50.5	89.7	43.5	597
No one	(89.9)	33	(47.5)	(95.0)	(42.2)	27
Place of delivery						
Health facility	92.8	2,189	55.0	93.9	22.9	1,699
At home	91.7	1,474	51.6	91.2	42.8	1,033
Other	89.7	68	35.8	97.8	28.4	53
Wealth quintile						
Lowest	93.0	855	48.9	90.4	40.5	562
Second	92.1	738	50.9	93.3	32.3	526
Middle	94.5	694	53.1	94.0	31.2	527
Fourth	90.3	788	56.5	93.5	21.9	620
Highest	92.0	656	57.0	93.6	27.2	551
Total	92.3	3,732	53.4	92.9	30.4	2,785

Note: Total includes two children with information missing on assistance at delivery and one child with information missing on place of delivery. Table is based on births in the past five years whether the children are living or dead at the time of interview. Figures in parentheses are based on 25-49 unweighted cases.

¹ Includes children who started breastfeeding within one hour of birth

² Children given something other than breast milk during the first three days of life

³ Doctor and nurse/midwife

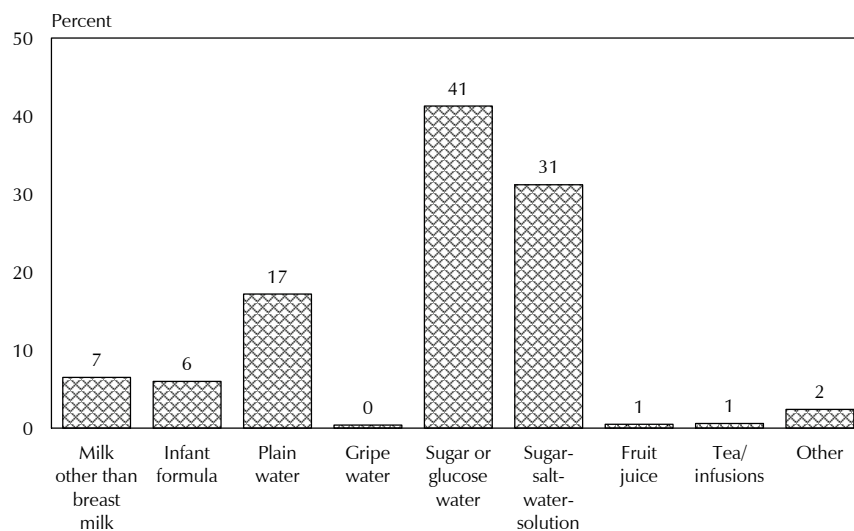
The proportion of children who started breastfeeding within one hour of birth is higher in urban than in rural areas (58 percent versus 52 percent), and it is highest in the Lowlands (57 percent) when compared with children in other ecological zones. Among districts, the percentage of children who started breastfeeding within one hour of birth is highest in Mafeteng (62 percent) and lowest in Thaba-Tseka (39 percent). Children of mothers with no education (61 percent) are the most likely to start breastfeeding within one hour of birth compared with children of mothers with any education (51-55 percent). Furthermore, children who were delivered with the assistance of a traditional birth attendant (59 percent) or a health professional (55 percent), as well as those delivered at a health facility (55 percent) are more likely than other children to start breastfeeding soon after birth. The percentage of children who start breastfeeding shortly after birth increases with wealth from 49 percent of children in the lowest wealth quintile to 57 percent of children in the highest two quintiles.

There are no major variations in the percentage of children who started breastfeeding within one day of birth by various background characteristics.

Thirty percent of children are given something before breastfeeding (prelacteal feed). Prelacteal feeding is more common among rural (33 percent) than urban children (24 percent). Further, it is most common in the Mountains zone and in Thaba-Tseka and Butha-Buthe districts (36 percent each), and least common in the Lowlands zone (27 percent) and Qacha's Nek district (25 percent). Children of mothers with primary incomplete or complete education (32-36 percent) and those in the lowest wealth quintile (41 percent) are more likely than other children to receive a prelacteal feed. Looking at assistance and place of delivery, children whose delivery was assisted by a health professional or at a health facility (23 percent, each) are much less likely than other categories of children to receive a prelacteal feed.

Figure 11.2 shows that most children who receive prelacteal feeding receive sugar or glucose water (41 percent), 31 percent receive sugar and salt water, and 17 percent receive plain water.

Figure 11.2 Among Last Children Born in the Five Years Preceding the Survey Who Received a Prelacteal Liquid, the Percentage Who Received Specific Liquids



LDHS 2009

Breast milk is the optimal source of nutrients for infants. Children who are exclusively breastfed receive only breast milk. Exclusive breastfeeding is recommended during the first six months of a child's life because it limits exposure to disease agents and provides all of the nutrients that are required by a baby. As the infant grows, breast milk alone no longer provides sufficient nourishment, and other liquids and foods need to be added to a child's diet.

Table 11.3 and Figure 11.3 present the infant feeding practices among children in Lesotho. Among children under six months of age, a large majority are breastfed (94 percent). However, just over half (54 percent) are exclusively breastfed, as recommended. In addition to breast milk, 12 percent of the children in this age group are given other milk or non-milk liquids or juice, 6 percent are given water, and 11 percent are given solid or mushy food. Although almost eight in ten (79 percent) of children in Lesotho continue to breastfeed through age 9-11 months, almost all receive supplements in addition to breast milk. Data further show that complementary foods are introduced at a young age in Lesotho. Eight percent of children 0-1 month of age are given non-milk liquids or juice, and 5 percent are given complementary foods. Data further show that introduction of complementary foods starts, as expected, mostly at age 6-8 months (62 percent).

Table 11.3 Breastfeeding status by age

Percent distribution of youngest children under age 3 who are living with their mother by breastfeeding status and the percentage currently breastfeeding; and the percentage of all children under age 3 using a bottle with a nipple, according to age in months, Lesotho 2009

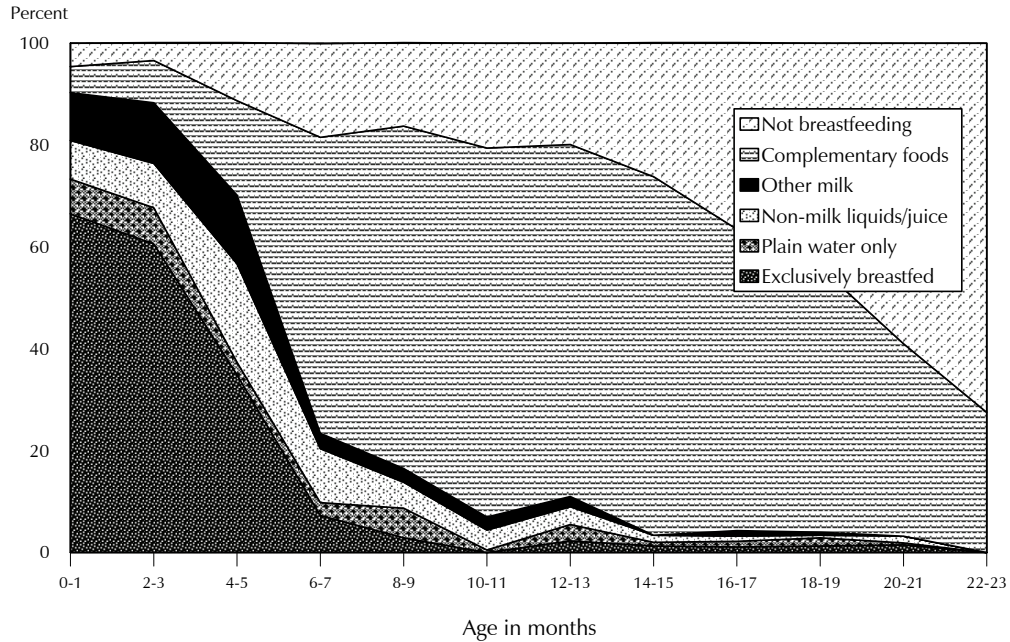
Age in months	Not breast-feeding	Breastfeeding and consuming:					Total	Percentage currently breast-feeding	Number of youngest child under three years	Percentage using a bottle with a nipple ¹	Number of children
		Exclusively breastfed	Plain water only	Non-milk liquids/juice	Other milk	Comple-mentary foods					
0-1	4.6	66.5	6.8	7.6	9.4	5.1	100.0	95.4	97	21.7	97
2-3	3.5	60.6	7.1	8.7	11.9	8.3	100.0	96.5	176	21.7	179
4-5	11.4	34.9	2.5	19.3	13.5	18.5	100.0	88.6	134	33.3	136
6-8	15.8	6.1	4.2	8.3	3.0	62.4	100.0	84.2	178	37.7	188
9-11	21.3	0.5	1.5	4.6	2.5	69.6	100.0	78.7	169	34.0	180
12-17	27.1	1.6	1.6	1.9	0.9	66.9	100.0	72.9	366	17.2	396
18-23	57.8	1.0	0.7	0.7	0.2	39.6	100.0	42.2	315	7.5	348
24-35	89.6	0.1	0.0	0.2	0.0	10.1	100.0	10.4	458	2.0	608
0-3	3.9	62.7	7.0	8.3	11.0	7.2	100.0	96.1	273	21.7	276
0-5	6.3	53.5	5.5	11.9	11.8	10.9	100.0	93.7	406	25.5	412
6-9	17.4	5.2	4.1	7.9	2.9	62.6	100.0	82.6	228	39.1	243
12-15	23.5	1.8	1.8	2.3	0.9	69.8	100.0	76.5	266	17.4	288
12-23	41.3	1.3	1.2	1.4	0.6	54.3	100.0	58.7	681	12.7	744
20-23	64.9	0.8	0.2	0.8	0.0	33.3	100.0	35.1	209	7.5	235

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children who are classified as breastfeeding and consuming plain water only consumed no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, non-milk liquids/juice, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus children who receive breast milk and non-milk liquids and who do not receive complementary foods are classified in the non-milk liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

¹ Based on all children under age 3

Use of bottles with nipples is significant: among children 0-5 months of age, 26 percent use a bottle with a nipple, and among children age 6-9 months, the proportion increases to 39 percent. These data show that improvements must be made before Basotho children are considered breastfed according to international standards.

Figure 11.3 Infant Feeding Practices by Age



LDHS 2009

Table 11.4 shows that the median duration of any breastfeeding among Basotho children is 17 months; the durations of exclusive breastfeeding and predominant breastfeeding (breastfeeding plus plain water, water-based liquids, or juice), however, are short (2 months and 4 months, respectively). The median duration of any breastfeeding had decreased since 2004 from 21 to 17 months in 2009, while the median duration of exclusive breastfeeding has increased from 1 to 2 months over the same period.

Table 11.4 Median duration and frequency of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey, percentage of breastfeeding children under 6 months living with the mother who were breastfed six or more times in the 24 hours preceding the survey, and mean number of feeds (day/night), by background characteristics, Lesotho 2009

Background characteristic	Median duration (months) of breastfeeding among children born in the past three years ¹			Breastfeeding among children under age 6 months ²			
	Any breast-feeding	Exclusive breast-feeding	Predominant breastfeeding ³	Percentage breastfed 6+ times in past 24 hours	Mean number of day feeds	Mean number of night feeds	Number of children
Sex							
Male	17.6	2.4	4.0	96.8	9.2	7.2	196
Female	16.9	2.3	4.8	95.2	8.7	7.3	186
Residence							
Urban	8.3	0.9	2.5	95.3	8.5	6.9	71
Rural	19.1	2.6	4.9	96.1	9.1	7.3	311
Ecological zone							
Lowlands	15.4	3.1	4.4	97.2	8.9	7.5	204
Foothills	17.9	4.3	5.5	94.4	9.0	6.5	52
Mountains	21.4	0.8	4.0	96.0	8.9	7.0	92
Senqu River Valley	19.3	0.6	3.4	91.0	9.2	7.4	33
District							
Butha-Buthe	(20.7)	(3.5)	(4.6)	(95.6)	(10.7)	(8.8)	21
Leribe	(15.9)	(2.4)	(3.9)	(96.8)	(7.8)	(6.1)	75
Berea	(15.4)	(3.0)	(3.4)	(92.0)	(9.0)	(9.4)	46
Maseru	(14.6)	(0.6)	(0.7)	(97.7)	(9.4)	(7.5)	78
Mafeteng	(18.7)	(4.5)	(5.3)	(100.0)	(9.0)	(5.8)	37
Mohale's Hoek	(14.4)	(0.6)	(4.2)	(95.3)	(9.1)	(8.9)	39
Quthing	(18.8)	(2.2)	(4.4)	(91.4)	(9.7)	(6.5)	18
Qacha's Nek	(19.9)	(0.6)	(5.1)	(100.0)	(6.7)	(5.7)	10
Mokhotlong	(22.8)	(0.7)	(5.0)	(88.1)	(7.2)	(5.9)	20
Thaba-Tseka	21.8	0.7	5.4	97.7	10.3	6.9	38
Mother's education							
No education	*	*	*	*	*	*	5
Primary incomplete	18.8	1.5	4.4	96.3	9.2	7.3	103
Primary complete	19.2	3.2	4.9	97.6	9.2	7.0	111
Secondary+	15.3	2.4	4.0	95.1	8.7	7.5	163
Wealth quintile							
Lowest	20.9	1.8	4.7	96.9	9.4	7.6	87
Second	20.4	2.8	5.5	97.9	9.1	7.0	81
Middle	17.8	3.0	5.0	94.4	8.6	7.2	91
Fourth	15.3	3.0	4.4	94.4	8.1	7.2	76
Highest	(7.3)	(0.7)	(0.7)	(96.6)	(9.8)	(7.2)	46
Total	17.4	2.4	4.4	96.0	9.0	7.3	382
Mean for all children	16.4	3.8	5.4	na	na	na	na

Note: Median and mean durations are based on current status. Includes children living and deceased at the time of the survey. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

na = Not applicable

¹ Assumes that non-last-born children and last-born children not currently living with the mother are not currently breastfeeding

² Excludes children without a valid answer on the number of times breastfed

³ Either exclusively breastfed or received breast milk and plain water, and/or non-milk liquids only

The median duration of any breastfeeding is more than twice as long in rural areas (19 months) as in urban areas (8 months). At the ecological zone level, duration of any breastfeeding is longest in the Mountains (21 months) and shortest in Lowlands zone (15 months).

The median duration of any breastfeeding is somewhat shorter among children of mothers with secondary or higher education (15 months) compared with children of mothers with primary education (19 months). The duration of breastfeeding and wealth are inversely associated. Children in the lowest wealth quintile have a median duration of breastfeeding of 21 months, compared with just 7 months among children in the highest wealth quintile.

Frequent breastfeeding of children less than 6 months of age is a common occurrence in Lesotho. More than nine in ten (96 percent) infants under 6 months of age were breastfed six or more times in the 24 hours preceding the survey. The data also show that the mean number of daytime feeds is nine and the mean number of nighttime feeds is seven; the resulting 16 feeds are considered sufficient for a 24-hour period (Kent et al., 2006).

11.2.2 Complementary Feeding

Given that babies need nutritious food in addition to breast milk starting at age 6 months, it is recommended that children begin to receive solid foods at this age. To obtain full information on weaning practices, the 2009 LDHS collected data on breastfeeding and nonbreastfeeding children. Table 11.5 presents information on the types of complementary (weaning) foods received by children under age 3 who were living with their mother during the day or night preceding the survey.

About one in five breastfeeding children age 4-5 months consumes solid or semi-solid foods (21 percent) or infant formula (19 percent), one in nine (11 percent) receives other milk, and four in ten (40 percent) receive other liquids (excluding plain water). These data indicate that breastfeeding practices in Lesotho should improve because giving supplemental foods to children under age 6 months can be detrimental to a child's health.

Among breastfeeding children age 6 months and older, the percentage receiving complementary foods steadily increases. The consumption of most food groups becomes significant around 6-8 months of age. About three-quarters (74 percent) of breastfeeding children receive solid or semi-solid food at 6-8 months: 43 percent consume fruits and vegetables rich in vitamin A, 28 percent consume meat, fish, poultry and eggs, 17 percent eat foods made from grains, 9 percent consume food made from roots and tubers, and 8 percent eat food made from legumes and nuts.

The most common foods among breastfeeding children age 6-23 months are fruits and vegetables rich in vitamin A (63 percent); meat, fish, poultry, and eggs (46 percent); and foods made from grains (28 percent).

Table 11.5 Foods and liquids consumed by children during the day or night preceding the interview

Percentage of children under age 3 who are living with their mother by type of foods consumed during the day or night preceding the interview, according to breastfeeding status and age, Lesotho 2009

Age in months	Liquids			Solid or semi-solid foods								Number of children
	Infant formula	Other milk ¹	Other liquids ²	Food made from grains ³	Fruits and vegetables rich in vitamin A ⁴	Other fruits and vegetables	Food made from roots and tubers	Food made from legumes and nuts	Meat, fish, poultry, and eggs	Cheese, yogurt, other milk product	Any solid or semi-solid food	
BREASTFEEDING CHILDREN												
0-1	10.5	6.1	9.8	1.5	0.9	0.0	0.0	1.8	0.0	0.4	5.3	92
2-3	11.5	9.4	14.9	2.1	1.9	0.0	0.8	2.0	1.1	0.0	8.6	170
4-5	18.5	11.2	39.8	2.7	6.4	0.0	2.6	0.0	2.2	0.0	20.8	119
6-8	17.5	21.6	66.2	16.8	42.8	1.3	9.3	8.1	27.9	1.9	74.2	150
9-11	4.7	12.6	75.2	24.8	65.1	2.9	4.5	4.7	48.9	1.7	88.5	133
12-17	4.3	14.2	74.5	34.1	64.6	5.3	6.1	8.7	49.8	3.6	91.8	267
18-23	2.5	12.3	74.0	31.9	79.0	7.0	9.3	6.9	53.2	5.5	94.0	133
24-35	6.3	7.7	79.5	40.0	80.7	5.7	12.9	6.4	52.3	7.5	97.5	48
6-23	6.9	15.2	72.7	28.1	62.7	4.3	7.1	7.5	45.5	3.2	87.7	683
Total	9.1	12.8	55.4	19.7	43.0	2.9	5.3	5.3	30.6	2.3	62.1	1,111
NONBREASTFEEDING CHILDREN												
12-17	20.4	24.3	85.3	41.6	72.6	12.4	14.9	11.3	68.2	3.4	93.3	99
18-23	6.5	25.4	82.1	46.0	73.0	9.8	9.3	16.6	58.0	4.4	94.0	182
24-35	2.9	17.5	69.2	39.9	70.1	9.4	8.4	9.3	50.3	6.1	88.2	411
6-23	19.8	28.9	81.8	43.7	72.4	9.3	12.2	15.7	63.6	4.2	94.7	346
Total	12.0	23.5	73.2	40.2	69.1	9.0	9.8	11.9	54.6	5.1	88.9	782

Note: Breastfeeding status and food consumed refer to a 24-hour period (yesterday and last night)

¹ Includes fresh, tinned, and powdered cow or other animal milk

² Doesn't include plain water

³ Includes fortified baby food

⁴ Includes fruits and vegetables such as pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, dark green leafy vegetables, mangoes, and papayas

As might be expected, the proportions of nonbreastfeeding children age 6-23 months who consume various foods are higher than among breastfeeding children. More than seven in ten non breastfeeding children (72 percent) ate fruits and vegetables rich in vitamin A; more than six in ten (64 percent) ate meat, fish, poultry, or eggs; and more than four in ten (44 percent) ate foods made from grains. Furthermore, 16 percent of nonbreastfeeding children age 6-23 months ate food made from legumes and nuts, and 12 percent consumed food made from roots and tubers.

11.2.3 Infant and Young Child Feeding

Infant and young child feeding (IYCF) practices include timely initiation of feeding solid/semi-solid foods from age 6 months and increasing the amount and variety of foods and frequency of feeding as the child gets older, while maintaining frequent breastfeeding. Guidelines have been established with respect to IYCF practices for children age 6-23 months (PAHO/WHO, 2003; WHO, 2005).

Table 11.6 presents the results of the 2009 LDHS according to IYCF practices for breastfed and non-breastfed children living with their mother. The indicators focus on the percentage of children for whom feeding practices meet minimum standards with respect to—

- Food diversity (i.e., the number of food groups consumed)
- Feeding frequency (i.e., the number of times a child is fed)
- Consumption of breast milk or other milks or milk products

Breastfed children are considered fed in accordance with the minimum IYCF standards if they consume at least three food groups³ and receive foods other than breast milk at least twice per day in the case of children age 6-8 months and at least three times per day in the case of children age 9-23 months. Non-breastfed children are considered to be fed in accordance with the minimum IYCF standards if they consume milk or milk products, are fed four food groups (including milk products), and are fed at least four times per day.

Table 11.6 shows that more than one in four (26 percent) breastfed children age 6-23 months were given foods from three or more food groups in the 24 hours preceding the survey, and two-thirds (66 percent) were fed the minimum number of times in the past 24 hours. Just around one in five (21 percent) fall into both categories, i.e., their feeding practices meet minimum standards with respect to food diversity and feeding frequency. The proportion of breastfed children age 6-23 months who receive the recommended variety of foods the minimum number of times a day increases with the children's age, from 13 percent among children age 6-8 months to 30 percent among those age 18-23 months. There are slight variations in the proportion of breastfed children who meet both criteria by sex of child and urban-rural residence. However, the differentials by ecological zones and districts are larger. The percentage of breastfed children who are fed from three or more food groups the minimum number of times a day ranges from 14 percent in the Foothills to 25 percent in the Senqu River Valley zone, and from 12 percent in Mophale's Hoek to 30 percent in Quthing district. The proportion of breastfed children who meet the IYCF criteria is highest among children of mothers with secondary or higher education (25 percent) and those in the middle, fourth, and highest wealth quintiles (26-28 percent).

Among non-breastfed children age 6-23 months, 47 percent are given milk or milk products, 24 percent are given food from at least four food groups, and 52 percent are fed four or more times per day. However, only 13 percent of children are fed in accordance with all three IYCF practices. Appropriate feeding practices are more common for breastfed children than non-breastfed children (21 and 13 percent, respectively).

Non-breastfed female children 6-23 months and children from urban areas (17 and 19 percent, respectively) are much more likely to be fed according to all three IYCF practices than male children and children from rural areas (9 and 10 percent, respectively). Notably, within the ecological zones, only 2 percent of non-breastfed children 6-23 months in Senqu River Valley are fed according to the three IYCF practices compared with 18 percent of children in Lowlands. The percentage of non-breastfed children who are fed with all three IYCF practices is significantly higher among children of women with secondary or higher education (20 percent) and those in the highest wealth quintile (23 percent) when compared with other children.

The results in Table 11.6 indicate that a large majority of young children in Lesotho are not being fed appropriately. Overall, feeding practices meet the minimum standards for only 18 percent of all children age 6-23 months. The most common problem with feeding practices is inadequate number of food groups. More than eight in ten (82 percent) children age 6-23 months received breast milk or milk products and about six in ten (61 percent) were fed the minimum number of times. However, only one in four (25 percent) received foods from the recommended number of food groups for their age.

³ Food groups used in the assessment of the minimum standard of feeding practices include infant formula, milk other than breast milk, cheese or yogurt, or other milk products; foods made from grains, roots, and tubers, including porridge and fortified baby food from grains; fruits and vegetables rich in vitamin A; other fruits and vegetables; eggs; meat, poultry, fish, and shellfish (and organ meats); beans, peas, and nuts; and foods made with oil, fat, or butter.

Table 11.6 Infant and young child feeding (IYCF) practices

Percentage of youngest children age 6-23 months living with their mother who are fed according to three IYCF feeding practices based upon number of food groups and times they are fed during the day or night preceding the survey by breastfeeding status and background characteristics, Lesotho 2009

Background characteristic	Among breastfed children 6-23 months, percentage fed:				Number of breastfed children 6-23 months	Among non-breastfed children 6-23 months, percentage fed:				Number of non-breastfed children 6-23 months	Among all children 6-23 months, percentage fed:				Number of all children 6-23 months
	3+ food groups ¹	Minimum times or more ²	Both 3+ food groups and minimum times or more	Minimum times or more		Milk or milk products ³	4+ food groups	4+ times or more	With 3 IYCF practices ⁴		Breast milk or products ³	3+ or 4+ food groups ⁵	Minimum times or more ⁶	With all 3 IYCF practices	
Age															
6-8	14.2	60.4	12.9	150	*	*	*	*	28	96.1	14.6	55.9	11.9	178	
9-11	24.4	61.3	18.4	133	(67.3)	(32.6)	(64.6)	(24.5)	36	93.0	26.1	62.0	19.7	169	
12-17	28.5	66.5	22.0	267	42.7	26.1	59.1	15.4	99	84.5	27.8	64.5	20.2	366	
18-23	36.3	75.8	29.8	133	39.9	21.6	48.7	10.7	182	65.2	27.8	60.1	18.7	315	
Sex															
Male	27.4	64.0	21.6	335	42.3	20.4	52.6	9.2	159	81.4	25.1	60.3	17.6	494	
Female	24.8	67.8	20.1	348	50.1	26.4	51.5	16.5	186	82.6	25.3	62.1	18.8	534	
Residence															
Urban	26.9	69.4	19.8	96	62.8	33.2	51.3	19.1	131	78.5	30.6	58.9	19.4	226	
Rural	25.9	65.4	21.0	587	36.5	17.8	52.4	9.5	215	83.0	23.7	61.9	17.9	802	
Ecological zone															
Lowlands	30.8	70.6	24.4	319	52.6	29.4	55.2	17.5	225	80.4	30.2	64.2	21.6	545	
Foothills	17.0	60.4	13.6	73	(31.5)	(13.5)	(56.8)	(6.9)	41	75.4	15.8	59.1	11.2	113	
Mountains	21.7	61.6	17.0	232	37.0	9.2	36.1	4.7	55	87.9	19.3	56.7	14.6	287	
Senqu River Valley	28.4	65.0	25.4	59	36.5	20.2	50.2	2.2	24	81.5	26.0	60.7	18.7	83	
District															
Butha-Buthe	17.4	54.5	12.8	43	*	*	*	*	10	86.6	18.5	54.3	13.8	53	
Leribe	19.1	67.0	16.4	104	(37.6)	(13.0)	(62.2)	(13.0)	60	77.1	16.8	65.2	15.1	164	
Berea	29.7	73.1	26.3	75	(44.2)	(30.5)	(59.2)	(11.7)	59	75.6	30.1	67.0	19.9	134	
Maseru	35.2	67.6	24.6	126	62.1	33.4	51.3	22.8	100	83.2	34.4	60.4	23.8	226	
Mafeteng	21.4	65.7	18.7	69	(34.8)	(15.5)	(33.0)	(2.3)	29	80.8	19.6	56.1	13.8	98	
Mohale's Hoek	17.3	77.2	11.7	66	(33.5)	(27.9)	(51.8)	(9.3)	33	77.8	20.9	68.7	10.9	99	
Quthing	34.7	56.2	30.1	36	(52.1)	(14.1)	(57.4)	(2.8)	19	83.5	27.6	56.6	20.7	56	
Qacha's Nek	26.1	60.9	23.0	22	*	*	*	*	6	82.9	20.3	56.8	17.9	28	
Mokhotlong	17.6	68.5	14.9	58	*	*	*	*	13	92.0	15.2	63.6	13.0	70	
Thaba-Tseka	35.0	56.7	28.6	82	*	*	*	*	16	91.1	32.6	52.6	25.1	98	
Mother's education															
No education	*	*	*	16	*	*	*	*	2	*	*	*	*	17	
Primary incomplete	24.3	59.8	18.5	220	33.1	15.2	48.0	5.1	73	83.4	22.0	56.9	15.2	293	
Primary complete	22.2	70.0	18.6	193	43.7	10.9	45.2	2.0	73	84.6	19.1	63.2	14.0	266	
Secondary+	30.6	68.1	24.8	254	52.4	31.6	56.1	20.2	199	79.1	31.0	62.8	22.7	452	
Wealth quintile															
Lowest	19.3	53.9	13.9	195	27.9	2.6	46.3	1.8	52	84.7	15.7	52.3	11.3	248	
Second	21.9	72.8	17.7	169	29.9	8.1	45.9	4.9	40	86.7	19.3	67.7	15.3	208	
Middle	31.0	70.8	26.0	124	31.6	20.1	56.5	9.5	62	77.2	27.4	66.1	20.5	186	
Fourth	33.0	72.7	27.5	130	49.1	28.1	51.0	13.5	72	81.8	31.2	65.0	22.5	202	
Highest	33.7	61.5	26.7	64	66.3	37.1	54.7	22.5	119	78.1	35.9	57.1	24.0	184	
Total	26.0	66.0	20.8	683	46.5	23.6	52.0	13.1	346	82.0	25.2	61.3	18.2	1,028	

Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. Numbers in parentheses are based on 25-49 unweighted cases.

¹ Food groups: a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains, roots, and tubers, including porridge, fortified baby food from grains; c. vitamin A-rich fruits and vegetables (and red palm oil); d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, and shellfish (and organ meats); g. legumes and nuts; h. foods made with oil, fat, butter.

² At least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months

³ Includes commercial infant formula, fresh, tinned, and powdered animal milk, and cheese, yogurt, and other milk products

⁴ Non-breastfed children ages 6-23 months are considered to be fed with a minimum standard of three Infant and Young Child Feeding practices if they receive other milk or milk products and are fed at least the minimum number of times per day with at least the minimum number of food groups.

⁵ 3+ food groups for breastfed children and 4+ food groups for non-breastfed children

⁶ Fed solid or semi-solid food at least twice a day for infants 6-8 months, 3+ times for other breastfed children, and 4+ times for non-breastfed children

Looking at age, children age 6-8 months (12 percent) are the least likely to be fed according to all three IYCF practices. There is very little difference in feeding practices between girls and boys or by urban-rural residence. Among ecological zones, the percentage of children who are fed appropriately is highest in the Lowlands (22 percent) and lowest in the Foothills (11 percent) zone. Among districts, it ranges from a low of 11 percent in Mophale's Hoek to a high of 25 percent in Thaba-Tseka. Similar to previous findings, the percentage of all children 6-23 months who are fed in accordance with all three IYCF practices is highest among children of women with secondary or higher education (23 percent) and those in the highest wealth quintile (24 percent).

11.3 PREVALENCE OF ANAEMIA IN CHILDREN

One of the causes of anaemia is inadequate dietary intake of iron. The Lesotho Ministry of Health and Social Welfare (MOHSW) promotes provision of iron supplements to pregnant women to reduce the incidence of anaemia.

Table 11.7 shows the percentage of children age 6-59 months classified as having anaemia, by background characteristics. The results are based on tests of 1,897 (de facto) children present at the time of testing, whose parents consented to their being tested, and whose haemoglobin results represented plausible data. Levels of anaemia were classified as severe, moderate, and mild based on the haemoglobin concentration in the blood and according to criteria developed by the WHO (DeMaeyer et al., 1989). Because haemoglobin levels vary by altitude, the measurements presented here have been adjusted based on altitude measurements taken in each cluster. Levels of anaemia were classified as follows:

- Mild: haemoglobin concentration 10.0-10.9 g/dl
- Moderate: haemoglobin concentration 7.0-9.9 g/dl
- Severe: haemoglobin concentration less than 7.0 g/dl

Forty-seven percent of children 6-59 months in Lesotho are reported to have some level of anaemia, including 25 percent of children who are mildly anaemic, 21 percent who are moderately anaemic, and 1 percent who are severely anaemic.

The likelihood of having some level of anaemia is highest among children age 12-17 months (68 percent), followed by children age 6-8 months (64 percent). Urban children are more likely (52 percent) to be anaemic than rural children (46 percent). Prevalence of anaemia among young children ranges from 44 percent of children 6-59 months in the Lowlands to 52 percent in the Mountains zone. Among districts, prevalence is highest in Qacha's Nek (65 percent) and lowest in Mafeteng (39 percent). Qacha's Nek has the highest prevalence of severely anaemic children (5 percent).

There are no major variations in the prevalence of anaemia by mother's education or the wealth quintile of the household.

Table 11.7 Prevalence of anaemia in children

Percentage of children age 6-59 months classified as having anaemia, by background characteristics, Lesotho 2009

Background characteristic	Anaemia status by haemoglobin level			Any anaemia	Number of children
	Mild (10.0-10.9 g/dl)	Moderate (7.0-9.9 g/dl)	Severe (below 7.0 g/dl)		
Age in months					
6-8	33.4	25.6	4.7	63.7	90
9-11	32.5	22.6	3.9	59.0	99
12-17	35.6	29.9	2.8	68.3	225
18-23	19.5	28.7	1.3	49.5	203
24-35	23.8	23.1	0.9	47.8	445
36-47	23.4	13.6	0.7	37.7	379
48-59	21.6	15.0	0.1	36.7	458
Sex					
Male	24.7	21.7	0.9	47.4	944
Female	25.4	19.8	1.6	46.8	953
Mother's interview status					
Interviewed	26.0	21.6	1.5	49.0	1,324
Not interviewed but in household	26.1	19.2	1.9	47.2	179
Not interviewed, and not in the household ¹	21.5	18.8	0.4	40.6	394
Residence					
Urban	26.5	21.9	3.7	52.0	307
Rural	24.8	20.5	0.8	46.1	1,591
Ecological zone					
Lowlands	23.7	19.2	1.4	44.2	971
Foothills	28.5	17.9	0.2	46.6	227
Mountains	27.5	23.2	1.4	52.1	525
Senqu River Valley	20.6	25.9	1.8	48.4	175
District					
Butha-Buthe	29.0	19.6	1.8	50.4	103
Leribe	25.7	17.5	1.4	44.6	320
Berea	29.6	21.0	0.8	51.4	257
Maseru	22.7	18.3	1.0	41.9	381
Mafeteng	19.6	18.4	1.1	39.1	183
Mohale's Hoek	23.9	16.9	1.0	41.9	173
Quthing	22.9	32.6	2.7	58.3	108
Qacha's Nek	25.2	34.6	5.0	64.9	62
Mokhotlong	26.1	22.3	0.4	48.8	128
Thaba-Tseka	27.2	25.1	0.8	53.2	183
Mother's education²					
No education	(21.9)	(19.8)	(0.0)	(41.7)	37
Primary incomplete	26.7	22.1	1.0	49.9	506
Primary complete	26.6	19.3	1.4	47.3	411
Secondary+	25.2	22.3	2.1	49.6	544
Wealth quintile					
Lowest	22.7	25.5	1.0	49.2	441
Second	27.1	19.8	0.9	47.8	424
Middle	26.6	17.7	1.0	45.3	428
Fourth	23.5	18.8	2.4	44.8	351
Highest	25.3	21.9	1.2	48.4	254
Total	25.0	20.8	1.3	47.1	1,897

Note: Table is based on children who slept in the household the night before the interview. Prevalence of anaemia, based on haemoglobin levels, is adjusted for altitude using formulas in CDC, 1998. Haemoglobin in grams per decilitre (g/dl). Figures in parentheses are based on 25-49 unweighted cases.

¹ Includes children whose mothers are deceased

² For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire.

11.4 MICRONUTRIENT INTAKE AMONG CHILDREN

Micronutrient deficiency is a serious contributor to childhood morbidity and mortality. Children can receive micronutrients from foods, food fortification, and direct supplementation. One of the main interventions of the nutrition programme in Lesotho is designed to reduce micronutrient deficiencies, including iodine deficiency, vitamin A, and iron deficiency, by iodising salt and through supplementation with vitamin A and iron. Table 11.8 shows indicators used to measure children's intake of several key micronutrients.

Vitamin A is an essential micronutrient for the immune system and plays an important role in maintaining the epithelial tissue in the body. High levels of vitamin A deficiency (VAD) can cause eye damage leading to blindness and can increase the severity of infections such as measles and diarrhoeal diseases in children. Ensuring that children between 6 and 59 months receive enough vitamin A may be the single most effective child survival intervention. Adequate intake of the vitamin during pregnancy may also reduce maternal deaths. The United Nations Children's Fund (UNICEF) and WHO recommend that all countries with an under-age-5 mortality rate that exceeds 70 per 1,000 live births, or where vitamin A deficiency is a public health problem, should put in place a programme for control of vitamin A deficiency.

Table 11.8 shows that a total of 81 percent of children age 6-35 months have consumed foods rich in vitamin A in the past 24 hours. Children 18-23 months are more likely (88 percent) to have consumed food rich in vitamin A in the past 24 hours than children in other age groups. There are no differences in the percentages of male and female children who consumed foods rich in vitamin A in the past 24 hours. Children who are still breastfeeding (77 percent) are less likely to have consumed food rich in vitamin A in the past 24 hours than non-breastfeeding children (85 percent). Berea has the highest proportion (91 percent) of children who consumed food rich in vitamin A in the past 24 hours and Butha-Buthe and Mafeteng have the lowest proportions (70 percent each). The percentage of children age 6-35 months who consumed vitamin A-rich foods is somewhat lower among children of younger mothers age 15-19 (77 percent) and older mothers age 40-49 (74 percent). There are no major variations by mother's education and wealth quintile of the household.

More than half (51 percent) of children age 6-35 months consumed food rich in iron in the past 24 hours. The likelihood of consuming iron-rich foods in the preceding 24 hours is lowest among the youngest children at age 6-8 months (35 percent) compared with older children (51-56 percent). Male children (49 percent), children who are breastfeeding (46 percent) and those residing in rural areas (50 percent) are less likely than other children to have consumed iron-rich foods in the past 24 hours. Children residing in the Lowlands and the Senqu River Valley zone (56 percent each) and in Berea district (60 percent) are the most likely to have consumed iron-rich foods recently, while children in the Mountains zone (41 percent) and Mokhotlong district (35 percent) are the least likely to have consumed such foods. The proportion of children consuming food rich in iron in the past 24 hours increases with mother's education and household wealth.

Table 11.8 Micronutrient intake among children

Among youngest children age 6-35 months who are living with their mother, the percentages who consumed vitamin A-rich and iron-rich foods in the day or night preceding the survey, and among all children 6-59 months, the percentages who were given vitamin A supplements in the six months preceding the survey, and who were given deworming medication in the six months preceding the survey, and among all children age 6-59 months who live in households that were tested for iodized salt, the percentage who live in households with adequately iodized salt, by background characteristics, Lesotho 2009

Background characteristic	Among youngest children age 6-35 months living with the mother:			Among all children age 6-59 months:			Among children age 6-59 months living in households tested for iodized salt	
	Percentage who consumed foods rich in vitamin A in past 24 hours ¹	Percentage who consumed iron in past 24 hours ²	Number of children	Percentage given vitamin A supplements in past 6 months	Percentage given deworming medication in past 6 months ³	Number of children	Percentage living in households with adequately iodized salt ⁴	Number of children
Age in months								
6-8	59.2	35.2	178	31.9	5.1	188	84.5	179
9-11	81.1	53.6	169	52.0	4.3	180	85.0	170
12-17	82.1	54.8	366	54.8	9.0	396	84.1	368
18-23	88.0	56.0	315	44.8	11.3	348	81.4	332
24-35	83.7	50.5	458	31.2	12.9	608	82.3	572
36-47	na	na	na	25.9	11.1	603	82.0	574
48-59	na	na	na	19.7	11.3	612	83.1	565
Sex								
Male	81.0	49.0	719	30.9	10.3	1,454	82.5	1,369
Female	81.0	53.3	767	36.7	10.5	1,482	83.2	1,391
Breastfeeding status								
Breastfeeding	76.9	45.9	730	45.0	8.0	747	79.8	694
Not breastfeeding	85.0	56.3	755	30.0	11.2	2,182	83.8	2,060
Residence								
Urban	77.3	56.0	335	44.2	16.8	708	92.0	694
Rural	82.1	49.9	1,152	30.5	8.4	2,227	79.8	2,066
Ecological zone								
Lowlands	82.2	56.3	782	38.7	13.1	1,584	87.0	1,523
Foothills	79.2	48.8	167	30.3	6.7	318	77.1	302
Mountains	78.7	41.4	413	27.5	7.0	802	76.2	724
Senqu River Valley	83.7	55.6	125	27.5	9.7	232	84.2	211
District								
Butha-Buthe	70.4	49.9	78	44.5	19.7	159	76.9	147
Leribe	77.5	54.8	233	29.4	12.4	502	76.8	482
Berea	90.7	60.0	200	27.6	6.8	387	87.1	374
Maseru	82.7	55.2	328	45.7	12.0	662	89.0	638
Mafeteng	69.6	39.8	143	38.0	17.2	265	83.4	255
Mohale's Hoek	87.8	46.4	136	27.1	5.0	254	81.7	232
Quthing	86.4	57.1	80	34.5	10.3	145	81.8	136
Qacha's Nek	72.0	45.3	49	32.7	10.2	92	85.1	86
Mokhotlong	77.6	35.2	100	30.7	1.9	197	80.8	178
Thaba-Tseka	82.5	50.6	140	20.3	7.8	273	77.2	231
Mother's education								
No education	(85.9)	(28.3)	28	36.6	16.9	54	88.0	50
Primary incomplete	81.3	44.9	417	27.4	6.2	845	75.9	765
Primary complete	80.8	49.9	396	32.2	9.9	796	80.7	740
Secondary+	80.8	57.2	646	39.1	13.4	1,240	88.3	1,205
Mother's age at birth								
15-19	77.0	51.0	156	41.8	4.3	188	80.8	172
20-29	82.8	52.4	862	35.0	10.9	1,705	82.3	1,602
30-39	80.1	50.5	387	32.3	10.7	825	84.2	788
40-49	74.2	43.3	81	23.8	11.3	218	84.1	198
Wealth quintile								
Lowest	80.7	39.3	350	24.2	7.4	674	70.0	583
Second	82.5	49.9	315	33.0	7.1	565	79.1	534
Middle	83.5	56.0	266	33.1	8.5	538	84.7	511
Fourth	78.8	52.7	283	36.3	14.1	607	87.5	588
Highest	79.6	61.9	274	44.4	15.5	552	93.6	543
Total	81.0	51.2	1,487	33.8	10.4	2,936	82.8	2,760

Note: Total includes children with information missing on breastfeeding status. Information on vitamin A is based on both mother's recall and the immunization card (where available). Information on iron supplements and deworming medication is based on the mother's recall. Numbers in parentheses are based on 25-49 unweighted cases.

na = Not applicable

¹ Includes meat (and organ meat), fish, poultry, eggs, pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, dark green leafy vegetables, mango, papaya, and other locally grown fruits and vegetables that are rich in vitamin A.

² Includes meat, (including organ meat)

³ Deworming for intestinal parasites is commonly done for helminths and for schistosomiasis.

⁴ Salt containing 15 parts per million of iodine or more. Excludes children in households in which salt was not tested.

Among all children age 6-59 months, more than one-third (34 percent) were given vitamin A supplements in the past six months. The percentage of children who were given vitamin A supplements over the past six months is higher among children 12-17 months (55 percent), female children (37 percent), those who are breastfeeding (45 percent), and urban children (44 percent). There is an inverse relationship between the mother's age at birth and the proportion of children given vitamin A supplements in the past six months; children of youngest mothers age 15-19 (42 percent) are the most likely to be given vitamin A supplements in the past six months, while children of oldest mothers age 40-49 are the least likely (24 percent). Thaba-Tseka has the lowest proportion (20 percent) of children given vitamin A supplement in the past six months and Maseru has the highest proportion (46 percent). The percentage of children who were given vitamin A supplements in the past six months increases with wealth from 24 percent of children in the lowest wealth quintile to 44 percent in the highest wealth quintile.

Because intestinal worms can contribute to both anaemia and vitamin A deficiency, the 2009 LDHS collected information on whether children age 6-59 months had been given de-worming medication. The results shown in Table 11.8 indicate that only one in ten children (10 percent) age 6-59 months received de-worming medication in the six months preceding the survey. Older children age 18-59 months, non-breastfeeding children, children in urban areas, those in Lowlands and in Butha-Buthe, children whose mothers have either no education or secondary or higher education, and children in the higher wealth quintiles are more likely to receive de-worming medication than other children.

Insufficient iodine in the diet can also lead to serious health deficiencies. In the LDHS, cooking salt in the sample households was tested for the presence of iodine. Salt that contains at least 15 parts per million (ppm) of iodine is considered adequately iodized. According to the data in Table 11.8, more than eight in ten children in Lesotho (83 percent) live in households with adequately iodized salt. Urban areas (92 percent), Lowlands (87 percent) and Maseru district (89 percent) have the highest proportion of children living in households with adequately iodised salt. The proportion of children living in households with adequately iodised salt increases steadily with the level of wealth.

11.5 IODISATION OF HOUSEHOLD SALT

Disorders induced by dietary iodine deficiency constitute a major global nutrition concern. A lack of sufficient iodine can lead to goitre, hypothyroidism, impaired mental functions, retarded mental and physical development, and lower IQ levels. Iodine deficiency during pregnancy leads to increased rates of abortion, stillbirths, congenital anomalies, cretinism, psychomotor defects, and neonatal mortality. Iodine deficiency can be avoided by using salt that has been fortified with iodine (iodised salt) and by consuming foods rich in iodine such as seafood.

Table 11.9 shows the percent distribution of households with salt tested for iodine content by level of iodine in salt (parts per million), percentage of households tested, and percentage of households with no salt, according to background characteristics. The data show that 93 percent of the households interviewed in the 2009 LDHS had their salt tested for iodine, while 7 percent had no salt available in the household.

Only 2 percent of households are consuming salt that is not iodised, 14 percent are consuming salt that has inadequate iodine level (<15 ppm), while the majority of households—84 percent—are consuming adequately iodised salt (15+ ppm). The proportion of households with adequately iodised salt is lower in rural areas (81 percent) than in urban areas (92 percent). Among the districts, Berea has the highest proportion (90 percent) of households with adequately iodised salt, while Thaba-Tseka has the lowest proportion (77 percent). The percentage of households with adequately iodized salt increases with wealth quintile from 73 percent in the lowest quintile to 94 percent in the highest wealth quintile.

Table 11.9 Presence of iodized salt in household

Among all households, percentage of households tested for iodine content and percentage of households with no salt; and among households with salt tested, the percent distribution by level of iodine in salt (parts per million or ppm), according to background characteristics, Lesotho 2009

Background characteristic	Among all households, the percentage		Number of households	Among households with tested salt, the percent distribution by iodine content of salt			Total	Number of households
	With salt tested	With no salt		None (0 ppm)	Inadequate (<15 ppm)	Adequate (15+ ppm)		
Residence								
Urban	97.2	2.8	2,778	0.8	7.3	91.9	100.0	2,701
Rural	91.5	8.5	6,613	2.5	16.5	81.0	100.0	6,050
Ecological zone								
Lowlands	95.4	4.6	5,696	1.2	10.6	88.1	100.0	5,433
Foothills	92.5	7.5	928	2.0	20.1	77.9	100.0	858
Mountains	88.4	11.6	1,990	3.6	20.1	76.2	100.0	1,759
Senqu River Valley	90.3	9.7	776	3.4	13.0	83.6	100.0	701
District								
Butha-Buthe	92.1	7.9	484	1.0	19.7	79.4	100.0	446
Leribe	94.0	6.0	1,554	1.1	19.6	79.3	100.0	1,461
Berea	95.7	4.3	1,280	1.0	8.9	90.1	100.0	1,225
Maseru	96.4	3.6	2,377	1.5	9.8	88.7	100.0	2,293
Mafeteng	93.2	6.8	900	1.3	13.2	85.6	100.0	839
Mohale's Hoek	90.3	9.7	814	3.9	13.5	82.5	100.0	735
Quthing	92.0	8.0	507	5.6	11.4	83.0	100.0	466
Qacha's Nek	91.5	8.5	332	4.1	11.3	84.6	100.0	304
Mokhotlong	89.8	10.2	467	3.6	17.2	79.3	100.0	419
Thaba-Tseka	83.6	16.4	675	2.1	20.9	77.0	100.0	564
Wealth quintile								
Lowest	85.5	14.5	1,627	4.6	22.7	72.7	100.0	1,391
Second	90.3	9.7	1,800	3.0	18.4	78.6	100.0	1,625
Middle	93.4	6.6	1,761	2.0	14.0	83.9	100.0	1,644
Fourth	96.4	3.6	2,088	1.0	11.2	87.8	100.0	2,013
Highest	98.2	1.8	2,115	0.3	5.9	93.8	100.0	2,078
Total	93.2	6.8	9,391	2.0	13.7	84.4	100.0	8,751

11.6 NUTRITIONAL STATUS OF WOMEN AND MEN

The 2009 LDHS also collected data on the height and weight of women. The data are used to derive two measures of nutritional status: height and body mass index (BMI). A woman's height can be used to predict the risk of having difficulty in pregnancy, given the relationship between height and pelvic size. The cut-off point at which mothers can be considered at risk because of low stature is normally taken to be between 140 and 150 centimetres (cm). The BMI or Quetelet index is used to measure thinness or obesity. It is defined as weight in kilograms divided by height in metres squared (kg/m^2). A cut-off point of 18.5 is used to define thinness or acute undernutrition. A BMI of 25 or above usually indicates overweight or obesity.

Table 11.10.1 shows nutritional indicators for women by various background characteristics. Only 2 percent of women in Lesotho fall below the 145 centimetre cut-off point, same as in the 2004 LDHS. There are no major variations in this indicator by background characteristics.

The mean BMI for women age 15-49 is 25. At the national level, 6 percent of women were found to be chronically malnourished ($\text{BMI} < 18.5$) and 2 percent were found to be moderately or severely thin.

A substantial proportion of women, more than four in ten (42 percent) had a BMI of 25.0 or higher and are considered overweight or obese. Notably, 17 percent of women 15-49 are obese, with a

BMI of 30.0 or higher. The proportion of overweight or obese women is positively correlated with the woman's age, increasing from 20 percent of women age 15-19 to 56-57 percent of women age 30-49. The data show that the proportion of women living in urban areas who are overweight or obese (50 percent) is higher than that for women in rural areas (38 percent). District comparisons show that Mokhotlong has the lowest proportion of overweight or obese women (28 percent), while Berea has the highest proportion of overweight or obese women (48 percent). Wealth index has a positive relationship with the proportion of women who are overweight or obese. Women in the highest quintile are more than twice as likely to be overweight or obese (56 percent) than women in the lowest quintile (25 percent).

Looking at trends over the past five years, the nutritional status indicators for women have remained stable over time.

Table 11.10.1 Nutritional status of women

Among women age 15-49, the percentage with height under 145 cm, mean body mass index (BMI), and the percentage with specific BMI levels, by background characteristics, Lesotho 2009

Background characteristic	Height		Mean Body Mass Index (BMI)	Body Mass Index ¹							Number of women
	Percentage below 145 cm	Number of women		Normal	Thin		Overweight/obese				
				18.5-24.9 (total normal)	<18.5 (total thin)	17.0-18.4 (mildly thin)	<17 (moderately and severely thin)	≥25.0 (total overweight or obese)	25.0-29.9 (overweight)	≥30.0 (obese)	
Age											
15-19	3.1	919	22.4	67.6	12.3	8.7	3.6	20.2	16.2	4.0	870
20-29	1.5	1,412	24.7	56.4	4.0	3.0	1.0	39.6	27.2	12.5	1,285
30-39	1.7	912	27.0	39.0	4.3	3.4	0.9	56.7	28.9	27.7	873
40-49	0.8	662	27.5	40.1	3.7	2.8	0.9	56.2	25.4	30.8	654
Residence											
Urban	1.3	1,274	26.5	47.0	3.4	2.7	0.7	49.6	25.4	24.2	1,210
Rural	2.1	2,631	24.6	54.5	7.2	5.2	2.0	38.3	24.3	14.0	2,472
Ecological zone											
Lowlands	1.5	2,418	25.7	48.3	5.5	4.0	1.5	46.2	25.3	20.9	2,281
Foothills	2.6	366	25.1	49.2	7.0	5.0	2.0	43.8	26.5	17.2	346
Mountains	2.2	828	23.9	63.4	5.9	4.4	1.5	30.6	22.0	8.7	776
Senqu River Valley	2.4	293	24.4	53.8	8.8	6.7	2.1	37.4	24.5	12.9	278
District											
Butha-Buthe	1.6	182	25.7	50.6	4.0	3.3	0.7	45.4	25.0	20.4	173
Leribe	1.4	688	25.4	48.8	5.2	3.5	1.6	46.0	29.6	16.4	640
Berea	1.7	535	26.0	46.5	5.8	5.2	0.6	47.8	25.0	22.8	513
Maseru	2.0	1,027	25.4	51.4	5.1	3.5	1.6	43.5	24.9	18.6	966
Mafeteng	0.8	363	25.7	46.7	7.5	5.6	1.9	45.8	23.5	22.3	345
Mohale's Hoek	2.9	321	24.2	56.3	10.5	7.4	3.1	33.2	17.4	15.8	311
Quthing	2.2	203	24.6	52.8	6.9	5.0	1.9	40.2	26.1	14.1	196
Qacha's Nek	1.4	121	24.8	56.2	4.6	4.2	0.4	39.1	25.2	14.0	112
Mokhotlong	2.5	191	23.6	66.3	5.9	4.2	1.8	27.8	21.4	6.4	176
Thaba-Tseka	2.2	274	23.8	64.0	5.3	3.4	1.9	30.7	22.3	8.4	250
Education											
No education	3.3	45	26.0	40.7	6.7	4.7	2.0	52.6	40.2	12.4	43
Primary incomplete	2.7	982	24.4	56.8	7.4	5.1	2.3	35.8	22.0	13.7	932
Primary complete	2.0	850	25.2	53.4	5.5	4.1	1.4	41.2	23.3	17.9	803
Secondary+	1.3	2,029	25.5	49.4	5.4	4.2	1.3	45.2	26.2	19.0	1,904
Wealth quintile											
Lowest	2.2	569	23.2	67.3	7.7	5.1	2.5	25.0	18.1	6.9	530
Second	2.7	643	24.2	54.7	9.0	6.6	2.4	36.3	23.7	12.6	599
Middle	2.3	698	24.4	54.2	7.7	5.9	1.8	38.2	25.4	12.7	655
Fourth	1.7	982	25.2	52.5	3.9	2.7	1.2	43.6	27.4	16.2	913
Highest	0.9	1,013	27.3	40.2	3.9	3.2	0.7	55.8	25.8	30.0	985
Total	1.8	3,905	25.2	52.0	6.0	4.4	1.6	42.0	24.7	17.4	3,682

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m²).
¹ Excludes pregnant women and women with a birth in the preceding 2 months

Table 11.10.2 shows nutritional indicators for men by various background characteristics. The mean BMI for men age 15-49 is 21. Overall, about one in five (19 percent) of men were found to be chronically malnourished (BMI <18.5) and 5 percent were found to be moderately or severely thin.

Background characteristic	Mean Body Mass Index (BMI)	Body Mass Index							Number of men
		Normal	Thin			Overweight/obese			
	18.5-24.9 (total normal)	<18.5 (total thin)	17.0-18.4 (mildly thin)	<17 (moderately and severely thin)	≥25.0 (total overweight or obese)	25.0-29.9 (overweight)	≥30.0 (obese)		
Age									
15-19	19.4	62.2	36.4	25.0	11.4	1.4	1.1	0.4	817
20-29	21.0	81.6	12.5	10.6	2.0	5.9	4.6	1.3	1,059
30-39	22.3	70.8	10.4	8.9	1.4	18.9	15.2	3.7	662
40-49	22.3	64.4	14.8	10.9	3.9	20.8	15.6	5.2	369
Residence									
Urban	21.9	65.8	16.2	11.2	5.0	18.0	14.3	3.7	801
Rural	20.7	73.6	20.1	15.5	4.6	6.3	4.8	1.5	2,107
Ecological zone									
Lowlands	21.2	68.6	19.8	14.8	4.9	11.6	9.1	2.6	1,767
Foothills	20.3	74.5	21.1	16.1	5.0	4.4	3.4	1.0	313
Mountains	21.2	79.6	13.6	10.0	3.7	6.7	5.2	1.6	614
Senqu River Valley	20.4	67.9	25.3	19.5	5.8	6.8	5.7	1.1	214
District									
Butha-Buthe	21.1	72.0	17.5	14.1	3.4	10.5	9.3	1.1	163
Leribe	21.3	75.5	14.4	10.9	3.4	10.1	8.0	2.2	484
Berea	21.2	71.2	17.9	15.1	2.8	10.9	8.0	2.9	423
Maseru	21.1	67.9	20.6	15.3	5.3	11.4	8.4	3.0	743
Mafeteng	20.4	66.7	26.6	19.6	7.0	6.7	5.7	1.0	285
Mohale's Hoek	20.6	67.0	23.9	14.9	8.9	9.2	8.1	1.0	248
Quthing	21.0	73.1	18.7	15.7	3.1	8.2	6.2	2.0	148
Qacha's Nek	21.2	71.8	18.0	13.8	4.2	10.2	7.8	2.3	76
Mokhotlong	21.0	80.5	13.5	9.9	3.7	6.0	4.9	1.1	136
Thaba-Tseka	20.9	79.9	15.8	11.0	4.8	4.3	3.3	1.0	201
Education									
No education	21.2	83.9	10.6	8.5	2.1	5.5	3.6	1.8	333
Primary incomplete	20.4	71.2	22.7	16.7	6.0	6.2	5.1	1.0	1,054
Primary complete	21.0	72.1	19.2	16.0	3.2	8.8	6.9	1.9	360
Secondary+	21.5	68.0	18.1	13.3	4.9	13.9	10.7	3.2	1,161
Wealth quintile									
Lowest	20.7	78.1	17.7	13.7	4.0	4.2	3.2	1.0	436
Second	20.5	76.8	19.0	14.4	4.6	4.2	4.0	0.2	564
Middle	20.4	70.9	22.8	18.2	4.7	6.3	5.2	1.1	639
Fourth	21.1	69.4	20.5	13.6	6.9	10.1	7.2	2.9	612
Highest	22.3	65.1	14.8	11.5	3.4	20.1	15.5	4.6	657
Total 15-49	21.0	71.5	19.0	14.3	4.7	9.5	7.4	2.1	2,908
50-59	22.7	60.9	12.8	9.1	3.7	26.4	19.2	7.2	300
Total men 15-59	21.2	70.5	18.4	13.8	4.6	11.1	8.5	2.6	3,209

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in meters (kg/m²).

One in ten men age 15-49 (10 percent) had a BMI of 25.0 or higher and are considered overweight or obese. The data show that the proportion of men living in urban areas who are overweight or obese (18 percent) is three times as high as that for men in rural areas (6 percent). Among districts, Thaba-Tseka has the lowest proportion of overweight or obese men (4 percent), and Berea, Butha-Buthe and Maseru have the highest proportion of overweight or obese men (11 percent, each). The proportion of overweight or obese men is positively correlated with education; it increases from 6 percent of men with no or primary incomplete education to 14 percent of men with secondary or higher education. Wealth index also has a positive relationship with overweight or obese levels. Men in the highest wealth quintile are more likely to be overweight or obese (20 percent) than those in the low quintiles (4 percent).

Two percent of men 15-49 had a BMI of 30.0 or higher and are considered obese.

11.7 PREVALENCE OF ANAEMIA IN WOMEN AND MEN

Table 11.11.1 presents information on the prevalence of anaemia among women age 15-49. Twenty-six percent of women have some level of anaemia. Anaemia prevalence is somewhat higher among pregnant women (30 percent), and those who smoke cigarettes or tobacco (29 percent). Urban women are somewhat more likely than rural women to be anaemic (29 versus 25 percent). Anaemia prevalence ranges from 24 percent of women in the Mountains and Foothills zones to 30 percent in Senqu River Valley. Among districts, prevalence of anaemia is lowest (22 percent) among women in Mokhotlong and highest among women in Quthing (34 percent).

Table 11.11.2 shows on the prevalence of anaemia among men. Twelve percent of men 15-49 in Lesotho have some level of anaemia. The prevalence of anaemia is highest among the youngest and oldest age groups; 14 percent for men 15-19 and 18 percent for men 40-49 have some form of anaemia. Rural men are slightly more likely than urban men to be anaemic (13 percent versus 10 percent). Quthing district has the highest level (17 percent) of men who are anaemic and Mafeteng has the lowest level of anaemic men (10 percent). Prevalence of anaemia among men decreases with education and wealth. It is 14 percent among men with no or primary incomplete education compared with 10 percent among men with secondary or higher education. Prevalence of anaemia among men decreases from 17 percent in the lowest wealth quintile to 10 percent in the highest wealth quintile.

Table 11.11.1 Prevalence of anaemia in women

Percentage of women age 15-49 with anaemia, by background characteristics, Lesotho 2009

Background characteristic	Anaemia status by haemoglobin level				Number of women	
		Mild	Moderate	Severe		Any
	Not pregnant	10.0-11.9 g/dl	7.0-9.9 g/dl	<7.0 g/dl		<12.0 g/dl
Pregnant	10.0-10.9 g/dl	7.0-9.9 g/dl	< 7.0 g/dl	<11.0 g/dl		
Age						
15-19		17.2	4.0	0.2	21.3	899
20-29		19.0	8.0	0.8	27.8	1,397
30-39		20.7	7.1	0.9	28.7	890
40-49		19.5	6.2	0.7	26.4	653
Number of children ever born						
0		18.7	6.5	0.5	25.7	1,248
1		18.9	7.9	1.0	27.8	827
2-3		18.5	6.7	0.6	25.8	1,074
4-5		21.0	5.2	1.0	27.2	474
6+		19.8	3.7	0.4	23.9	216
Maternity status						
Pregnant		14.7	14.9	0.7	30.3	177
Breastfeeding		19.5	4.1	0.5	24.1	576
Neither		19.2	6.5	0.7	26.5	3,086
Using IUD						
Yes		(9.2)	(11.8)	(0.0)	(21.0)	44
No		19.2	6.5	0.7	26.3	3,794
Smoking status						
Smokes cigarettes/tobacco		21.5	7.5	0.0	29.0	382
Does not smoke		18.8	6.4	0.8	26.0	3,457
Residence						
Urban		19.5	8.6	1.0	29.1	1,232
Rural		18.8	5.6	0.5	25.0	2,607
Ecological zone						
Lowlands		18.4	7.7	0.9	27.0	2,367
Foothills		19.8	4.6	0.0	24.4	363
Mountains		19.4	4.4	0.1	23.9	818
Senqu River Valley		22.5	5.9	1.1	29.5	291
District						
Butha-Buthe		24.5	4.9	0.7	30.1	178
Leribe		17.4	7.6	0.7	25.6	674
Berea		19.2	8.2	0.3	27.6	520
Maseru		18.9	6.7	1.2	26.8	1,007
Mafeteng		16.0	6.2	0.6	22.8	365
Mohale's Hoek		18.6	4.2	0.9	23.7	315
Quthing		24.1	8.3	1.0	33.5	203
Qacha's Nek		19.8	6.6	0.0	26.4	117
Mokhotlong		18.8	3.5	0.0	22.3	190
Thaba-Tseka		20.6	5.4	0.0	26.0	269
Education						
No education		18.1	7.8	0.9	26.9	44
Primary incomplete		18.0	5.6	0.9	24.6	970
Primary complete		20.7	6.9	0.2	27.8	848
Secondary+		18.8	6.8	0.8	26.5	1,976
Wealth quintile						
Lowest		16.5	4.7	0.3	21.5	566
Second		16.1	4.9	0.4	21.4	641
Middle		22.6	5.8	0.2	28.5	693
Fourth		19.9	7.9	0.9	28.7	962
Highest		19.1	7.9	1.2	28.2	977
Total		19.0	6.6	0.7	26.3	3,839

Note: Anaemia prevalence is adjusted for altitude and for smoking status if known using CDC formulas (CDC, 1998).

Table 11.11.2 Prevalence of anaemia in men

Percentage of men age 15-49 with anaemia, by background characteristics, Lesotho 2009

Background characteristic	Anaemia status by haemoglobin level				Number of men
	Mild anaemia	Moderate anaemia	Severe anaemia	Any anaemia	
	12.0-12.9 g/dl	9.0-11.9 g/dl	<9.0 g/dl	< 13.0 g/dl	
Age					
15-19	9.0	4.5	0.3	13.8	797
20-29	5.4	3.0	0.6	9.0	1,018
30-39	5.4	5.2	0.9	11.4	634
40-49	9.2	7.7	1.1	18.0	355
Smoking status					
Smokes cigarettes/tobacco	6.7	4.0	0.8	11.5	963
Does not smoke	7.0	4.8	0.6	12.4	1,842
Residence					
Urban	6.5	3.6	0.3	10.4	742
Rural	7.0	4.9	0.8	12.7	2,063
Ecological zone					
Lowlands	6.6	4.1	0.6	11.3	1,692
Foothills	5.7	4.9	0.3	10.9	312
Mountains	8.4	4.7	0.7	13.8	595
Senqu River Valley	6.7	7.2	1.5	15.3	206
District					
Butha-Buthe	9.6	5.0	0.4	15.0	152
Leribe	6.8	2.8	1.0	10.7	479
Berea	6.5	4.6	0.0	11.1	402
Maseru	5.4	4.7	0.6	10.6	711
Mafeteng	6.8	2.2	0.7	9.7	276
Mohale's Hoek	7.4	6.3	1.5	15.2	239
Quthing	8.1	7.8	1.0	16.9	145
Qacha's Nek	6.1	7.6	1.8	15.4	72
Mokhotlong	6.9	4.5	0.0	11.3	136
Thaba-Tseka	10.5	5.1	0.0	15.6	193
Education					
No education	8.5	4.5	1.2	14.3	328
Primary incomplete	8.2	5.1	0.6	13.9	1,024
Primary complete	4.0	5.7	1.1	10.8	351
Secondary+	6.1	3.6	0.4	10.1	1,102
Wealth quintile					
Lowest	8.7	6.8	1.0	16.5	429
Second	8.9	4.0	0.7	13.6	550
Middle	5.5	4.9	0.9	11.3	631
Fourth	6.6	4.0	0.2	10.8	586
Highest	5.5	3.5	0.4	9.5	609
Total 15-49	6.9	4.5	0.6	12.1	2,805
50-59	11.6	8.5	1.8	21.9	288
Total men 15-59	7.3	4.9	0.7	13.0	3,093

Note: Anaemia prevalence is adjusted for altitude and for smoking status if known using CDC formulas (CDC, 1998).

11.8 MICRONUTRIENT INTAKE AMONG MOTHERS

Adequate micronutrient intake by women has important benefits for both women and their children. Breastfeeding children benefit from micronutrient supplementation that mothers receive, especially vitamin A. Iron supplementation of women during pregnancy protects the mother and infant against anaemia, which is estimated to cause one-fifth of perinatal mortality and one-tenth of maternal mortality. Anaemia also results in an increased risk of premature delivery and low birth weight. Finally, iodine deficiency is also related to a number of adverse pregnancy outcomes.

The quality and quantity of foods consumed by mothers has a direct impact on their health and that of their children, especially the health of breastfeeding children. The 2009 LDHS included questions on the types of foods consumed by mothers of children under age three during the day and night preceding the interview, including vitamin A- and iron-rich foods. Table 11.13 includes a number of measures that are useful in assessing the extent to which women are receiving crucial micronutrients during pregnancy and the two months after birth (postpartum). Data show that less than half (47 percent) of women with a child under age three living with her consumed vitamin A-rich foods and three-tenth (30 percent) consumed iron-rich foods. Consumption of these foods is somewhat higher among urban women, women in the Lowlands and Berea, women with secondary or higher education, and those in the highest wealth quintile.

Thirty-nine percent of women receive vitamin A supplementation postpartum (in the first two months after delivery), more than double the proportion reported in the 2004 LDHS (17 percent). Women in urban areas (49 percent) are much more likely to receive vitamin A supplements postpartum than those in rural areas (36 percent). At the ecological zone and district level, the percentage of women who reported receiving a postpartum vitamin A dose is highest in the Lowlands zone (42 percent) and Maseru district (55 percent) and lowest in Senqu River Valley zone (27 percent) and Quthing district (22 percent). With regard to educational level, women with no education (35 percent) or those with incomplete primary education (32 percent) are the least likely to receive vitamin A doses, while those with secondary or higher education (43 percent) are the most likely. Vitamin A supplementation is strongly associated with economic status, rising from 30 percent among the poorest mothers to 52 percent of the wealthiest.

Night blindness is an indicator of severe vitamin A deficiency, to which pregnant women are especially prone. Information about night blindness was collected in the LDHS by asking women who had a birth in the five years before the survey whether they had difficulty seeing at night during the pregnancy of their most recent birth. In order to better isolate true night blindness, women were also asked if they had difficulty seeing during the day. Those who reported having trouble seeing only at night are considered to have suffered from night blindness. Results in Table 11.12 show that the adjusted indicator of night blindness comprised 1 percent of mothers. Variations by background characteristics are small.

With regard to iron supplementation during pregnancy, 25 percent of women reported taking iron tablets or syrup for less than 60 days during the pregnancy of their most recent birth, while only 15 percent received them for 60 or more days (6 percent for 60-89 days and 10 percent for 90 or more days). Half of women did not take any iron supplements during their most recent pregnancy. Iron intake varies considerably by residence, zone and district. Fifty-three percent of rural women received no iron supplementation during pregnancy compared with 42 percent of urban women. More than three-fourths (76 percent) of women in Mokhotlong did not take any iron supplements during pregnancy, compared with one-third (33 percent) of women in Maseru. Women with no education (59 percent) and those in the lowest wealth quintile (63 percent) are the most likely to have not taken any iron tablets or syrup during their most recent pregnancy. There has been a decrease in the percentage of women who do not take any iron supplements during pregnancy from 59 percent in 2004 to 50 percent in 2009, while during the same time period, there has been an increase in the percentage who take iron tablets or syrup for 60 or more days from 4 percent in 2004 to 15 percent in 2009.

With regard to iodine, the survey results show that 84 percent of women who had a birth in the five years before the survey live in households with adequately iodized salt. This proportion is lower in rural areas, in the Foothills and the Mountains zones, in Thaba-Tseka and Butha-Buthe districts, among women with primary incomplete education and those living in the lowest wealth quintile.

Table 11.12. Micronutrient intake among mothers

Among women age 15-49 with a child under age three years living with her, the percentages who consumed vitamin A-rich and iron-rich foods in the 24 hours preceding the survey; among women age 15-49 with a child born in the last five years, the percentage who received a vitamin A dose in the first two months after the birth of the last child; among mothers age 15-49 who during the pregnancy of the last child born in the five years prior to the survey, the percentage who suffered from night blindness, and the percentage who took iron tablets or syrup for specific numbers of days; and among women age 15-49 with a child born in the last five years, who live in households that were tested for iodized salt, the percentage who live in households with adequately iodized salt, by background characteristics, Lesotho 2009

Background characteristic	Women with a child under three years living with them			Among women with a child born in the past five years						Among women with a child born in the last five years, who live in households that were tested for iodized salt			
	Percentage who consumed vitamin A-rich foods ¹	Percentage who consumed iron-rich foods ²	Number of women	Percentage who received vitamin A dose postpartum ³	Percentage with night blindness during pregnancy for last birth Reported	Adjusted ⁴	Number of days women took iron tablets or syrup during pregnancy for last birth			Number of women	Percentage in households with adequately iodized salt ⁵		
							None	<60	60-89			90+	Don't know/missing
Age													
15-19	45.8	30.3	252	30.1	3.6	2.5	54.6	27.6	4.6	6.9	282	79.7	267
20-29	45.1	28.1	1,083	40.1	3.7	1.6	50.7	25.9	5.5	8.4	1,654	83.2	1,574
30-39	52.1	34.3	464	41.0	3.5	0.6	44.7	23.6	6.7	13.4	817	85.8	779
40-49	54.5	33.2	94	32.4	4.8	1.6	58.9	17.1	5.1	9.7	232	82.2	208
Residence													
Urban	53.1	38.1	417	48.5	4.3	1.2	42.0	29.9	5.0	10.5	759	92.6	745
Rural	45.7	27.9	1,476	35.5	3.5	1.5	52.8	23.0	5.9	9.5	2,225	80.3	2,083
Ecological zone													
Lowlands	50.9	35.1	1,000	42.1	3.9	1.2	44.6	25.5	5.7	11.1	1,671	87.6	1,615
Foothills	42.2	24.7	221	38.9	1.8	0.4	47.0	24.6	8.0	12.2	334	75.9	321
Mountains	42.8	23.0	510	35.2	4.0	1.6	60.0	23.0	5.1	7.2	748	77.3	680
Senqu River Valley	46.6	29.9	161	26.8	4.4	3.5	61.6	24.9	4.2	4.1	230	83.7	212
District													
Butha-Butha	39.9	28.1	100	34.4	1.5	0.6	54.3	28.2	2.8	3.5	156	78.1	146
Leribe	40.8	28.0	315	32.3	3.2	0.6	52.9	26.9	6.2	5.5	540	78.8	521
Berea	56.5	38.6	250	32.8	4.4	0.9	42.6	19.8	5.1	18.7	394	88.2	382
Maseru	52.1	35.2	411	34.6	4.1	1.6	33.4	27.3	8.8	16.7	691	88.0	669
Mafeteng	45.0	25.6	180	45.5	3.4	0.8	51.8	24.1	5.3	9.1	283	84.0	274
Mohale's Hoek	48.1	24.7	176	26.7	5.1	2.8	56.7	25.7	7.0	5.4	258	81.5	240
Quthing	50.5	33.5	100	21.7	2.5	1.8	68.1	21.8	2.5	3.2	141	81.9	133
Qacha's Nek	39.6	26.5	59	36.8	3.2	1.6	50.7	34.6	4.3	3.9	87	86.6	82
Mokhotlong	42.2	20.9	122	48.4	3.6	2.3	75.7	16.3	0.6	2.5	178	82.9	162
Thaba-Tseka	45.3	27.8	180	30.2	3.9	2.2	61.4	22.6	3.8	5.7	255	78.4	220
Education													
No education	48.9	16.1	34	34.5	13.8	10.2	58.9	20.2	0.0	15.5	46	89.0	43
Primary incomplete	41.0	22.9	529	31.7	4.5	1.9	56.8	22.8	5.2	8.0	802	77.5	733
Primary complete	44.9	27.9	511	38.8	4.0	1.6	52.0	25.3	5.7	8.0	791	81.4	742
Secondary+	53.0	36.9	819	43.2	2.8	0.6	44.6	25.7	6.2	11.6	1,345	87.9	1,310
Wealth quintile													
Lowest	40.5	18.8	440	29.5	4.1	2.2	62.8	21.4	5.8	5.2	597	71.5	523
Second	45.6	27.6	399	36.8	2.9	0.9	54.0	25.5	6.1	6.6	560	78.9	532
Middle	47.1	31.4	363	36.1	4.8	1.9	52.9	23.2	5.1	10.4	555	83.9	531
Fourth	47.4	31.6	364	39.3	2.5	0.8	47.7	23.8	5.1	11.8	675	87.3	653
Highest	59.0	45.8	327	52.1	4.5	1.4	33.6	29.9	6.4	14.3	598	93.8	589
Total	47.4	30.2	1,893	38.8	3.7	1.4	50.0	24.8	5.7	9.7	2,984	83.5	2,828

¹ Includes meat (and organ meat), fish, poultry, eggs, pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, mango, papaya, and other locally grown fruits and vegetables that are rich in vitamin A

² Includes meat (and organ meat), fish, poultry, eggs

³ In the first two months after delivery

⁴ Women who reported night blindness but did not report difficulty with vision during the day

⁵ Salt containing 15 ppm of iodine or more. Excludes women in households where salt was not tested.

John Nkonyana

Acquired immunodeficiency syndrome (AIDS) is caused by a human immunodeficiency virus (HIV) that weakens the immune system, making the body susceptible to and unable to recover from other opportunistic diseases that lead to death through these secondary infections. This is a serious public health and socioeconomic problem in many countries around the world. The most affected countries are found in sub-Saharan Africa, especially those located in the eastern, central, and southern parts of the continent.

HIV/AIDS remains a major concern in Lesotho because of the relatively high prevalence rates reported among the adult population, especially among younger age groups. Based on data from the HIV Sentinel Surveillance Report (MOHSW and National AIDS Commission, 2009), an estimated 24 percent of the adult population (15-49 years) is HIV positive, and this makes Lesotho one of the worst HIV/AIDS-affected countries in the world. The HIV/AIDS pandemic in Lesotho continues to have a negative effect on life expectancy and has reduced productivity, worsened household poverty, broken down family structures, and increased the number of orphans and child-headed households.

The principal mode of transmission of HIV is through heterosexual contact. Although the probability of transmitting HIV in a single act of intercourse may be low, a number of factors increase the risk. These factors include the viral load of the infected partner and the presence in either partner of sexually transmitted infections (STIs), such as syphilis, chancroid, or herpes, which cause genital ulcers or trauma during sexual contact. A significant number of adults in Lesotho suffer from STIs, and some have multiple sexual partners, which increases their vulnerability and exposure to HIV. Consequently, most new HIV infections are a consequence of heterosexual contact.

Another important mode of HIV transmission that follows heterosexual contact is the mother-to-child transmission, whereby the mother passes the AIDS virus to her child during pregnancy, at birth, or through breastfeeding. Furthermore, children who do not acquire the virus but who are born to HIV-infected mothers are at risk of becoming orphans when one or both of their parents die from AIDS-related diseases. Programs aimed at Prevention of Mother-to-Child Transmission (PMTCT) are implemented in Lesotho to slow the spread of HIV. These programs have a coverage of more than 70 percent (National AIDS Commission, 2009). Other modes of transmission include men who have sex with other men, blood transfusions, and use of unsterilised needles and skin piercing instruments.

The future direction of this pandemic depends on the level of knowledge of how the virus is spread and changes in sexual behaviour. The information obtained from the 2009 LDHS provides a unique opportunity to assess the level of knowledge and practices regarding transmission of the AIDS virus and other STIs. The main objective of this chapter is to determine the level of relevant knowledge, perceptions, attitudes, and behaviours at the national and district levels and for socioeconomic subgroups of the population. The results are useful for AIDS control programmes to target those individuals and groups most in need of information and those who are at risk of contracting the disease.

The 2009 LDHS included a series of questions related to HIV/AIDS and STIs in both the Woman's and the Man's Questionnaires. Both female and male respondents were asked if they have ever heard of AIDS, what a person could do to avoid getting AIDS, if they are aware of mother-to-child transmission, and if they have ever talked to their spouse about ways to prevent AIDS. Other questions concerned stigma or discrimination towards people with HIV/AIDS, attitudes towards teaching children about condom use; chances of getting HIV/AIDS, testing for HIV/AIDS, knowledge of other STIs, and infection with STIs.

The data obtained from the 2009 LDHS provide a good opportunity to assess levels and trends in some of these efforts. The principal objective of this chapter is to establish the level of HIV/AIDS knowledge, perceptions, and behaviours at the national level and within geographic and socioeconomic subgroups of the population. This chapter presents findings about current levels of HIV/AIDS knowledge, attitudes, and related behaviours for the general population and for youth separately, as they are the main target of many HIV prevention efforts. On the basis of the findings presented in this chapter, AIDS control programmes can target particular groups of individuals most in need of information and services and most vulnerable to the risk of HIV infection.

12.1 KNOWLEDGE OF AIDS

Table 12.1 shows the percentages of women and men age 15-49 who have heard of AIDS, and their background characteristics. Data show that knowledge of AIDS is almost universal, with 97 percent of women and 95 percent of men indicating that they have heard about AIDS, similar to the high level of AIDS knowledge reported in the 2004 LDHS. There are no major variations by age in the percentages of women and men who have heard of AIDS. Women and men who have never had sex and those who reside in rural areas are slightly less likely than other women and men to have heard of AIDS.

The level of AIDS knowledge varies somewhat by ecological zone and district. Ninety-two percent of women and 90 percent of men in the Senqu River Valley know of AIDS compared with 99 percent of women and 97 percent of men in the Lowlands. Looking at districts, AIDS knowledge among women ranges from 89 percent in Butha-Buthe and Quthing to 99 percent in Berea, Maseru, and Mohale's Hoek. Among men, 84 percent in Butha-Buthe compared with 98 percent in Berea know of AIDS.

Similar to the 2004 LDHS findings, AIDS knowledge increases steadily with education and wealth for both women and men. For example, the percentage of women who have heard of AIDS increases from 87 percent of women with no education to 99 percent of women with secondary or higher education. Furthermore, it increases from 90 percent of women in the lowest wealth quintile to 99 percent of those in the highest wealth quintile.

Table 12.1 Knowledge of AIDS

Percentage of women and men age 15-49 who have heard of AIDS, by background characteristics, Lesotho 2009

Background characteristic	Women		Men	
	Has heard of AIDS	Number of women	Has heard of AIDS	Number of men
Age				
15-24	96.1	3,337	92.9	1,470
15-19	95.2	1,785	90.6	835
20-24	97.1	1,552	95.9	634
25-29	96.9	1,244	96.6	463
30-39	97.6	1,746	96.8	686
40-49	96.9	1,297	95.9	389
Marital status				
Never married	96.8	2,618	93.6	1,691
Ever had sex	97.5	1,494	94.9	1,282
Never had sex	95.7	1,123	89.4	409
Married/Living together	96.5	4,049	96.5	1,169
Divorced/Separated/Widowed	97.3	957	94.1	148
Residence				
Urban	98.5	2,573	98.3	845
Rural	95.8	5,051	93.4	2,162
Ecological zone				
Lowlands	98.5	4,798	97.2	1,850
Foothills	95.2	725	92.3	319
Mountains	93.4	1,544	90.5	621
Senqu River Valley	92.3	556	89.5	217
District				
Butha-Buthe	89.1	357	84.2	168
Leribe	98.2	1,359	96.4	498
Berea	98.5	1,122	97.8	451
Maseru	98.7	2,036	97.4	773
Mafeteng	97.4	682	96.0	295
Mohale's Hoek	98.8	599	96.0	250
Quthing	88.8	379	84.9	150
Qacha's Nek	95.0	219	93.0	79
Mokhotlong	92.9	356	93.6	137
Thaba-Tseka	92.1	515	87.9	206
Education				
No education	87.0	93	90.8	336
Primary incomplete	93.2	1,810	90.9	1,095
Primary complete	96.4	1,741	96.3	372
Secondary+	98.7	3,979	98.8	1,205
Wealth quintile				
Lowest	89.9	1,073	89.3	443
Second	96.2	1,190	92.4	575
Middle	96.9	1,325	94.0	666
Fourth	98.0	1,900	97.6	640
Highest	99.1	2,136	98.3	684
Total 15-49	96.7	7,624	94.7	3,008
50-59	na	na	96.4	309
Total men 15-59	na	na	94.9	3,317

na = Not applicable

12.2 KNOWLEDGE OF HIV PREVENTION METHODS

In Lesotho, HIV in adults is mainly transmitted by heterosexual contact between a partner who is HIV positive and a partner who is HIV negative. Using condoms and limiting sexual intercourse to one uninfected partner are important ways to minimize the spread of HIV/AIDS. To ascertain the depth of knowledge about modes of HIV/AIDS transmission, respondents were specifically asked about whether it is possible to reduce the chance of getting AIDS by having just one uninfected sexual partner who has no other partners, by using a condom at every sexual intercourse, and by not having sex at all. Table 12.2 shows knowledge of the first two prevention methods (using condoms and limiting sexual intercourse to one uninfected partner) among women and men age 15-49, according to background characteristics.

The results show that knowledge of HIV prevention methods is widespread, although knowledge is more common among women than men. Eighty-seven percent of women and 80 percent of men age 15-49 know that use of condoms can reduce the risk of contracting HIV during sexual intercourse. Eighty-seven percent of women and 82 percent of men indicate that the chances of getting infected with HIV can be reduced by limiting sexual intercourse to one uninfected partner. Finally, 81 percent of women and 72 percent of men have knowledge of both HIV prevention methods.

Knowledge of HIV prevention methods is lower among younger respondents age 15-19 compared with older respondents. Similar to knowledge about AIDS, knowledge of important HIV prevention methods is lowest among unmarried respondents who have never had sex compared with those who are currently married or cohabiting; respondents who are divorced, separated, or widowed; and never-married respondents who have had sex. For example, 73 percent of women who have never had sex know that using condoms and limiting sexual intercourse to one uninfected partner can help reduce the risk of getting the AIDS virus compared with 81 to 83 percent of women in other subgroups.

Urban residents are more knowledgeable about HIV prevention methods than their rural counterparts. Eighty-four percent of urban women and 85 percent of urban men are aware that condom use and limiting sexual intercourse to one uninfected partner are HIV prevention methods compared with 79 percent of rural women and 67 percent of rural men. Knowledge of HIV prevention methods is lowest among women and men in the Mountains and Senqu River Valley and highest among those in the Lowlands. Looking at districts, respondents in Maseru (90 percent of women and 79 percent of men) and Berea (85 percent of women and 82 percent of men) have the highest level of knowledge about both condom use and limiting sexual intercourse to one uninfected partner as HIV prevention methods, while those living in Thaba-Tseka (69 percent of women and 55 percent of men) have the lowest level of knowledge.

The level of educational attainment strongly relates to the respondents' knowledge of ways to prevent contracting HIV. Women and men who have no education have considerably lower levels of knowledge of HIV/AIDS prevention than those with some education. The data also show that the poorest respondents, irrespective of sex, are the most disadvantaged in terms of knowledge about methods of HIV prevention.

Table 12.2 Knowledge of HIV prevention methods

Percentage of women and men age 15-49 who, in response to prompted questions, say that people can reduce the risk of getting the AIDS virus by using condoms every time they have sexual intercourse and by having one sex partner who is not infected and has no other partners, by background characteristics, Lesotho 2009

Background characteristic	Percentage of women who say HIV can be prevented by:				Percentage of men who say HIV can be prevented by:			
	Using condoms ¹	Limiting sexual intercourse to one uninfected partner ²	Using condoms and limiting sexual intercourse to one uninfected partner ^{1,2}	Number of women	Using condoms ¹	Limiting sexual intercourse to one uninfected partner ²	Using condoms and limiting sexual intercourse to one uninfected partner ^{1,2}	Number of men
Age								
15-24	84.6	85.0	77.6	3,337	78.9	78.6	70.0	1,470
15-19	81.1	82.4	73.7	1,785	76.0	76.0	66.9	835
20-24	88.6	88.1	82.2	1,552	82.8	82.0	74.1	634
25-29	88.0	87.0	81.6	1,244	82.4	84.2	74.1	463
30-39	90.1	90.2	84.7	1,746	80.4	85.7	75.2	686
40-49	87.4	88.5	82.0	1,297	79.1	85.0	73.9	389
Marital status								
Never married	85.2	86.2	78.6	2,618	79.4	79.0	70.4	1,691
Ever had sex	88.5	89.6	83.2	1,494	82.0	80.9	73.0	1,282
Never had sex	80.8	81.5	72.5	1,123	71.2	73.0	62.3	409
Married/Living together	87.7	87.8	81.9	4,049	81.0	86.3	75.3	1,169
Divorced/Separated/ Widowed	88.2	86.9	81.0	957	75.6	80.9	70.2	148
Residence								
Urban	90.0	90.0	84.2	2,573	88.7	91.6	84.9	845
Rural	85.3	85.7	78.8	5,051	76.3	78.2	67.4	2,162
Ecological zone								
Lowlands	90.1	90.7	84.6	4,798	85.6	86.8	78.7	1,850
Foothills	84.5	83.8	76.9	725	75.2	78.3	68.0	319
Mountains	80.2	80.2	72.6	1,544	68.1	72.4	59.5	621
Senqu River Valley	80.5	80.1	73.5	556	70.3	72.6	60.5	217
District								
Butha-Buthe	81.3	82.7	77.4	357	73.9	72.8	65.8	168
Leribe	86.6	81.7	75.2	1,359	80.5	82.0	71.9	498
Berea	89.5	91.9	84.6	1,122	87.5	90.3	82.1	451
Maseru	92.5	95.0	89.7	2,036	85.7	87.1	79.3	773
Mafeteng	87.9	90.6	83.6	682	78.3	80.4	70.2	295
Mohale's Hoek	86.4	83.9	76.1	599	77.7	79.1	68.9	250
Quthing	78.0	77.1	71.5	379	68.8	72.1	62.0	150
Qacha's Nek	80.9	81.3	73.6	219	79.1	77.9	68.8	79
Mokhotlong	79.8	81.0	73.2	356	70.0	77.5	60.9	137
Thaba-Tseka	76.9	76.2	68.7	515	63.7	68.9	54.8	206
Education								
No education	69.4	74.6	65.1	93	61.6	70.1	53.0	336
Primary incomplete	77.3	78.7	69.4	1,810	70.3	72.8	60.4	1,095
Primary complete	86.5	86.9	80.3	1,741	85.1	85.2	76.8	372
Secondary+	91.9	91.4	86.2	3,979	91.9	92.5	87.1	1,205
Wealth quintile								
Lowest	74.8	75.9	67.7	1,073	60.3	65.0	48.1	443
Second	84.9	82.7	76.0	1,190	75.0	76.1	65.6	575
Middle	86.0	87.3	79.4	1,325	77.8	80.5	70.1	666
Fourth	90.3	90.6	84.9	1,900	87.6	89.2	82.0	640
Highest	91.6	92.1	86.7	2,136	91.1	92.4	86.7	684
Total 15-49	86.9	87.1	80.6	7,624	79.8	81.9	72.3	3,008
50-59	na	na	na	na	76.3	85.7	70.7	309
Total men 15-59	na	na	na	na	79.5	82.3	72.2	3,317

na = Not applicable

¹ Using condoms every time they have sexual intercourse

² Partner who has no other partners

12.3 BELIEFS ABOUT AIDS

In addition to knowing about effective ways to avoid contracting HIV/AIDS, it is also useful to be able to identify incorrect ways to avoid the virus to eliminate common misconceptions. Common misconceptions about AIDS include beliefs that the AIDS virus can be transmitted by witchcraft or supernatural means, by mosquito bites, or by sharing food with a person who has AIDS, and the belief that people who look healthy cannot have the AIDS virus. In the 2009 LDHS, respondents were asked about all these misconceptions.

Tables 12.3.1 and 12.3.2 indicate that a considerable proportion of Lesotho, 51 percent of women and 56 percent of men, do not know that the AIDS virus cannot be transmitted by mosquito bites. Furthermore, only 78 percent of women and 65 percent of men know that a person cannot become infected with the AIDS virus by sharing food with someone who has AIDS. These findings show an improvement compared with the 2004 LDHS corresponding figures.

For all indicators, the level of knowledge and awareness about AIDS is higher among women than men. Knowledge that a healthy-looking person can have the AIDS virus is widespread in Lesotho. Almost nine in ten women (87 percent) and almost eight in ten men (78 percent) are aware that a healthy-looking person can have the AIDS virus. Looking at the proportion of respondents who reject the two most common misconceptions in Lesotho—that AIDS can be transmitted by mosquito bites and that a person can become infected with the AIDS virus by sharing food with someone who is infected with HIV—and who also believe that a healthy-looking person can have the AIDS virus, only 43 percent of women and 35 percent of men age 15-49 have correct knowledge and awareness on all these issues together.

A person is considered to have a comprehensive knowledge about AIDS when (1) they say that use of condoms for every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus, (2) they say that a healthy-looking person can have the AIDS virus, and (3) they reject the two most common local misconceptions. In Lesotho, only 38 percent of women and 29 percent of men age 15-49 have comprehensive knowledge about AIDS. This represents an increase in the percentage of respondents who have a comprehensive knowledge about AIDS from only 24 percent of women and 19 percent of men, as documented in the 2004 LDHS.

Tables 12.3.1 and 12.3.2 document some variation in knowledge about AIDS by background characteristics. The percentage of women and men who know that a healthy-looking person can have the AIDS virus, who reject the most common misconceptions, and who have comprehensive knowledge about AIDS in general does not vary much by age. For all indicators, the proportion of respondents with correct knowledge about AIDS is higher in urban than rural areas. Forty-seven percent of women and 46 percent of men in urban areas have comprehensive knowledge about AIDS compared with 33 percent of women and 23 percent of men in rural areas. Comprehensive knowledge about AIDS is lowest among women and men in the Foothills (28 and 19 percent, respectively) and highest among women and men in the Lowlands (43 and 34 percent, respectively). Among districts, the proportion of women with a comprehensive knowledge about AIDS ranges from 28 percent in Thaba-Tseka and Quthing to 48 percent in Maseru, while for men it ranges from 21 percent in Mafeteng and Mohale's Hoek to 37 percent in Maseru and Berea.

Generally, for both men and women, the level of correct knowledge and awareness about AIDS increases with educational level and wealth.

Table 12.3.1 Comprehensive knowledge about AIDS: Women

Percentage of women age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about AIDS transmission or prevention, and the percentage with a comprehensive knowledge about AIDS by background characteristics, Lesotho 2009

Background characteristic	Percentage of women who say that:				Percentage who say that a healthy looking person can have the AIDS virus and who reject the two most common local misconceptions ¹	Percentage with a comprehensive knowledge about AIDS ²	Number of women
	A healthy-looking person can have the AIDS virus	AIDS cannot be transmitted by mosquito bites	AIDS cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has AIDS			
Age							
15-24	84.2	52.7	87.7	79.9	44.4	38.6	3,337
15-19	79.8	52.5	86.4	78.6	41.9	35.2	1,785
20-24	89.2	52.8	89.3	81.3	47.2	42.4	1,552
25-29	89.7	46.7	86.4	78.7	41.1	35.8	1,244
30-39	91.2	48.2	85.6	78.6	43.8	39.3	1,746
40-49	86.3	44.7	84.6	69.8	38.9	34.7	1,297
Marital status							
Never married	85.7	55.3	88.9	83.5	47.3	41.1	2,618
Ever had sex	90.1	54.7	90.3	85.6	49.7	44.6	1,494
Never had sex	79.9	56.2	87.0	80.7	44.2	36.5	1,123
Married/Living together	87.8	46.7	85.4	74.7	40.9	36.2	4,049
Divorced/Separated/ Widowed	87.8	44.1	84.4	74.4	38.4	34.0	957
Residence							
Urban	93.4	57.6	91.0	85.9	53.1	46.5	2,573
Rural	83.9	45.1	84.2	73.5	37.5	33.1	5,051
Ecological zone							
Lowlands	92.5	52.7	89.6	84.3	47.9	42.7	4,798
Foothills	85.0	41.7	82.6	67.0	33.8	28.4	725
Mountains	74.9	43.4	80.0	64.9	33.3	28.5	1,544
Senqu River Valley	76.9	46.2	82.6	70.2	36.3	31.5	556
District							
Butha-Buthe	79.7	46.8	77.9	73.7	40.0	34.9	357
Leribe	87.1	50.5	87.1	78.9	42.4	33.9	1,359
Berea	92.6	51.8	87.6	84.4	46.3	42.2	1,122
Maseru	94.1	55.0	92.0	83.8	51.2	47.7	2,036
Mafeteng	89.1	41.9	84.9	75.9	36.9	32.7	682
Mohale's Hoek	86.0	41.9	88.3	73.7	35.0	29.6	599
Quthing	75.0	40.1	78.5	63.9	32.2	28.0	379
Qacha's Nek	78.0	59.9	81.9	77.7	46.0	39.1	219
Mokhotlong	74.2	43.5	81.2	66.5	33.5	28.9	356
Thaba-Tseka	72.4	45.1	77.8	63.5	34.2	28.0	515
Education							
No education	62.7	37.0	72.7	49.4	28.5	25.3	93
Primary incomplete	75.3	34.3	78.0	60.8	26.0	21.0	1,810
Primary complete	84.6	42.5	83.2	73.3	34.9	30.1	1,741
Secondary+	94.1	59.5	92.1	87.9	54.2	48.8	3,979
Wealth quintile							
Lowest	67.8	37.5	74.1	58.1	26.0	22.1	1,073
Second	82.7	40.4	83.7	70.4	32.6	27.9	1,190
Middle	87.2	44.7	85.3	74.0	38.1	32.5	1,325
Fourth	91.7	51.9	89.3	85.5	46.2	40.9	1,900
Highest	94.9	60.9	92.5	86.9	56.7	51.1	2,136
Total 15-49	87.1	49.3	86.5	77.7	42.8	37.6	7,624

¹ Two most common local misconceptions: 'AIDS can be transmitted by mosquito bites' and 'A person can become infected by sharing food with a person who has AIDS'.

² Comprehensive knowledge means knowing that consistent use of condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission or prevention.

Table 12.3.2 Comprehensive knowledge about AIDS: Men

Percentage of men age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about AIDS transmission or prevention, and the percentage with a comprehensive knowledge about AIDS by background characteristics, Lesotho 2009

Background characteristic	Percentage of men who say that:				Percentage who say that a healthy looking person can have the AIDS virus and who reject the two most common local misconceptions ¹	Percentage with a comprehensive knowledge about AIDS ²	Number of men
	A healthy-looking person can have the AIDS virus	AIDS cannot be transmitted by mosquito bites	AIDS cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has AIDS			
Age							
15-24	71.9	46.6	81.4	65.7	34.7	28.7	1,470
15-19	67.8	46.1	80.9	65.6	32.6	28.1	835
20-24	77.3	47.1	82.1	65.9	37.4	29.6	634
25-29	84.1	45.6	82.8	65.4	37.8	31.3	463
30-39	84.3	40.5	82.4	66.0	34.1	28.1	686
40-49	78.9	40.8	75.7	63.1	33.1	30.0	389
Marital status							
Never married	72.8	47.4	82.0	66.7	36.1	30.6	1,691
Ever had sex	75.4	48.6	83.3	66.6	37.3	31.7	1,282
Never had sex	64.6	43.6	78.0	67.0	32.3	26.9	409
Married/Living together	83.9	40.2	80.3	64.6	33.1	27.0	1,169
Divorced/Separated/ Widowed	80.6	40.9	77.6	57.4	33.5	30.2	148
Residence							
Urban	89.6	57.9	90.0	83.1	50.8	45.5	845
Rural	72.8	39.0	77.6	58.5	28.6	22.8	2,162
Ecological zone							
Lowlands	83.8	46.8	86.6	74.6	39.0	34.0	1,850
Foothills	71.5	34.2	73.9	51.6	24.3	18.6	319
Mountains	65.6	42.7	70.6	47.7	29.9	22.1	621
Senqu River Valley	66.7	42.0	74.9	57.6	28.5	23.5	217
District							
Butha-Buthe	72.7	41.5	70.7	56.2	31.6	24.6	168
Leribe	77.5	45.6	83.0	65.3	34.5	25.8	498
Berea	86.8	46.0	86.0	74.8	40.0	37.1	451
Maseru	84.8	49.2	88.3	74.3	41.9	37.2	773
Mafeteng	72.4	35.5	78.4	64.4	25.3	20.5	295
Mohale's Hoek	71.5	37.8	76.6	57.0	25.2	20.7	250
Quthing	67.9	40.8	70.4	53.2	31.6	26.2	150
Qacha's Nek	69.1	46.9	80.0	62.6	34.0	29.3	79
Mokhotlong	72.5	43.9	75.5	54.7	33.0	22.8	137
Thaba-Tseka	62.2	43.3	68.7	47.9	29.5	22.3	206
Education							
No education	60.0	36.3	65.2	40.9	19.9	13.2	336
Primary incomplete	66.0	33.7	72.7	52.3	22.2	15.2	1,095
Primary complete	79.1	32.9	82.1	64.8	24.7	21.9	372
Secondary+	92.4	59.6	92.8	84.4	53.6	48.5	1,205
Wealth quintile							
Lowest	58.4	35.6	68.9	46.7	20.6	13.6	443
Second	68.6	36.0	75.6	57.9	22.7	16.6	575
Middle	76.7	38.7	78.3	58.4	31.4	24.5	666
Fourth	87.0	44.7	86.2	71.3	39.4	35.4	640
Highest	89.3	61.9	91.6	85.0	53.3	48.5	684
Total 15-49	77.5	44.3	81.1	65.4	34.8	29.2	3,008
50-59	79.7	36.2	75.6	55.4	30.8	24.5	309
Total men 15-59	77.7	43.5	80.6	64.5	34.4	28.7	3,317

¹ Two most common local misconceptions: 'AIDS can be transmitted by mosquito bites' and 'A person can become infected by sharing food with a person who has AIDS'.

² Comprehensive knowledge means knowing that consistent use of condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission or prevention.

12.4 KNOWLEDGE OF PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

Current strategies on HIV/AIDS in Lesotho are geared towards improving the health of the HIV-infected mothers and reducing the transmission of the virus to their children during pregnancy, labour, delivery, and breastfeeding, as outlined in the Health Sector Mid-Term HIV and AIDS Strategic Plan 2008-2011 and the National Prevention of Mother-to-Child Scale-Up Plan (Government of Lesotho, 2007/01-2010-11). Increasing the level of general knowledge of transmission of the virus from mother to child and of reducing the risk of transmission by use of antiretroviral drugs is critical to achieving these goals.

All women and men interviewed in the 2009 LDHS were asked if the virus that causes AIDS can be transmitted from a mother to a child. If the answer was affirmative, they were further asked whether the virus could be transmitted during pregnancy, delivery, or breastfeeding. They were also asked if a mother who is infected with the AIDS virus can reduce the risk of giving the virus to the baby by taking certain drugs during pregnancy. The results are presented in Table 12.4.

Table 12.4 shows that women are slightly more likely than men to know of the risk of mother-to-child transmission (MTCT) of HIV through breastfeeding (81 and 72 percent, respectively). About eight in ten women (79 percent) and six in ten men (58 percent) know that the risk of mother-to-child transmission of HIV can be reduced by the mother taking special drugs during pregnancy.

The knowledge of transmission through breastfeeding and knowledge of prevention through antiretroviral drugs is lowest for the youngest age group, age 15-19 for both men and women, as well as for respondents who have never had sex. It is also low for rural respondents when compared with urban respondents, especially in the percentage who know that the risk of MTCT can be reduced by a mother taking special drugs during pregnancy. The level of knowledge about mother-to-child transmission through breastfeeding and prevention is similar among pregnant and non-pregnant women. Among women, knowledge of prevention of mother-to-child transmission through special drugs received during pregnancy is lowest in the Mountains (70 percent) and highest in the Lowlands (84 percent), and among districts, it is lowest in Quthing (68 percent) and highest in Maseru (84 percent).

Basotho with no education and those who have not completed primary education are less likely to know about both the transmission of HIV through breastfeeding and also the mitigation of risk by taking antiretroviral drugs during pregnancy than are those with higher education; this is more so among men than women. The data also show that wealth is positively associated with knowledge of mother-to-child transmission of HIV. This association is stronger among men than women.

Overall, more than seven in ten women (71 percent) and half the men (50 percent) know that HIV can be transmitted through breastfeeding and that the risk of MTCT can be reduced by the mother taking special drugs during pregnancy. Knowledge is lowest among the youngest respondents, who are age 15-19, and among respondents who have never had sex. A larger proportion of women in urban areas than in rural areas know about MTCT by breastfeeding and also know about the use of special drugs to reduce the risk of MTCT (75 and 69 percent, respectively). The same pattern is seen for men and it is more pronounced: 63 percent of men in urban areas know about MTCT by breastfeeding and the use of special drugs to reduce the risk of MTCT; this compares with 45 percent of men in rural areas. By district, this knowledge among men ranges from 39 percent in Butha-Buthe to 55 percent each in Berea, Maseru, and Mohale's Hoek. As seen earlier, respondents' socioeconomic status, as measured by level of education and wealth quintile, has a positive correlation with knowledge of MTCT.

Table 12.4 Knowledge of prevention of mother to child transmission of HIV

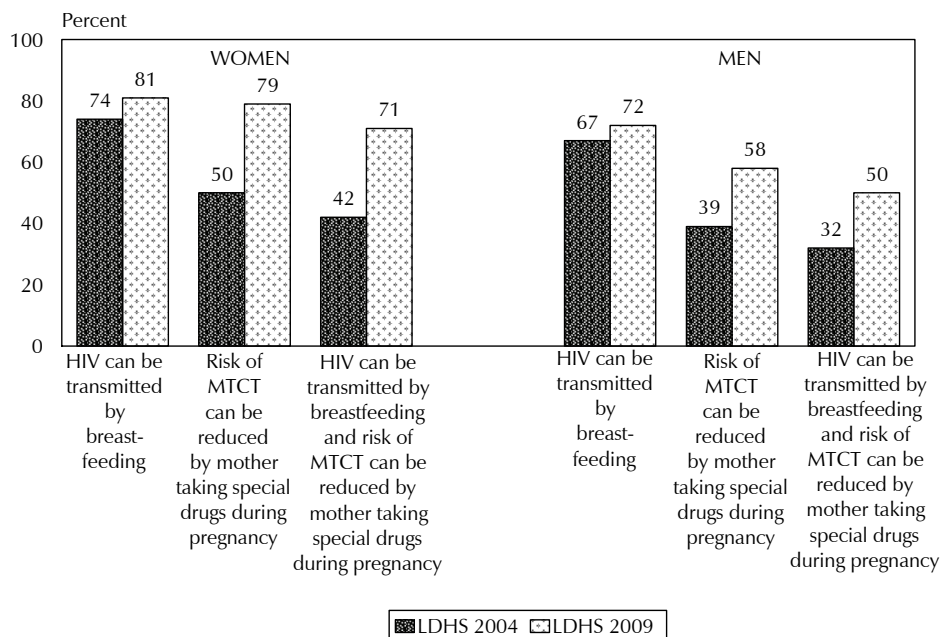
Percentage of women and men age 15-49 who know that HIV can be transmitted from mother to child by breastfeeding and that the risk of mother to child transmission (MTCT) of HIV can be reduced by mother taking special drugs during pregnancy, by background characteristics, Lesotho 2009

Background characteristic	Women				Men			
	Percentage who know that:			Number of women	Percentage who know that:			Number of men
HIV can be transmitted by breast-feeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breast-feeding		Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy		
Age								
15-24	78.9	72.8	65.6	3,337	70.8	53.1	46.5	1,470
15-19	76.0	66.7	60.1	1,785	68.2	49.5	43.6	835
20-24	82.3	79.7	71.9	1,552	74.1	57.9	50.4	634
25-29	83.3	85.3	77.4	1,244	74.9	59.7	53.0	463
30-39	83.1	84.8	76.3	1,746	73.1	67.1	55.7	686
40-49	80.5	81.9	72.3	1,297	73.5	59.4	51.6	389
Marital status								
Never married	78.0	73.2	65.5	2,618	70.7	53.8	47.2	1,691
Ever had sex	82.4	81.6	73.0	1,494	74.5	57.4	50.6	1,282
Never had sex	72.2	62.0	55.4	1,123	58.6	42.2	36.5	409
Married/Living together	83.1	82.3	74.6	4,049	74.8	64.6	54.9	1,169
Divorced/Separated/ Widowed	79.4	81.8	72.1	957	70.9	56.6	49.3	148
Currently pregnant								
Pregnant	80.5	76.3	69.6	321	na	na	na	na
Not pregnant or not sure	80.9	79.2	71.2	7,303	na	na	na	na
Residence								
Urban	82.3	84.8	75.2	2,573	76.1	75.6	62.9	845
Rural	80.2	76.2	69.1	5,051	70.8	51.3	45.4	2,162
Ecological zone								
Lowlands	83.2	83.6	74.9	4,798	75.5	64.5	55.1	1,850
Foothills	81.3	74.2	67.9	725	66.3	47.2	43.0	319
Mountains	75.7	69.9	63.4	1,544	68.3	45.6	40.7	621
Senqu River Valley	74.9	72.2	64.4	556	65.5	55.2	47.6	217
District								
Butha-Buthe	75.2	70.2	63.2	357	67.2	46.6	39.3	168
Leribe	80.7	79.6	70.0	1,359	67.9	55.7	46.2	498
Berea	82.1	82.7	74.1	1,122	76.5	64.2	55.2	451
Maseru	84.7	84.4	76.8	2,036	74.0	64.4	55.4	773
Mafeteng	84.6	81.9	74.8	682	77.1	52.8	46.6	295
Mohale's Hoek	82.8	77.4	68.7	599	76.2	61.9	55.3	250
Quthing	67.1	67.7	57.5	379	59.9	48.4	41.3	150
Qacha's Nek	76.0	75.5	66.5	219	71.5	62.1	54.3	79
Mokhotlong	73.3	70.0	64.0	356	75.3	52.2	47.5	137
Thaba-Tseka	77.7	69.6	65.3	515	67.1	48.6	45.2	206
Education								
No education	66.8	59.6	55.6	93	67.7	35.4	32.7	336
Primary incomplete	75.2	69.6	62.8	1,810	68.3	45.7	41.2	1,095
Primary complete	80.2	77.5	69.4	1,741	75.8	63.6	58.5	372
Secondary+	84.1	84.6	76.0	3,979	76.0	74.0	60.9	1,205
Wealth quintile								
Lowest	75.3	65.3	61.2	1,073	66.5	34.8	32.1	443
Second	76.8	74.0	65.2	1,190	70.6	46.7	42.5	575
Middle	82.5	78.3	71.8	1,325	73.0	56.0	50.1	666
Fourth	81.5	82.3	72.9	1,900	74.6	65.1	55.6	640
Highest	84.4	86.6	77.5	2,136	74.6	78.3	63.8	684
Total 15-49	80.9	79.1	71.1	7,624	72.3	58.1	50.3	3,008
50-59	na	na	na	na	67.9	61.1	52.5	309
Total men 15-59	na	na	na	na	71.9	58.4	50.5	3,317

na = Not applicable

The percentages of respondents who know that MTCT occurs by breastfeeding and that special drugs reduce the risk of MTCT has increased significantly between 2004 and 2009 (Figure 12.1). For example, knowledge has increased for women from 42 percent to 71 percent and for men from 32 percent to 50 percent over the past five years.

Figure 12.1 Trends in the Percentage of Women and Men who Know that HIV Can be Transmitted from Mother to Child by Breastfeeding and that the Risk of Mother-to-Child Transmission (MTCT) of HIV Can be Reduced by Mother Taking Special Drugs during Pregnancy



12.5 STIGMA ASSOCIATED WITH AIDS AND ATTITUDES RELATED TO HIV/AIDS

Beliefs about HIV/AIDS show the extent of stigma or discrimination towards people with HIV/AIDS. In the 2009 LDHS, questions were posed to respondents to measure their attitudes towards HIV-infected people, their willingness to buy vegetables from an infected vegetable seller, and their willingness to let others know the HIV status of family members and to take care of relatives who have the AIDS virus in their own households. They were also asked whether HIV-positive female teachers should be allowed to continue teaching. Tables 12.5.1 and 12.5.2 show the percentages of women and men, respectively, who have heard about AIDS and who express accepting attitudes towards people infected with AIDS, by background characteristics.

The large majority of women and men age 15-49 (91 and 86 percent, respectively) express their willingness to care for a relative sick with the virus that causes AIDS in their own household, while 79 percent of women and 69 percent of men say they would be willing to buy fresh vegetables from a vendor who has the AIDS virus. The results further indicate that 84 percent of women and 70 percent of men believe that a female teacher who has the AIDS virus and is not sick should be allowed to continue teaching in school. Fifty-eight percent of women and 59 percent of men say that if a member of their family got infected with the virus that causes AIDS, they would not want it to remain a secret.

Table 12.5.1 Accepting attitudes toward those living with HIV/AIDS: Women

Among women age 15-49 who have heard of AIDS, percentage expressing specific accepting attitudes toward people with AIDS, by background characteristics, Lesotho 2009

Background characteristic	Percentage of women who:				Percentage expressing attitudes on all four indicators	Number of women who have heard of AIDS
	Are willing to care for a family member with the AIDS virus in the respondent's home	Would buy fresh vegetables from shopkeeper who has the AIDS virus	Say that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with the AIDS virus		
Age						
15-24	89.3	75.9	82.2	59.7	41.3	3,207
15-19	86.9	72.2	79.5	59.0	37.9	1,699
20-24	92.0	80.0	85.2	60.4	45.1	1,508
25-29	92.2	82.2	86.1	57.1	42.7	1,205
30-39	92.9	83.8	88.0	56.3	44.0	1,705
40-49	93.1	79.6	82.5	57.1	42.1	1,256
Marital status						
Never married	89.7	78.1	85.9	61.8	44.8	2,533
Ever had sex	91.4	82.4	88.5	64.7	49.5	1,458
Never had sex	87.4	72.4	82.3	57.8	38.4	1,075
Married/Living together	91.7	79.9	82.9	56.5	40.6	3,908
Divorced/Separated/Widowed	93.7	80.8	85.0	54.3	42.4	932
Residence						
Urban	91.5	85.8	93.8	60.2	47.2	2,534
Rural	91.1	76.1	79.2	56.9	39.7	4,838
Ecological zone						
Lowlands	91.1	84.0	90.5	60.7	47.0	4,727
Foothills	89.3	74.9	77.6	55.9	36.6	690
Mountains	92.5	68.7	69.2	50.7	31.0	1,443
Senqu River Valley	91.4	73.2	77.5	57.1	38.4	513
District						
Butha-Buthe	94.2	76.7	82.2	58.3	41.0	318
Leribe	88.9	78.8	86.9	56.6	40.2	1,334
Berea	91.5	84.7	87.3	65.1	49.9	1,106
Maseru	91.3	85.5	90.6	56.7	45.9	2,009
Mafeteng	90.1	76.0	82.6	62.6	42.9	664
Mohale's Hoek	92.7	72.7	76.8	58.2	36.8	592
Quthing	89.2	74.5	79.1	57.3	38.8	337
Qacha's Nek	94.8	78.9	84.1	50.0	37.7	208
Mokhotlong	94.7	71.2	72.6	54.7	37.1	330
Thaba-Tseka	92.5	67.0	67.2	50.9	29.8	474
Education						
No education	93.9	54.1	60.2	47.8	21.8	81
Primary incomplete	87.7	65.9	68.3	55.1	30.4	1,687
Primary complete	91.9	76.0	80.6	55.5	39.3	1,678
Secondary+	92.5	87.1	93.1	60.6	49.1	3,926
Wealth quintile						
Lowest	89.6	60.9	61.4	51.5	26.8	965
Second	91.4	72.8	74.8	52.1	35.1	1,144
Middle	91.8	78.9	82.9	59.7	42.9	1,284
Fourth	92.2	84.4	91.3	60.8	47.9	1,862
Highest	90.8	87.2	94.2	60.8	47.9	2,117
Total 15-49	91.3	79.4	84.2	58.0	42.3	7,373

Overall, more than four in ten women (42 percent) and one-third of men (33 percent) express accepting attitudes on all the four indicators. Younger respondents age 15-19 are somewhat less likely to express accepting attitudes on all four indicators than older respondents. Urban women and men (47 and 46 percent, respectively) are more likely than their rural counterparts (40 and 28 percent, respectively) to express acceptance on all four measures towards people infected with HIV/AIDS. Accepting attitudes toward people living with HIV/AIDS is highest among women in the Lowlands and among women in Maseru and Berea and men in Maseru, Leribe, and Berea. On the other hand, it is lowest among women and men in the Mountains and among women in Thaba-Tseka and men in Qacha's Nek.

Table 12.5.2 Accepting attitudes toward those living with HIV/AIDS: Men

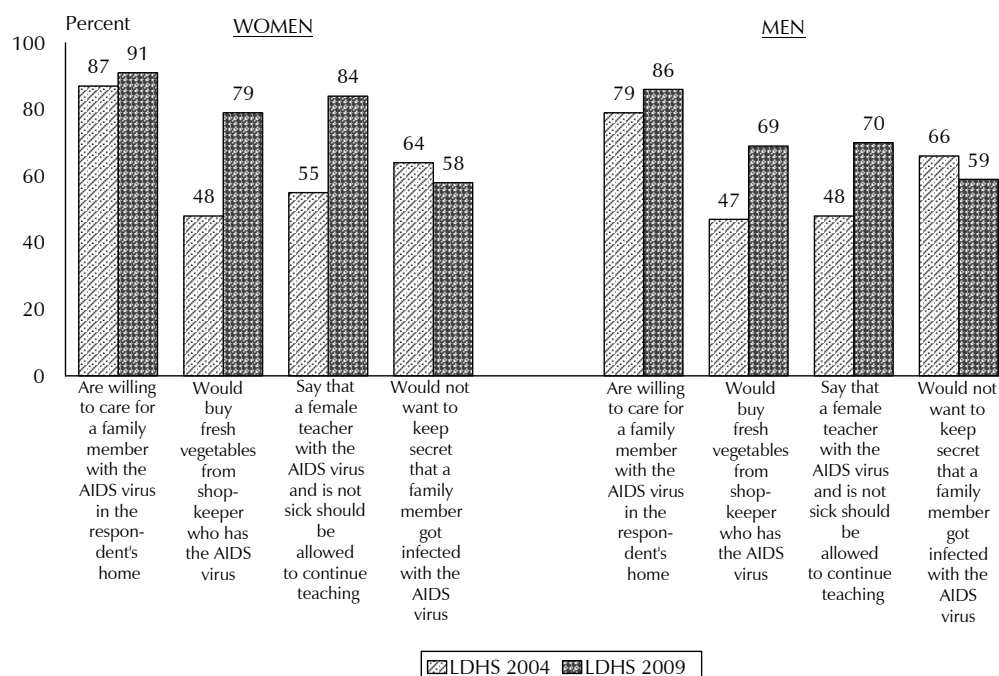
Among men age 15-49 who have heard of HIV/AIDS, percentage expressing specific accepting attitudes toward people with HIV/AIDS, by background characteristics, Lesotho 2009

Background characteristic	Percentage of men who:				Percentage expressing attitudes on all four indicators	Number of men who have heard of AIDS
	Are willing to care for a family member with the AIDS virus in the respondent's home	Would buy fresh vegetables from shopkeeper who has the AIDS virus	Say that a female teacher with the AIDS virus and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with the AIDS virus		
Age						
15-24	83.0	66.7	66.3	60.0	31.1	1,365
15-19	80.6	65.5	64.9	59.1	29.3	757
20-24	86.1	68.2	68.0	61.3	33.3	608
25-29	87.2	70.3	68.6	59.0	32.8	447
30-39	89.4	72.3	74.6	57.7	36.1	664
40-49	88.7	69.4	73.6	55.3	34.1	373
Marital status						
Never married	83.3	67.3	67.1	60.2	31.5	1,582
..Ever had sex	84.2	66.3	66.1	60.7	30.5	1,217
..Never had sex	80.4	70.9	70.5	58.3	34.9	366
Married/Living together	89.8	70.6	73.2	57.0	35.5	1,128
Divorced/Separated/Widowed	83.8	73.9	67.5	55.7	28.2	139
Residence						
Urban	89.8	85.3	88.4	58.3	45.9	831
Rural	84.3	62.2	61.8	58.9	27.6	2,019
Ecological zone						
Lowlands	86.2	75.7	76.2	60.0	38.1	1,799
Foothills	83.8	57.1	58.8	57.5	26.2	294
Mountains	86.9	55.5	56.2	55.8	22.3	562
Senqu River Valley	83.7	63.5	62.9	57.1	25.8	194
District						
Butha-Bothe	85.6	61.5	69.0	61.9	36.4	142
Leribe	83.4	70.6	71.1	61.7	38.1	480
Berea	88.2	76.7	74.1	65.2	39.4	441
Maseru	88.2	77.7	80.9	54.8	36.5	753
Mafeteng	78.6	57.3	58.0	55.4	23.7	283
Mohale's Hoek	85.5	58.1	57.5	61.1	25.1	240
Quthing	85.6	65.2	61.4	62.5	29.0	128
Qacha's-Nek	85.3	65.0	72.5	47.6	22.1	73
Mokhotlong	86.8	63.0	58.5	56.8	23.3	129
Thaba-Tseka	89.7	56.3	53.9	53.8	24.4	181
Education						
No education	83.5	46.8	42.9	61.1	17.6	305
Primary incomplete	82.5	54.7	50.8	57.1	20.1	996
Primary complete	87.6	74.0	77.3	59.7	35.5	358
Secondary+	88.9	85.0	89.7	59.1	46.7	1,191
Wealth quintile						
Lowest	83.0	48.1	46.3	59.7	17.1	395
Second	83.8	59.0	56.9	57.4	25.6	531
Middle	84.9	64.0	62.5	59.4	28.0	626
Fourth	87.5	77.6	81.1	57.5	39.4	625
Highest	88.8	85.6	89.1	59.6	46.5	672
Total 15-49	85.9	68.9	69.5	58.7	32.9	2,849
50-59	86.7	67.6	64.5	52.8	25.0	298
Total men 15-59	86.0	68.8	69.1	58.1	32.2	3,148

Among both women and men, education and wealth have a strong effect on positive attitudes toward HIV-positive people. The proportion of women and men who accept all four indicators increases steadily with education from 22 percent of women and 18 percent of men with no education to 49 percent of women and 47 percent of men with secondary or higher education. The percentage of both women and men who express accepting attitudes on all four indicators is lowest among respondents in the lowest wealth quintile (27 percent of women and 17 percent of men) and highest among those in the highest quintile (48 percent of women and 47 percent of men).

Figure 12.2 shows that the percentages of women and men age 15-49 who express accepting attitudes toward people living with HIV/AIDS has increased significantly since the 2004 LDHS for each of the specified attitudes (Figure 12.2). The only exception is the percentages of women and men who say that they would not want to keep secret a family member's infection with the AIDS virus; those percentages have decreased over time.

Figure 12.2 Trends in Accepting Attitudes Towards Those Living with HIV/AIDS, 2004-2009



12.6 ATTITUDES TOWARDS NEGOTIATING SAFER SEX

Knowledge about HIV transmission and ways to prevent it are useless if people feel powerless to negotiate safer sex practices with their partners. To gauge attitudes towards safer sex, respondents in the 2009 LHDS were asked if they think a woman is justified in refusing to have sex with her husband if she knows he has sex with other women. They were also asked if they think that a woman in the same circumstances is justified in asking her husband to use a condom if she knows that her husband has a sexually transmitted infection (STI). The results of these questions are shown in Table 12.6.

Table 12.6 Attitudes toward negotiating safer sexual relations with husband

Percentage of women and men age 15-49 who believe that a woman is justified in refusing to have sexual intercourse with her husband if she knows that he has sexual intercourse with other women, and percentage who believe that a woman is justified in asking that they use a condom if she knows that her husband has a sexually transmitted infection (STI), by background characteristics, Lesotho 2009

Background characteristic	Women			Men		
	Refusing to have sexual intercourse with her husband if she knows he has sex with other women	Asking that they use a condom if she knows that her husband has an STI	Number of women	Refusing to have sexual intercourse with her husband if she knows he has sex with other women	Asking that they use a condom if she knows that her husband has an STI	Number of men
Age						
15-24	53.4	86.8	3,337	52.5	85.7	1,470
15-19	52.8	83.5	1,785	53.0	84.2	835
20-24	54.0	90.5	1,552	51.8	87.6	634
25-29	53.0	91.8	1,244	47.9	86.5	463
30-39	52.7	92.4	1,746	55.5	89.1	686
40-49	49.0	90.1	1,297	52.6	83.3	389
Marital status						
Never married	55.9	86.8	2,618	53.3	85.1	1,691
Ever had sex	59.0	92.2	1,494	54.8	87.1	1,282
Never had sex	51.8	79.6	1,123	48.6	78.8	409
Married/Living together	49.8	90.5	4,049	52.1	88.5	1,169
Divorced/Separated/ Widowed	53.9	92.3	957	46.0	83.3	148
Residence						
Urban	58.1	91.5	2,573	60.0	90.9	845
Rural	49.5	88.4	5,051	49.5	84.5	2,162
Ecological zone						
Lowlands	54.2	91.5	4,798	54.5	88.6	1,850
Foothills	48.3	88.1	725	50.3	83.3	319
Mountains	49.3	85.7	1,544	48.4	83.8	621
Senqu River Valley	50.9	84.4	556	49.8	77.9	217
District						
Butha-Buthe	58.6	89.8	357	53.2	87.5	168
Leribe	49.0	85.9	1,359	53.4	86.7	498
Berea	55.6	91.4	1,122	55.0	90.9	451
Maseru	54.4	92.8	2,036	50.4	87.1	773
Mafeteng	55.0	93.1	682	57.4	86.8	295
Mohale's Hoek	55.5	92.5	599	56.5	85.4	250
Quthing	49.3	79.7	379	51.4	77.3	150
Qacha's Nek	49.4	80.7	219	46.5	75.7	79
Mokhotlong	45.9	87.8	356	51.7	88.0	137
Thaba-Tseka	43.5	85.0	515	43.6	81.2	206
Education						
No education	46.4	80.0	93	43.0	76.8	336
Primary incomplete	43.9	84.4	1,810	51.2	81.3	1,095
Primary complete	49.0	87.9	1,741	48.8	91.0	372
Secondary+	57.9	92.7	3,979	57.5	92.1	1,205
Wealth quintile						
Lowest	48.6	82.5	1,073	45.3	78.1	443
Second	45.9	88.2	1,190	48.6	83.9	575
Middle	49.5	89.2	1,325	52.4	86.6	666
Fourth	52.6	92.4	1,900	54.7	89.8	640
Highest	59.6	91.2	2,136	58.5	90.1	684
Total 15-49	52.4	89.5	7,624	52.5	86.3	3,008
50-59	na	na	na	56.6	84.9	309
Total men 15-59	na	na	na	52.9	86.2	3,317

na = Not applicable

Fifty-two percent of women and 53 percent men age 15-49 believe that a woman is justified in refusing to have sex with her husband if she knows he has sex with other women, while 90 percent of women and 86 percent of men believe that a woman is justified in asking her husband to use a condom if he has an STI.

There are some differences in these attitudes by background characteristics. Respondents from urban areas are more agreeable to both statements than those living in rural areas among both men and women. The percentage of women who believe that a wife is justified in refusing sexual relations with her husband if she knows he has sex with other women ranges from 44 percent in Thaba-Tseka to 59 percent in Butha-Buthe, while for men it ranges from 44 percent in Thaba-Tseka to 57 percent, each, in Mafeteng and Mohale's Hoek. The percentage of respondents who believe that a woman is justified in asking her husband to use a condom if he has an STI does not vary as significantly by district.

As expected, the proportion of respondents who agree with either statement increases with educational attainment and wealth for both women and men.

12.7 ADULT SUPPORT FOR EDUCATION ABOUT CONDOM USE

In the 2009 LDHS, respondents were asked whether they think that children age 12-14 should be taught about using condoms to avoid AIDS. The data on adults (age 18-49) are shown in Table 12.7. These data show that 68 percent of women and 62 percent of men agree that children age 12-14 should be taught about using a condom to avoid AIDS. While there are no significant age variations, women and men above the age of 40 and men age 18-19 are slightly less supportive of condom education of children age 12-14.

Respondents living in urban areas (72 percent of women and 67 percent of men) are more likely to agree with teaching children about condom use to avoid HIV/AIDS than those living in rural areas (65 percent of women and 60 percent of men). Looking at districts, the proportion of women who agree that children age 12-14 should be taught about condoms is highest in Mohale's Hoek (71 percent) and lowest in Thaba-Tseka (55 percent), while among men it is highest in Qacha's Nek (67 percent) and lowest in Thaba-Tseka (52 percent).

The proportion of both women and men who agree that children age 12-14 should be taught about condoms as a way to prevent AIDS increases with education. For example, for women it ranges from 60 percent of those with no education to 72 percent among women with secondary or higher education, while for men it ranges from 54 to 67 percent, respectively. Wealth index is also positively associated with this indicator for both sexes.

Table 12.7 Adult support of education about condom use to prevent AIDS

Percentage of women and men age 18-49 who agree that children age 12-14 years should be taught about using a condom to avoid AIDS, by background characteristics, Lesotho 2009

Background characteristic	Women		Men	
	Percentage who agree	Number of women	Percentage who agree	Number of women
Age				
18-24	71.3	2,246	61.0	949
18-19	70.6	693	54.6	315
20-24	71.7	1,552	64.2	634
25-29	70.3	1,244	63.8	463
30-39	66.6	1,746	64.1	686
40-49	59.2	1,297	58.6	389
Marital status				
Never married	72.9	1,629	62.4	1,175
Married or living together	65.9	3,949	61.6	1,165
Divorced/separated/widowed	64.6	955	62.0	148
Residence				
Urban	71.6	2,284	66.5	717
Rural	65.2	4,249	60.2	1,770
Ecological zone				
Lowlands	69.9	4,176	65.0	1,541
Foothills	61.8	609	60.8	251
Mountains	62.8	1,293	55.1	527
Senqu River Valley	66.3	454	57.6	168
District				
Butha-Buthe	63.8	312	60.5	141
Leribe	67.2	1,188	64.3	420
Berea	69.5	943	65.9	366
Maseru	69.6	1,773	65.3	647
Mafeteng	69.9	580	59.4	236
Mohale's Hoek	71.2	502	56.7	197
Quthing	64.8	303	53.8	120
Qacha's Nek	69.6	184	66.6	63
Mokhotlong	62.1	306	60.9	119
Thaba-Tseka	54.9	440	51.7	178
Education				
No education	59.7	90	54.1	328
Primary incomplete	61.8	1,523	57.5	846
Primary complete	64.7	1,564	65.4	322
Secondary+	71.5	3,356	67.4	991
Wealth quintile				
Lowest	58.1	902	51.6	383
Second	63.3	996	60.3	482
Middle	66.0	1,110	62.3	517
Fourth	69.3	1,639	62.6	526
Highest	73.4	1,885	69.4	580
Total 18-49	67.5	6,532	62.0	2,487
50-59	na	na	51.7	309
Total men 18-59	na	na	60.9	2,797

na = Not applicable

12.8 MULTIPLE SEXUAL PARTNERSHIPS

Given that the most important mechanism of HIV transmission is sexual intercourse, information on sexual behaviour is important in designing and monitoring intervention programmes to control the spread of the epidemic. In the context of HIV/AIDS/STI prevention, limiting the number of sexual partners and encouraging protected sex are crucial to the fight against the epidemic. The 2009 LDHS included questions on the respondent's lifetime sexual partners and also the partners a respondent had in the 12 months preceding the survey. Male respondents were also asked whether they had paid for sex in the past 12 months. Information on the use of condoms at last sexual encounter with each of these partner types was collected as well.

Tables 12.8.1 and 12.8.2 show the percentages of all women and all men, respectively, age 15-49 years who (1) had sexual intercourse with more than one sexual partner in the past 12 months and (2) used a condom during last intercourse (among those who had more than one partner in the past 12 months). The tables also show the mean number of lifetime sexual partners for respondents.

The data show that, among those who had sex in the previous 12 months, 6 percent of women and 21 percent of men reportedly had two or more sexual partners during the 12 months preceding the survey. Women age 25-39 and men age 20-29 are more likely than other respondents to have had multiple partners over the past year. Among women, those living in urban areas (7 percent), in the Mountains (8 percent), and in Quthing and Mokhotlong (8 percent each) have the highest percentage who report having had two or more sexual partners in the past 12 months. Among men, urban residents are only slightly more likely than their rural counterparts to report multiple sexual partners in the preceding 12 months (23 percent versus 22 percent). Looking at ecological zones and districts, men in the Mountains (25 percent) and in Leribe, Berea, Mafeteng, Mohale's Hoek, Mokhotlong, and Thaba-Tseka (23 percent each) report the highest percentages who have had two or more partners in the past year. Among women and men, there is no clear pattern in the variation of education and wealth.

Among respondents who had two or more partners in the past 12 months, only 39 percent of women and 52 percent of men report having used a condom at their last encounter. Condom use is more pronounced among women and men who have never married (66 percent of women and 66 percent of men) than those currently married (24 percent for women and 36 percent for men) or divorced, widowed, or separated (56 percent for women and 52 percent for men). Urban respondents (52 percent of women and 67 percent of men) are much more likely to use a condom during their last sexual intercourse than rural respondents (31 percent of women and 46 percent of men). Nineteen percent of women in the Foothills used a condom during their last sexual intercourse compared with 50 percent of women in the Lowlands. Furthermore, the lowest percentage of women who reported using a condom at last sexual encounter is in Thaba-Tseka (17 percent), and the highest is in Berea (52 percent). Among men, the highest percentages who reported using a condom at their last sexual intercourse are in the Lowlands (60 percent) and in Maseru (65 percent), while the lowest are in the Mountains (36 percent) and in Thaba-Tseka (35 percent). Education and wealth are strongly associated with use of condoms in the last sexual encounter among respondents who had two or more partners in the past 12 months. The more educated and well-off respondents are much more likely to report condom use at their last sexual intercourse than are those who are less educated or worse-off. For example, 25 percent of women with some primary education have used a condom at their last sexual encounter compared with 52 percent of women with secondary or higher education. Looking at wealth, condom use at last sexual encounter ranges from 13 percent of women in the lowest wealth quintile to 49 to 52 percent of women in the two highest wealth quintiles. Similar patterns are observed among men.

Table 12.8.1 Multiple sexual partners in the past 12 months: Women

Among all women age 15-49, the percentage who had sexual intercourse with more than one sexual partner in the past 12 months; among those having more than one partner in the past 12 months, the percentage reporting that a condom was used at last intercourse; and the mean number of sexual partners during her lifetime for women who ever had sexual intercourse, by background characteristics, Lesotho 2009-10

Background characteristic	All women		Among women who had 2+ partners in the past 12 months:		Among women who ever had sexual intercourse ¹ :	
	Percentage who had 2+ partners in the past 12 months	Number of women	Percentage who reported using a condom during last sexual intercourse	Number of women	Mean number of sexual partners in lifetime	Number of women
Age						
15-24	4.0	3,337	47.7	133	2.0	2,249
15-19	2.2	1,785	(42.9)	39	1.6	826
20-24	6.1	1,552	49.7	94	2.1	1,422
25-29	8.8	1,244	40.4	110	2.4	1,206
30-39	9.0	1,746	34.4	157	2.9	1,695
40-49	6.9	1,297	29.8	89	3.0	1,248
Marital status						
Never married	4.6	2,618	66.0	121	2.6	1,471
Married or living together	7.5	4,049	23.9	302	2.2	3,998
Divorced/separated/widowed	6.8	957	55.5	65	3.8	929
Residence						
Urban	6.7	2,573	52.3	171	2.8	2,162
Rural	6.3	5,051	31.1	317	2.4	4,236
Ecological zone						
Lowlands	6.1	4,798	49.8	293	2.5	4,003
Foothills	6.2	725	(19.4)	45	2.3	631
Mountains	7.7	1,544	20.5	118	2.5	1,291
Senqu River Valley	5.8	556	29.5	32	2.7	473
District						
Butha-Buthe	6.4	357	(18.3)	23	2.1	316
Leribe	5.9	1,359	(44.7)	80	2.2	1,130
Berea	7.2	1,122	51.5	81	2.9	894
Maseru	6.1	2,036	43.7	124	2.5	1,725
Mafeteng	5.6	682	(43.0)	38	2.6	579
Mohale's Hoek	6.3	599	(26.5)	38	2.3	521
Quthing	7.5	379	(30.1)	28	3.1	321
Qacha's-Nek	6.9	219	(41.2)	15	2.5	187
Mokhotlong	8.2	356	19.4	29	2.6	294
Thaba-Tseka	6.2	515	(17.3)	32	2.4	429
Education						
No education	8.8	93	*	8	2.9	90
Primary incomplete	6.9	1,810	24.9	125	2.6	1,563
Primary complete	7.3	1,741	30.2	128	2.4	1,561
Secondary+	5.7	3,979	52.1	227	2.5	3,183
Wealth quintile						
Lowest	7.1	1,073	13.4	76	2.4	917
Second	7.6	1,190	32.6	91	2.5	1,019
Middle	5.4	1,325	31.7	72	2.3	1,097
Fourth	6.4	1,900	51.7	122	2.4	1,581
Highest	6.0	2,136	49.0	128	2.8	1,784
Total 15-49	6.4	7,624	38.5	488	2.5	6,397

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

¹ Means are calculated excluding respondents who gave non-numeric responses.

Table 12.8.2 Multiple sexual partners in the past 12 months: Men

Among all men age 15-49, the percentage who had sexual intercourse with more than one sexual partner in the past 12 months; among those having more than one partner in the past 12 months, the percentage reporting that a condom was used at last intercourse; and the mean number of sexual partners during his lifetime for men who ever had sexual intercourse, by background characteristics, Lesotho 2009

Background characteristic	All men		Among men who had 2+ partners in the past 12 months:		Among men who ever had sexual intercourse ¹ :	
	Percentage who had 2+ partners in the past 12 months	Number of men	Percentage who reported using a condom during last sexual intercourse	Number of men	Mean number of sexual partners in lifetime	Number of men
Age						
15-24	20.5	1,470	60.3	301	5.1	1,054
15-19	13.4	835	60.2	112	3.3	491
20-24	29.8	634	60.3	189	6.7	563
25-29	26.5	463	52.5	123	7.6	406
30-39	24.4	686	46.0	168	9.2	630
40-49	17.5	389	32.3	68	10.9	353
Marital status						
Never married	20.7	1,691	65.5	350	5.6	1,230
Married or living together	23.4	1,169	35.5	274	8.9	1,078
Divorced/separated/widowed	23.7	148	51.6	35	11.6	136
Residence						
Urban	22.9	845	67.2	194	9.6	653
Rural	21.5	2,162	46.1	466	6.6	1,791
Ecological zone						
Lowlands	22.1	1,850	59.5	408	8.0	1,467
Foothills	17.6	319	48.1	56	6.5	269
Mountains	25.0	621	35.6	155	6.0	530
Senqu River Valley	18.2	217	49.8	40	8.4	178
District						
Butha-Bothe	22.3	168	53.1	37	8.8	136
Leribe	22.6	498	56.2	113	6.8	416
Berea	22.7	451	52.9	102	8.0	355
Maseru	20.5	773	65.2	158	7.4	604
Mafeteng	22.6	295	45.1	67	7.7	246
Mohale's Hoek	23.0	250	37.4	58	8.3	214
Quthing	20.0	150	55.9	30	9.2	119
Qacha's-Nek	19.0	79	48.9	15	6.8	64
Mokhotlong	23.4	137	37.7	32	6.1	115
Thaba-Tseka	22.8	206	34.7	47	5.0	175
Education						
No education	18.7	336	25.3	63	8.3	313
Primary incomplete	22.0	1,095	41.4	241	6.7	883
Primary complete	19.5	372	50.4	73	7.9	313
Secondary+	23.5	1,205	68.1	283	7.6	935
Wealth quintile						
Lowest	20.2	443	29.8	89	6.1	381
Second	22.2	575	45.1	128	6.1	483
Middle	21.9	666	47.3	146	7.2	550
Fourth	20.5	640	56.9	131	8.9	502
Highest	24.2	684	70.8	166	8.4	528
Total 15-49	21.9	3,008	52.3	659	7.4	2,444
50-59	12.6	309	(20.8)	39	13.4	276
Total men 15-59	21.1	3,317	50.5	699	8.0	2,719

Note: Figures in parentheses are based on 25-49 unweighted cases.

¹ Means are calculated excluding respondents who gave non-numeric responses.

The mean number of lifetime sexual partners reported for women is around three and for men around seven. There is no major variation in the mean number of lifetime sexual partners for women by background characteristics. For men, the mean number of lifetime sexual partners increases steadily with age from 3 partners for 15-19 year olds to 11 partners for 40-49 year olds. Urban men have 3 more lifetime sexual partners than rural men (10 versus and 7). The mean number of lifetime sexual partners is 5 for men living in Thaba-Tseka compared with 9 for men in Quthing. The mean number of lifetime sexual partners for men is somewhat higher in the fourth and highest wealth quintiles (9 and 8 partners, respectively) when compared with the lower two quintiles (6 partners each).

12.9 TRANSACTIONAL SEX AND CONDOM USE

Transactional sex is the exchange of sex for money, favours, or gifts. Transactional sex is associated with a high risk of contracting HIV and other sexually transmitted infections because of compromised power relations and the likelihood of having multiple partners as a result. In the 2009 LDHS, men who had had sex in the past 12 months were asked if they had paid anyone in exchange for sex.

Results shown in Table 12.9 indicate that 7 percent of men age 15-49 have ever paid for sexual intercourse and 3 percent have done so in the 12 months before the survey. Older men, age 40-49; those who are divorced, separated, or widowed; and men living in the Mountains and in Butha-Buthe are most likely to have paid for sex either in the past or in the preceding 12 months. There is no clear pattern in the relationship that these two indicators have with education and wealth.

Table 12.9. Payment for sexual intercourse

Percentage of men age 15-49 who ever paid for sexual intercourse and percentage reporting payment for sexual intercourse in the past 12 months, by background characteristics, Lesotho 2009

Background characteristic	Percentage who ever paid for sexual intercourse	Percentage who paid for sexual intercourse in the past 12 months	Number of men
Age			
15-24	3.6	2.4	1,470
15-19	1.7	1.1	835
20-24	6.1	4.1	634
25-29	9.7	2.0	463
30-39	8.3	2.3	686
40-49	13.0	4.5	389
Marital status			
Never married	4.8	2.7	1,691
Married or living together	9.1	1.8	1,169
Divorced/separated/ widowed	12.2	7.1	148
Residence			
Urban	6.1	2.5	845
Rural	7.1	2.6	2,162
Ecological zone			
Lowlands	6.0	2.4	1,850
Foothills	7.4	1.5	319
Mountains	9.2	3.9	621
Senqu River Valley	6.7	2.0	217
District			
Butha-Buthe	13.3	5.1	168
Leribe	6.3	1.1	498
Berea	6.3	3.1	451
Maseru	5.6	2.0	773
Mafeteng	6.4	3.3	295
Mohale's Hoek	6.7	2.0	250
Quthing	7.5	2.5	150
Qacha's Nek	5.5	3.4	79
Mokhotlong	7.5	3.8	137
Thaba-Tseka	9.1	4.1	206
Education			
No education	7.9	3.4	336
Primary incomplete	6.6	2.5	1,095
Primary complete	9.5	2.4	372
Secondary+	6.0	2.5	1,205
Wealth quintile			
Lowest	8.3	3.7	443
Second	6.9	2.2	575
Middle	4.2	2.3	666
Fourth	7.5	2.1	640
Highest	7.9	3.0	684
Total 15-49	6.8	2.6	3,008
50-59	9.5	3.1	309
Total men 15-59	7.1	2.6	3,317

Sixty-one percent of men who paid for sexual intercourse in the past year reported using a condom at the most recent paid sexual intercourse (data not shown because of the small number of cases).

12.10 COVERAGE OF PRIOR HIV TESTING

For persons who are HIV negative, knowledge of their HIV status helps them to make specific decisions that will reduce the risk of getting HIV, lead to safer sex practices, and enable them to remain disease free. For those who are HIV positive, knowledge of their HIV status allows them to take action to protect their sexual partners, to access treatment, and to plan for the future. In the 2009 LDHS, respondents were asked whether they had ever been tested for HIV. If they had been tested, they were asked when they were most recently tested, whether they had received the results of their last test, and where they had been tested. If they had never been tested, they were asked if they knew a place where they could go to be tested.

Tables 12.10.1 and 12.10.2 show that 93 percent of women and 81 percent of men age 15-49 know where to get an HIV test. However, the proportions ever tested are substantially smaller; only 66 percent of women and 37 percent of men age 15-49 have ever been tested for HIV and received the results of their test, while an additional 3 percent of women and 2 percent of men were ever tested but did not receive results.

Knowledge about where to get an HIV test is more common among women and men in urban areas than in rural areas. It is highest for women in Maseru and lowest for women in Quthing, while for men it is highest in Berea and lowest in Butha-Buthe and Quthing. Knowledge of the various sites for HIV testing services is also higher among educated women and men and among those in the higher wealth quintiles.

The proportion of respondents who were ever tested for HIV and who received the test results is lowest for the age group 15-19 (43 percent for women and 19 percent for men) and highest among women age 25-29 (78 percent) and men age 40-49 (55 percent). At all ages, women are more likely to have been tested for HIV and more likely to have received the results than men. Currently married respondents and those who are divorced, separated, or widowed are more likely to go for an HIV test than those who never married. Urban men (45 percent) are more likely than rural men (34 percent) to have ever been tested and received the test results. There are variations in HIV testing by district. Just over half (54 percent) of women in Quthing have been tested for HIV and received the test results, compared with 71 percent of women in Qacha's Nek. For men, the lowest percentage of men who have ever been tested and received the results is in Mokhotlong (32 percent), and the highest is in Qacha's Nek and Maseru (41 percent each). The percentage of respondents who have ever been tested and received the results generally increases with education and household wealth, although the relationship is not linear.

Table 12.10.1 Coverage of prior HIV testing: Women

Percentage of women age 15-49 who know where to get an HIV test, percent distribution of women age 15-49 by testing status and by whether they received the results of the last test, the percentage of women ever tested, and the percentage of women age 15-49 who received their test results the last time they were tested for HIV in the past 12 months, according to background characteristics, Lesotho 2009

Background characteristic	Percentage who know where to get an HIV test	Percent distribution of women by testing status and by whether they received the results of the last test			Total	Percentage ever tested	Percentage who received results from last HIV test taken in the past 12 months	Number of women
		Ever tested, received results	Ever tested, did not receive results	Never tested ¹				
Age								
15-24	89.0	57.5	2.2	40.2	100.0	59.8	40.4	3,337
15-19	83.8	42.8	1.3	56.0	100.0	44.0	33.1	1,785
20-24	95.0	74.5	3.3	22.1	100.0	77.9	48.9	1,552
25-29	95.5	78.1	3.5	18.4	100.0	81.6	45.2	1,244
30-39	96.1	73.5	3.7	22.8	100.0	77.2	42.8	1,746
40-49	94.6	63.8	3.2	33.0	100.0	67.0	42.1	1,297
Marital status								
Never married	88.1	49.4	1.4	49.1	100.0	50.9	33.7	2,618
Ever had sex	93.7	64.6	1.4	34.0	100.0	66.0	43.1	1,494
Never had sex	80.7	29.3	1.4	69.3	100.0	30.7	21.3	1,123
Married/Living together	95.0	75.1	3.8	21.1	100.0	78.9	46.4	4,049
Divorced/Separated/ Widowed	95.3	69.7	3.7	26.6	100.0	73.4	46.2	957
Residence								
Urban	95.1	66.5	2.3	31.1	100.0	68.9	42.1	2,573
Rural	91.4	65.1	3.3	31.6	100.0	68.4	42.0	5,051
Ecological zone								
Lowlands	95.0	67.6	2.2	30.2	100.0	69.8	42.9	4,798
Foothills	91.0	66.1	3.9	30.0	100.0	70.0	40.9	725
Mountains	88.5	60.6	4.6	34.8	100.0	65.2	40.8	1,544
Senqu River Valley	85.9	61.8	3.8	34.4	100.0	65.6	39.5	556
District								
Butha-Buthe	87.5	64.9	1.9	33.2	100.0	66.8	40.4	357
Leribe	94.4	66.7	2.6	30.6	100.0	69.4	44.2	1,359
Berea	94.3	62.6	1.6	35.7	100.0	64.3	38.7	1,122
Maseru	95.2	69.3	2.4	28.3	100.0	71.7	44.1	2,036
Mafeteng	94.2	70.1	5.0	25.0	100.0	75.0	40.7	682
Mohale's Hoek	93.7	64.6	3.6	31.8	100.0	68.2	45.7	599
Quthing	80.0	53.5	2.7	43.7	100.0	56.3	31.9	379
Qacha's Nek	91.9	70.6	1.2	28.2	100.0	71.8	48.9	219
Mokhotlong	88.4	61.2	4.9	33.8	100.0	66.2	39.1	356
Thaba-Tseka	87.3	60.0	5.8	34.2	100.0	65.8	40.7	515
Education								
No education	84.5	57.7	4.9	37.4	100.0	62.6	34.9	93
Primary incomplete	86.7	60.2	5.0	34.8	100.0	65.2	39.6	1,810
Primary complete	92.7	67.8	3.6	28.6	100.0	71.4	41.8	1,741
Secondary+	95.5	67.3	1.7	31.0	100.0	69.0	43.4	3,979
Wealth quintile								
Lowest	83.5	57.3	5.5	37.3	100.0	62.7	37.7	1,073
Second	91.3	66.0	3.7	30.3	100.0	69.7	42.2	1,190
Middle	93.1	66.1	3.1	30.8	100.0	69.2	40.8	1,325
Fourth	94.9	67.6	2.5	29.9	100.0	70.1	43.7	1,900
Highest	95.7	67.5	1.5	30.9	100.0	69.1	43.5	2,136
Total 15-49	92.6	65.6	3.0	31.4	100.0	68.6	42.0	7,624

¹ Includes 'don't know/missing'

Table 12.10.2 Coverage of prior HIV testing: Men

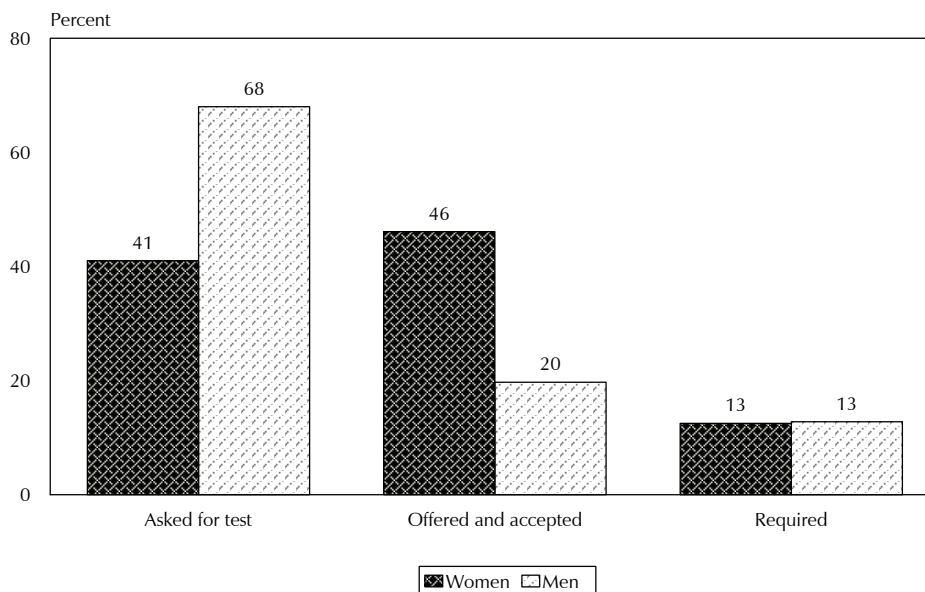
Percentage of men age 15-49 who know where to get an HIV test, percent distribution of men age 15-49 by testing status and by whether they received the results of the last test, the percentage of men ever tested, and the percentage of men age 15-49 who received their test results the last time they were tested for HIV in the past 12 months, according to background characteristics, Lesotho 2009

Background characteristic	Percentage who know where to get an HIV test	Percent distribution of men by testing status and by whether they received the results of the last test			Total	Percentage ever tested	Percentage who received results from last HIV test taken in the past 12 months	Number of men
		Ever tested, received results	Ever tested, did not receive results	Never tested ¹				
Age								
15-24	73.7	25.8	1.1	73.1	100.0	26.9	17.1	1,470
15-19	66.8	18.5	0.9	80.6	100.0	19.4	11.8	835
20-24	82.7	35.3	1.4	63.3	100.0	36.7	24.0	634
25-29	85.2	44.7	1.5	53.8	100.0	46.2	30.1	463
30-39	88.6	46.5	3.5	50.0	100.0	50.0	28.2	686
40-49	87.0	55.1	4.0	40.9	100.0	59.1	35.6	389
Marital status								
Never married	74.9	26.9	1.2	71.8	100.0	28.2	17.6	1,691
Ever had sex	77.7	30.5	1.1	68.4	100.0	31.6	19.7	1,282
Never had sex	66.2	15.8	1.6	82.7	100.0	17.3	11.3	409
Married/Living together	88.4	49.9	3.2	46.9	100.0	53.1	32.0	1,169
Divorced/Separated/ Widowed	83.6	54.4	3.1	42.5	100.0	57.5	33.6	148
Residence								
Urban	92.1	45.2	1.8	53.0	100.0	47.0	30.3	845
Rural	76.1	34.1	2.2	63.7	100.0	36.3	21.5	2,162
Ecological zone								
Lowlands	85.4	38.3	1.7	60.0	100.0	40.0	25.4	1,850
Foothills	71.0	31.8	2.4	65.8	100.0	34.2	17.2	319
Mountains	72.9	36.5	2.2	61.3	100.0	38.7	23.8	621
Senqu River Valley	75.3	37.7	4.6	57.7	100.0	42.3	22.4	217
District								
Butha-Buthe	68.3	34.6	1.6	63.8	100.0	36.2	21.2	168
Leribe	81.1	39.6	1.1	59.3	100.0	40.7	26.7	498
Berea	87.0	34.3	2.5	63.2	100.0	36.8	20.6	451
Maseru	84.4	40.6	0.9	58.5	100.0	41.5	26.7	773
Mafeteng	80.3	32.7	3.8	63.4	100.0	36.6	20.7	295
Mohale's Hoek	77.7	36.1	3.5	60.4	100.0	39.6	20.9	250
Quthing	68.1	34.4	3.9	61.6	100.0	38.4	20.2	150
Qacha's Nek	81.0	40.6	2.1	57.2	100.0	42.8	25.3	79
Mokhotlong	79.6	32.0	2.3	65.6	100.0	34.4	24.1	137
Thaba-Tseka	74.3	39.2	2.9	57.9	100.0	42.1	27.7	206
Education								
No education	73.2	35.2	3.1	61.7	100.0	38.3	20.5	336
Primary incomplete	68.8	28.8	2.3	68.9	100.0	31.1	19.1	1,095
Primary complete	85.0	39.7	1.6	58.6	100.0	41.4	26.0	372
Secondary+	92.0	44.7	1.8	53.6	100.0	46.4	28.8	1,205
Wealth quintile								
Lowest	69.2	30.9	2.8	66.4	100.0	33.6	21.0	443
Second	74.5	32.3	1.7	66.0	100.0	34.0	20.9	575
Middle	76.8	33.9	1.1	64.9	100.0	35.1	20.5	666
Fourth	86.5	39.2	3.5	57.3	100.0	42.7	24.8	640
Highest	91.1	46.8	1.6	51.6	100.0	48.4	31.1	684
Total 15-49	80.6	37.2	2.1	60.7	100.0	39.3	24.0	3,008
50-59	79.8	51.4	2.1	46.5	100.0	53.5	31.7	309
Total men 15-59	80.5	38.5	2.1	59.4	100.0	40.6	24.7	3,317

¹ Includes 'don't know/missing'

Figure 12.3 shows that among respondents who were tested for HIV, 41 percent of women and 68 percent of men age 15-49 asked for the test themselves, 46 percent of women and 20 percent of men were offered and accepted the HIV test, and 13 percent of both women and men were required to have the test.

Figure 12.3 Percent Distribution of Women and Men Who Had an HIV Test by Reason for Last HIV Test



LDHS 2009

12.11 MALE CIRCUMCISION

Circumcision is practiced in many communities in Lesotho and often serves as a rite of passage to adulthood. Some studies have shown an association between lack of male circumcision and increased transmission of STIs, including HIV. To investigate this relationship, men interviewed in the 2009 LDHS were asked if they were circumcised.

Table 12.11 shows that 52 percent of men age 15-49 in Lesotho are circumcised. Men age 15-19 are the least likely to have been circumcised (27 percent) compared with older men (about six in ten men). This could indicate a decline in the practice, although it is also possible that some young men may not yet have gone through the circumcision process.

Men living in rural areas (59 percent) are much more likely to be circumcised than those living in urban areas (34 percent). The highest percentage of circumcised men is among those who live in Butha-Butha (68 percent) and Thaba-Tseka (67 percent), while the lowest percentage is among men in Maseru (36 percent).

Looking at religion, people with no religion (61 percent) are more likely to be circumcised than those who are adherents of a recognized Christian religion (45-59 percent). There is a distinct sharp decline in male circumcision with an increase in wealth, from 74 percent of men in the lowest quintile to 29 percent of men in the highest wealth quintile.

Table 12.11 also shows the age at circumcision among men who have been circumcised. The majority of men, 68 percent, were circumcised between 13 and 19 years old, followed by 26 percent who were circumcised at age 20 or older. Only 4 percent of men were circumcised under age 13.

Table 12.11 Male circumcision

Percentage of men age 15-49 who report having been circumcised and, among those who have been circumcised, percentage distribution according to age at circumcision, by background characteristics, Lesotho 2009

Background characteristic	Percentage circumcised	Number of men	Circumcised men: age at circumcision					Total	Number of circumcised men
			Below age 13	13-19 years old	20 or more	Don't know/ Missing			
Age									
15-24	42.1	1,470	4.1	83.8	11.0	1.1	100.0	618	
15-19	26.8	835	5.5	93.3	0.3	0.8	100.0	224	
20-24	62.2	634	3.3	78.5	17.0	1.2	100.0	395	
25-29	61.7	463	4.4	63.4	31.2	0.9	100.0	286	
30-39	59.4	686	3.5	55.7	38.8	2.0	100.0	408	
40-49	62.0	389	4.7	53.6	36.4	5.3	100.0	241	
Residence									
Urban	33.8	845	12.2	51.4	34.6	1.7	100.0	286	
Rural	58.6	2,162	2.3	71.7	24.0	2.0	100.0	1,267	
Ecological zone									
Lowlands	43.4	1,850	6.2	64.9	26.9	2.1	100.0	803	
Foothills	65.5	319	1.4	76.2	21.7	0.6	100.0	209	
Mountains	68.3	621	2.2	70.2	25.1	2.4	100.0	424	
Senqu River Valley	53.9	217	1.9	66.9	29.9	1.3	100.0	117	
District									
Butha-Buthe	67.8	168	3.9	80.0	15.7	0.5	100.0	114	
Leribe	56.8	498	3.6	69.6	25.3	1.5	100.0	283	
Berea	47.4	451	1.4	60.0	36.1	2.5	100.0	214	
Maseru	35.7	773	7.0	65.8	25.1	2.1	100.0	276	
Mafeteng	53.9	295	9.1	76.7	13.2	1.0	100.0	159	
Mohale's Hoek	59.7	250	2.1	63.0	33.2	1.6	100.0	149	
Quthing	56.7	150	2.6	66.3	30.6	0.5	100.0	85	
Qacha's Nek	60.2	79	3.1	74.7	20.4	1.8	100.0	48	
Mokhotlong	63.8	137	2.6	69.2	24.4	3.9	100.0	88	
Thaba-Tseka	66.9	206	2.5	65.1	28.6	3.8	100.0	138	
Religion									
Roman Catholic church	49.4	1,276	2.7	68.0	27.0	2.3	100.0	631	
Lesotho Evangelical church	47.7	590	4.0	68.6	26.3	1.1	100.0	281	
Anglican Church	49.3	261	4.7	63.9	30.1	1.3	100.0	129	
Pentecostal	59.4	575	3.6	69.6	26.3	0.5	100.0	342	
Other Christian	45.0	97	8.5	67.1	19.3	5.1	100.0	44	
Other religion	*	16	*	*	*	*	100.0	10	
None	61.2	159	2.9	72.8	17.4	7.0	100.0	97	
Other	(58.2)	34	*	*	*	*	100.0	20	
Wealth quintile									
Lowest	74.2	443	1.8	69.7	25.9	2.6	100.0	328	
Second	64.7	575	2.2	71.6	24.9	1.3	100.0	372	
Middle	56.5	666	3.0	73.8	21.6	1.7	100.0	376	
Fourth	43.6	640	5.0	68.5	25.6	0.9	100.0	279	
Highest	28.8	684	12.5	46.5	36.9	4.1	100.0	197	
Total 15-49	51.6	3,008	4.1	68.0	25.9	1.9	100.0	1,553	
50-59	55.3	309	4.5	49.1	37.5	8.9	100.0	171	
Total men 15-59	52.0	3,317	4.2	66.1	27.1	2.6	100.0	1,724	

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

12.12 SELF-REPORTING OF SEXUALLY TRANSMITTED INFECTIONS

Sexually transmitted infections are closely associated with HIV because they increase the likelihood of contracting HIV and share similar risk factors. In the 2009 LDHS, all respondents who ever had sexual intercourse were asked if they had had a sexually transmitted infection (STI) or symptoms of an STI (including bad-smelling/abnormal genital discharge and genital sore or ulcer) in the 12 months preceding the survey.

Table 12.12 shows the self-reported prevalence of STIs and STI symptoms among women and men age 15-49 who have ever had sexual intercourse, by background characteristics. Only 4 percent of women and men age 15-49 who have ever had sex reported having had an STI in the 12 months before the survey. Twelve percent of women and 8 percent of men reported having had an abnormal genital discharge, while 5 percent of women and 6 percent of men reported having had a genital sore or ulcer in the 12 months before the survey. Overall, 15 percent of women and 13 percent of men reported having an STI, an abnormal discharge, or a genital sore or ulcer.

The percentage of women and men who had an STI, an abnormal genital discharge, or a genital sore or ulcer is higher among the ever married than the never-married respondents, especially among the previously married men. Among both women and men, the percentage with an STI or an STI symptom is highest among residents of Mohale's Hoek (21 percent of women and men), among respondents with no education (18 percent of women and men), and among those in the lowest wealth quintile (17 percent of women and 16 percent of men).

Table 12.12 Self-reported prevalence of sexually-transmitted infections (STIs) and STI symptoms

Among women and men age 15-49 who ever had sexual intercourse, the percentage reporting having an STI and/or symptoms of an STI in the past 12 months, by background characteristics, Lesotho 2009

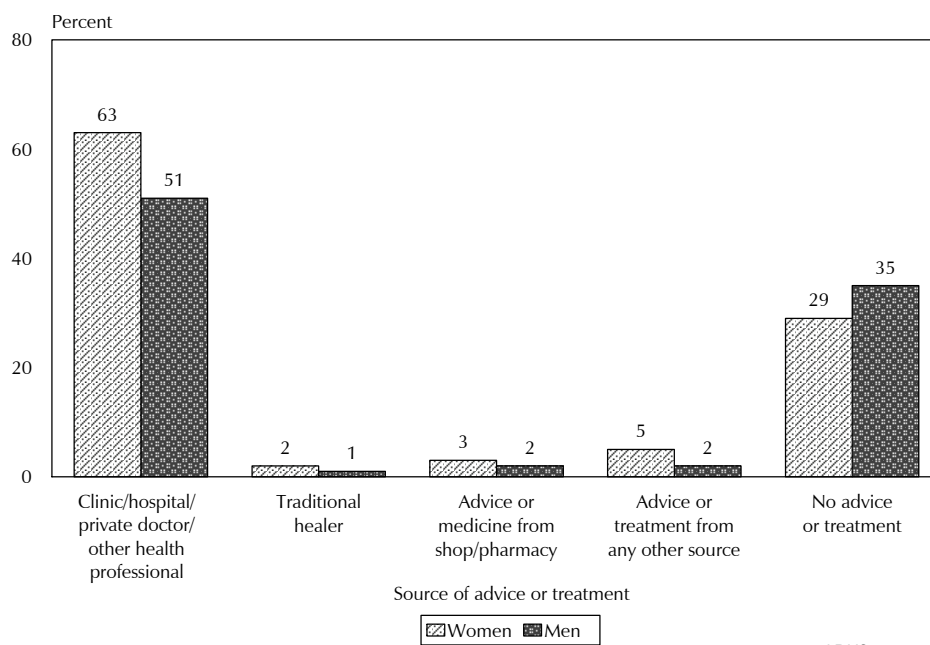
Background characteristic	Women					Men				
	Percentage of women who reported having in the past 12 months:				Number of women who ever had sexual intercourse	Percentage of men who reported having in the past 12 months:				Number of men who ever had sexual intercourse
	STI	Bad-smelling/abnormal genital discharge	Genital sore/ulcer	STI/genital discharge/sore or ulcer		STI	Bad-smelling/abnormal genital discharge	Genital sore/ulcer	STI/genital discharge/sore or ulcer	
Age										
15-24	2.6	12.7	3.9	14.9	2,260	2.3	8.0	5.5	12.1	1,083
15-19	0.7	12.1	3.1	14.0	831	1.4	9.0	5.7	13.6	499
20-24	3.7	13.1	4.4	15.5	1,429	3.1	7.1	5.3	10.8	584
25-29	6.0	12.5	6.1	17.0	1,221	4.7	6.6	7.1	13.4	448
30-39	4.7	11.2	4.5	14.5	1,726	6.5	9.4	6.7	15.1	682
40-49	3.3	9.3	4.2	12.5	1,293	3.9	8.9	5.6	12.4	386
Marital status										
Never married	2.4	9.9	3.6	12.6	1,494	2.6	7.7	5.1	11.9	1,282
Married or living together	4.6	12.3	4.8	15.6	4,049	5.2	7.9	6.6	13.5	1,169
Divorced/separated/widowed	3.6	11.2	4.8	14.4	957	7.7	16.3	10.7	21.7	148
Male circumcision										
Circumcised	na	na	na	na	na	3.8	9.3	6.4	13.7	1,481
Not circumcised	na	na	na	na	na	4.5	6.8	5.7	12.5	1,117
Residence										
Urban	3.9	10.2	3.2	13.0	2,205	6.9	7.4	4.5	12.9	737
Rural	3.9	12.3	5.2	15.6	4,295	2.9	8.6	6.8	13.3	1,862
Ecological zone										
Lowlands	4.1	11.2	4.1	14.2	4,093	5.0	8.0	6.0	12.9	1,584
Foothills	4.3	11.6	3.6	13.7	637	2.0	6.4	7.2	11.7	286
Mountains	3.5	12.6	6.0	16.2	1,296	2.9	10.2	5.8	14.6	545
Senqu River Valley	3.0	12.4	5.9	16.2	475	3.0	7.3	6.7	13.1	183
District										
Butha-Buthe	5.6	12.5	2.9	15.8	318	2.1	7.0	3.5	10.5	148
Leribe	3.6	10.3	3.1	12.6	1,142	2.1	5.9	3.2	8.0	433
Berea	2.8	10.0	3.7	12.1	926	3.2	6.3	6.8	13.1	396
Maseru	5.2	11.2	5.1	14.8	1,772	8.3	9.2	6.6	14.9	652
Mafeteng	4.6	12.8	4.2	15.6	584	3.3	8.2	4.7	13.0	260
Mohale's Hoek	3.2	17.8	6.3	21.2	521	3.7	13.9	13.0	20.9	223
Quthing	2.2	11.5	4.1	14.2	324	1.1	7.3	7.5	11.7	125
Qacha's Nek	3.6	8.4	3.2	10.9	187	4.1	9.7	5.3	13.5	67
Mokhotlong	5.3	14.2	4.9	16.6	294	2.9	8.7	4.3	13.0	117
Thaba-Tseka	1.8	10.6	7.9	16.4	432	1.4	8.5	6.0	13.2	179
Education										
No education	2.8	14.4	7.1	18.3	91	4.4	13.8	8.0	18.2	327
Primary incomplete	3.1	12.8	5.9	16.3	1,588	3.3	7.8	6.8	12.8	930
Primary complete	3.9	13.5	5.2	17.0	1,592	4.2	6.6	7.5	14.6	331
Secondary+	4.4	10.0	3.5	12.7	3,229	4.7	7.4	4.4	11.4	1,010
Wealth quintile										
Lowest	3.3	12.9	6.8	17.3	921	2.3	11.4	7.6	15.9	388
Second	3.8	13.5	6.1	16.9	1,025	1.7	6.0	6.4	10.5	501
Middle	4.0	12.3	5.6	15.1	1,124	4.9	10.5	7.5	15.5	573
Fourth	4.8	13.7	3.1	16.2	1,613	4.8	7.4	6.0	12.4	544
Highest	3.5	7.7	3.1	10.6	1,818	5.8	6.6	3.7	12.0	592
Total 15-49	3.9	11.6	4.5	14.7	6,501	4.1	8.3	6.1	13.2	2,599
50-59	na	na	na	na	na	2.0	6.6	2.6	8.7	309
Total men 15-59	na	na	na	na	na	3.9	8.1	5.7	12.7	2,908

na = Not applicable

Note: Total includes one man with missing status on circumcision.

Figure 12.4 shows the proportion of women and men who reported having an STI or symptoms of an STI in the past 12 months who sought specific types of care. Seventy-one percent of women and 65 percent of men sought some sort of advice or treatment for their symptoms. More women than men (63 and 51 percent, respectively) sought treatment from a health facility or health professional. Two percent of women and 1 percent of men sought treatment from a traditional healer, and 3 percent of women and 2 percent of men sought advice or treatment from a shop or pharmacy. Two percent of women and 1 percent of men sought advice or treatment from a shop or pharmacy. Two percent of women and 1 percent of men sought advice or treatment from a shop or pharmacy.

Figure 12.4 Women and Men Seeking Treatment for STIs



12.13 PREVALENCE OF INJECTIONS

Injection overuse in a health care setting can contribute to the transmission of blood-borne pathogens because it amplifies the effect of unsafe practices, such as reuse of injection equipment. To measure the potential risk of transmission of HIV associated with medical injections, respondents in the 2009 LDHS were asked if they had received an injection in the past 12 months, and if so, how many injections they have had in the past 12 months. They were also asked how many of the injections received in the past 12 months were administered by a doctor, a nurse, a dentist, or any other health worker (medical injections). It should be noted that some medical injections can be self-administered (e.g., insulin for diabetes). These injections were not included in the calculation.

Table 12.13 shows that 28 percent of women and 12 percent of men age 15-49 received a medical injection in the past 12 months. Women of all age groups are more likely than men in the same age groups to have received injections in the past 12 months, probably because of injections given in ANC settings or for family planning. The average number of medical injections in the past 12 months for both women and men is 1 injection.

Table 12.13 Prevalence of medical injections

Percentage of women and men age 15-49 who received at least one medical injection in the past 12 months and the average number of medical injections per person in the past 12 months, by background characteristics, Lesotho 2009

Background characteristic	Women			Men		
	Percentage who received a medical injection in the past 12 months	Average number of medical injections per person in the past 12 months	Number of women	Percentage who received a medical injection in the past 12 months	Average number of medical injections per person in the past 12 months	Number of men
Age						
15-24	26.6	0.8	3,337	7.7	0.2	1,470
15-19	22.9	0.7	1,785	6.8	0.2	835
20-24	30.9	0.9	1,552	8.9	0.2	634
25-29	35.2	1.2	1,244	15.3	0.8	463
30-39	29.2	1.6	1,746	14.3	0.8	686
40-49	25.3	1.0	1,297	18.5	1.0	389
Residence						
Urban	29.4	1.3	2,573	15.8	0.9	845
Rural	27.9	1.0	5,051	10.2	0.3	2,162
Ecological zone						
Lowlands	30.0	1.3	4,798	12.7	0.6	1,850
Foothills	32.1	0.8	725	10.0	0.2	319
Mountains	23.6	0.7	1,544	11.6	0.4	621
Senqu River Valley	23.0	0.6	556	6.6	0.3	217
District						
Butha-Buthe	33.8	1.2	357	10.1	0.5	168
Leribe	32.1	1.4	1,359	14.5	0.5	498
Berea	30.3	1.2	1,122	9.1	0.4	451
Maseru	27.1	1.1	2,036	13.5	0.6	773
Mafeteng	27.1	0.8	682	10.5	0.8	295
Mohale's Hoek	36.7	1.4	599	13.3	0.2	250
Quthing	15.5	0.4	379	6.0	0.3	150
Qacha's Nek	14.3	0.3	219	8.7	0.6	79
Mokhotlong	23.3	0.6	356	12.2	0.6	137
Thaba-Tseka	26.9	0.7	515	10.5	0.5	206
Education						
No education	15.7	0.9	93	11.5	0.3	336
Primary incomplete	24.7	1.1	1,810	9.5	0.3	1,095
Primary complete	26.7	0.8	1,741	12.1	0.5	372
Secondary+	31.1	1.2	3,979	13.8	0.7	1,205
Wealth quintile						
Lowest	22.0	0.6	1,073	7.3	0.3	443
Second	26.0	0.8	1,190	12.5	0.3	575
Middle	30.4	1.0	1,325	9.9	0.3	666
Fourth	29.0	1.1	1,900	11.7	0.5	640
Highest	31.2	1.5	2,136	15.9	1.0	684
Total 15-49	28.4	1.1	7,624	11.8	0.5	3,008
Total men 15-59	na	na	na	11.9	0.5	3,317

Note : Medical injections are those given by a doctor, nurse, pharmacist, dentist or other health worker
na = Not applicable

12.14 HIV/AIDS-RELATED KNOWLEDGE AND BEHAVIOUR AMONG YOUTH

This section addresses knowledge of HIV/AIDS issues and related sexual behaviour among youths age 15-24 who are of particular interest for HIV/AIDS programmes. The period between initiation of sexual activity and marriage is often a time of sexual experimentation, but it may also involve risky behaviours. Comprehensive knowledge of HIV/AIDS transmission and prevention and knowledge of sources of condoms among youth is analysed in this section. Issues such as abstinence, age at sexual debut, age differences between partners, and condom use are also covered.

12.14.1 Knowledge of HIV Transmission and Source for Condoms

Knowledge of the means of transmission of HIV is crucial in enabling people to avoid HIV, especially for young people, who are often at greater risk because they may have shorter relationships with more partners or engage in other risky behaviours. Young respondents in the 2009 LDHS were asked the same set of questions as older respondents about (1) whether condom use and limiting the number of partners to one uninfected partner can help protect against getting the AIDS virus, and (2) whether a healthy-looking person can have the AIDS virus.

The data in Table 12.14 show the level of comprehensive knowledge among young people, namely, the proportion who, in response to a prompted question, agree that people can reduce their chances of getting the AIDS virus by having sex with only one uninfected, faithful partner and by using condoms consistently; know that a healthy-looking person can have the AIDS virus; and know that HIV cannot be transmitted by mosquito bites or by sharing food with a person who has AIDS. Only 39 percent of young women and 29 percent of young men know all of these facts about HIV/AIDS. However, this is an increase from 26 percent of young women and 18 percent of young men with comprehensive knowledge about AIDS reported in the 2004 LDHS.

Among women, the level of comprehensive knowledge about AIDS increases somewhat with age, while among men no particular pattern was observed. Comprehensive knowledge about AIDS is higher among urban than rural youth, especially for men. Young women and men who never married are somewhat more likely to have comprehensive knowledge about HIV/AIDS than those who ever married, especially men. For young women, the lowest level of comprehensive knowledge about AIDS is among residents in the Mountains (29 percent), while the highest is in the Lowlands (43 percent). For young men, the percentage of comprehensive AIDS knowledge ranges from 18 percent in the Foothills to 33 percent in the Lowlands. Women in Mokhotlong and Thaba-Tseka (28 percent each) and men in Mohale's Hoek (16 percent) and Mafeteng (19 percent) are the least likely to have comprehensive knowledge about AIDS, while respondents in Maseru (51 percent of women and 40 percent of men) are the most likely. The percentage of youth with comprehensive knowledge about AIDS increases significantly with increasing education and wealth for both women and men.

Because of the important role that the condom plays in combating the transmission of HIV, respondents were asked if they know where condoms can be obtained. Note that only responses about 'formal' sources were tabulated (i.e., friends and family, and other similar sources, were not included). As shown in Table 12.14, general knowledge of condom sources is at a similar level among young men and women (72 percent for women and 77 percent for men). Consistent with trends in other indicators, the knowledge is higher among more educated, urban youths and those in the highest wealth quintiles. Knowledge of sources of condoms is highest in the Lowlands (76 percent of women and 83 percent of men) compared with other ecological zones, and among women in Butha-Buthe (81 percent) and men in Berea (83 percent).

Table 12.14 Comprehensive knowledge about AIDS and of a source of condoms among youth

Percentage of young women and young men age 15-24 with comprehensive knowledge about AIDS and percentage with knowledge of a source of condoms, by background characteristics, Lesotho 2009

Background characteristic	Women age 15-24			Men age 15-24		
	Percentage with comprehensive knowledge of AIDS ¹	Percentage who know a condom source ²	Number of women	Percentage with comprehensive knowledge of AIDS ¹	Percentage who know a condom source ²	Number of men
Age						
15-19	35.2	60.3	1,785	28.1	72.0	835
15-17	32.6	52.1	1,092	24.7	66.8	520
18-19	39.3	73.3	693	33.8	80.7	315
20-24	42.4	86.2	1,552	29.6	83.3	634
20-22	42.2	85.6	978	32.9	82.8	416
23-24	42.8	87.3	574	23.4	84.3	219
Marital status						
Never married	40.2	66.1	2,100	29.6	76.9	1,319
Ever had sex	44.1	79.5	1,023	30.2	82.1	933
Never had sex	36.5	53.3	1,077	28.3	64.3	386
Ever married	35.8	83.0	1,237	20.9	77.2	150
Residence						
Urban	44.3	79.7	1,004	46.5	90.7	366
Rural	36.1	69.2	2,333	22.9	72.3	1,104
Ecological zone						
Lowlands	43.0	76.1	2,052	32.8	83.1	902
Foothills	33.5	74.7	326	18.2	66.4	172
Mountains	29.2	63.4	696	24.2	68.0	281
Senqu River Valley	34.6	63.6	264	23.5	66.0	115
District						
Butha-Buthe	33.1	80.7	154	25.3	74.8	83
Leribe	31.4	70.7	587	25.8	76.3	256
Berea	45.8	72.6	500	33.5	83.0	215
Maseru	50.8	79.8	823	39.8	80.9	362
Mafeteng	32.9	75.5	314	18.6	79.0	168
Mohale's Hoek	32.8	70.7	287	15.8	66.0	118
Quthing	31.4	59.5	188	28.6	65.2	83
Qacha's Nek	40.5	70.2	102	33.0	75.9	39
Mokhotlong	28.1	66.6	157	25.1	80.5	61
Thaba-Tseka	27.9	56.8	225	20.7	68.9	83
Education						
No education	20.5	71.0	17	13.9	51.1	71
Primary incomplete	20.2	56.9	672	12.7	60.4	566
Primary complete	27.3	64.6	630	21.1	79.4	161
Secondary+	48.3	79.9	2,018	45.6	93.0	672
Wealth quintile						
Lowest	26.1	57.8	477	13.8	59.9	186
Second	33.6	65.4	560	16.9	66.0	266
Middle	35.3	70.8	627	23.3	77.1	369
Fourth	42.0	79.7	847	37.3	81.0	335
Highest	48.1	79.2	826	45.0	91.8	313
Total	38.6	72.4	3,337	28.7	76.9	1,470

¹ Comprehensive knowledge means knowing that consistent use of condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission or prevention. The components of comprehensive knowledge are presented in Tables 12.2, 12.3.1, and 12.3.2.

² For this table, the following responses are not considered sources for condoms: friends, family members and home

12.14.2 Age at First Sex among Youth

The analysis in this section deals with age at first sex, premarital and other high-risk sex, and condom use among young women and men.

Table 12.15 shows the proportion of women and men age 15-24 who had sex by age 15 and 18, by background characteristics. Eight percent of young women and 22 percent of men in Lesotho had sex by age 15, while 47 percent of young women and 63 percent of young men had first sexual intercourse by age 18.

Table 12.15 Age at first sexual intercourse among youth								
Percentage of young women and of young men age 15-24 who had sexual intercourse before age 15 and percentage of young women and of young men age 18-24 who had sexual intercourse before age 18, by background characteristics, Lesotho 2009								
Background characteristic	Women				Men			
	Women age 15-24		Women age 18-24		Men age 15-24		Men age 18-24	
	Percentage who had sexual intercourse before age 15	Number of women	Percentage who had sexual intercourse before age 18	Number of women	Percentage who had sexual intercourse before age 15	Number of men	Percentage who had sexual intercourse before age 18	Number of men
Age								
15-19	8.5	1,785	na	na	25.5	835	na	na
15-17	9.5	1,092	na	na	30.5	520	na	na
18-19	7.1	693	51.1	693	17.2	315	65.9	315
20-24	6.9	1,552	45.4	1,552	17.6	634	61.0	634
20-22	6.6	978	47.1	978	18.5	416	64.8	416
23-24	7.5	574	42.3	574	15.8	219	53.9	219
Marital status								
Never married	6.5	2,100	36.6	1,111	22.0	1,319	62.6	803
Ever married	9.9	1,237	57.4	1,135	22.6	150	62.9	146
Knows condom source¹								
Yes	7.9	2,415	48.5	1,846	22.0	1,130	64.1	783
No	7.5	923	41.0	399	22.4	339	55.6	166
Residence								
Urban	7.0	1,004	41.5	715	23.6	366	62.4	237
Rural	8.1	2,333	49.7	1,531	21.6	1,104	62.7	712
Ecological zone								
Lowlands	7.0	2,052	43.7	1,429	20.7	902	62.7	592
Foothills	11.0	326	54.8	210	28.1	172	71.4	104
Mountains	6.5	696	50.8	444	21.3	281	56.9	188
Senqu River Valley	13.3	264	57.3	161	25.7	115	64.8	65
District								
Butha-Buthe	8.9	154	46.6	109	27.8	83	74.0	56
Leribe	6.4	587	46.0	417	20.2	256	58.7	178
Berea	8.5	500	50.9	322	22.3	215	61.2	130
Maseru	7.9	823	41.6	560	18.8	362	64.4	236
Mafeteng	6.2	314	46.6	212	28.5	168	65.2	109
Mohale's Hoek	11.5	287	55.4	190	25.9	118	70.8	66
Quthing	14.4	188	61.2	112	27.7	83	71.0	52
Qacha's Nek	8.5	102	51.5	68	25.4	39	51.1	23
Mokhotlong	2.3	157	42.1	107	11.3	61	47.3	43
Thaba-Tseka	3.8	225	44.5	150	18.2	83	53.8	56
Education								
No education	*	17	*	14	19.6	71	60.0	63
Primary incomplete	12.6	672	65.8	384	28.3	566	66.2	318
Primary complete	10.7	630	55.2	453	16.7	161	64.2	111
Secondary+	5.0	2,018	39.0	1,395	18.4	672	60.2	457
Wealth quintile								
Lowest	10.1	477	56.0	306	18.9	186	60.1	126
Second	9.5	560	54.7	366	26.9	266	66.0	173
Middle	8.0	627	48.9	412	22.9	369	64.8	220
Fourth	7.4	847	40.7	586	22.0	335	60.5	221
Highest	5.5	826	42.8	575	19.0	313	61.5	209
Total	7.8	3,337	47.1	2,246	22.1	1,470	62.7	949

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
¹ For this table, the following responses are not considered a source for condoms: friends, family members and home
na = Not available

As expected, the percentage of young women who had sex before age 15 or 18 is higher among those who have married than among the never-married women. Among men, there are no significant differences by marital status. Knowledge of a condom source correlates with the age at first sex more so in men than women. Women who know of a source for condoms are more likely than those who do not know of a source to have had their sexual debut by age 18 (49 and 41 percent, respectively). Men with knowledge of where to obtain a condom are also significantly more likely to have had an early sexual debut (by age 15 or 18).

Urban-rural residence is strongly related to age at first sex for women but not for men. Half of women in rural areas report their sexual debut at age 18 compared with 42 percent of women in urban areas. Young women are more likely to have had an early sexual debut in Senqu River Valley and Quthing, while young men are more likely to have had an early sexual debut in the Foothills and in Butha-Buthe, Mafeteng, Quthing, and Mohale's Hoek.

Education and wealth have an effect on early sexual debut among women. For example, while 13 percent of women age 15-24 with some primary education had sex by age 15, the proportion declines significantly to 5 percent among those who have secondary and higher education. For men, the relationship between age at sexual debut and education and wealth is not significant.

The period between age at first sex and age at marriage is often a time of sexual experimentation. Premarital sex and the length of the interval between sexual initiation and marriage are among the factors contributing to the spread of HIV. Table 12.16 shows, for never-married women and men age 15-24, the percentage who have never had sexual intercourse, the percentage who have had sex in the past 12 months, and among those who have had sex in the past 12 months, the percentage who used a condom at last sexual intercourse.

More than half of never-married young women (51 percent) reported that they had never had sex, compared with about three in ten young men (29 percent). While the proportion of unmarried youth who have never had sex drops rapidly between age groups 15-19 and 20-24, one in five women and one in ten men age 20-24 have not yet had sex. Four in ten women (41 percent) who know a source for condoms have never had sex compared with seven in ten women (71 percent) who do not know of a source for condoms. For men, 25 percent of those who know a source for condoms have never had sex compared with 45 percent of men who do not know of a formal source for getting condoms. A higher percentage of rural women (53 percent) have never had sex compared with urban women (48 percent), while the opposite is observed for men (32 percent of urban men have never had sex compared with 28 percent of rural men). Looking at districts, abstinence rates among young, unmarried women are the lowest in Quthing and Butha-Buthe (43 percent each) and the highest in Mokhotlong (68 percent). Among men, the percentage who never had sex ranges from 21 percent in Mafeteng to 36 percent, each, in Mokhotlong and Thaba-Tseka. Education does not have a clear relationship with the percentage of youth who never had sex. Never-married women in the lowest wealth quintile (65 percent) are the most likely to have never had sex compared with women in the highest wealth quintiles (48 to 53 percent).

Table 12.16 also shows the percentage of never-married young women and men who had sex in the 12 months preceding the survey, as well as the percentage who used a condom the last time they had sex. A significant proportion of never-married respondents age 15-24 had sex in the past 12 months (35 percent of women and 57 percent of men).

Table 12.16 Premarital sexual intercourse and condom use during premarital sexual intercourse among youth

Among never-married women and men age 15-24, the percentage who have never had sexual intercourse, the percentage who had sexual intercourse in the past 12 months, and, among those who had premarital sexual intercourse in the past 12 months, the percentage who used a condom at the last sexual intercourse, by background characteristics, Lesotho 2009

Background characteristic	Never-married women age 15-24					Never-married men age 15-24				
	Percentage who have never had sexual intercourse	Percentage who had sexual intercourse in the past 12 months	Number of never married women	Percentage who used condom at last sexual intercourse	Number of women	Percentage who have never had sexual intercourse	Percentage who had sexual intercourse in the past 12 months	Number of never married men	Percentage who used condom at last sexual intercourse	Number of men
Age										
15-19	64.6	25.5	1,477	62.3	377	41.0	46.6	820	62.5	382
15-17	73.7	18.6	989	56.5	184	48.1	39.7	516	58.9	205
18-19	46.2	39.6	488	67.9	193	29.0	58.3	304	66.6	177
20-24	19.7	57.8	623	68.0	360	10.0	74.6	499	67.7	372
20-22	22.0	54.8	453	67.0	248	12.2	73.2	357	67.7	261
23-24	13.5	65.6	170	70.3	111	4.6	78.3	142	67.5	111
Knows condom source¹										
Yes	41.4	43.7	1,388	69.5	606	24.5	62.1	1,014	72.8	630
No	70.6	18.3	712	44.8	130	45.2	40.8	305	25.6	124
Residence										
Urban	47.6	39.1	718	71.8	280	32.2	52.7	333	86.7	176
Rural	53.2	33.0	1,382	61.0	456	28.3	58.7	986	58.4	578
Ecological zone										
Lowlands	48.6	37.9	1,387	69.1	526	30.2	56.2	825	75.2	464
Foothills	49.4	35.9	169	68.5	61	20.1	67.1	155	46.9	104
Mountains	64.2	23.8	375	44.7	89	31.1	55.5	233	45.0	130
Senqu River Valley	46.9	36.0	168	56.6	61	31.0	53.5	106	60.9	57
District										
Butha-Buthe	43.0	43.0	86	71.2	37	26.6	62.6	71	75.3	44
Leribe	56.8	29.5	364	61.8	107	28.0	60.8	221	69.6	134
Berea	52.2	34.6	350	72.0	121	27.8	54.8	198	65.6	108
Maseru	47.4	41.5	548	70.5	227	33.9	56.1	331	79.8	186
Mafeteng	47.9	34.0	195	64.9	66	20.9	64.2	159	49.8	102
Mohale's Hoek	46.6	39.3	163	59.4	64	23.6	58.5	107	39.5	63
Quthing	43.0	37.5	128	47.2	48	32.1	52.5	74	67.0	39
Qacha's Nek	49.3	32.7	64	71.3	21	33.2	52.3	34	64.4	18
Mokhotlong	67.6	19.9	86	(49.0)	17	35.6	52.8	53	60.7	28
Thaba-Tseka	66.0	24.0	116	(45.7)	28	36.4	44.7	70	(43.9)	31
Education										
No education	24.2	63.0	4	*	2	7.0	74.9	53	(16.4)	40
Primary incomplete	62.7	24.3	343	44.6	84	30.7	56.9	492	46.6	280
Primary complete	44.8	38.0	308	46.7	117	28.1	55.7	143	66.7	80
Secondary+	50.0	37.0	1,445	72.2	534	30.3	56.2	630	84.7	355
Wealth quintile										
Lowest	64.9	22.8	228	35.3	52	31.6	54.7	157	31.8	86
Second	52.6	33.6	302	46.3	101	28.1	57.9	229	56.2	133
Middle	51.7	36.0	380	65.6	137	26.7	60.8	339	61.1	206
Fourth	48.0	36.7	566	65.4	208	30.5	54.2	294	70.2	159
Highest	48.4	38.2	623	79.0	238	30.7	56.7	300	88.7	170
Total	51.3	35.1	2,100	65.1	737	29.3	57.2	1,319	65.0	754

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

¹ For this table, the following responses are not considered a source for condoms: friends, family members and home

Sixty-five percent of never-married respondents age 15-24 reported using a condom during their last sexual intercourse. Condom use at last sexual intercourse increases with age, especially among men. It is also significantly higher among respondents who know where to obtain a condom. It is notable that never-married youth in urban areas are more likely to use condoms than youth in rural areas. Condom use at last sexual intercourse is highest among women in Berea and men in Maseru, as well as among youth with secondary or higher education and those in the highest wealth quintile.

12.14.3 Higher-Risk Sex among Youth

In many countries, the most common means of HIV/AIDS transmission is through unprotected sex with an infected person. To prevent HIV/AIDS virus transmission, it is important that young people practice safe sex through the most advocated 'ABC' methods (abstinence, being faithful to one uninfected partner, and condom use). Tables 12.17.1 and 12.17.2 show the percentage of all young women and men age 15-24 who had sexual intercourse with more than one partner in the past 12 months, by background characteristics.

Overall, 4 percent of women and 21 percent of men reported having had two or more sexual partners in the past 12 months. There are no major variations among women by background characteristics, except for age; older women are slightly more likely than younger women to have had multiple sexual partners in the past 12 months. Among men, those age 20-24, those who married, those who know of a condom source, and those in urban areas, in the Mountains zone, and in Leribe district are more likely than other men to have had two or more sexual partners in the past 12 months. There is no clear relationship between this indicator and education or wealth.

Table 12.17.1 Multiple sexual partners in the past 12 months among youth: Women

Among young women age 15-24, the percentage who had sexual intercourse with more than one partner in the past 12 months, and among those having more than one partner in the past 12 months, the percentage reporting that a condom was used at last intercourse, by background characteristics, Lesotho 2009

Background characteristic	Among all women age 15-24:		Among women age 15-24 who had 2+ partners in the past 12 months:	
	Percentage who had 2+ partners in the past 12 months	Number of women	Percentage who reported using a condom at last sexual intercourse	Number of women
Age				
15-19	2.1	1,785	(36.6)	37
15-17	1.4	1,092	*	16
18-19	3.1	693	*	22
20-24	5.9	1,552	48.3	91
20-22	4.9	978	(48.7)	48
23-24	7.5	574	(47.9)	43
Marital status				
Never married	3.6	2,100	59.2	75
Ever married	4.3	1,237	24.8	53
Knows condom source¹				
Yes	4.6	2,415	49.6	112
No	1.8	923	*	16
Residence				
Urban	4.0	1,004	(55.7)	40
Rural	3.8	2,333	40.1	88
Ecological zone				
Lowlands	4.4	2,052	51.7	91
Foothills	2.9	326	*	9
Mountains	2.9	696	(23.7)	20
Senqu River Valley	3.0	264	*	8
District				
Butha-Buthe	3.3	154	*	5
Leribe	2.7	587	*	16
Berea	5.4	500	*	27
Maseru	4.9	823	(52.3)	40
Mafeteng	2.8	314	*	9
Mohale's Hoek	4.0	287	*	12
Quthing	3.6	188	*	7
Qacha's Nek	4.2	102	*	4
Mokhotlong	3.7	157	*	6
Thaba-Tseka	1.4	225	*	3
Education				
No education	3.8	17	*	1
Primary incomplete	3.3	672	*	22
Primary complete	4.2	630	(41.7)	27
Secondary+	3.9	2,018	50.0	78
Wealth quintile				
Lowest	3.0	477	*	14
Second	4.1	560	*	23
Middle	3.5	627	*	22
Fourth	3.7	847	(65.8)	31
Highest	4.6	826	(56.4)	38
Total 15-24	3.8	3,337	44.9	128

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

¹ For this table, the following responses are not considered a source for condoms: friends, family members and home

Table 12.17.2 Multiple sexual partners in the past 12 months among youth: Men

Among young men age 15-24, the percentage who had sexual intercourse with more than one partner in the past 12 months, and among those having more than one partner in the past 12 months, the percentage reporting that a condom was used at last intercourse, by background characteristics, Lesotho 2009

Background characteristic	Among all men age 15-24:		Among men age 15-24 who had 2+ partners in the past 12 months:	
	Percentage who had 2+ partners in the past 12 months	Number of men	Percentage who reported using a condom at last sexual intercourse	Number of men
Age				
15-19	13.4	835	60.2	112
15-17	9.2	520	(66.6)	48
18-19	20.3	315	55.4	64
20-24	29.8	634	60.3	189
20-22	29.7	416	64.4	124
23-24	30.1	219	52.7	66
Marital status				
Never married	19.7	1,319	64.6	260
Ever married	27.4	150	(33.1)	41
Knows condom source¹				
Yes	22.8	1,130	63.4	257
No	12.9	339	(41.4)	44
Residence				
Urban	22.2	366	75.9	81
Rural	19.9	1,104	54.5	220
Ecological zone				
Lowlands	20.7	902	68.6	186
Foothills	16.2	172	(52.3)	28
Mountains	25.2	281	42.8	71
Senqu River Valley	13.8	115	(54.0)	16
District				
Butha-Buthe	22.6	83	(69.7)	19
Leribe	24.1	256	(66.5)	62
Berea	21.0	215	(59.6)	45
Maseru	17.7	362	(74.1)	64
Mafeteng	21.1	168	(50.5)	36
Mohale's Hoek	21.9	118	(26.3)	26
Quthing	16.5	83	*	14
Qacha's Nek	15.5	39	*	6
Mokhotlong	22.5	61	*	14
Thaba-Tseka	19.5	83	*	16
Education				
No education	14.6	71	*	10
Primary incomplete	21.3	566	41.2	121
Primary complete	13.2	161	*	21
Secondary+	22.1	672	77.9	149
Wealth quintile				
Lowest	15.6	186	(42.1)	29
Second	23.9	266	47.4	64
Middle	21.9	369	53.3	81
Fourth	15.3	335	57.8	51
Highest	24.4	313	86.8	76
Total 15-24	20.5	1,470	60.3	301

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

¹ For this table, the following responses are not considered a source for condoms: friends, family members and home

To assess the extent of condom use from the beginning of sexual exposure, respondents age 15-24 were asked whether they had used a condom the last time they had sex. Forty-five percent of young women and 60 percent of young men who had two or more sexual partners in the past 12 months reported using a condom at last sexual intercourse. An analysis by background characteristics would not be particularly meaningful due to small, unweighted numbers.

12.14.4 Age Mixing in Sexual Relationships

In many societies, young women have sexual relationships with men who are considerably older than they are. This practice can contribute to the wider spread of HIV and other STIs because, if a younger, uninfected partner has sex with an older, infected partner, this can introduce the virus into a younger, uninfected cohort. To investigate this practice, the 2009 LDHS asked women and men age 15-19 who had sex in the 12 months preceding the survey whether their partner was younger, about the same age, or older than they were. If older, the women and men were asked if they thought the partner was fewer than 10 years older or 10 or more years older.

The results in Table 12.18 show that only 7 percent of women age 15-19 have had sex with a man 10 or more years older than themselves in the past 12 months. Similar to other indicators, older women, those who married, women with no education, and those in the lowest wealth quintile are the most likely to have had sex with a man much older than themselves. Less than 1 percent of young men age 15-19 reported having had sex with a woman 10 or more years older than themselves. Differences by background characteristics among men are negligible.

Table 12.18 Age-mixing in sexual relationships among women and men age 15-19

Among women and men age 15-19 who had sexual intercourse in the past 12 months, percentage who had sexual intercourse with a partner who was 10 or more years older than themselves, by background characteristics, Lesotho 2009

Background characteristic	Women 15-19 who had sexual intercourse in the past 12 months		Men 15-19 who had sexual intercourse in the past 12 months	
	Percentage of women who had sexual intercourse with a man 10+ years older	Number of women	Percentage of men who had sexual intercourse with a woman 10+ years older	Number of men
Age				
15-17	5.3	477	0.6	499
18-19	8.8	549	0.0	597
Marital status				
Never married	5.0	732	0.4	764
Ever married	12.8	294	0.0	332
Knows condom source¹				
Yes	6.8	777	0.4	827
No	8.4	248	0.0	268
Residence				
Urban	6.5	238	0.0	253
Rural	7.4	788	0.4	843
Ecological zone				
Lowlands	6.1	585	0.2	619
Foothills	11.5	144	0.7	159
Mountains	8.2	194	0.3	209
Senqu River Valley	5.6	103	0.0	108
Education				
No education	*	16	*	18
Primary incomplete	8.3	316	0.5	340
Primary complete	8.0	172	0.0	185
Secondary+	6.0	522	0.2	552
Wealth quintile				
Lowest	10.4	144	0.0	159
Second	7.4	201	0.3	215
Middle	7.9	259	0.4	278
Fourth	5.9	227	0.5	240
Highest	5.2	194	0.0	204
Total	7.2	1,026	0.3	1,096

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ For this table, the following responses are not considered a source for condoms: friends, family members and home

12.14.5 Recent HIV Tests among Youth

Young people may feel that there are barriers to accessing and using many services and facilities, particularly for sensitive concerns relating to sexual health, including STIs such as HIV/AIDS. Data in Table 12.19 assess the degree of reach of HIV testing services among sexually active young people and their awareness of their HIV status. Fewer sexually active men (21 percent) than women (51 percent) report having an HIV test with test results in the 12 months preceding the survey. More young women (52 percent) and men (26 percent) age 20-24 reported having an HIV test and receiving the results compared with those age 15-19 (49 and 14 percent, respectively). Ever married youth and those who know of a condom source are more likely to have had an HIV test in the past 12 months than other youth. Urban women are more likely than their rural counterparts to have had an HIV test and received the results, while the opposite is true for men. Young women and men in the Lowlands, women in Qacha's Nek and men in Butha-Buthe and Maseru are more likely than other youth to have had an HIV test recently.

The percentage of youth who were tested for HIV in the past 12 months and received the results increases steadily with education, while there is no clear pattern to the relationship of this indicator with wealth.

Table 12.19 Recent HIV tests among youth

Among young women and young men age 15-24 who have had sexual intercourse in the past 12 months, the percentage who have had an HIV test in the past 12 months and received the results of the test, by background characteristics, Lesotho 2009

Background characteristic	Among women age 15-24 who have had sexual intercourse in the past 12 months:		Among men age 15-24 who have had sexual intercourse in the past 12 months:	
	Percentage who have been tested for HIV and received results in the past 12 months	Number of women	Percentage who have been tested for HIV and received results in the past 12 months	Number of men
Age				
15-19	48.5	656	14.1	397
15-17	45.8	282	7.2	209
18-19	50.5	375	21.7	188
20-24	51.8	1,226	25.9	502
20-22	52.4	741	21.9	318
23-24	51.1	485	32.7	185
Marital status				
Never married	44.9	737	19.6	754
Ever married	54.4	1,146	26.6	145
Knows condom source¹				
Yes	52.7	1,566	23.6	741
No	40.5	317	7.1	158
Residence				
Urban	47.9	548	29.4	208
Rural	51.8	1,335	18.0	691
Ecological zone				
Lowlands	52.2	1,148	23.4	537
Foothills	49.5	205	8.7	121
Mountains	48.6	381	20.9	176
Senqu River Valley	45.6	148	20.5	65
District				
Butha-Buthe	47.0	103	25.8	56
Leribe	49.2	317	22.3	169
Berea	50.4	258	9.4	123
Maseru	53.4	490	25.9	216
Mafeteng	54.4	174	19.5	111
Mohale's Hoek	51.5	178	14.5	74
Quthing	36.5	99	22.6	48
Qacha's Nek	59.2	56	17.4	23
Mokhotlong	47.8	82	25.2	35
Thaba-Tseka	50.2	126	23.6	43
Education				
No education	*	13	13.3	56
Primary incomplete	46.8	385	13.1	352
Primary complete	47.7	412	16.5	98
Secondary+	53.5	1,073	29.5	394
Wealth quintile				
Lowest	43.9	280	15.1	113
Second	51.4	338	20.8	169
Middle	51.9	367	16.8	234
Fourth	54.9	475	20.6	200
Highest	48.7	424	29.1	184
Total 15-24	50.7	1,883	20.7	899

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ For this table, the following responses are not considered a source for condoms: friends, family members and home

John Nkonyana

This chapter presents information on the extent of coverage for HIV testing among eligible survey respondents, the prevalence of HIV infection among those tested, and the factors associated with HIV infection in the population. Information on HIV prevalence in the population and the social, biological, and behavioural factors associated with HIV infection is necessary to plan the national response to the AIDS epidemic. This information will guide creation of more accurate, targeted messages and interventions.

As in most of sub-Saharan African countries with generalised HIV and AIDS epidemics, in Lesotho, past national HIV prevalence estimates were derived primarily from sentinel surveillance among pregnant women. The HIV Sentinel Surveillance (HSS) survey was first established in 1991 at five sites in Lesotho. At these sites, blood samples taken from pregnant women for routine investigation during their first antenatal care (ANC) visit and also samples from patients with sexually transmitted diseases were anonymously tested for HIV. The 2007 HSS survey found that 27 percent of the pregnant women who visited a health facility for ANC were HIV positive. The latest HSS survey was conducted over a period of 12 weeks from September through November 2009. This survey covered 14 sites, including those which were in the previous survey rounds, with the objective of providing a more representative sample of regions and urban and rural populations.

The inclusion of HIV testing in the 2004 and 2009 LDHS offered the opportunity to better understand the magnitude and patterns of infection within the general reproductive-age population that was not included in the HSS surveys, as well as in men age 15-59. The 2004 and 2009 LDHS results will be used to calibrate the biennial sentinel surveillance data and to project future rates of HIV infection.

13.1 COVERAGE OF HIV TESTING

Table 13.1 presents the coverage rates for HIV testing and the reasons for not being tested, according to sex, urban-rural residence, and district. HIV tests were conducted for 91 percent of the respondents—94 percent of women and 88 percent of men.

Based on the reasons they gave for no response, individuals who were not tested were divided into the following four categories:

- Those who refused testing when asked for informed consent (5 percent overall)
- Those who were interviewed in the survey but who were not at home at the time testing was conducted in the household (less than 1 percent)
- Those who were never interviewed in the survey and not at home for the testing (2 percent)
- Those who were missing test results for some other reason, e.g., a technical problem prevented taking blood (1 percent)

Table 13.1 shows that rural respondents are more likely to have been tested than their urban counterparts (93 percent and 86 percent, respectively). There are substantial differences in the HIV testing coverage rate by district, ranging from 87 percent in Maseru and Butha-Buthe to 95 percent in

Mokhotlong and Quthing. Response rates among women exceed 89 percent in all districts. The highest coverage for women is 99 percent in Mokhotlong. Among men, the HIV testing coverage rate ranges from 83 percent in Maseru to 93 percent in Quthing. Refusal is the primary reason for a lack of response among interviewed women and men in all districts. However, 4 percent of interviewed men in Berea were not tested because they were absent from the household at the time of testing.

Table 13.1 Coverage of HIV testing by sex, residence, and district

Percent distribution of women age 15-49 and men age 15-59 eligible for HIV testing by testing status, according to sex, residence, and district (unweighted), Lesotho 2009

Residence/district	Testing status								Total	Number
	DBS tested ¹		Refused to provide blood		Absent at the time of blood collection		Other/missing ²			
	Interviewed	Not inter-viewed	Interviewed	Not inter-viewed	Interviewed	Not inter-viewed	Interviewed	Not inter-viewed		
WOMEN 15-49										
Residence										
Urban	89.6	0.3	4.5	1.1	0.6	2.2	1.7	0.0	100.0	1,049
Rural	95.0	0.1	1.7	0.5	0.5	1.1	0.9	0.2	100.0	3,063
District										
Butha-Buthe	91.3	0.0	3.5	1.2	0.9	1.2	2.0	0.0	100.0	346
Leribe	94.8	0.4	1.6	0.2	0.4	1.3	0.9	0.2	100.0	446
Berea	89.1	0.0	2.9	1.4	1.0	2.4	3.3	0.0	100.0	421
Maseru	90.4	0.2	4.2	1.4	0.8	2.0	0.9	0.0	100.0	638
Mafeteng	97.4	0.3	0.5	0.3	0.0	1.0	0.3	0.3	100.0	384
Mohale's Hoek	92.5	0.5	2.7	0.3	0.3	1.9	1.6	0.3	100.0	372
Quthing	96.5	0.0	0.8	0.3	0.5	1.9	0.0	0.0	100.0	371
Qacha's Nek	93.9	0.0	3.8	0.3	0.9	0.3	0.6	0.3	100.0	346
Mokhotlong	98.7	0.0	0.5	0.0	0.3	0.3	0.0	0.3	100.0	378
Thaba-Tseka	93.7	0.2	2.9	0.7	0.0	1.0	1.5	0.0	100.0	410
Total	93.6	0.2	2.4	0.7	0.5	1.4	1.1	0.1	100.0	4,112
MEN 15-59										
Residence										
Urban	80.8	0.3	9.3	2.0	1.9	4.8	0.9	0.0	100.0	792
Rural	90.2	0.1	3.9	1.3	1.0	3.0	0.5	0.1	100.0	2,701
District										
Butha-Buthe	83.5	0.3	9.1	1.8	1.5	2.1	1.8	0.0	100.0	339
Leribe	91.1	0.3	2.9	1.7	0.9	2.0	1.2	0.0	100.0	347
Berea	86.2	0.0	5.3	1.0	3.5	2.8	1.0	0.3	100.0	399
Maseru	82.9	0.0	6.6	2.6	1.5	5.6	0.8	0.0	100.0	532
Mafeteng	87.5	0.0	4.7	0.8	1.7	5.3	0.0	0.0	100.0	360
Mohale's Hoek	88.9	0.9	4.6	0.9	0.6	3.7	0.3	0.0	100.0	325
Quthing	93.2	0.0	2.4	1.0	0.0	3.1	0.0	0.3	100.0	294
Qacha's Nek	89.3	0.0	8.3	1.2	0.4	0.4	0.0	0.4	100.0	252
Mokhotlong	91.4	0.0	0.6	1.0	0.0	6.7	0.3	0.0	100.0	314
Thaba-Tseka	90.9	0.0	6.0	1.5	0.9	0.3	0.3	0.0	100.0	331
Total	88.0	0.1	5.1	1.4	1.2	3.4	0.6	0.1	100.0	3,493
TOTAL										
Residence										
Urban	85.8	0.3	6.6	1.5	1.1	3.3	1.4	0.0	100.0	1,841
Rural	92.7	0.1	2.7	0.9	0.7	2.0	0.7	0.1	100.0	5,764
District										
Butha-Buthe	87.4	0.1	6.3	1.5	1.2	1.6	1.9	0.0	100.0	685
Leribe	93.2	0.4	2.1	0.9	0.6	1.6	1.0	0.1	100.0	793
Berea	87.7	0.0	4.0	1.2	2.2	2.6	2.2	0.1	100.0	820
Maseru	87.0	0.1	5.3	2.0	1.1	3.7	0.9	0.0	100.0	1,170
Mafeteng	92.6	0.1	2.6	0.5	0.8	3.1	0.1	0.1	100.0	744
Mohale's Hoek	90.8	0.7	3.6	0.6	0.4	2.7	1.0	0.1	100.0	697
Quthing	95.0	0.0	1.5	0.6	0.3	2.4	0.0	0.2	100.0	665
Qacha's Nek	92.0	0.0	5.7	0.7	0.7	0.3	0.3	0.3	100.0	598
Mokhotlong	95.4	0.0	0.6	0.4	0.1	3.2	0.1	0.1	100.0	692
Thaba-Tseka	92.4	0.1	4.3	1.1	0.4	0.7	0.9	0.0	100.0	741
Total	91.0	0.2	3.7	1.0	0.8	2.3	0.9	0.1	100.0	7,605

¹ Includes all dried blood samples (DBS) tested at the lab and for which there is a result, i.e., positive, negative, or indeterminate. Indeterminate means that the sample went through the entire algorithm, but the final result was inconclusive.

² Includes: (1) other results of blood collection (e.g., technical problem in the field), (2) lost specimens, (3) no corresponding bar codes, and (4) other lab results such as blood not tested for technical reason, not enough blood to complete the algorithm, etc.

The response to HIV testing was much higher in the 2009 LDHS than in the 2004 LDHS (which had a response rate of 81 percent for women and 68 percent for men). An analysis was conducted to explore whether lack of response might have an effect on the HIV seroprevalence results. The analysis examined the relationship between participation in the HIV testing and a number of other characteristics related to HIV risk. The analytical tables that were examined in the 2009 LDHS are included in Appendix A (Tables A.3-A.6). Data in those tables show that there are only small variations across subgroups of respondents. In all cases, the response rates among interviewed women are 95 percent or higher. Response rates are almost as high for interviewed men (90 percent or higher for almost every group). With such uniformly high response rates, there is no need for evaluating the effects of no response on HIV prevalence rates.

Table 13.2 shows that coverage rates for HIV testing do not vary much by age group. By education, participation in HIV testing increases from 82 percent for women with no education to 96 percent for women who completed primary education, and declines to 93 percent for women with secondary or higher education. For men, there are only small differences by education. HIV testing coverage is lowest for women and men in households in the highest wealth quintiles.

Table 13.2 Coverage of HIV testing by selected background characteristics										
Percent distribution of women age 15-49 and men age 15-59 eligible for HIV testing by testing status, according to selected background characteristics (unweighted), Lesotho 2009										
Background characteristic	Testing status								Total	Number
	DBS tested ¹		Refused to provide blood		Absent at the time of blood collection		Other/missing ²			
	Interviewed	Not inter-viewed	Interviewed	Not inter-viewed	Interviewed	Not inter-viewed	Interviewed	Not inter-viewed		
WOMEN 15-49										
Age										
15-19	94.2	0.3	2.1	0.7	0.3	1.1	1.3	0.0	100.0	993
20-24	94.0	0.4	1.8	0.6	0.4	1.7	1.1	0.1	100.0	833
25-29	92.3	0.2	3.5	0.8	1.1	1.4	0.5	0.2	100.0	627
30-34	92.6	0.0	2.7	0.6	0.6	1.9	1.7	0.0	100.0	528
35-39	92.8	0.0	4.0	0.5	0.2	1.6	0.5	0.5	100.0	428
40-44	95.1	0.0	1.7	0.9	0.3	0.9	1.1	0.0	100.0	349
45-49	94.4	0.0	1.4	0.6	0.8	0.8	1.7	0.3	100.0	354
Education										
No education	82.1	0.0	1.5	6.0	0.0	7.5	0.0	3.0	100.0	67
Primary incomplete	94.3	0.3	2.2	0.4	0.7	1.2	0.8	0.1	100.0	1,149
Primary complete	95.9	0.0	1.4	0.5	0.3	0.5	1.4	0.0	100.0	940
Secondary+	92.7	0.2	3.1	0.6	0.5	1.6	1.2	0.1	100.0	1,952
Wealth quintile										
Lowest	95.5	0.1	1.4	0.2	0.2	1.3	0.8	0.2	100.0	831
Second	96.0	0.0	1.3	0.4	0.5	0.9	0.8	0.3	100.0	791
Middle	94.7	0.3	0.9	0.3	1.1	1.6	1.1	0.1	100.0	759
Fourth	93.1	0.2	2.9	0.9	0.2	1.0	1.6	0.0	100.0	864
Highest	89.2	0.2	5.3	1.4	0.6	2.1	1.3	0.0	100.0	867
Total	93.6	0.2	2.4	0.7	0.5	1.4	1.1	0.1	100.0	4,112

Continued...

Table 13.2—Continued

Background characteristic	Testing status								Total	Number
	DBS tested ¹		Refused to provide blood		Absent at the time of blood collection		Other/missing ²			
	Interviewed	Not inter-viewed	Interviewed	Not inter-viewed	Interviewed	Not inter-viewed	Interviewed	Not inter-viewed		
MEN 15-59										
Age										
15-19	92.8	0.0	3.5	0.5	0.9	1.8	0.6	0.0	100.0	857
20-24	88.1	0.0	5.6	1.2	1.1	3.5	0.5	0.2	100.0	663
25-29	86.5	0.4	3.8	2.4	2.4	4.2	0.2	0.0	100.0	497
30-34	86.9	0.3	6.4	1.5	1.3	2.6	0.8	0.3	100.0	388
35-39	86.6	0.0	6.4	2.3	0.3	3.0	1.0	0.3	100.0	299
40-44	83.9	0.5	7.8	1.4	1.4	4.6	0.5	0.0	100.0	218
45-49	84.0	0.0	6.4	2.7	0.9	5.0	0.9	0.0	100.0	219
50-54	83.0	0.6	6.3	1.1	2.3	6.3	0.6	0.0	100.0	176
55-59	89.2	0.0	4.0	1.1	0.0	4.5	1.1	0.0	100.0	176
Education										
No education	87.7	0.2	4.1	1.7	0.6	4.6	0.7	0.4	100.0	538
Primary incomplete	89.0	0.1	4.1	1.6	1.2	3.6	0.4	0.0	100.0	1,351
Primary complete	89.8	0.3	4.6	0.3	1.5	2.8	0.8	0.0	100.0	394
Secondary+	86.6	0.1	7.0	1.6	1.4	2.6	0.7	0.1	100.0	1,208
Wealth quintile										
Lowest	91.1	0.1	3.4	1.8	0.3	2.8	0.4	0.1	100.0	682
Second	91.2	0.1	4.0	0.9	0.8	2.3	0.5	0.1	100.0	753
Middle	90.2	0.1	2.3	0.9	2.1	3.6	0.7	0.0	100.0	747
Fourth	84.6	0.2	7.5	2.0	1.2	4.1	0.5	0.0	100.0	655
Highest	82.2	0.2	9.1	1.7	1.5	4.3	0.9	0.2	100.0	656
Total	88.0	0.1	5.1	1.4	1.2	3.4	0.6	0.1	100.0	3,493

¹ Includes all dried blood samples (DBS) tested at the lab and for which there is a result, i.e., positive, negative, or indeterminate. Indeterminate means that the sample went through the entire algorithm, but the final result was inconclusive.

² Includes: (1) other results of blood collection (e.g. technical problem in the field), (2) lost specimens, (3) no corresponding bar codes, and (4) other lab results such as blood not tested for technical reason, not enough blood to complete the algorithm, etc.

13.2 HIV PREVALENCE

13.2.1 HIV Prevalence by Age and Sex

Table 13.3 shows that 23 percent of adults age 15-49 in Lesotho are infected with HIV. The prevalence of HIV infection is 27 percent for women age 15-49 and 18 percent for men age 15-49, almost the same HIV prevalence as found in the 2004 LDHS (26 percent for women and 19 percent for men). Figures 13.1 and 13.2 show that in 2004 and 2009 the prevalence of infection increased with age to peak at age 35-39 for women (43 and 42 percent, respectively) and at age 30-34 for men (41 and 40 percent, respectively).

Table 13.3 HIV prevalence by age and sex

Among the de facto women age 15-49 and men age 15-59 who were interviewed and tested, the percentage HIV-1 positive, by age and sex, Lesotho 2009

Age	Women		Men		Total	
	Percentage HIV positive ¹	Number	Percentage HIV positive ¹	Number	Percentage HIV positive ¹	Number
15-19	4.1	882	2.9	813	3.5	1,695
20-24	24.1	792	5.9	598	16.3	1,390
25-29	35.4	582	18.4	444	28.1	1,026
30-34	40.7	485	40.2	372	40.5	857
35-39	42.3	401	35.4	271	39.5	672
40-44	36.1	326	39.3	178	37.2	504
45-49	29.5	311	32.1	180	30.4	491
Total age 15-49	26.7	3,778	18.0	2,856	23.0	6,634
Age 50-59	na	na	23.0	290	na	na
Total men age 15-59	na	na	18.4	3,146	na	na

na = Not applicable

¹ HIV positive refers only to individuals infected with HIV-1.

Figure 13.1 HIV Prevalence among Women Age 15-49, Lesotho 2004 and 2009

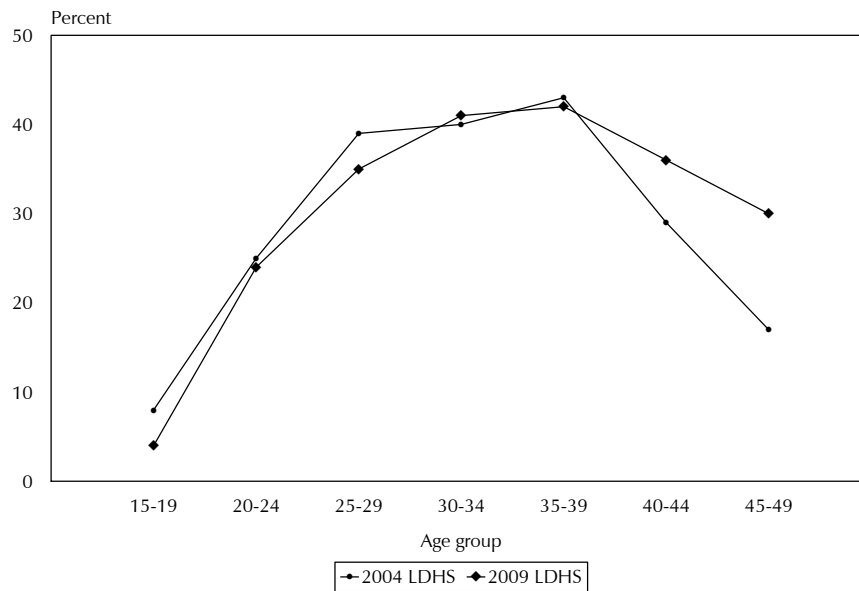
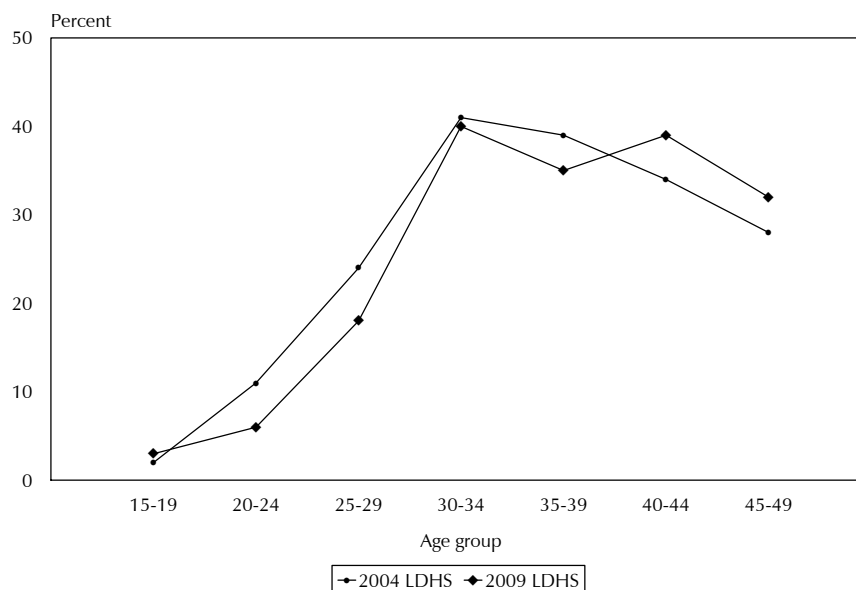


Figure 13.2 HIV Prevalence among Men 15-49, Lesotho 2004 and 2009



13.2.2 HIV Prevalence by Socioeconomic Characteristics

Table 13.4 shows that HIV prevalence for women and men age 15-49 varies by socioeconomic characteristics. HIV prevalence is higher for urban women (31 percent) than rural women (25 percent). Among men, 21 percent in urban areas and 17 percent in rural areas are infected with HIV. Maseru has the highest HIV prevalence among both women and men, while Butha-Buthe has the lowest. Differences across the ecological zones are not large.

Differences in infection levels across educational categories are substantial, but the pattern is very different for women and men. The small number of women with no education has the lowest HIV prevalence, but men with no education have the highest HIV prevalence. One-third of employed women and one-fifth of employed men are HIV infected, compared with 21 percent of women and 9 percent of men who are not employed. HIV prevalence is positively associated with wealth among men and (except for the highest education group) among women.

The variation in HIV levels by religious denomination is not large. Among women, prevalence varies from 25 percent for those in the Lesotho Evangelical Church to 29 percent for those in the Anglican Church, while for men it ranges from 17 percent among Pentecostals to 20 percent among 'other' Christians.

Table 13.4 HIV prevalence by socioeconomic characteristics

Percentage HIV positive among women and men age 15-49 who were tested, by socioeconomic characteristics, Lesotho 2009

Socioeconomic characteristic	Women		Men		Total	
	Percentage HIV positive ¹	Number	Percentage HIV positive ¹	Number	Percentage HIV positive ¹	Number
Residence						
Urban	31.0	1,235	21.4	806	27.2	2,041
Rural	24.6	2,543	16.6	2,050	21.1	4,593
Ecological zone						
Lowlands	27.3	2,333	18.6	1,742	23.6	4,075
Foothills	28.2	356	15.5	315	22.3	671
Mountains	25.2	805	18.2	593	22.2	1,398
Senqu River Valley	24.9	284	16.2	206	21.2	490
District						
Butha-Buthe	20.6	178	10.6	160	15.9	338
Leribe	27.2	669	18.9	473	23.7	1,142
Berea	24.4	500	16.2	429	20.6	928
Maseru	30.9	1,011	20.3	733	26.5	1,744
Mafeteng	24.5	347	18.0	277	21.7	624
Mohale's Hoek	27.1	313	20.1	241	24.1	553
Quthing	26.3	197	15.6	143	21.8	340
Qacha's Nek	26.7	117	16.3	74	22.7	192
Mokhotlong	25.7	182	15.9	130	21.6	312
Thaba-Tseka	21.6	265	18.1	196	20.1	461
Employment (past 12 months)						
Not employed	21.1	2,035	9.4	872	17.6	2,906
Employed	33.3	1,742	21.8	1,985	27.2	3,727
Education						
No education	20.5	44	27.5	322	26.6	367
Primary incomplete	28.7	952	16.8	1,040	22.5	1,992
Primary complete	31.7	836	19.0	358	27.9	1,193
Secondary+	23.8	1,946	16.1	1,137	20.9	3,082
Wealth quintile						
Lowest	20.3	554	16.3	429	18.5	983
Second	26.0	626	17.6	551	22.1	1,177
Middle	27.2	679	17.7	631	22.6	1,310
Fourth	31.7	943	18.1	598	26.4	1,541
Highest	25.7	975	19.7	648	23.3	1,623
Religion						
Roman Catholic Church	27.4	1,647	18.4	1,227	23.5	2,874
Lesotho Evangelical Church	25.1	670	18.0	566	21.8	1,236
Anglican Church	28.5	297	19.1	251	24.2	549
Pentecostal	26.7	885	17.1	524	23.1	1,410
Other Christian	25.7	188	20.2	93	23.9	281
Other	23.9	91	15.3	195	18.0	286
Total age 15-49	26.7	3,778	18.0	2,856	23.0	6,634
Age 50-59	na	na	23.0	290	*	*
Total men age 15-59	na	na	18.4	3,146	*	*

Note: Total includes 1 woman with missing information on employment. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

ANC = Antenatal care

na = Not applicable

¹ HIV positive refers only to individuals infected with HIV-1.

13.2.3 HIV Prevalence by Demographic Characteristics

HIV prevalence is closely related to marital status among both women and men age 15-49 (Table 13.5). As expected, HIV prevalence is high among both widows (60 percent) and widowers (62 percent). Levels are also high among those who are divorced or separated (59 percent for women and 31 percent for men). Among currently married women, HIV prevalence is 26 percent, somewhat lower than the level of 31 percent among currently married men.

Demographic characteristic	Women		Men		Total	
	Percentage HIV positive ¹	Number	Percentage HIV positive ¹	Number	Percentage HIV positive ¹	Number
Marital status						
Never married	15.8	1,302	7.3	1,628	11.1	2,930
Ever had sex	24.7	763	8.3	1,240	14.6	2,003
Never had sex	3.1	539	4.0	388	3.5	927
Married/living together	26.4	2,020	30.7	1,094	27.9	3,114
Divorced/separated	59.2	175	30.8	78	50.5	253
Widowed	59.5	280	62.0	56	59.9	336
Times slept away from home in past 12 months						
None	25.7	1,950	16.4	1,341	21.9	3,291
1-2	25.5	761	17.0	590	21.8	1,351
3-4	27.3	375	18.9	338	23.3	713
5+	30.9	692	22.0	587	26.8	1,279
Time away in past 12 months						
Away for more than one month	28.2	663	17.8	589	23.3	1,252
Away only for less than 1 month	27.7	1,165	20.4	926	24.5	2,092
Not away	25.7	1,950	16.4	1,341	21.9	3,291
Currently pregnant						
Pregnant	17.9	175	na	na	na	na
Not pregnant or not sure	27.2	3,603	na	na	na	na
Antenatal care (ANC) for last birth in the past 3 years						
ANC provided by the public sector	24.7	669	na	na	na	na
ANC provided by other than the public sector	21.6	305	na	na	na	na
No ANC/no birth in past 3 years	27.8	2,803	na	na	na	na
Total age 15-49	26.7	3,778	18.0	2,856	23.0	6,634
Age 50-59	na	na	23.0	290	na	na
Total men age 15-59	na	na	18.4	3,146	na	na

na = Not applicable
¹ HIV positive refers only to individuals infected with HIV-1.

HIV prevalence is lowest for respondents who have never been married (16 percent for women and only 7 percent for men). However, prevalence among women who have ever had sex but have never been married (25 percent) is almost the same as prevalence for currently married women (26 percent).

Four percent of individuals who say they have never had sex are HIV positive. These findings are likely a result of a number of factors, including nonsexual transmission of HIV and reluctance to report sexual activity.

HIV prevalence is lower among women who are currently pregnant (18 percent) than among women who are not pregnant or who are unsure of their pregnancy status (27 percent). HIV prevalence among pregnant women provides a useful benchmark to compare with prevalence in pregnant women tested during sentinel surveillance.

The survey results show that HIV prevalence is positively associated with the number of times that women or men slept away from home in the past 12 months. Among those who have slept away from home, HIV prevalence is similar for those who were away for more than one month and those who were away for shorter periods.

13.2.4 HIV Prevalence by Sexual Behaviour

Table 13.6 shows the prevalence of HIV infection by sexual behaviour indicators among respondents who have ever had sexual intercourse. In reviewing these results, it is important to remember that responses about sexual risk behaviours may be subject to reporting bias. Also, a number of the indicators relate to sexual behaviour in the 12 months preceding the survey, so these indicators may not adequately reflect lifetime sexual risk.

For women, Table 13.6 shows that early sexual debut (younger than age 16) and late sexual debut (at age 20 or higher) are associated with slightly higher HIV prevalence, but prevalence is high among all groups. For men, HIV prevalence increases with the age at sexual debut.

As expected, HIV prevalence increases dramatically with the number of lifetime sexual partners. For women, HIV prevalence is almost four times as high for women with 10 or more lifetime partners as it is for those with only one lifetime partner. For men, the ratio is also substantial (2.6). However, it is notable that HIV prevalence is very high even among those who have had only one lifetime partner (18 percent for women and 13 percent for men). The number of sexual partners in the past 12 months is also strongly related to HIV prevalence at the time of the survey. Another risk factor for HIV is concurrency in sexual partners. Sexually active women and men who have had concurrent sexual partners in the past 12 months are much more likely to be HIV positive than those who have not had a concurrent sexual partner during that period.

Payment for sex is a common risk factor for HIV infection. Men who paid for sex in the past 12 months are much more likely to be HIV positive (31 percent) than men who did not pay for sex during that period (20 percent).

Information was obtained in the 2009 LDHS on the use of condoms during the last sexual encounter in the 12-month period preceding the survey as well as the use of condoms during paid sex. Condoms effectively prevent the transmission of HIV and other STIs. Although this might suggest that HIV prevalence should be lower among condom users, there are a number of factors that may influence the direction of the relationship. For example, condom use may be higher among individuals who are infected because they are seeking to protect an uninfected partner. Also, reported condom use is assumed to be 'correct condom use' when in fact it may be incorrect use, and as a result not a protective mechanism against HIV infection. In fact, men who used a condom during their last sexual intercourse in the past 12 months have almost the same HIV prevalence as men who did not use a condom. However, among the small number of men who reported that they paid for sex in the past 12 months, HIV prevalence was more than twice as high (40 percent) among those who used a condom the last time they had sex as among men who did not use a condom (16 percent).

Table 13.6 HIV prevalence by sexual behaviour

Percentage HIV-positive among women and men age 15-49 who have ever had sex and were tested for HIV, by sexual behaviour, Lesotho 2009

Sexual behaviour	Women		Men		Total	
	Percentage HIV positive ¹	Number	Percentage HIV positive ¹	Number	Percentage HIV positive ¹	Number
Age at first sexual intercourse						
<16	32.3	666	14.5	833	22.4	1,499
16-17	28.5	930	18.8	593	24.8	1,524
18-19	28.8	857	19.2	434	25.6	1,291
20+	33.7	726	29.2	508	31.9	1,234
Number of sexual partners in past 12 months						
0	28.4	418	12.6	287	21.9	705
1	29.8	2,514	20.2	1,488	26.2	4,002
2	39.6	249	24.5	556	29.2	805
3+	*	7	19.1	95	21.8	102
Concurrent sexual partner in past 12 months²						
Yes	37.9	228	25.1	544	28.9	772
No	30.1	3,011	18.8	1,924	25.7	4,935
Condom use at last sexual intercourse in past 12 months						
Used condom	41.8	937	21.1	1,047	30.9	1,984
Did not use condom	(42.8)	20	21.4	1,092	21.8	1,113
No sexual intercourse in past 12 months	26.0	2,281	13.1	329	24.4	2,610
Number of lifetime partners						
1	17.7	1,259	12.7	308	16.7	1,566
2	32.2	847	11.5	389	25.7	1,236
3-4	40.5	792	17.0	643	30.0	1,435
5-9	52.6	239	21.9	573	30.9	811
10+	66.2	48	32.8	411	36.3	459
Paid for sexual intercourse in past 12 months³						
Yes	*	2	31.2	76	30.5	78
Used condom	*	2	40.1	48	38.7	50
Did not use condom	nc	0	(15.7)	28	(15.7)	28
No (No paid sexual intercourse/ no sexual intercourse in past 12 months)	30.7	3,237	19.8	2,392	26.1	5,629
Total age 15-49	30.7	3,239	20.2	2,468	26.1	5,707
Age 50-59	na	na	23.0	290	na	na
Total men age 15-59	na	na	20.5	2,757	na	na

Note: Total includes cases with missing information on age at first sexual intercourse, number of sexual partners in past 12 months, and number of lifetime partners. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

na = Not applicable

nc = No cases

¹ HIV positive refers only to individuals infected with HIV-1.

² Overlapping sexual partnerships during the 12 months before the survey.

³ Includes men who report having a prostitute for at least one of their last three sexual partners in the past 12 months

13.3 HIV PREVALENCE AMONG YOUTH

Generally, cases of HIV infection among youth age 15-24 represent more recent infections and serve as an important indirect measure for assessing trends in incidence. Table 13.7 shows HIV prevalence among youth, according to background factors. Almost one in 10 persons age 15-24 in Lesotho is HIV positive. HIV prevalence is much higher among young women (14 percent) than among young men (4 percent). The higher prevalence among women may be because some younger women are in sexual relationships with older men who are likely to be infected with HIV because they have had a

longer period of exposure. Among women, HIV prevalence rises rapidly, from 3 percent at age 15-17 to 20 percent at age 20-22 and further to 32 percent at age 23-24. There is also an increase with age for men, but HIV prevalence is much lower for men than for women at age 18-24 years. HIV prevalence among men increases from 3 percent at age 15-19 to 4 percent at age 20-22 and to 9 percent at age 23-24.

Table 13.7 HIV prevalence among young people by background characteristics

Percentage HIV-positive among women and men age 15-24 who were tested for HIV, by background characteristics, Lesotho 2009

Background characteristic	Women		Men		Total	
	Percentage HIV positive ¹	Number	Percentage HIV positive ¹	Number	Percentage HIV positive ¹	Number
Age						
15-19	4.1	882	2.9	813	3.5	1,695
15-17	2.7	537	3.0	508	2.8	1,045
18-19	6.3	345	2.7	305	4.6	650
20-24	24.1	792	5.9	598	16.3	1,390
20-22	19.9	507	4.2	389	13.1	896
23-24	31.6	285	9.1	209	22.1	493
Marital status						
Never married	9.2	1,046	3.6	1,271	6.1	2,317
Ever had sex	15.3	533	3.6	904	8.0	1,437
Never had sex	2.9	513	3.5	367	3.1	880
Married/living together	19.0	589	9.5	135	17.2	724
Divorced/separated/widowed	(49.6)	39	*	5	(45.3)	43
Currently pregnant						
Pregnant	11.2	103	na	na	na	na
Not pregnant or not sure	13.8	1,571	na	na	na	na
Residence						
Urban	17.9	482	5.8	356	12.8	837
Rural	11.9	1,192	3.6	1,055	8.0	2,247
Ecological zone						
Lowlands	14.3	1,015	4.7	855	9.9	1,870
Foothills	18.0	163	2.3	173	9.9	336
Mountains	11.0	367	4.0	274	8.0	640
Senqu River Valley	9.7	129	2.9	109	6.6	238
District						
Butha-Buthe	9.3	73	1.3	79	5.1	151
Leribe	15.3	314	5.9	246	11.2	560
Berea	16.8	222	2.8	212	9.9	433
Maseru	16.9	427	5.3	344	11.7	771
Mafeteng	9.2	146	3.6	158	6.3	305
Mohale's Hoek	11.2	144	1.5	117	6.8	261
Quthing	10.8	95	5.5	78	8.4	173
Qacha's Nek	13.1	58	7.1	39	10.7	97
Mokhotlong	7.3	80	1.9	58	5.1	138
Thaba-Tseka	8.7	115	3.9	79	6.7	194
Education						
No education	*	7	6.1	68	6.1	75
Primary incomplete	13.6	352	3.4	541	7.4	893
Primary complete	15.8	317	4.0	156	11.9	473
Secondary+	13.0	998	4.6	645	9.7	1,644
Wealth quintile						
Lowest	9.4	255	4.8	182	7.5	437
Second	12.8	296	1.8	256	7.7	552
Middle	12.8	312	3.1	353	7.7	665
Fourth	17.3	431	3.5	311	11.5	742
Highest	13.5	379	7.5	309	10.8	687
Total	13.6	1,674	4.2	1,411	9.3	3,084

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable
¹ HIV positive refers only to individuals infected with HIV-1.

Young women and men in urban areas have much higher infection rates than those in rural areas. By ecological zone, HIV prevalence among young women ranges from 10 percent in Senqu River Valley to 18 percent in Foothills. The differentials are smaller for men, ranging from 2 percent in Foothills to 5 percent in Lowlands. District differences are also substantial, ranging from 7 percent in Mokhotlong to 17

percent in Maseru and Berea for women and from 1 percent in Butha-Buthe to 7 percent in Qacha's Nek for men.

Young women who are married are twice as likely as those who have never been married to be HIV positive (19 percent and 9 percent, respectively). Never-married women who ever had sex are almost as likely to be HIV positive as married women, but the same pattern is not observed for men. Even among never-married women and men who never had sex, 3 to 4 percent are HIV positive. Differentials by education are relatively small, but differences by wealth status are more pronounced. Women in the highest two wealth quintiles and men in the highest wealth quintile have higher HIV prevalence than those in lower wealth quintiles.

Table 13.8 shows that young women with two sexual partners in the past 12 months have a much higher HIV prevalence (31 percent) than young women with one sexual partner (19 percent) or no sexual partners (11 percent). For young men, there is almost no difference in HIV prevalence by whether or not they used a condom the last time they had sex. HIV prevalence is slightly higher among young women who did not use a condom the first time they had sex (19 percent) than among those who used a condom (17 percent). Concurrency in sexual partnerships is also an important factor in HIV prevalence. Young men and women with concurrent sexual partners in the past 12 months are much more likely than other men and women to have HIV. Young women who used a condom the last time they had sex in the past 12 months are more likely to be HIV positive than those who did not use a condom. For young men, there is almost no difference in HIV prevalence by whether or not they used a condom the last time they had sex. HIV prevalence is slightly higher among young women who did not use a condom the first time they had sex (19 percent) than among those who used a condom (17 percent).

Table 13.8 HIV prevalence among young people by sexual behaviour

Percentage HIV-positive among women and men age 15-24 who have ever had sex and were tested for HIV, by sexual behaviour, Lesotho 2009

Sexual behaviour	Women		Men		Total	
	Percentage HIV positive ¹	Number	Percentage HIV positive ¹	Number	Percentage HIV positive ¹	Number
Number of sexual partners in past 12 months						
0	10.9	185	1.7	177	6.4	362
1	19.1	907	4.2	565	13.4	1,472
2	31.3	62	5.9	244	11.1	306
3+	*	1	7.6	58	7.5	59
Concurrent sexual partner in past 12 months²						
Yes	(29.8)	51	7.2	230	11.3	281
No	17.8	1,109	3.6	814	11.8	1,923
Condom use at first sex						
Used condom	16.9	439	na	na	na	na
Did not use condom	19.4	705	na	na	na	na
Condom use at last sexual intercourse in past 12 months						
Used condom	23.3	370	5.1	517	12.7	887
Did not use condom	17.6	605	4.7	350	12.9	955
No sexual intercourse in past 12 months	10.9	185	1.7	177	6.4	362
Total	18.3	1,160	4.4	1,044	11.7	2,204

Note: Total includes cases with missing information on number of sexual partners in past 12 months and condom use at first sex. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable
¹ HIV positive refers only to individuals infected with HIV-1.
² Overlapping sexual partners in past 12 months.

13.4 HIV PREVALENCE BY OTHER CHARACTERISTICS

13.4.1 HIV Prevalence by Other Characteristics Related to HIV Risk

Table 13.9 presents the variations in HIV prevalence with a number of other characteristics related to HIV risk among women and men who have ever had sex. As expected, women and men with a reported STI or STI symptoms in the past 12 months are substantially more likely to be HIV positive than other women and men. Consumption of alcohol is also strongly related to HIV prevalence for men. Almost one-quarter of men who used alcohol in the past three months or previously are HIV positive, compared with 16 percent of men who never drank alcohol.

Characteristic	Women		Men		Total	
	Percentage HIV positive ¹	Number	Percentage HIV positive ¹	Number	Percentage HIV positive ¹	Number
Sexually transmitted infection in past 12 months						
Had STI or STI symptoms	42.9	471	33.3	338	38.9	809
No STI, no symptoms	28.5	2,754	18.1	2,122	24.0	4,876
Use of alcohol						
In past 3 months	na	na	23.0	1,123	na	na
Ever, not in past 3 months	na	na	23.7	303	na	na
Never drank alcohol	na	na	16.1	1,041	na	na
Prior HIV testing						
Ever tested	30.9	2,420	27.1	1,062	29.7	3,482
Received results	30.7	2,316	26.1	1,013	29.3	3,328
Did not received results	33.8	105	47.6	49	38.2	153
Never tested	30.0	819	15.3	1,297	21.0	2,115
Total	30.7	3,239	20.2	2,468	26.1	5,707

Note: Total includes cases with missing information on sexually transmitted infection in past 12 months and prior HIV testing.
na = Not applicable
¹ HIV positive refers only to individuals infected with HIV-1.

For women, there is almost no relationship between prior HIV testing and current HIV prevalence. For men, however, those who have ever been tested for HIV have much higher HIV prevalence (27 percent) than those who have never been tested (15 percent).

These results indicate that many individuals who are HIV positive have not previously been tested for HIV. Table 13.10 shows that more than a quarter of infected women (26 percent) and more than two in five infected men (41 percent) do not know their HIV status because they have never been tested for HIV. For women, 71 percent of those who are HIV infected have been tested and know the result of their last test, whereas 63 percent of those who are HIV negative have been tested and know the result of their last test. The differences are more pronounced for men: 52 percent of those who are HIV positive know the result of their last test, compared with 35 percent of those who are HIV negative.

Table 13.10 Prior HIV testing by current HIV status

Percent distribution of women and men age 15-49 by HIV testing status prior to the survey, according to whether HIV positive or negative, Lesotho 2009

HIV testing prior to the survey	Women		Men		Total	
	HIV positive ¹	HIV negative	HIV positive ¹	HIV negative	HIV positive ¹	HIV negative
Previously tested, received result of last test	70.8	62.6	51.8	34.7	64.4	49.8
Previously tested, did not receive result of last test	3.5	2.7	4.6	1.3	3.9	2.1
Not previously tested	25.7	34.7	41.0	58.0	30.8	45.4
Missing	0.0	0.0	2.6	6.0	0.9	2.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,010	2,768	514	2,342	1,524	5,110

¹ HIV positive refers only to individuals infected with HIV-1.

13.4.2 HIV Prevalence by Male Circumcision

Circumcision for men has been shown in clinical trials in South Africa, Kenya, and Uganda to have a protective effect against HIV infection (Auvert et al., 2005; Gray et al., 2007; Bailey et al., 2007). The 2009 LDHS obtained information on male circumcision status, and Table 13.11 shows the relationship between HIV prevalence and male circumcision status.

The relationship between male circumcision and HIV levels in Lesotho does not conform to the expected pattern of higher prevalence among uncircumcised men. HIV prevalence is substantially higher among circumcised men age 15-59 (21 percent) than among men age 15-59 who are not circumcised (16 percent). Moreover, the pattern of higher HIV prevalence among circumcised men is the same across a large majority of subgroups for which results are shown in the table. It has been suggested that this finding could be explained in part by the Lesotho custom of conducting male circumcision later in life, when the individuals have already been exposed to the risk of HIV infection. However, Table 13.12 shows that HIV prevalence among circumcised men age 15-59 is actually slightly lower among men who had sex before they were circumcised (20 percent) than among men who were circumcised later (21 percent). Among circumcised men, that relationship is observed in about half of the subgroups shown in Table 13.12, although the differences tend to be small.

Table 13.11 HIV prevalence by male circumcision

Among men age 15-49 who were tested for HIV, the percentage HIV positive by whether circumcised, according to background characteristics, Lesotho 2009

Background characteristic	Circumcised		Not circumcised	
	Percentage HIV positive ¹	Number	Percentage HIV positive ¹	Number
Age				
15-19	2.8	213	2.9	599
20-24	5.1	374	7.3	224
25-29	18.8	277	17.7	168
30-34	39.2	207	41.6	166
35-39	31.2	173	43.0	97
40-44	46.0	115	26.9	63
45-49	35.8	108	26.4	71
Residence				
Urban	23.9	268	20.2	538
Rural	20.0	1,199	11.9	850
Ecological zone				
Lowlands	19.8	747	17.7	995
Foothills	18.6	204	9.8	111
Mountains	23.2	407	7.3	186
Senqu River Valley	21.3	111	10.2	96
District				
Butha-Buthe	13.0	105	5.9	56
Leribe	23.9	271	12.2	202
Berea	17.6	196	15.1	232
Maseru	22.3	260	19.2	473
Mafeteng	17.0	154	19.3	123
Mohale's Hoek	26.1	143	11.4	98
Quthing	17.2	81	13.6	61
Qacha's Nek	16.5	45	16.1	29
Mokhotlong	21.6	82	6.2	47
Thaba-Tseka	23.2	131	7.7	66
Education				
No education	28.3	282	(21.9)	40
Primary incomplete	18.8	663	13.3	376
Primary complete	21.7	180	16.1	177
Secondary+	17.7	342	15.4	795
Person who performed circumcision				
Traditional practitioner/family/friends	20.9	1,330	na	na
Health professional	17.7	134	na	na
Wealth quintile				
Lowest	20.8	317	3.5	111
Second	20.8	351	11.9	200
Middle	21.2	355	13.1	276
Fourth	19.2	260	17.3	338
Highest	21.5	185	19.0	463
Religion				
Roman Catholic Church	21.4	604	15.5	622
Lesotho Evangelical Church	17.7	264	18.2	302
Anglican Church	19.0	124	19.1	127
Pentecostal	21.0	315	11.2	209
Other Christian	31.2	41	(11.6)	52
Other	20.9	119	6.5	76
Total age 15-49	20.7	1,467	15.1	1,388
Age 50-59	19.6	163	27.4	127
Total men age 15-59	20.6	1,630	16.1	1,515

Note: Total includes 4 men with missing information on person who performed circumcision. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

na = Not applicable

¹ HIV positive refers only to individuals infected with HIV-1.

Table 13.12 HIV prevalence by age at first sex and age at circumcision

Among circumcised men age 15-49 who have ever had sex, percent distribution by whether they had their first sex before or after they were circumcised and percentage who are HIV positive by whether they had their first sex at the same age or after they were circumcised, by background characteristics, Lesotho 2009

Background characteristic	All circumcised men				Number of men	Circumcised men who had first sexual intercourse before circumcision		Circumcised men who had first sexual intercourse at the same age or after circumcision	
	Age at first sex before circumcision	Age at first sex the same age or after circumcision	Don't know/missing	Total		HIV positive ¹	Number of men	HIV positive ¹	Number of men
Age									
15-19	55.6	44.4	0.0	100.0	171	2.1	95	5.1	76
20-24	64.6	33.0	2.4	100.0	354	4.2	229	6.1	117
25-29	51.1	45.2	3.7	100.0	274	20.3	140	18.8	124
30-34	49.3	43.8	6.9	100.0	205	38.2	101	35.0	90
35-39	45.4	44.4	10.2	100.0	173	34.4	79	28.8	77
40-44	40.9	48.3	10.7	100.0	114	48.5	47	40.1	55
45-49	26.9	60.0	13.1	100.0	108	(50.2)	29	32.9	65
Residence									
Urban	57.0	38.7	4.3	100.0	265	24.7	151	23.9	102
Rural	50.1	44.2	5.8	100.0	1,136	18.6	569	21.3	502
Ecological zone									
Lowlands	55.6	39.3	5.2	100.0	709	20.9	394	17.8	278
Foothills	50.4	45.0	4.6	100.0	194	14.6	98	21.1	87
Mountains	42.4	50.8	6.8	100.0	389	19.6	165	27.7	198
Senqu River Valley	58.2	37.2	4.6	100.0	108	22.4	63	21.0	40
District									
Butha-Buthe	54.0	41.5	4.5	100.0	100	9.6	54	18.7	41
Leribe	57.7	39.4	2.9	100.0	255	24.9	147	21.8	100
Berea	60.8	33.8	5.4	100.0	189	15.5	115	(19.1)	64
Maseru	50.2	45.3	4.6	100.0	247	21.0	124	25.8	112
Mafeteng	39.5	54.4	6.1	100.0	146	22.3	58	13.0	80
Mohale's Hoek	59.0	36.2	4.8	100.0	140	25.9	82	22.5	51
Quthing	60.9	32.1	7.0	100.0	79	15.3	48	(22.4)	25
Qacha's Nek	47.3	43.7	9.0	100.0	42	17.5	20	19.0	18
Mokhotlong	35.1	54.5	10.3	100.0	78	14.0	27	24.7	42
Thaba-Tseka	35.6	55.8	8.6	100.0	126	19.3	45	27.5	70
Education									
No education	33.0	55.5	11.4	100.0	278	31.8	92	26.8	155
Primary incomplete	51.7	43.2	5.1	100.0	625	17.8	324	20.2	270
Primary complete	57.7	38.6	3.7	100.0	169	18.9	97	24.9	65
Secondary+	63.0	34.8	2.2	100.0	328	18.2	207	16.8	114
Wealth quintile									
Lowest	42.5	50.5	7.1	100.0	301	20.1	128	22.2	152
Second	49.8	45.7	4.5	100.0	334	18.1	167	24.3	153
Middle	53.0	41.1	5.9	100.0	334	21.7	177	19.6	137
Fourth	54.4	41.6	4.0	100.0	251	18.6	137	21.2	105
Highest	62.1	31.8	6.1	100.0	179	20.9	111	19.9	57
Religion									
Roman Catholic Church	52.2	43.3	4.6	100.0	575	19.6	300	23.7	249
Lesotho Evangelical Church	53.9	40.8	5.3	100.0	254	18.5	137	17.1	104
Anglican Church	48.5	41.9	9.6	100.0	119	14.0	58	24.0	50
Pentecostal	48.9	46.9	4.2	100.0	302	19.0	148	23.9	142
Other Christian	47.9	43.9	8.2	100.0	39	(40.0)	19	*	17
Other	52.8	38.4	8.8	100.0	111	26.0	59	10.6	43
Total age 15-49	51.4	43.1	5.5	100.0	1,401	19.9	720	21.8	604
Age 50-59	23.6	60.8	15.6	100.0	163	(20.7)	38	14.1	99
Total men age 15-59	48.5	45.0	6.6	100.0	1,564	19.9	758	20.7	703

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

¹ HIV positive refers only to individuals infected with HIV-1.

13.4.3 HIV Prevalence among Cohabiting Couples

More than 800 couples were tested for HIV in the 2009 LDHS. Results shown in Table 13.13 indicate that, for 65 percent of cohabiting couples, both partners are HIV negative, while for 19 percent of couples, both partners are HIV positive. In 9 percent of couples, the man is HIV positive and the woman is HIV negative, whereas in 7 percent of couples, the woman is HIV positive and the man is HIV negative. Therefore, almost half of couples in which at least one partner is HIV positive have discordant HIV status.

Table 13.13 HIV prevalence among couples						
Percent distribution of couples living in the same household, both of whom were tested for HIV, by HIV status, according to background characteristics, Lesotho 2009						
Background characteristic	Both HIV positive ¹	Man HIV positive ¹ , woman HIV negative	Woman HIV positive ¹ , man HIV negative	Both HIV negative	Total	Number
Woman's age						
15-19	2.1	1.7	5.9	90.3	100.0	59
20-29	20.3	9.3	6.0	64.4	100.0	376
30-39	19.6	13.6	9.6	57.2	100.0	225
40-49	20.5	6.1	8.0	65.5	100.0	172
Man's age						
15-19	*	*	*	*	100.0	7
20-29	9.9	2.5	5.2	82.3	100.0	222
30-39	25.1	14.2	6.6	54.2	100.0	327
40-49	21.6	12.0	12.6	53.8	100.0	174
50-59	15.2	4.1	5.9	74.8	100.0	102
Age difference between partners						
Woman older	*	*	*	*	100.0	25
Same age/man older by 0-4 years	17.5	9.1	5.2	68.2	100.0	367
Man older by 5-9 years	19.5	7.9	8.1	64.2	100.0	318
Man older by 10-14 years	18.2	11.2	6.4	64.2	100.0	87
Man older by 15+ years	(18.5)	(18.6)	(26.2)	(36.7)	100.0	46
Whether had other sexual partners in past 12 months						
Both no	17.9	8.3	7.0	66.8	100.0	607
Man yes, woman no	21.7	10.2	8.5	59.5	100.0	154
Woman yes, man no	(17.4)	(17.3)	(12.3)	(53.0)	100.0	41
Both yes	*	*	*	*	100.0	17
Whether had other concurrent sexual partners in past 12 months						
Both no	18.0	8.5	7.2	66.4	100.0	621
Man yes, woman no	21.8	10.8	9.4	58.1	100.0	151
Woman yes, man no	(17.3)	(17.2)	(12.2)	(53.4)	100.0	41
Both yes	*	*	*	*	100.0	17
Residence						
Urban	23.1	7.2	6.6	63.1	100.0	268
Rural	16.9	10.2	7.7	65.2	100.0	563
Ecological zone						
Lowlands	21.9	8.6	6.9	62.6	100.0	499
Foothills	18.9	8.3	7.8	65.1	100.0	81
Mountains	14.2	10.7	8.9	66.3	100.0	201
Senqu River Valley	7.3	11.3	5.6	75.7	100.0	49

Continued...

Table 13.13—Continued

Background characteristic	Both HIV positive ¹	Man HIV positive ¹ , woman HIV negative	Woman HIV positive ¹ , man HIV negative	Both HIV negative	Total	Number
District						
Butha-Buthe	9.6	5.9	8.7	75.8	100.0	54
Leribe	20.4	10.5	3.2	66.0	100.0	133
Berea	17.2	12.7	10.6	59.6	100.0	118
Maseru	27.0	8.5	8.1	56.4	100.0	236
Mafeteng	19.2	4.1	5.6	71.2	100.0	61
Mohale's Hoek	17.4	8.6	5.4	68.6	100.0	63
Quthing	10.5	9.3	4.9	75.3	100.0	32
Qacha's Nek	5.5	11.5	15.5	67.6	100.0	20
Mokhotlong	12.8	10.6	10.6	66.1	100.0	47
Thaba-Tseka	10.7	9.9	6.6	72.7	100.0	66
Woman's education						
No education	*	*	*	*	100.0	18
Primary incomplete	19.2	7.8	6.8	66.3	100.0	232
Primary complete	17.7	10.3	7.1	64.9	100.0	208
Secondary+	19.8	9.1	8.1	63.0	100.0	372
Man's education						
No education	18.1	12.2	7.8	61.9	100.0	161
Primary incomplete	19.6	8.5	8.5	63.5	100.0	300
Primary complete	15.3	5.9	8.2	70.6	100.0	120
Secondary+	20.2	9.9	5.4	64.5	100.0	250
Wealth quintile						
Lowest	12.0	6.7	5.0	76.4	100.0	154
Second	16.6	12.2	7.4	63.8	100.0	175
Middle	22.0	9.4	5.9	62.6	100.0	137
Fourth	29.1	7.1	6.5	57.2	100.0	173
Highest	15.0	10.4	11.0	63.6	100.0	192
Total	18.9	9.2	7.4	64.5	100.0	831

Note: Table is based on couples for which a valid test result (positive or negative) is available for both partners. Total includes cases with missing information on whether persons had other sexual partners in past 12 months and whether they had other concurrent sexual partners in past 12 months. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Figures in parentheses are based on 25-49 unweighted cases.

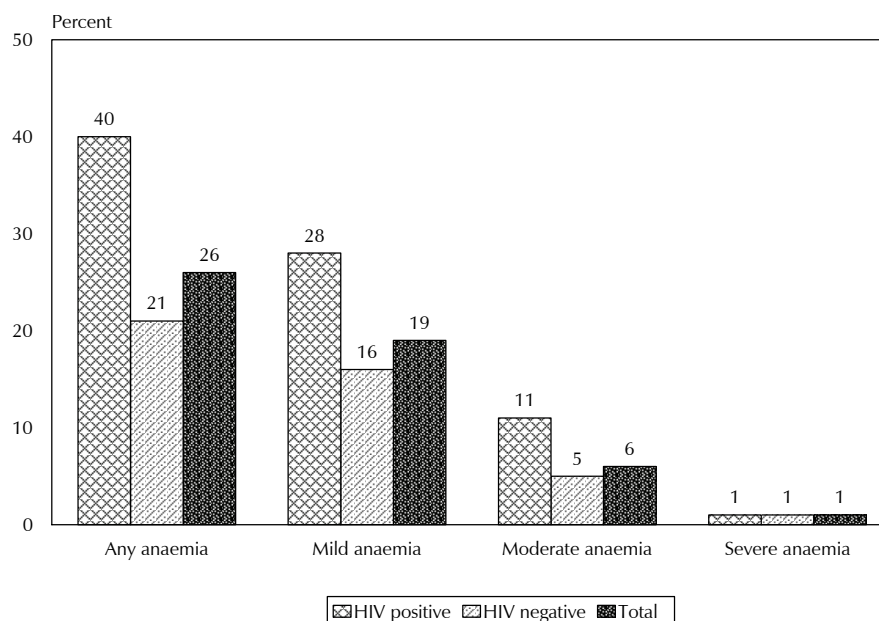
¹ HIV positive refers only to individuals infected with HIV-1.

Discordance is particularly common among couples in which the woman is age 30-39, the man is age 30-49, couples in which the man is much older than the woman, rural couples, couples who have had concurrent sexual partners in the past 12 months, couples in Mountains and Senqu River Valley, those in Berea and Qacha's Nek, and couples in the highest wealth quintile.

13.4.4 HIV Prevalence and Women's Anaemia

Figure 13.3 shows women's anaemia level according to their HIV status. Anaemia prevalence is adjusted for altitude and smoking status, if known, using formulas from the Centres for Disease Control and Prevention (CDC) (1989). Women infected with HIV are almost twice as likely to be anaemic as women who are not infected (40 percent vs. 21 percent). The degree of anaemia varies substantially with the woman's HIV status. For example, 12 percent of HIV-positive women are moderately or severely anaemic, compared with 5 percent of HIV-negative women. Although the types and causes of anaemia were not investigated in the 2009 LDHS, the relationship between anaemia and HIV status is consistent with that between anaemia resulting from chronic disease and HIV status.

Figure 13.3 Anaemia among Women by HIV Status



LDHS 2009

13.4.5 HIV Prevalence and Fertility

HIV infection is assumed to inhibit a woman's fertility. Table 13.14 shows age-specific fertility rates and the total fertility rate (TFR), according to women's HIV status and place of residence. The total fertility rate among HIV-negative women is 3.5 births per woman, 13 percent higher than the rate of 3.1 births among HIV-positive women. Rural HIV-positive women also have a TFR that is about half a child less than rural HIV-negative women. On the other hand, HIV-positive women in urban areas have almost the same TFR as urban HIV-negative women. Considering the age-specific patterns, fertility is higher among HIV-negative women in all but the youngest age group.

Table 13.14 Fertility and HIV status

Age-specific fertility rates and the total fertility rate (TFR), by HIV status and urban-rural residence, Lesotho 2009

Age group	HIV status								
	Positive ¹			Negative			Total		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
15-19	103	174	152	60	99	89	64	105	94
20-24	102	170	142	138	216	192	125	204	177
25-29	129	142	136	107	196	164	116	178	154
30-34	79	113	100	55	190	140	65	158	124
35-39	0	118	69	48	93	76	27	103	73
40-44	23	13	16	6	41	30	11	31	25
45-49	0	4	3	9	7	8	6	6	6
Total fertility rate ²	2.2	3.7	3.1	2.1	4.2	3.5	2.1	3.9	3.3

Note: Rates for age group 45-49 may be slightly biased because of truncation.

¹ HIV positive refers only to individuals infected with HIV.

² Total fertility rate for ages 15-49, expressed per woman

13.5 THE HIV BURDEN IN LESOTHO

An accurate estimation of HIV prevalence is necessary to assess the scope of the AIDS epidemic in Lesotho and to track trends over time. Sentinel surveillance data from ANC clinics and from individuals seeking medical treatment for STIs and other established HIV-associated conditions such as tuberculosis have been the principal source of information on HIV prevalence in Lesotho in the past. With the inclusion of HIV testing in the 2004 and 2009 LDHS, Lesotho has joined many other countries in sub-Saharan Africa in expanding the tools employed to monitor the scope of the AIDS epidemic to include a nationally representative, population-based survey. The seroprevalence data from the LDHS survey will continue to be used to create a more accurate set of assumptions for estimating HIV prevalence from future sentinel surveillance data. Indeed, UNAIDS has made extensive use of population-based surveys to improve the reliability of national HIV estimates because the surveys are more representative geographically than sentinel surveillance data, and the surveys include both women and men (UNAIDS, 2008). The availability of population-based seroprevalence data from the 2004 and 2009 LDHS enhances the body of information available on the HIV epidemic in Lesotho. The lack of improvement in the HIV prevalence rates in the five years between the two LDHS surveys highlights the urgent need to strengthen interventions.

14.1 EMPLOYMENT

Respondents in the 2009 LDHS were asked a number of questions about their employment status at the time of the survey and their continuity of employment in the past 12 months. The measurement of women's employment is not a straightforward task because some types of work they do, especially on family farms, in family businesses, or in the informal sector, are often not perceived as employment by the women themselves and hence are not reported as such. To avoid underestimating women's employment, the LDHS asked women several questions to ascertain their employment status. First, the women were asked, 'Aside from your own housework, are you currently working?' Women who answered 'no' to this question were then asked, 'As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business, or work on the family farm or in the family business. Are you currently doing any of these things or any other work?' Women who answered 'No' to this question were asked, 'Have you done any work in the past 12 months?' Women were considered currently employed if they answered 'Yes' to either of the first two questions. Women who answered 'Yes' to the third question were considered not currently employed even though they had done work in the past 12 months.

Table 14.1 shows that half of currently married women and 85 percent of currently married men age 15-49 are employed. Among women employed in the 12 months before the survey, the majority (67 percent) are paid in cash, although another 27 percent do not receive any payment for their work. About 4 percent of women are paid in kind only. The proportion of men who work for cash is smaller than that for women (60 compared with 67 percent). On the other hand, the proportion of men who receive no pay is higher than that for women (32 and 27 percent, respectively).

Table 14.1 Employment and cash earnings of currently married women
 Percentage of currently married women and men age 15-49 who were employed at any time in the last 12 months and the percent distribution of currently married women and men employed in the last 12 months by type of earnings, according to age, Lesotho 2009

Age	Currently married respondents:		Percent distribution of currently married respondents employed in the past 12 months, by type of earnings				Total	Number
	Percentage employed	Number	Cash only	Cash and in-kind	In-kind only	Not paid		
WOMEN								
15-19	23.3	292	31.9	2.8	9.3	55.9	100.0	68
20-24	39.8	860	63.6	0.8	7.3	28.3	100.0	342
25-29	54.0	857	71.0	1.1	4.2	23.7	100.0	462
30-34	55.7	704	72.3	1.9	1.5	24.3	100.0	393
35-39	54.6	522	69.5	2.6	3.9	24.0	100.0	285
40-44	54.9	429	64.5	3.9	4.0	27.7	100.0	235
45-49	58.6	386	61.5	4.8	2.6	31.0	100.0	226
Total 15-49	49.7	4,049	66.6	2.2	4.1	27.0	100.0	2,011
MEN								
15-19	84.6	*	45.0	0.0	0.0	55.0	100.0	10
20-24	72.6	133	39.8	4.6	8.7	47.0	100.0	96
25-29	82.7	222	58.0	1.0	5.6	35.5	100.0	184
30-34	89.6	286	64.7	2.0	5.9	27.4	100.0	256
35-39	89.5	236	64.6	2.9	3.5	29.0	100.0	211
40-44	87.8	143	64.6	3.1	5.5	26.8	100.0	125
45-49	82.1	137	60.9	2.4	2.9	33.7	100.0	113
Total 15-49	85.2	1,169	60.4	2.4	5.1	32.1	100.0	996
50-59	79.6	247	47.2	3.0	2.4	47.4	100.0	196
Total men 15-59	84.2	1,416	58.2	2.5	4.7	34.6	100.0	1,192

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

There are large variations in the level of employment among women across age groups. Compared with other women, those age 45-49 are more likely to be employed and those age 30-34 are more likely to receive cash payment. For men there is a different pattern—current employment does not vary much by age; however, older men are more likely than younger men to receive cash payment.

14.2 CONTROL OF EARNINGS

14.2.1 Control over Women’s Earnings and Women’s Contribution to Household Expenditures

Employed women who earn cash for their work were asked to specify the main decision maker with regard to the use of their earnings. In addition, they were asked the relative magnitude of their earnings compared with their husband’s or partner’s earnings. This information allows the assessment of a woman’s control over her own earnings. In addition, to assess the relative importance of women’s earnings, respondents were asked to compare their own earnings with those of their husband. This information not only allows an evaluation of the relative importance of women’s earnings in the household economy but also has implications for the empowerment of women. It is expected that employment and earnings are more likely to empower women if they perceive their earnings to be important in meeting the needs of their household.

Table 14.2.1 shows that, overall, 58 percent of women report that they and their husband jointly decide how their earnings are to be spent, and 37 percent report that they are the main decision maker in the allocation of household cash income. Only 5 percent of women report that their husband alone makes the decision on how their earnings are used.

The respondents’ control over the use of their earnings varies by their background characteristics. Women with no children and those who live in urban areas, in the Lowlands, and in Qacha’s Nek more often than other women say that the use of their income is determined jointly with their husband. There is evidence that control over cash income has a positive association with women’s education. Among women with no formal education, 16 percent say that their income is controlled mainly by their husband compared with 8 percent or less for educated women. Women in the middle wealth quintile have more control themselves over their cash income.

Among married women who receive cash earnings, 16 percent have higher income than their husbands, 58 percent have less than their husbands, and 11 percent make about the same income as their husbands. Additionally, 12 percent of women report that their husbands receive no cash income. Older women, women with no children, those who live in Leribe, and those with no education are most likely to say that they receive an income higher than their husband’s income.

Table 14.2.2 shows data on control over men’s earnings from the perspective of the man and of the woman. Among married men age 15-49 who earn cash, 64 percent report that they and their wives decide jointly how their earnings are used, 12 percent report that mainly their wives decide how their cash earnings are to be used, while 24 percent report that mainly they make the decisions about income use. From the perspective of the wife, 63 percent of married women report that they and their husband jointly decide how their earnings are to be spent, with 20 percent reporting that they are the main decision maker in the allocation of their cash income and 16 percent of women reporting that their husband makes the decision on how their earnings are used.

Table 14.2.1 Control over women's cash earnings and relative magnitude of women's earnings: Women

Percent distribution of currently married women age 15-49 who received cash earnings for employment in the 12 months preceding the survey by person who decides how wife's cash earnings are used and by whether she earned more or less than her husband, according to background characteristics, Lesotho 2009

Background characteristic	Person who decides how the wife's cash earnings are used:				Total	Women's cash earnings compared with husband's cash earnings:					Total	Number of women
	Mainly wife	Wife and husband jointly	Mainly husband	Other		More	Less	About the same	Husband/partner has no earnings	Don't know/Missing		
Age												
15-19	*	*	*	*	*	*	*	*	*	*	*	24
20-24	39.7	53.2	6.3	0.8	100.0	18.8	55.7	13.5	8.5	3.5	100.0	220
25-29	33.4	63.1	3.2	0.3	100.0	13.8	64.9	10.1	8.4	2.8	100.0	333
30-34	33.7	60.5	5.6	0.1	100.0	12.8	60.8	12.3	10.3	3.8	100.0	291
35-39	33.1	61.3	5.4	0.2	100.0	17.2	55.5	11.7	12.8	2.9	100.0	206
40-44	42.9	50.0	6.8	0.2	100.0	16.4	54.8	8.6	15.0	5.2	100.0	161
45-49	38.4	57.5	3.3	0.7	100.0	21.5	45.2	10.7	19.5	3.0	100.0	150
Number of living children												
0	27.0	67.4	4.7	0.9	100.0	20.5	59.8	8.4	8.2	3.1	100.0	144
1-2	37.8	57.3	4.4	0.5	100.0	15.2	58.8	13.1	8.6	4.2	100.0	794
3-4	36.6	57.4	5.8	0.3	100.0	15.7	56.5	9.1	15.7	3.0	100.0	343
5+	39.8	51.5	8.4	0.4	100.0	15.8	49.4	7.1	25.2	2.5	100.0	103
Residence												
Urban	35.2	60.6	4.1	0.1	100.0	15.8	60.1	13.5	7.5	3.1	100.0	735
Rural	38.0	54.9	6.2	0.8	100.0	16.2	54.9	8.5	16.1	4.3	100.0	650
Ecological zone												
Lowlands	35.1	60.2	4.4	0.3	100.0	16.4	57.7	11.4	11.2	3.3	100.0	1,090
Foothills	45.8	45.3	7.8	1.2	100.0	8.9	57.0	11.4	15.6	7.2	100.0	77
Mountains	37.7	52.7	9.0	0.6	100.0	16.3	58.2	9.9	12.0	3.7	100.0	153
Senqu River Valley	47.0	47.1	4.0	1.9	100.0	17.0	55.9	8.8	12.2	6.1	100.0	65
District												
Butha-Buthe	34.7	54.5	9.7	1.1	100.0	18.6	58.5	3.3	13.1	6.5	100.0	80
Leribe	40.4	56.2	3.3	0.0	100.0	22.7	45.2	10.4	15.3	6.3	100.0	265
Berea	36.6	57.1	5.3	1.0	100.0	11.9	60.3	17.2	8.6	2.0	100.0	233
Maseru	29.9	65.9	4.1	0.0	100.0	14.0	62.2	11.6	9.9	2.2	100.0	485
Mafeteng	43.3	49.8	6.0	1.0	100.0	12.6	60.4	8.2	16.6	2.2	100.0	96
Mohale's Hoek	51.2	41.3	6.0	1.6	100.0	16.9	64.3	7.1	7.9	3.8	100.0	79
Quthing	49.5	43.4	7.1	0.0	100.0	18.5	53.1	9.1	11.8	7.5	100.0	47
Qacha's Nek	21.7	70.3	6.5	1.5	100.0	14.7	58.4	11.0	8.8	7.2	100.0	23
Mokhotlong	46.5	43.3	10.2	0.0	100.0	13.5	57.6	7.4	17.0	4.5	100.0	36
Thaba-Tseka	32.9	59.8	5.8	1.5	100.0	18.7	53.3	11.5	11.7	4.8	100.0	41
Education												
No education	35.2	48.7	16.1	0.0	100.0	30.2	65.2	0.0	4.6	0.0	100.0	14
Primary incomplete	40.3	50.9	8.0	0.8	100.0	11.8	52.6	13.7	16.0	5.8	100.0	271
Primary complete	40.1	55.2	4.4	0.4	100.0	15.1	56.3	12.0	13.1	3.4	100.0	296
Secondary+	34.0	61.5	4.2	0.4	100.0	17.4	59.7	10.1	9.6	3.1	100.0	803
Wealth quintile												
Lowest	37.1	51.5	10.1	1.2	100.0	18.0	52.5	9.8	13.7	6.0	100.0	82
Second	36.5	49.8	12.2	1.5	100.0	16.9	46.8	11.2	13.4	11.7	100.0	132
Middle	47.3	47.1	5.2	0.5	100.0	18.1	50.9	4.6	23.0	3.4	100.0	174
Fourth	37.3	58.7	3.9	0.1	100.0	15.4	61.5	12.6	7.8	2.8	100.0	405
Highest	32.8	63.3	3.5	0.4	100.0	15.3	60.1	12.2	10.1	2.3	100.0	592
Total	36.5	57.9	5.1	0.5	100.0	16.0	57.6	11.1	11.6	3.7	100.0	1,385

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed

Control over the use of the husband's earnings varies by background characteristics. According to married men, wives who have the most control over their husband's income are those age 20-29, who have 5 or more children, and who live in the Foothills zone or Mokhotlong district. Control over the husband's income declines with increasing education and wealth quintile. For example, 24 percent of women with no education have more say in the allocation of their husband's income compared with only 6 percent of women with secondary or higher education.

There are small differences in the use of their husband's income from the perspective of the woman. However, the patterns differ from those of the husbands. Women are more likely than men to say that they have control over the husband's earnings.

Table 14.2.2 Control over men's cash earnings

Percent distribution of currently married men age 15-49 who receive cash earnings and of currently married women 15-49 whose husbands receive cash earnings, by person who decides how men's cash earnings are used, according to background characteristics, Lesotho 2009

Background characteristic	Men						Women						
	Person who decides how husband's cash earnings are used:						Person who decides how husband's cash earnings are used:						
	Mainly wife	Husband and wife jointly	Mainly husband	Other	Total	Number	Mainly wife	Husband and wife jointly	Mainly husband	Other	Missing	Total	Number
Age													
15-19	0.0	47.9	33.3	18.8	100.0	5	19.5	55.0	18.0	7.5	0.0	100.0	240
20-24	22.9	36.1	39.4	1.7	100.0	43	24.9	58.5	14.5	2.1	0.0	100.0	771
25-29	20.4	61.3	18.3	0.0	100.0	108	19.5	67.9	12.3	0.3	0.0	100.0	771
30-34	10.6	66.5	22.5	0.4	100.0	171	17.3	66.4	16.2	0.1	0.0	100.0	624
35-39	7.8	73.3	18.9	0.0	100.0	143	17.0	67.2	15.3	0.5	0.0	100.0	475
40-44	11.7	57.6	30.0	0.7	100.0	85	19.9	59.8	19.6	0.4	0.2	100.0	386
45-49	5.6	66.5	28.0	0.0	100.0	71	21.4	56.7	20.6	1.3	0.0	100.0	329
Number of living children													
0	5.9	62.9	29.6	1.6	100.0	98	20.1	63.7	12.9	3.3	0.0	100.0	406
1-2	14.3	63.2	22.4	0.2	100.0	353	20.8	62.6	15.3	1.3	0.0	100.0	1,928
3-4	9.0	70.9	20.2	0.0	100.0	133	18.8	64.2	16.3	0.5	0.1	100.0	883
5+	16.7	47.3	34.5	1.5	100.0	41	19.9	59.4	20.0	0.7	0.0	100.0	380
Residence													
Urban	10.9	64.4	24.6	0.0	100.0	316	19.1	66.5	13.9	0.6	0.0	100.0	1,138
Rural	13.1	63.0	23.0	0.9	100.0	309	20.7	61.1	16.6	1.6	0.0	100.0	2,459
Ecological zone													
Lowlands	10.2	65.9	23.9	0.0	100.0	476	19.6	65.5	14.1	0.7	0.0	100.0	2,177
Foothills	20.9	55.7	23.4	0.0	100.0	38	22.9	62.4	12.5	2.1	0.0	100.0	390
Mountains	19.3	56.7	22.4	1.6	100.0	85	20.4	56.5	20.7	2.4	0.0	100.0	771
Senqu River Valley	8.8	58.5	27.3	5.4	100.0	27	19.8	59.1	19.9	1.1	0.0	100.0	259
District													
Butha-Buthe	14.3	69.0	16.7	0.0	100.0	37	20.6	57.5	20.4	1.4	0.0	100.0	203
Leribe	13.6	51.9	34.5	0.0	100.0	117	24.8	57.8	15.7	1.7	0.0	100.0	671
Berea	7.8	72.7	19.6	0.0	100.0	106	15.4	70.4	13.8	0.3	0.2	100.0	472
Maseru	9.7	69.5	20.8	0.0	100.0	203	15.4	71.4	12.4	0.9	0.0	100.0	930
Mafeteng	14.3	60.7	24.9	0.0	100.0	37	25.8	60.2	13.8	0.3	0.0	100.0	331
Mohale's Hoek	22.9	57.8	17.1	2.3	100.0	39	23.0	61.7	13.4	1.8	0.0	100.0	303
Quthing	11.2	42.1	40.9	5.8	100.0	23	24.4	49.1	22.6	3.9	0.0	100.0	162
Qacha's Nek	3.8	77.8	18.4	0.0	100.0	14	15.1	62.6	21.9	0.4	0.0	100.0	98
Mokhotlong	24.9	48.3	26.8	0.0	100.0	20	29.1	44.3	23.3	3.3	0.0	100.0	156
Thaba-Tseka	12.1	64.1	21.9	2.0	100.0	31	17.3	59.4	22.1	1.2	0.0	100.0	271
Education													
No education	24.4	48.2	26.6	0.9	100.0	67	23.0	56.3	19.6	1.2	0.0	100.0	54
Primary incomplete	20.9	55.6	22.2	1.3	100.0	169	23.8	54.8	19.6	1.8	0.0	100.0	937
Primary complete	6.7	78.6	14.7	0.0	100.0	101	20.5	62.2	15.8	1.5	0.1	100.0	953
Secondary+	5.8	66.9	27.3	0.0	100.0	288	17.8	67.9	13.4	0.8	0.0	100.0	1,653
Wealth quintile													
Lowest	19.5	57.0	20.8	2.7	100.0	44	21.0	55.3	21.0	2.7	0.0	100.0	542
Second	19.7	59.2	19.0	2.1	100.0	74	22.9	58.2	16.6	2.1	0.1	100.0	587
Middle	15.6	51.3	33.1	0.0	100.0	87	23.0	60.1	15.6	1.3	0.0	100.0	613
Fourth	14.5	61.2	24.3	0.0	100.0	182	17.9	65.4	16.0	0.7	0.0	100.0	912
Highest	5.0	72.9	22.1	0.0	100.0	238	18.3	69.2	12.1	0.4	0.0	100.0	943
Total 15-49	12.0	63.7	23.8	0.4	100.0	626	20.2	62.8	15.8	1.3	0.0	100.0	3,596
50-59	10.4	54.5	35.1	0.0	100.0	99	na	na	na	na	na	na	na
Total men 15-59	11.8	62.5	25.4	0.4	100.0	724	na	na	na	na	na	na	na

na = Not applicable

14.2.2 Control over Own Earnings and Husband's Earnings

Table 14.3 looks at control over men's and women's cash earnings from the perspective of the man and of the woman, taking into account the wife's income in comparison with her husband's. Regardless of whether the wife's income is more, the same, or less than her husband's, the majority of women say that the decisions on the use of their income are made jointly (54 to 76 percent). It is interesting to note that joint decision-making is highest when the husband has no cash income.

With regard to the husband's income, women who receive higher pay than their husbands have more say in the use of income (27 percent) than women with the same or less pay (19 percent). However, 23 percent of women who do not receive any cash earnings mainly decide how their husband's cash earnings are to be used.

Table 14.3 Women's control over her own earnings and over those of her husband

Percent distributions of currently married women age 15-49 with cash earnings in the past 12 months by person who decides how the woman's cash earnings are used and of currently married women age 15-49 whose husbands have cash earnings by person who decides how the husband's cash earnings are used, according to the relation between woman's and husband's cash earnings, Lesotho 2009

Women's earnings relative to husband's earnings	Person who decides how the wife's cash earnings are used:				Total	Number	Person who decides how husband's cash earnings are used:					Total	Number of women
	Mainly wife	Wife and husband jointly	Mainly husband	Other			Mainly wife	Wife and husband jointly	Mainly husband	Other	Missing		
More than husband/partner	38.4	56.9	3.9	0.8	100.0	221	27.4	57.7	13.3	1.6	0.0	100.0	219
Less than husband/partner	39.6	53.9	6.2	0.3	100.0	798	18.5	67.3	14.1	0.1	0.0	100.0	791
Same as husband/partner	30.6	64.6	4.7	0.0	100.0	154	19.1	68.9	12.0	0.0	0.0	100.0	153
Husband/ partner has no cash earnings/did not work	21.1	75.6	2.2	1.1	100.0	160	na	na	na	na	na	0.0	0
Woman has no cash earnings	na	na	na	na	0.0	0	23.0	59.4	17.0	0.5	0.0	100.0	531
Woman did not work in past 12 months	na	na	na	na	0.0	0	19.2	62.8	16.2	1.7	0.0	100.0	1,853
Don't know/missing	46.2	50.4	2.5	0.8	100.0	51	22.2	28.9	35.8	13.1	0.0	100.0	49
Total	36.5	57.9	5.1	0.5	100.0	1,385	20.2	62.8	15.8	1.3	0.0	100.0	3,596

na = Not applicable

¹ Excludes cases where a woman or her husband/partner has no earnings and includes cases where a woman does not know whether she earned more or less than her husband/partner

14.3 WOMEN'S EMPOWERMENT

To assess women's decision-making autonomy, the 2009 LDHS collected information on women's participation in four different types of decisions: on the respondent's own health care, on making large household purchases, on making household purchases for daily needs, and on visits to family, friends, or relatives. The table shows the percent distribution of women according to the person in the household who usually makes the decisions concerning these matters. The ability of women to make decisions that affect the circumstances of their own lives is an essential aspect of empowerment.

14.3.1 Women's Participation in Decision-Making

Table 14.4.1 shows that for two of the four decisions (household purchases for daily needs and the woman's own health care), women are the main decision-makers. Decisions on visits to the woman's family or relatives are made almost equally by herself (32 percent), jointly with her husband (34 percent), and mainly by her husband (29 percent). Decisions on large household purchases are most likely to be made by the respondent jointly with her husband (63 percent).

Decision	Mainly wife	Wife and husband jointly	Mainly husband	Someone else	Other	Missing	Total	Number of women
Own health care	44.1	38.4	14.9	2.4	0.2	0.0	100.0	4,049
Major household purchases	15.1	63.1	17.4	3.4	0.9	0.0	100.0	4,049
Purchases of daily household needs	73.8	17.9	4.3	3.5	0.5	0.0	100.0	4,049
Visits to her family or relatives	31.9	34.3	28.7	4.5	0.5	0.0	100.0	4,049

Table 14.4.2 shows that most men confirm their wife's statement that decisions on large household purchases are made jointly (61 percent) and that decisions on purchases of daily household needs are mainly made by the wife (71 percent). However, more men than women say that visits to the wife's family or relatives are made jointly (49 percent compared with 34 percent).

Decision	Wife	Wife and husband equally	Husband	Don't know/depends	Total	Number of men
Major household purchases	18.4	60.5	20.7	0.3	100.0	626
Purchases of daily household needs	71.2	19.1	8.2	1.4	100.0	626
Visits to wife's family or relatives	13.0	49.0	35.7	2.3	100.0	626
What to do with the money wife earns	16.5	64.7	17.4	1.4	100.0	626
How many children to have	3.4	73.4	22.8	0.4	100.0	626

Table 14.5.1 and Figure 14.1 show that more than half (53 percent) of women have a say in all four areas of decision-making. Few women have no say at all in any of the specified areas (3 percent). Women age 15-19 are the least likely to participate in household decisions. Participation in all household decisions increases with the woman's age and wealth quintile. Women who are employed for cash, live in urban areas, and live in Maseru are most likely to participate in all decisions.

Table 14.5.1 Women's participation in decision-making by background characteristics

Percentage of currently married women age 15-49 who usually make specific decisions either by themselves or jointly with their husband, by background characteristics, Lesotho 2009

Background characteristic	Own health care	Making major household purchases	Making purchases for daily household needs	Visits to her family or relatives	Percentage who participate in all four decisions	Percentage who participate in none of the four decisions	Number of women
Age							
15-19	64.9	58.9	69.6	35.1	26.1	17.5	292
20-24	79.1	73.6	88.5	57.4	42.8	4.0	860
25-29	83.0	82.7	93.9	64.9	52.6	1.2	857
30-34	88.5	83.6	97.4	72.3	60.9	1.1	704
35-39	87.7	81.0	94.8	76.8	59.5	1.1	522
40-44	83.0	76.7	93.0	77.0	58.5	2.4	429
45-49	83.7	81.3	94.7	74.4	62.2	2.5	386
Employment (past 12 months)							
Not employed	81.1	74.5	89.9	63.9	49.8	4.4	2,037
Employed for cash	88.1	85.6	94.6	75.3	62.3	0.8	1,385
Employed not for cash	74.8	74.4	91.4	53.5	39.5	4.4	627
Number of living children							
0	77.9	73.5	84.5	54.5	43.4	6.7	461
1-2	83.0	79.1	91.3	65.2	52.4	3.2	2,131
3-4	84.5	80.5	95.2	73.0	56.9	1.4	1,007
5+	80.5	73.8	93.4	67.5	52.6	3.8	450
Residence							
Urban	89.2	84.7	94.4	76.8	65.0	1.6	1,216
Rural	79.7	75.4	90.6	61.6	47.1	3.9	2,833
Ecological zone							
Lowlands	87.6	82.4	92.9	72.1	59.1	2.1	2,405
Foothills	82.8	76.0	91.6	67.3	52.9	4.4	451
Mountains	70.6	70.4	89.6	52.2	38.1	5.2	906
Senqu River Valley	76.8	71.6	88.7	58.9	41.9	4.2	287
District							
Butha-Buthe	78.6	75.6	92.6	66.1	49.7	2.1	225
Leribe	84.6	74.7	89.8	70.0	51.9	3.1	745
Berea	88.6	84.5	92.9	70.4	58.1	1.6	543
Maseru	87.9	85.4	93.2	71.7	62.9	2.9	1,030
Mafeteng	84.1	77.7	92.3	71.0	57.8	3.8	364
Mohale's Hoek	76.2	70.5	90.4	56.5	41.3	5.2	335
Quthing	72.8	69.7	84.9	58.5	43.8	7.6	179
Qacha's Nek	86.4	83.1	94.2	73.1	57.5	1.2	108
Mokhotlong	65.0	71.0	93.5	49.2	32.9	3.0	209
Thaba-Tseka	72.8	70.8	91.1	49.6	33.9	3.3	311
Education							
No education	68.3	66.1	86.6	69.1	45.5	6.4	58
Primary incomplete	73.7	72.7	90.9	57.0	41.4	4.5	1,086
Primary complete	81.5	77.4	91.1	65.5	51.3	4.2	1,088
Secondary+	88.8	82.4	92.8	72.0	60.0	1.7	1,817
Wealth quintile							
Lowest	71.1	69.7	89.5	53.5	36.6	4.4	658
Second	73.7	73.5	89.4	56.5	41.8	5.3	687
Middle	83.5	77.2	91.2	63.2	49.7	3.5	713
Fourth	86.0	80.6	92.5	69.3	55.8	2.1	966
Highest	91.8	85.4	94.3	79.9	68.7	1.8	1,025
Total	82.5	78.2	91.7	66.2	52.5	3.2	4,049

Note: Total includes 1 woman with information missing on employment in the past 12 months

Participation in decision-making is more common among women in the Lowlands zone than in the Mountains zone (59 percent and 38 percent, respectively). Higher education and wealth status is related to increased decision-making power. For example, 37 percent of women in the poorest households participate in the household decision-making process compared with 69 percent of women in the richest households.

Figure 14.1 Number of Household Decisions in Which Currently Married Women Participate

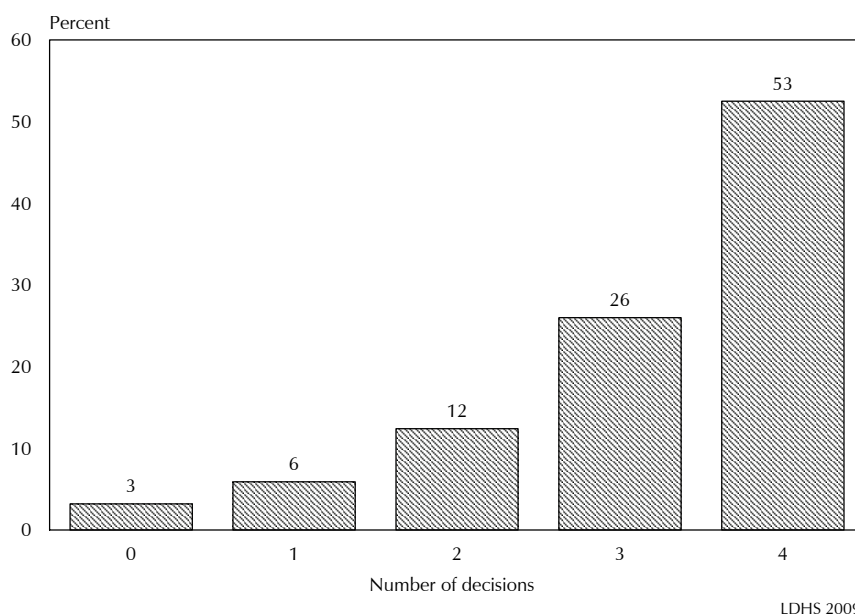


Table 14.5.2 shows that, for all decisions, men are less likely to think that women should have the greater say alone or equal say with them on the five specific decisions. For example, 78 percent of women say that they mainly make decisions on major household purchases; only 51 percent of men age 15-59 think that women should have the final say on this decision. Similarly, while 53 percent of women say that they participate in all specific decisions, the corresponding figure for men is only 29 percent.

Table 14.5.2 Men's attitude towards wives' participation in decision-making

Percentage of currently married men age 15-49 who think a wife should have the greater say alone or equal say with her husband on five specific kinds of decisions, by background characteristics, Lesotho 2009

Background characteristic	Making major household purchases	Making purchases for daily household needs	Visits to her family or relatives	What to do with the money the wife earns	How many children to have	All five decisions	None of the five decisions	Number of men
Age								
15-19	*	*	*	*	*	*	*	12
20-24	43.5	50.4	31.0	46.6	41.6	19.7	42.8	133
25-29	50.4	60.5	32.0	54.7	47.4	24.9	36.3	222
30-34	54.3	63.3	48.9	53.6	55.0	32.9	31.4	286
35-39	56.5	66.2	52.5	58.2	57.0	38.7	29.5	236
40-44	52.7	61.3	42.3	61.3	49.3	27.7	33.8	143
45-49	51.6	62.0	41.9	55.3	52.8	30.2	34.2	137
Employment (past 12 months)								
Not employed	66.0	87.5	62.4	77.8	69.9	43.0	6.0	172
Employed for cash	78.9	90.4	62.1	81.2	76.8	44.0	2.6	626
Employed not for cash	0.0	0.0	0.0	0.0	0.0	0.0	100.0	370
Number of living children								
0	50.7	69.5	44.6	60.9	54.9	29.5	24.9	178
1-2	54.2	60.8	43.3	55.5	53.1	30.9	34.1	624
3-4	52.0	59.5	44.2	55.4	49.1	31.7	35.8	270
5+	39.5	53.7	27.5	39.0	40.7	18.8	45.3	97
Residence								
Urban	68.9	77.4	62.2	75.4	72.0	42.5	13.4	384
Rural	43.7	53.3	32.8	44.9	41.4	23.7	44.1	785
Ecological zone								
Lowlands	63.4	73.2	54.8	68.6	62.5	37.7	20.4	692
Foothills	40.5	48.6	27.5	42.8	39.0	22.3	49.8	112
Mountains	32.5	40.3	22.4	29.9	32.1	16.2	57.4	298
Senqu River Valley	39.7	51.9	29.0	44.6	44.4	22.2	44.8	68
District								
Butha-Buthe	54.2	66.8	40.9	58.2	51.0	33.3	31.1	70
Leribe	55.6	70.3	52.2	62.2	58.5	29.3	24.1	206
Berea	63.8	71.7	48.1	69.6	61.1	38.0	23.7	164
Maseru	60.1	67.1	53.3	64.4	58.4	37.7	25.2	305
Mafeteng	47.0	51.6	35.8	43.0	44.4	27.8	44.9	82
Mohale's Hoek	31.4	48.2	17.2	35.2	38.0	11.5	51.4	95
Quthing	43.5	54.9	30.6	41.6	36.9	23.8	39.2	45
Qacha's Nek	66.6	72.3	62.1	64.5	67.2	49.9	24.4	33
Mokhotlong	37.8	41.2	22.3	35.7	37.5	18.0	56.9	60
Thaba-Tseka	31.5	37.3	22.6	29.5	29.9	15.4	60.0	108
Education								
No education	32.2	41.0	19.8	31.3	29.2	12.8	56.9	204
Primary incomplete	46.9	54.3	34.1	45.5	39.6	22.6	40.9	409
Primary complete	55.0	71.5	46.5	65.4	60.0	34.0	26.2	167
Secondary+	66.4	74.7	61.2	72.6	71.7	44.7	18.2	389
Wealth quintile								
Lowest	25.7	34.4	20.6	29.2	27.3	13.9	63.7	209
Second	40.4	50.6	23.8	38.7	32.5	16.6	47.3	228
Middle	47.8	59.2	32.7	49.7	44.7	21.9	35.1	199
Fourth	60.7	69.3	54.7	65.8	64.0	33.7	23.5	259
Highest	76.4	84.4	69.8	81.4	78.4	55.1	9.6	275
Total 15-49	52.0	61.2	42.4	54.9	51.4	29.9	34.0	1,169
50-59	46.1	52.8	35.3	48.1	42.1	25.3	43.9	247
Total men 15-59	50.9	59.8	41.2	53.7	49.8	29.1	35.8	1,416

Note: Total includes one man with information missing on employment in the past 12 months. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

14.3.2 Attitudes towards Wife Beating

Violence against women is an area that is increasingly recognised as affecting women's health and autonomy. Violence against women has serious consequences for their mental and physical well-being, including their reproductive and sexual health (World Health Organisation, 1999). If violence against women is tolerated and accepted in a society, its eradication becomes more difficult. To gauge the acceptability of domestic violence, women and men interviewed in the 2009 LDHS were asked whether they thought a husband would be justified in hitting or beating his wife in each of the following five situations: if she burns the food, if she argues with him, if she goes out without telling him, if she neglects the children, and if she refuses to have sexual relations with him.

Tables 14.6.1 and 14.6.2 show that many women and men find wife beating to be justified in certain circumstances. Thirty-seven percent of women and 48 percent of men agree that at least one of these factors is sufficient justification for wife beating. The most widely accepted reasons for wife beating are arguing with the husband (27 percent of women and 34 percent of men) and neglecting the children (24 percent of women and 31 percent of men). Going out without informing the husband is another justifiable reason for beating (14 percent of women and 24 percent of men). The proportion of men who feel that denying sex to the husband is a justification for wife beating is only slightly higher than that of women (15 percent and 13 percent, respectively).

The tables also show that attitudes towards wife beating vary by background characteristics. Acceptance of wife beating for at least one of the specified reasons in general is higher among younger women and men who are under age 25 than among older individuals. Urban women are much less likely than rural residents to accept wife beating (26 percent compared with 43 percent).

The proportion of women who accept wife beating for at least one of the specified reasons ranges from 30 percent in Maseru to 54 percent in Mokhotlong and Thaba-Tseka. Among men, the proportion is between 41 percent in Maseru and 58 percent for men in Thaba-Tseka and Quthing. Acceptance of wife beating declines as the level of education and wealth increases.

Table 14.6.1 Attitude toward wife beating: Women

Percentage of all women age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Lesotho 2009

Background characteristic	Husband is justified in hitting or beating his wife if she:					Percentage who agree with at least one specified reason	Number
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him		
Age							
15-19	8.3	34.7	18.0	32.2	12.5	47.6	1,785
20-24	7.2	28.0	14.7	23.7	11.6	38.5	1,552
25-29	4.1	26.2	12.6	20.2	11.2	34.2	1,244
30-34	4.7	24.1	10.6	17.9	11.8	29.9	983
35-39	5.0	20.3	11.7	20.2	12.0	30.1	763
40-44	5.6	25.5	13.8	18.7	16.5	34.0	656
45-49	7.1	23.8	14.7	24.0	15.6	32.6	641
Employment (past 12 months)							
Not employed	6.5	29.9	15.1	26.2	13.4	40.5	4,077
Employed for cash	4.4	20.8	10.9	17.9	9.3	29.2	2,563
Employed not for cash	9.9	34.4	19.4	27.8	18.0	43.5	983
Marital status							
Never married	6.9	27.0	13.3	26.0	9.1	39.1	2,618
Married or living together	5.6	28.0	15.5	22.6	14.6	36.5	4,049
Divorced/separated/widowed	7.1	26.3	11.2	21.3	13.5	34.2	957
Number of living children							
0	6.7	28.5	14.0	26.3	9.9	40.2	2,627
1-2	5.1	25.7	13.6	21.1	12.0	34.3	3,063
3-4	6.2	27.0	12.6	20.9	14.3	34.5	1,347
5+	10.4	32.6	21.9	30.8	23.7	43.7	587
Residence							
Urban	2.6	17.7	7.8	16.2	5.1	25.7	2,573
Rural	8.1	32.4	17.5	27.4	16.4	42.9	5,051
Ecological zone							
Lowlands	4.0	22.4	10.4	20.1	8.7	32.0	4,798
Foothills	7.7	32.5	16.6	25.2	19.1	41.4	725
Mountains	11.6	40.5	24.7	33.5	20.8	50.1	1,544
Senqu River Valley	8.7	28.4	15.3	25.0	14.5	39.0	556
District							
Butha-Buthe	4.4	29.8	12.4	23.1	15.7	38.6	357
Leribe	5.0	27.2	13.1	25.1	13.5	37.4	1,359
Berea	5.4	23.1	10.4	19.8	9.9	31.2	1,122
Maseru	3.5	19.7	9.9	17.4	7.0	29.8	2,036
Mafeteng	7.6	31.1	17.0	28.5	16.4	42.7	682
Mohale's Hoek	10.8	33.3	16.2	27.0	12.4	41.7	599
Quthing	6.7	30.6	15.2	25.3	17.2	39.6	379
Qacha's Nek	5.4	20.1	10.5	17.4	10.2	27.3	219
Mokhotlong	10.3	45.4	28.4	38.1	21.9	54.2	356
Thaba-Tseka	13.9	42.9	28.9	34.1	21.9	54.4	515
Education							
No education	14.4	37.9	24.8	31.7	31.5	44.6	93
Primary incomplete	11.4	42.4	25.2	34.1	22.6	53.0	1,810
Primary complete	7.1	30.7	15.8	24.6	15.6	40.2	1,741
Secondary+	3.3	18.9	8.3	18.2	6.3	28.4	3,979
Wealth quintile							
Lowest	13.8	45.5	26.9	36.2	25.3	55.4	1,073
Second	10.5	37.1	22.1	31.1	20.1	47.5	1,190
Middle	7.0	30.1	15.2	26.9	14.9	41.4	1,325
Fourth	3.2	22.4	9.6	19.7	7.8	32.9	1,900
Highest	2.4	15.8	7.0	14.6	4.9	23.1	2,136
Total	6.3	27.4	14.2	23.6	12.6	37.1	7,624

Note: Total includes 1 man with information missing on employment in the past 12 months.

Table 14.6.2 Attitude toward wife beating: Men

Percentage of all men age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Lesotho 2009

Background characteristic	Husband is justified in hitting or beating his wife if she:					Percentage who agree with at least one specified reason	Number
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him		
Age							
15-19	11.2	38.5	25.0	34.9	16.7	54.2	835
20-24	10.0	36.7	22.4	32.4	14.4	49.6	634
25-29	6.5	34.9	23.8	30.2	17.3	48.2	463
30-34	5.2	28.7	24.3	26.6	10.1	42.2	396
35-39	4.1	29.4	21.5	27.5	16.2	44.1	290
40-44	7.1	32.0	25.1	30.9	21.2	46.1	196
45-49	4.5	25.4	22.1	25.5	12.9	40.8	193
Employment (past 12 months)							
Not employed	8.9	35.9	20.7	30.1	14.6	47.4	919
Employed for cash	6.4	29.2	21.1	26.9	12.9	44.1	1,135
Employed not for cash	9.3	38.4	29.5	36.7	19.2	54.4	952
Marital status							
Never married	9.6	35.9	22.1	31.9	15.6	50.2	1,691
Married or living together	5.8	31.6	25.3	29.3	15.2	45.3	1,169
Divorced/separated/widowed	7.4	34.5	28.4	34.0	14.8	50.9	148
Number of living children							
0	9.6	36.0	22.7	31.9	16.0	49.9	1,864
1-2	5.1	29.8	24.4	28.2	13.2	44.7	737
3-4	5.7	33.9	24.3	28.0	15.5	45.4	297
5+	7.2	32.2	33.8	41.3	21.2	54.5	110
Residence							
Urban	3.5	24.9	17.3	24.1	8.6	37.0	845
Rural	9.8	37.7	26.1	33.6	18.1	52.8	2,162
Ecological zone							
Lowlands	6.2	31.7	20.2	27.8	12.8	43.9	1,850
Foothills	9.4	40.1	27.8	35.1	19.9	57.4	319
Mountains	11.8	38.1	31.0	38.3	21.3	56.5	621
Senqu River Valley	11.4	35.0	25.6	31.3	14.3	49.9	217
District							
Butha-Buthe	6.9	34.4	16.2	29.5	16.2	48.7	168
Leribe	6.0	34.9	22.7	29.0	13.4	46.8	498
Berea	5.4	35.0	25.0	29.3	17.7	49.9	451
Maseru	5.1	28.4	19.2	25.6	13.5	40.6	773
Mafeteng	13.0	41.6	27.1	38.0	16.6	55.9	295
Mohale's Hoek	15.6	33.1	24.3	35.2	13.6	50.2	250
Quthing	10.1	40.5	30.5	40.5	18.8	58.3	150
Qacha's Nek	8.4	20.7	17.5	25.5	14.4	38.8	79
Mokhotlong	7.7	38.3	25.9	35.3	12.9	52.4	137
Thaba-Tseka	13.3	40.0	35.6	37.7	22.0	58.3	206
Education							
No education	9.5	39.1	33.6	38.1	21.2	57.2	336
Primary incomplete	11.4	41.1	29.2	37.4	20.6	57.6	1,095
Primary complete	10.4	35.2	24.4	32.5	15.3	48.3	372
Secondary+	3.9	26.1	15.6	22.7	9.2	37.5	1,205
Wealth quintile							
Lowest	12.1	40.0	32.7	39.5	23.6	58.6	443
Second	8.5	36.2	25.9	31.6	18.3	51.7	575
Middle	11.4	41.6	25.1	34.6	18.3	55.4	666
Fourth	6.5	33.8	24.0	32.1	12.8	47.6	640
Highest	3.2	21.6	14.2	20.3	7.4	32.8	684
Total 15-49	8.0	34.1	23.6	31.0	15.4	48.4	3,008
50-59	9.8	31.2	26.3	30.2	18.5	43.0	309
Total men 15-59	8.2	33.9	23.9	30.9	15.7	47.9	3,317

Note: Total includes 1 man with information missing on employment in the past 12 months

14.3.3 Attitudes toward Refusing Sexual Intercourse with Husband

The extent of control women have over matters such as when and with whom they have sex has important implications for demographic and health outcomes, such as transmission of HIV and other sexually transmitted infections. To measure beliefs about sexual empowerment of women, the 2009 LDHS asked all respondents whether they think a wife is justified in refusing to have sex with her husband in the following circumstances: when she knows that her husband has a sexually transmitted disease, when she knows that her husband has sex with other women, when she has recently given birth, and when she is tired or not in the mood.

Table 14.7.1 shows that 35 percent of women believe that a wife is justified in refusing sex with her husband for all three of the specified reasons, but 15 percent of women agree with none of the specified reasons. Women are most likely to agree with a woman's right to refuse sex with her husband if she knows that her husband has sexual intercourse with other women (74 percent). Six in 10 women agree that a wife has a right to refuse sex if she is tired or not in the mood, and 52 percent say that a wife can refuse sex with her husband if the husband has a sexually transmitted disease.

Justification for a wife refusing to have sex with her husband does not vary much by background characteristics, except for education and wealth status. Better-educated women and women from the richest households are more likely than other women to agree with all possible reasons for a wife to refuse sex with her husband.

Male respondents in the 2009 LDHS were asked whether a wife is justified to refuse sexual intercourse with her husband if she knows that the husband has a sexually transmitted disease, if she is tired or not in the mood, or if she knows that her husband has sexual intercourse with other women. There are only small variations across subgroups of men, except in the case of education and wealth. Better educated men and men in the richer households are more likely than other men to agree that a wife is justified to refuse sex with her husband for all the specified reasons.

Male respondents in the 2009 LDHS were further asked whether they thought that a husband had the right to take specific actions if his wife refused to have sex with him. The specified actions were to get angry and reprimand her, to refuse to give her money or other means of financial support, to use force and have sex with her even if she does not want to, and to have sex with another woman. Table 14.7.3 presents the results.

The data show that 63 percent of the men age 15-49 think that the husband has the right to get angry and reprimand his wife if she refuses to have sex with him. Twenty-six percent of men think that a husband has the right to refuse giving money or other means of financial support to his wife if she refuses to have sex, and 29 percent think that a husband has the right to have sex with another woman if the wife refuses to have sex with him. Sixteen percent of men believe that a husband has the right to use force to have sex with his wife if she refuses to have sex with him.

Overall, 28 percent of men disagree with all the specified reasons for a husband to take action if a wife refuses to have sex with her husband. This proportion is higher among men who are not employed, men who have no living children, and men who live in urban areas and in Qacha's Nek district. Disagreement with the husband's action in retaliation for a wife's refusal to have sex with her husband increases with increasing education and wealth.

Table 14.7.1 Attitude toward refusing sexual intercourse with husband: Women

Percentage of all women age 15-49 who believe that a wife is justified in refusing to have sexual intercourse with her husband in specific circumstances, by background characteristics, Lesotho 2009

Background characteristic	Wife is justified in refusing intercourse with her husband if she:			Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number
	Knows husband has a sexually transmitted disease	Knows husband has intercourse with other women	Is tired or not in the mood			
Age						
15-19	52.8	72.3	53.8	33.8	16.7	1,785
20-24	54.0	76.1	61.0	35.5	12.6	1,552
25-29	53.0	71.9	65.5	37.2	14.0	1,244
30-34	51.6	75.2	62.8	36.7	12.8	983
35-39	54.1	75.7	62.2	37.8	13.8	763
40-44	51.6	73.2	60.6	35.3	14.0	656
45-49	46.2	68.6	54.9	30.0	19.3	641
Employment (past 12 months)						
Not employed	50.7	72.9	58.6	33.8	15.2	4,077
Employed for cash	55.8	76.9	63.4	38.7	11.8	2,563
Employed not for cash	50.7	67.0	55.7	32.6	19.5	983
Marital status						
Never married	55.9	75.7	59.4	37.9	13.6	2,618
Married or living together	49.8	71.5	59.2	32.8	15.7	4,049
Divorced/separated/widowed	53.9	76.1	63.8	38.5	12.8	957
Number of living children						
0	54.1	75.1	58.5	37.3	14.7	2,627
1-2	53.1	75.1	62.3	35.6	12.7	3,063
3-4	50.0	68.4	57.9	33.0	17.9	1,347
5+	46.6	69.5	57.8	30.0	16.5	587
Residence						
Urban	58.1	81.5	66.8	43.1	9.7	2,573
Rural	49.5	69.4	56.3	31.3	17.1	5,051
Ecological zone						
Lowlands	54.2	78.0	62.6	38.1	12.0	4,798
Foothills	48.3	66.5	52.7	27.4	18.1	725
Mountains	49.3	64.0	54.2	30.1	20.1	1,544
Senqu River Valley	50.9	70.2	61.2	35.7	17.1	556
District						
Butha-Buthe	58.6	66.5	54.7	33.1	16.5	357
Leribe	49.0	71.1	51.9	30.6	18.7	1,359
Berea	55.6	76.3	64.3	39.1	11.1	1,122
Maseru	54.4	79.1	64.9	39.4	11.3	2,036
Mafeteng	55.0	76.7	58.4	35.6	12.0	682
Mohale's Hoek	55.5	81.8	69.8	42.1	8.7	599
Quthing	49.3	64.0	53.4	30.6	21.9	379
Qacha's Nek	49.4	67.2	65.9	34.0	16.5	219
Mokhotlong	45.9	61.1	53.7	28.2	22.1	356
Thaba-Tseka	43.5	60.7	51.5	25.2	22.4	515
Education						
No education	46.4	56.8	49.8	24.9	22.7	93
Primary incomplete	43.9	63.6	50.4	25.6	22.0	1,810
Primary complete	49.0	69.2	55.3	31.5	17.3	1,741
Secondary+	57.9	80.3	66.4	41.6	9.9	3,979
Wealth quintile						
Lowest	48.6	60.4	50.1	27.6	22.4	1,073
Second	45.9	67.9	53.9	28.3	19.2	1,190
Middle	49.5	71.4	56.7	32.6	17.4	1,325
Fourth	52.6	75.7	60.0	34.8	11.8	1,900
Highest	59.6	82.5	69.8	45.1	8.9	2,136
Total	52.4	73.5	59.8	35.3	14.6	7,624

Note: Total includes 1 woman with information missing on employment in the past 12 months

Table 14.7.2 Attitude toward refusing sexual intercourse with husband: Men

Percentage of all men age 15-49 who believe that a wife is justified in refusing to have sexual intercourse with her husband in specific circumstances, by background characteristics, Lesotho 2009

Background characteristic	Wife is justified in refusing intercourse with her husband if she:			Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number
	Knows husband has a sexually transmitted disease	Knows husband has intercourse with other women	Is tired or not in the mood			
Age						
15-19	53.0	66.0	46.6	23.0	15.6	835
20-24	51.8	63.0	51.2	24.2	17.0	634
25-29	47.9	57.7	51.2	24.2	20.1	463
30-34	53.3	61.2	52.9	25.6	16.4	396
35-39	58.5	70.7	55.5	30.8	10.9	290
40-44	57.6	66.8	56.7	34.0	16.6	196
45-49	47.4	63.6	52.3	25.3	19.2	193
Employment (past 12 months)						
Not employed	51.3	61.8	49.8	25.8	19.2	919
Employed for cash	53.6	65.8	54.2	27.1	15.2	1,135
Employed not for cash	52.4	63.5	48.4	23.1	15.5	952
Marital status						
Never married	53.3	64.9	50.0	25.1	16.4	1,691
Married or living together	52.1	62.1	51.4	25.7	17.0	1,169
Divorced/separated/widowed	46.0	64.4	59.2	26.4	14.1	148
Number of living children						
0	53.2	63.9	50.2	25.1	16.6	1,864
1-2	49.6	64.6	52.6	25.8	16.1	737
3-4	53.0	61.4	52.2	27.6	18.9	297
5+	57.8	63.8	50.1	22.5	11.4	110
Residence						
Urban	60.0	71.0	60.3	33.3	11.9	845
Rural	49.5	61.0	47.4	22.3	18.3	2,162
Ecological zone						
Lowlands	54.5	67.0	53.6	27.3	14.3	1,850
Foothills	50.3	59.4	44.2	23.1	21.4	319
Mountains	48.4	56.9	46.5	20.6	19.5	621
Senqu River Valley	49.8	62.7	51.6	26.4	19.6	217
District						
Butha-Buthe	53.2	62.9	51.8	25.9	14.9	168
Leribe	53.4	64.9	47.3	24.2	17.1	498
Berea	55.0	66.1	49.4	24.0	13.5	451
Maseru	50.4	64.5	53.9	27.1	17.1	773
Mafeteng	57.4	65.2	49.1	26.1	15.2	295
Mohale's Hoek	56.5	73.7	58.6	32.4	10.9	250
Quthing	51.4	54.1	47.9	22.6	24.0	150
Qacha's Nek	46.5	55.5	54.0	25.3	22.5	79
Mokhotlong	51.7	60.5	55.2	25.0	15.6	137
Thaba-Tseka	43.6	52.6	43.5	17.6	22.5	206
Education						
No education	43.0	56.9	44.1	18.8	23.7	336
Primary incomplete	51.2	59.8	44.1	21.7	19.4	1,095
Primary complete	48.8	62.0	51.0	22.2	17.3	372
Secondary+	57.5	69.9	59.2	31.6	11.7	1,205
Wealth quintile						
Lowest	45.3	53.0	39.6	17.5	22.6	443
Second	48.6	61.1	47.0	23.7	20.0	575
Middle	52.4	63.1	47.9	23.4	18.3	666
Fourth	54.7	67.3	55.1	25.2	11.7	640
Highest	58.5	70.6	61.0	34.1	12.4	684
Total 15-49	52.5	63.8	51.0	25.4	16.5	3,008
50-59	56.6	62.4	53.4	30.0	18.8	309
Total men 15-59	52.9	63.7	51.2	25.8	16.7	3,317

Note: Total includes 1 man with information missing on employment in the past 12 months

Table 14.7.3 Men's attitude toward a husband's rights when his wife refuses to have sexual intercourse

Percentage of men age 15-49 who consider that a husband has the right to certain behaviours when a woman refuses to have sex with him when he wants her to, by background characteristics, Lesotho 2009

Background characteristic	When a woman refuses to have sex with her husband, he has the right to:				Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number
	Get angry and reprimand her	Refuse her financial support	Use force to have sex	Have sex with another woman			
Age							
15-19	56.0	21.5	16.7	26.1	5.3	30.6	835
20-24	64.6	27.0	18.0	31.5	6.7	25.1	634
25-29	60.7	26.7	17.5	32.0	7.7	29.3	463
30-34	67.2	30.9	14.8	29.9	6.7	25.6	396
35-39	67.1	29.9	14.9	26.3	5.4	25.9	290
40-44	70.4	27.7	16.8	25.7	6.8	25.4	196
45-49	63.5	27.3	14.4	27.7	6.4	30.1	193
Employment (past 12 months)							
Not employed	57.4	23.3	15.7	28.0	6.8	32.2	919
Employed for cash	64.9	27.8	14.4	27.8	5.4	27.1	1,135
Employed not for cash	64.6	27.3	20.0	30.6	7.0	24.2	952
Marital status							
Never married	58.9	23.2	16.6	28.6	5.4	29.5	1,691
Married or living together	66.4	29.9	16.0	27.9	7.5	26.4	1,169
Divorced/separated/widowed	72.8	33.4	19.8	37.1	7.5	19.2	148
Number of living children							
0	60.3	24.2	17.0	28.5	5.8	28.7	1,864
1-2	64.9	28.7	17.0	28.8	7.7	26.8	737
3-4	65.6	30.9	13.0	28.8	6.9	27.6	297
5+	74.6	32.5	15.3	32.4	3.9	18.4	110
Residence							
Urban	57.1	22.1	13.4	27.2	5.1	33.6	845
Rural	64.6	27.9	17.8	29.3	6.8	25.5	2,162
Ecological zone							
Lowlands	60.9	24.8	16.2	28.6	5.7	29.5	1,850
Foothills	70.6	27.5	18.0	31.8	9.2	20.3	319
Mountains	63.7	29.8	18.0	29.0	7.5	25.7	621
Senqu River Valley	60.6	27.2	12.7	24.7	4.5	29.8	217
District							
Butha-Buthe	61.7	25.7	13.1	23.2	4.7	27.4	168
Leribe	64.8	23.5	14.8	24.2	6.9	29.3	498
Berea	67.9	24.3	14.1	27.5	5.4	25.5	451
Maseru	59.4	21.9	11.5	25.2	3.8	32.7	773
Mafeteng	59.6	40.2	42.4	56.3	16.1	17.1	295
Mohale's Hoek	71.7	32.0	15.9	25.4	7.4	21.0	250
Quthing	59.4	28.2	18.7	34.3	7.7	28.2	150
Qacha's Nek	42.6	18.1	7.4	17.4	1.0	42.4	79
Mokhotlong	58.4	27.5	15.5	31.5	4.8	26.9	137
Thaba-Tseka	62.7	27.9	14.1	23.5	4.5	28.9	206
Education							
No education	65.4	30.0	18.8	32.7	6.3	24.7	336
Primary incomplete	64.1	29.6	18.7	29.9	7.3	24.7	1,095
Primary complete	68.5	30.4	19.3	28.8	8.3	23.0	372
Secondary+	58.3	20.9	13.1	26.6	4.9	32.9	1,205
Wealth quintile							
Lowest	66.0	30.0	17.9	31.2	6.0	22.0	443
Second	64.9	26.3	17.5	27.2	5.3	24.8	575
Middle	67.2	32.8	20.3	33.6	10.8	23.1	666
Fourth	62.1	24.7	15.0	25.8	5.0	30.3	640
Highest	54.1	19.0	12.5	26.6	4.4	36.1	684
Total 15-49	62.5	26.3	16.5	28.7	6.3	27.8	3,008
50-59	65.6	28.1	11.3	26.8	6.1	25.4	309
Total men 15-59	62.8	26.4	16.0	28.6	6.3	27.5	3,317

Note: Total includes 1 man with information missing on employment in the past 12 months

14.4 WOMEN'S EMPOWERMENT INDICATORS

The three sets of empowerment indicators, namely women's participation in making household decisions, attitude towards wife beating, and attitude towards a wife's right to refuse sexual intercourse with her husband/partner, can be summarized into three separate indices. The first index shows the number of decisions (see Table 14.5.1 for the list of decisions) in which women participate alone or jointly with their husband/partner. This index ranges in value from 0 to 4 and is positively related to women's empowerment. It reflects the degree of decision-making control that women are able to exercise in areas that affect their own lives and environments.

The second index, which ranges in value from 0 to 5, is the total number of reasons (see Table 14.6.1 for the list of reasons) for which the respondent feels that a husband is justified in beating his wife. A lower score on this indicator is interpreted as reflecting a greater sense of entitlement and self-esteem and a higher status of women.

The final index, which ranges in value from 0 to 3, is the number of circumstances (see Table 14.7.1 for the list of the circumstances) in which the respondent feels that a woman is justified in refusing sexual intercourse with her husband or partner. This indicator reflects perceptions of sexual roles and women's rights over their bodies and relates positively to women's sense of self and empowerment.

Table 14.8 shows how these three indicators relate to each other. In general, the expectation is that women who participate in making household decisions are also more likely to have egalitarian gender beliefs. Greater decision-making participation is normally associated with disapproval of wife beating and vice versa. Data in Table 14.8 show that women who participate in 3 to 4 decisions are more likely than other women to disagree with wife beating and to agree with the woman's right to refuse sex with her husband.

Empowerment indicator	Currently married women		Percentage who disagree with all the reasons justifying wife beating	Percentage who agree with all the reasons for refusing sexual intercourse with husband	Number of women
	Percentage who participate in all decision making	Number of women			
Number of decisions in which women participate¹					
0	na	130	48.6	31.3	130
1-2	na	742	47.4	25.7	742
3-4	na	3,178	67.9	34.5	3,178
Number of reasons for which wife beating is justified²					
0	59.3	2,572	na	39.0	4,796
1-2	46.3	856	na	31.3	1,750
3-4	31.6	528	na	26.4	905
5	38.8	93	na	21.0	173
Number of reasons given for refusing to have sexual intercourse with husband³					
0	50.0	636	60.1	na	1,114
1-2	51.3	2,084	59.1	na	3,820
3	55.5	1,329	69.5	na	2,690

The second panel in Table 14.8 shows that participation in making household decisions declines as the number of justifications for wife beating increases. In general, disapproval of wife beating is associated with agreement regarding a woman's right to refuse sex with her husband.

Decision-making participation is also usually associated with agreement that there is no justification for wife beating and that a wife can refuse sex with her husband. The percentage of women who participate in all four decisions increases along with the number of reasons for a wife to refuse sex with her husband.

14.5 CURRENT USE OF CONTRACEPTION BY WOMEN'S STATUS

Table 14.9 shows the distribution of currently married women by contraceptive method use, according to the three empowerment indicators. The data indicate that contraceptive use is highest among women who participate in three to four household decisions (50 percent), who agree with none of the reasons justifying wife beating (50 percent), and who believe that a wife can refuse sexual intercourse with her partner for all three specified reasons (48 percent).

Empowerment indicator	Any method	Any modern method	Modern methods			Any traditional method	Not currently using	Total	Number of women
			Female sterilisation	Temporary modern female methods ¹	Male condom				
Number of decisions in which women participate²									
0	28.5	27.0	0.0	21.1	5.9	1.5	71.5	100.0	130
1-2	37.6	36.2	0.9	28.2	7.1	1.4	62.4	100.0	742
3-4	50.0	48.6	2.8	35.8	10.0	1.4	50.0	100.0	3,178
Number of reasons for which wife beating is justified³									
0	50.4	49.2	2.6	35.8	10.8	1.2	49.6	100.0	2,572
1-2	42.9	41.5	2.6	30.5	8.4	1.4	57.1	100.0	856
3-4	39.4	37.5	1.2	31.5	4.8	1.9	60.6	100.0	528
5	35.0	31.3	0.0	26.0	5.3	3.7	65.0	100.0	93
Number of reasons given for refusing to have sexual intercourse with husband⁴									
0	42.9	40.8	2.4	30.7	7.7	2.1	57.1	100.0	636
1-2	47.5	46.0	2.5	34.8	8.8	1.5	52.5	100.0	2,084
3	48.2	47.3	2.1	34.1	11.1	1.0	51.8	100.0	1,329
Total	47.0	45.6	2.4	33.9	9.4	1.4	53.0	100.0	4,049

Note: If more than one method is used, only the most effective method is considered in this tabulation.

¹ Pill, IUD, injectables, implants, female condom, diaphragm, foam/jelly and lactational amenorrhoea method

² See Table 14.5.1 for the list of decisions.

³ See Table 14.6.1 for the list of reasons

⁴ See Table 14.7.1 for the list of reasons

14.6 IDEAL FAMILY SIZE AND UNMET NEED BY WOMEN'S STATUS

Table 14.10 shows the variation in women's ideal family size and unmet need for family planning by women's status indicators. The data indicate that the mean ideal number of children does not vary by the number of decisions in which a woman participates. However, it increases with the number of reasons for justifying wife beating and declines with the number of reasons for a wife to refuse having sex with her husband. Unmet need for family planning has a different pattern. It is lowest for women who participate in most household decision making, increases with the number of reasons for wife beating, and declines with the number of specified reasons that a wife can refuse sex with her husband.

Empowerment indicator	Mean ideal number of children ¹	Number of women	Percentage of currently married women with an unmet need for family planning ²			Number of women
			For spacing	For limiting	Total	
Number of decisions in which women participate³						
0	3.1	129	24.8	11.9	36.7	130
1-2	3.3	736	17.3	8.5	25.8	742
3-4	3.1	3,174	10.3	7.7	17.9	3,178
Number of reasons for which wife beating is justified⁴						
0	2.7	4,786	10.7	7.4	18.1	2,572
1-2	2.8	1,747	15.1	7.9	23.0	856
3-4	3.1	901	13.4	9.4	22.8	528
5	3.1	171	11.7	15.9	27.6	93
Number of reasons given for refusing to have sexual intercourse with husband⁵						
0	2.9	1,106	13.6	9.9	23.5	636
1-2	2.8	3,814	12.6	7.3	19.9	2,084
3	2.6	2,686	10.3	8.0	18.3	1,329
Total	2.8	7,606	12.0	8.0	20.0	4,049

¹ Mean excludes respondents who gave non-numeric responses.
² See table 7.3.1 for the definition of unmet need for family planning
³ Restricted to currently married women. See Table 14.5.1 for the list of decisions.
⁴ See Table 14.6.1 for the list of reasons
⁵ See Table 14.7.1 for the list of reasons

14.7 WOMEN'S STATUS AND REPRODUCTIVE HEALTH CARE

Table 14.11 indicates that there are no differences in access to antenatal care by women's empowerment status. The number of decisions that a woman participates in is not associated with her likelihood of receiving assistance from health personnel for antenatal care, delivery care, and postnatal care. The likelihood that a woman receives care from a health provider increases with the number of reasons for justifying wife beating. Women who agree with all reasons for refusing intercourse with a husband are the most likely to seek delivery assistance from health personnel. On the other hand, women who agree with none of the specified reasons are the least likely to receive antenatal, delivery, and postnatal care from a health provider.

Table 14.11 Reproductive health care by women's empowerment

Percentage of women age 15-49 with a live birth in the five years preceding the survey who received antenatal care, delivery assistance, and postnatal care from health personnel for the most recent birth, by indicators of women's empowerment, Lesotho 2009

Empowerment indicator	Received antenatal care from health personnel	Received delivery assistance from health personnel	Received postnatal care from health personnel within the first two days since delivery ¹	Number of women with a child born in the past five years
Number of decisions in which women participate²				
0	93.2	72.5	40.4	85
1-2	92.7	68.0	36.0	448
3-4	92.6	76.0	46.1	1,774
Number of reasons for which wife beating is justified³				
0	93.1	78.6	49.7	1,811
1-2	91.2	71.3	39.6	681
3-4	87.5	62.9	31.7	414
5	89.9	59.1	22.3	78
Number of reasons given for refusing to have sexual intercourse with husband⁴				
0	87.7	68.7	29.9	431
1-2	91.7	73.1	43.0	1,525
3	93.6	78.3	52.0	1,028
Total	91.8	74.3	44.2	2,984

Note: 'Health personnel' includes doctor, nurse, midwife, or auxiliary nurse or auxiliary midwife.

¹ Includes deliveries in a health facility and not in a health facility

² Restricted to currently married women. See Table 14.5.1 for the list of decisions.

³ See Table 14.6.1 for the list of reasons

⁴ See Table 14.7.1 for the list of reasons

14.8 EARLY CHILDHOOD MORTALITY RATES BY WOMEN'S STATUS

For a woman, empowerment includes her ability to access information, make decisions, and act effectively in her own interest or in the interest of those who depend on her. It follows that if women, who are primary caretakers of children, are empowered, the health and survival of their children will be enhanced.

Table 14.12 shows information on the impact of women's empowerment on infant and child mortality. The data show that childhood mortality is associated with the mother's empowerment status. Children of women who have no final say in any decision in the household have the highest under-5 mortality (154 deaths per 1,000 live births), while those children whose mother participates in three to four decisions have the lowest mortality (99 deaths per 1,000 live births). Although there is no clear pattern in the association between infant and childhood mortality¹ and the number of reasons for women to refuse sex with a husband, under-5 mortality increases with the number of reasons. Children whose mothers agree with three reasons for refusing to have sex with their husbands have a higher under-5 mortality than children of mothers who agree with two or fewer reasons.

In general, there is no clear pattern in the relationship between the last indicator of women's empowerment and childhood mortality.

¹ For child mortality, the rate is based on children alive at age 1 year, not children born alive.

Table 14.12 Early childhood mortality rates by women's status

Infant, child, and under-5 mortality rates for the 10-year period preceding the survey, by indicators of women's status, Lesotho 2009

Empowerment indicator	Infant mortality (₁ q ₀)	Child mortality (₄ q ₁)	Under-5 mortality (₅ q ₀)
Number of decisions in which women participate¹			
0	106	54	154
1-2	90	22	110
3-4	81	19	99
Number of reasons given for refusing to have sexual intercourse with husband²			
0	77	16	92
1-2	80	25	103
3	92	15	106
Number of reasons for which wife beating is justified³			
0	82	17	98
1-2	91	27	116
3-4	79	21	99
5	74	34	105

¹ Restricted to currently married women. See Table 15.5.1 for the list of decisions.

² See Table 14.7.1 for the list of reasons.

³ See Table 14.6.1 for the list of reasons.

This chapter examines awareness of the factors that influence who seeks treatment for tuberculosis. The information is organised in four sections: (1) the status of TB as a major public health problem in Lesotho and elsewhere, including a general overview of causes and symptoms, modes of transmission, and morbidity and mortality; (2) the level of knowledge among the people of Lesotho regarding the presence of TB in the country and the effectiveness of current treatment efforts; (3) the self-reported identification of symptoms of TB and, among those with symptoms, the reasons given for seeking or not seeking treatment, and (4) the stigma associated with the disease and attitudes toward those who have received treatment, as expressed by a willingness to work with them. The 2009 LDHS asked both female and male respondents the same set of questions about TB, thus making comparisons between women and men possible.

15.1 BACKGROUND ON TUBERCULOSIS

Tuberculosis (TB) is one of the ten leading causes of morbidity and mortality in Lesotho and a major public health problem. TB is primarily caused by a bacterium, *Mycobacterium tuberculosis*. The majority of cases are pulmonary, but in about 20 percent of cases, the bacteria disseminate to other areas of the body and the resulting illness is classified as extrapulmonary TB (Shafer et al., 1996). Transmission is mainly airborne, through the inhalation of bacteria-carrying droplets produced by individuals with active pulmonary TB.

Among people directly exposed to TB, only about 30 percent will become infected, and among the general population, only about 5 percent of infected persons will develop active primary TB within two years of exposure. This activation rate is much higher for both the very young and very old, and for persons with a suppressed immune system (because of HIV infection or other causes). The activation rate is about 40 percent for persons with HIV, thus making TB diagnosis and treatment an important part of health care for HIV-infected individuals. In Lesotho, a TB suspect is any person with a history of a cough that persists for two or more weeks. Other symptoms of active primary TB include chest pain, coughing up blood or sputum, fatigue, weight loss, loss of appetite, chills, fever, and nighttime sweating.

In persons who are infected but who do not show symptoms of TB, the immune system is able to destroy or ‘wall off’ the TB bacteria. These enclosed bacteria can remain dormant for many years and later become reactivated. Risk factors for reactivation include old age, immunosuppression, diabetes, kidney insufficiency, and malnutrition. The reactivation rate is about 5 percent in the general population.

In 2008, there were an estimated 8.9–9.9 million incident cases of TB, 9.6–13.3 million prevalent cases of TB, 1.1–1.7 million deaths from TB among HIV-negative people, and an additional 0.45–0.62 million TB deaths among HIV-positive people (WHO, 2009). Two-thirds of untreated, smear-positive cases will die within five to eight years, the majority within the first two years (Stybo, 1999). The case fatality rate for untreated smear-positive TB is about 10 to 15 percent (Rieder, 1999). The case fatality rate for smear-positive TB patients can exceed 10 percent if adherence to treatment is low, if there is HIV co-infection, or if the person lives in an area with high anti-TB drug resistance (WHO, 2002).

15.2 RESPONDENTS' KNOWLEDGE OF TUBERCULOSIS

15.2.1 Awareness of TB and Belief That TB Can Be Cured

Table 15.1 shows the level of knowledge held by the general population about TB. The majority of both women and men (94 percent each) have heard of TB. Almost as many individuals, or 91 percent of women and 87 percent of men, believe that TB can be cured. These figures are higher than those recorded in the 2004 LDHS, which indicates that awareness of TB has increased in Lesotho during the past 5 years.

Background characteristic	Women 15-49			Men 15-59		
	Has heard of TB	Believes TB can be cured	Number of women	Has heard of TB	Believes TB can be cured	Number of men
Age						
15-19	92.4	84.9	1,785	90.5	80.9	835
20-24	94.6	91.4	1,552	92.1	85.2	634
25-29	94.9	91.9	1,244	94.6	85.6	463
30-34	94.0	91.0	983	94.1	89.2	396
35-39	94.9	93.7	763	95.9	92.3	290
40-44	95.3	93.2	656	94.6	88.8	196
45-49	95.9	93.4	641	96.5	92.6	193
50-54	na	na	na	98.6	97.0	162
55-59	na	na	na	99.3	92.2	148
Marital status						
Never married	94.4	89.5	2,618	92.1	83.7	1,707
Married or living together	93.9	90.5	4,049	95.3	89.9	1,416
Divorced/separated/widowed	95.1	93.0	957	95.8	91.0	194
Residence						
Urban	96.1	93.5	2,573	97.0	93.2	928
Rural	93.3	88.9	5,051	92.4	84.3	2,389
Ecological zone						
Lowlands	96.3	93.6	4,798	96.0	90.5	2,040
Foothills	92.3	86.1	725	93.2	83.5	348
Mountains	90.3	84.3	1,544	88.7	79.9	687
Senqu River Valley	90.4	86.1	556	88.8	79.7	242
District						
Butha-Buthe	84.3	79.2	357	81.5	74.8	184
Leribe	94.2	89.5	1,359	95.2	86.3	530
Berea	96.1	93.6	1,122	96.7	91.4	504
Maseru	96.7	94.7	2,036	96.5	92.5	845
Mafeteng	97.9	94.6	682	96.1	88.1	330
Mohale's Hoek	95.5	90.4	599	93.9	85.0	284
Quthing	87.3	82.5	379	82.6	76.1	165
Qacha's Nek	92.4	85.4	219	90.0	80.7	91
Mokhotlong	90.8	83.6	356	94.5	85.0	158
Thaba-Tseka	89.5	84.7	515	87.8	77.6	227
Education						
No education	87.5	81.5	93	90.5	78.6	429
Primary incomplete	90.9	84.6	1,810	90.3	81.7	1,223
Primary complete	93.3	90.2	1,741	95.5	88.8	401
Secondary+	96.3	93.5	3,979	97.4	93.8	1,264
Wealth quintile						
Lowest	87.3	80.2	1,073	86.1	76.2	484
Second	92.6	86.8	1,190	91.3	83.0	650
Middle	94.5	90.3	1,325	94.2	84.0	726
Fourth	96.9	94.6	1,900	97.2	92.9	704
Highest	96.2	94.1	2,136	96.7	93.8	754
Total	94.2	90.5	7,624	93.7	86.8	3,317

na = Not applicable

The level of awareness of TB does not vary much by the respondent's characteristics. Across districts, knowledge of TB among women varies from 84 percent in Butha-Buthe to 98 percent in Mafeteng. For men, the corresponding figures are 82 percent in Butha-Buthe and 97 percent in Berea and Maseru. In general, for both sexes the level of knowledge of TB increases with the level of education and wealth. Those with no education are the least likely to have heard of TB (88 percent of women and 91 percent of men), and those with some secondary or higher education are the most likely (96 percent of women and 97 percent of men).

There are small differentials in the percentages of women and men who believe that TB can be cured. Belief among women that TB can be cured ranges from 79 percent in Butha-Buthe to 95 percent in Maseru and Mafeteng. For men, the corresponding figures are 75 percent in Butha-Buthe and 93 percent in Maseru. As in the case of knowledge of TB, the belief among both sexes that TB can be cured also increases with education and wealth quintile. For example, 82 percent of women with no education believe that TB can be cured compared with 94 percent of women with secondary or higher education. The corresponding figures for men are 79 and 94 percent, respectively.

15.2.2 Knowledge of Symptoms of Tuberculosis

The signs and symptoms of TB most commonly reported by women and men, shown in Table 15.2, are coughing for several weeks followed by a loss of weight. Overall, 54 percent of respondents cited coughing for several weeks (55 percent of women and 51 percent of men), and 44 percent of them mentioned weight loss (45 percent of women and 41 percent of men). They also frequently mentioned night sweating (37 percent for women and 25 percent for men), loss of appetite (28 percent for women and 20 percent for men), and coughing (27 percent for women and 26 percent for men). It is of concern that blood in the sputum is only cited by 16 percent of the women and 15 percent of the men as a symptom of TB. Also notable is the discovery that 12 percent of women and 18 percent of men do not know any of the TB-related symptoms.

Table 15.2 Knowledge of specific symptoms of tuberculosis

Among women age 15-49 and men age 15-59 who have heard of tuberculosis, percentage who cite specific symptoms of TB, Lesotho 2009

Symptom of TB	Women	Men	Total
Coughing	27.3	26.0	26.9
Coughing with sputum	10.4	10.0	10.3
Coughing for several weeks	55.3	50.5	53.8
Fever	9.6	5.3	8.3
Blood in sputum	15.9	14.5	15.5
Loss of appetite	27.6	20.3	25.4
Night sweating	36.9	25.0	33.3
Pain in chest or back	14.6	12.6	14.0
Tiredness/fatigue	12.9	12.4	12.7
Weight loss	45.3	40.7	43.9
Other	5.8	8.2	6.5
Does not know	12.3	18.3	14.1
No symptoms	0.2	0.2	0.2
Number of respondents	7,185	3,107	10,292

15.2.3 Causes and Transmission Modes of Tuberculosis

Tables 15.3.1 and 15.3.2, and Figure 15.1, show that the top-ranking causes of TB reported by the survey respondents are dust or pollution (41 percent among women and 51 percent among men), smoking (29 percent among women and 36 percent among men), and exposure to cold temperatures (21 percent among women and 18 percent among men). A large proportion of women and men do not know the symptoms of TB (31 percent of women and 24 percent of men). Microbes, germs, or bacteria—the real cause of TB—are cited by only 13 percent each of women and men.

The following analysis focuses on differentials in the knowledge that TB is caused by microbes, germs, or bacteria, which is shown in the first columns of Tables 15.3.1 and 15.3.2. This knowledge varies somewhat by the respondent's age; older respondents are more likely than younger respondents to have correct knowledge about the cause of TB. Urban women (20 percent) and men (24 percent) are more aware than rural women (10 percent) and men (9 percent) that TB is caused by microorganisms. Across ecological zones, women and men in the Lowlands are the most knowledgeable (17 percent each), and those in the Foothills are the least knowledgeable (6 percent each). Among districts, Maseru has the

highest proportion of knowledgeable women and men (18 percent each), and Quthing has the lowest proportion (5 percent for women and 6 percent for men).

Awareness that TB is caused by bacteria increases with education. For example, only 3 percent of women with no education are aware of the cause of TB compared with 19 percent of women with secondary or higher education. For both women and men, the level of correct knowledge of the cause of TB also increases with wealth quintile. Knowledge ranges from 3 percent among men in the lowest quintile to 28 percent among those in the highest quintile.

Table 15.3.1 Knowledge of TB causes and transmission modes by background characteristics: Women

Among women age 15-49 who have heard of tuberculosis, percentage who cite specific causes of TB, by background characteristics, Lesotho 2009

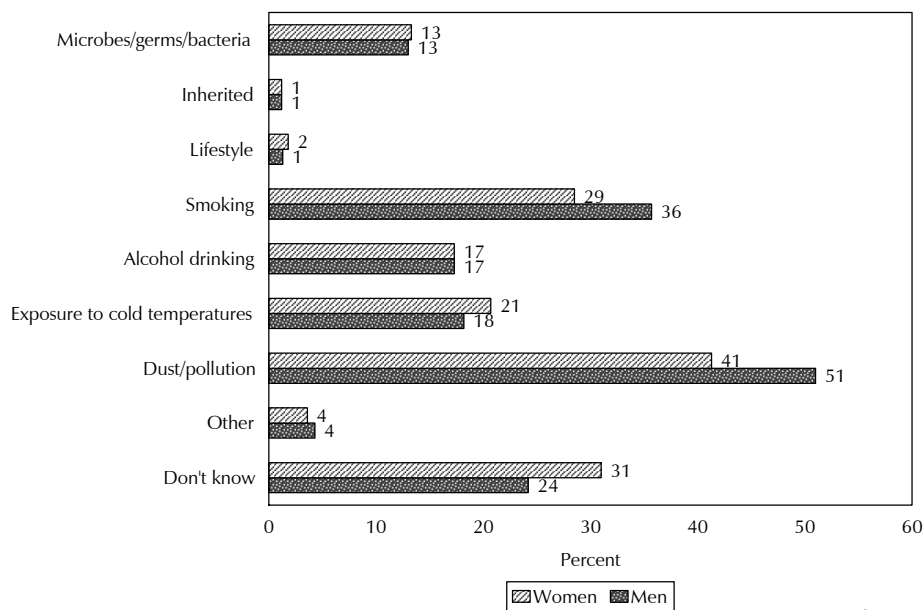
Background characteristic	Microbes/ germs/ bacteria	Inherited	Lifestyle	Smoking	Alcohol drinking	Exposure to cold temperatures	Dust/ pollution	Other	Don't know	Number of women
Age										
15-19	10.8	0.9	2.5	27.5	16.3	15.9	35.5	2.7	34.9	1,649
20-24	12.0	0.8	1.7	27.1	16.8	21.2	38.0	3.2	34.9	1,468
25-29	13.2	1.6	1.6	31.0	19.0	23.5	42.4	3.3	28.5	1,180
30-34	14.1	0.7	1.9	30.9	18.8	22.0	44.7	3.7	29.4	923
35-39	16.0	1.3	0.8	29.9	17.5	23.4	45.1	4.5	28.2	725
40-44	16.2	2.2	1.5	29.6	19.8	21.0	47.2	4.5	25.7	625
45-49	16.4	1.5	2.0	23.3	12.3	22.0	47.2	5.1	27.1	614
Marital status										
Never married	15.1	1.1	2.3	28.5	17.2	19.8	39.2	2.5	30.9	2,473
Married or living together	12.3	1.1	1.4	28.7	17.0	19.9	41.7	4.1	32.0	3,802
Divorced/separated/ widowed	12.8	1.6	2.1	27.5	18.5	26.9	45.4	4.2	26.8	911
Residence										
Urban	20.3	1.4	1.9	30.7	20.5	27.3	45.1	2.4	22.4	2,471
Rural	9.6	1.1	1.7	27.3	15.5	17.3	39.3	4.2	35.5	4,714
Ecological zone										
Lowlands	16.9	1.3	2.2	29.8	18.4	24.7	44.8	2.7	26.1	4,619
Foothills	5.8	0.3	0.8	25.5	14.1	15.8	39.5	5.1	38.0	669
Mountains	7.0	0.9	0.9	26.6	16.0	12.2	33.8	5.5	39.7	1,395
Senqu River Valley	7.8	1.5	1.7	25.4	14.3	15.1	32.6	3.7	42.2	503
District										
Butha-Buthe	8.2	0.2	0.8	24.3	7.6	12.4	39.5	4.2	38.8	301
Leribe	14.4	2.3	1.0	20.5	8.4	10.3	40.8	3.6	30.0	1,280
Berea	14.5	0.7	2.2	32.9	22.2	18.9	48.1	3.6	23.9	1,078
Maseru	18.2	1.3	2.8	35.1	25.2	37.6	46.0	1.6	25.1	1,968
Mafeteng	13.0	1.1	1.7	26.9	15.3	24.6	38.3	3.9	35.0	668
Mohale's Hoek	8.1	0.5	1.4	22.6	11.1	11.4	31.7	5.3	41.0	572
Quthing	4.8	1.8	1.1	22.7	12.8	18.3	30.7	5.7	44.9	331
Qacha's Nek	11.8	0.4	1.1	30.1	21.0	9.5	30.6	9.1	29.5	202
Mokhotlong	8.0	0.6	0.8	30.7	16.1	6.6	43.8	3.9	34.3	323
Thaba-Tseka	7.2	0.8	1.4	26.5	15.5	10.1	35.0	4.4	40.5	461
Education										
No education	3.4	0.0	3.2	14.3	12.1	19.5	32.6	4.8	53.5	82
Primary incomplete	6.4	0.5	0.8	23.2	15.0	17.2	34.9	4.7	39.7	1,645
Primary complete	8.2	0.9	1.4	26.4	15.7	17.5	40.7	4.3	35.0	1,624
Secondary+	18.7	1.6	2.3	31.9	19.0	23.6	44.5	2.7	25.1	3,834
Wealth quintile										
Lowest	4.4	0.6	0.9	23.5	12.7	11.4	30.5	5.7	44.8	937
Second	7.6	1.1	1.2	27.0	16.7	16.3	37.5	4.2	40.2	1,102
Middle	8.5	1.0	1.3	27.6	15.6	18.2	41.7	3.8	33.7	1,251
Fourth	13.9	1.5	2.1	31.0	18.6	23.6	44.4	3.1	25.8	1,841
Highest	22.9	1.3	2.5	29.9	19.4	26.3	45.3	2.6	22.8	2,054
Total	13.3	1.2	1.8	28.5	17.3	20.7	41.3	3.6	31.0	7,185

Table 15.3.2 Knowledge of TB causes and transmission modes by background characteristics: Men

Among men age 15-59 who have heard of tuberculosis, percentage who cite specific causes of TB, by background characteristics, Lesotho 2009

Background characteristic	Causes									Number of men
	Microbes/ germs/ bacteria	Inherited	Lifestyle	Smoking	Alcohol drinking	Exposure to cold temperatures	Dust/ pollution	Other	Don't know	
Age										
15-19	11.1	0.3	1.2	31.8	15.2	15.1	44.3	4.0	31.9	756
20-24	11.5	1.2	1.7	38.1	17.2	17.1	48.2	3.3	25.4	584
25-29	11.8	1.9	1.2	42.7	19.5	22.9	49.7	4.2	22.1	438
30-34	11.7	0.9	1.3	38.5	20.7	19.6	54.8	3.6	18.3	372
35-39	14.7	0.3	0.7	36.2	18.8	16.1	52.6	3.9	23.2	278
40-44	16.0	4.3	1.7	33.3	12.8	17.6	52.4	4.7	21.7	186
45-49	16.0	1.1	0.2	39.8	21.9	21.0	62.4	6.0	18.6	186
50-54	18.3	1.0	2.8	27.4	15.5	20.8	59.7	6.7	20.8	160
55-59	18.3	3.4	1.5	24.9	12.5	18.4	61.5	6.9	17.1	147
Marital status										
Never married	12.2	0.7	1.3	35.4	16.3	16.7	47.0	3.5	27.8	1,572
Married or living together	13.6	1.6	1.4	36.0	18.9	20.1	54.8	5.3	20.0	1,349
Divorced/separated/ widowed	15.0	3.2	1.0	36.1	14.3	16.9	56.3	3.4	24.2	186
Residence										
Urban	23.6	2.1	1.5	41.1	22.2	27.1	52.0	2.6	15.0	900
Rural	8.6	0.9	1.2	33.5	15.3	14.5	50.6	4.9	28.0	2,207
Ecological zone										
Lowlands	16.5	1.5	1.5	36.8	19.7	21.5	52.8	3.8	20.8	1,958
Foothills	5.9	0.7	1.4	31.9	11.9	15.0	48.8	3.5	30.5	325
Mountains	7.7	0.5	0.8	35.2	14.7	11.5	50.0	5.3	27.9	609
Senqu River Valley	6.0	1.6	0.9	33.4	11.2	11.4	40.8	6.7	35.2	215
District										
Butha-Buthe	9.0	1.4	0.8	32.9	9.8	10.3	56.7	6.7	21.9	150
Leribe	11.8	2.1	0.3	29.5	10.1	9.9	52.8	4.0	24.1	505
Berea	13.8	0.7	1.8	36.9	21.1	15.1	55.4	5.3	19.7	487
Maseru	18.2	1.0	2.1	43.1	27.3	35.7	52.5	1.3	19.0	815
Mafeteng	13.9	2.3	1.4	34.9	14.4	16.8	44.7	4.9	30.8	317
Mohale's Hoek	9.3	0.6	0.9	27.7	10.3	10.0	39.8	6.5	35.9	267
Quthing	6.2	1.8	0.3	30.8	11.7	15.7	41.9	7.1	33.9	136
Qacha's Nek	7.5	0.4	0.7	35.2	15.1	6.5	46.8	4.7	25.8	82
Mokhotlong	9.8	0.0	0.7	33.9	11.4	6.5	54.4	6.9	28.1	149
Thaba-Tseka	8.3	1.4	1.5	37.6	14.1	9.2	55.4	4.9	22.4	199
Education										
No education	3.4	0.2	1.1	28.4	11.6	12.8	43.7	6.3	35.8	389
Primary incomplete	4.4	0.7	0.4	30.9	13.4	15.6	47.8	4.4	31.4	1,104
Primary complete	14.1	2.1	2.4	37.6	18.3	18.7	52.3	5.5	20.8	383
Secondary+	23.3	1.8	1.8	41.8	22.3	22.0	55.7	3.1	15.2	1,231
Wealth quintile										
Lowest	2.8	0.0	0.3	33.3	12.2	13.9	44.7	6.7	33.9	416
Second	5.1	0.7	1.9	29.9	13.0	15.1	49.7	5.3	28.9	594
Middle	8.1	1.3	1.0	38.0	16.9	14.7	52.2	4.3	27.0	683
Fourth	14.7	1.5	1.0	35.6	18.1	19.3	52.9	3.3	21.1	684
Highest	28.1	2.1	1.9	39.9	23.3	25.1	52.7	2.8	15.1	729
Total	13.0	1.2	1.3	35.7	17.3	18.2	51.0	4.3	24.2	3,107

Figure 15.1 Knowledge of Causes of TB and Modes of Transmission



15.3 SELF-REPORTED DIAGNOSIS, SYMPTOMS, AND TREATMENT

15.3.1 Self-reported TB Symptoms

In the 2009 LDHS, respondents were asked if they had ever had any of the TB-related symptoms since age 15. Those who reported such symptoms were further asked whether they had seen a health provider for care and treatment and whether they were told they had TB by a health provider during their first visit. The results are shown in this section.

Tables 15.4.1 and 15.4.2, and Figure 15.2, show the percentage of all respondents (regardless of whether they have heard of TB or not) who have had symptoms of TB since age 15. The TB symptom most often cited by women is chest or back pain (60 percent). For men, the common symptoms are cough for 2 weeks or more and night sweating (62 percent each). Men are also more likely than women to cite other symptoms, except chest or back pain (55 percent compared with 60 percent). Blood in the sputum is reported by 20 percent of the men and 13 percent of the women.

For both women and men, the experience of TB symptoms is inversely associated with their level of education and wealth quintile.

Table 15.4.1 Experience of symptoms of tuberculosis: Women

Percentage of women age 15-49 who have had symptoms of tuberculosis since age 15, by background characteristics, Lesotho 2009

Background characteristic	Cough for 2 weeks or more	Fever for 2 weeks or more	Chest or back pain	Blood in sputum	Night sweating	Number of women
Age						
15-19	11.5	7.3	8.0	1.3	8.8	1,785
20-24	11.5	8.2	11.9	1.7	9.0	1,552
25-29	8.9	8.7	12.8	2.8	12.2	1,244
30-34	14.7	12.1	16.0	2.8	14.6	983
35-39	15.3	12.6	15.0	4.1	14.4	763
40-44	19.5	17.9	22.2	6.1	18.8	656
45-49	15.2	16.6	19.4	4.8	17.4	641
Marital status						
Never married	11.2	7.6	9.4	1.8	9.0	2,618
Married or living together	12.0	10.6	13.7	2.4	12.1	4,049
Divorced/separated/widowed	21.0	18.3	24.0	7.3	21.9	957
Residence						
Urban	11.7	8.6	12.3	2.5	10.6	2,573
Rural	13.4	11.5	14.1	2.9	13.2	5,051
Ecological zone						
Lowlands	11.6	9.2	12.1	2.6	10.8	4,798
Foothills	13.1	10.6	13.4	3.7	11.4	725
Mountains	15.7	13.7	17.4	3.1	16.3	1,544
Senqu River Valley	15.5	13.1	14.8	2.8	15.2	556
District						
Butha-Buthe	12.0	9.8	10.1	1.0	7.7	357
Leribe	11.0	6.2	10.1	1.4	7.1	1,359
Berea	13.2	10.4	12.2	2.6	10.7	1,122
Maseru	10.9	10.6	12.8	3.8	12.0	2,036
Mafeteng	13.0	9.4	13.5	3.0	11.5	682
Mohale's Hoek	19.4	17.4	20.2	3.7	25.6	599
Quthing	11.5	9.1	12.4	3.0	10.8	379
Qacha's Nek	13.4	9.4	12.4	2.0	10.3	219
Mokhotlong	14.5	11.8	13.1	3.0	11.5	356
Thaba-Tseka	17.4	16.5	24.0	2.9	21.5	515
Education						
No education	12.5	20.9	15.3	7.5	19.0	93
Primary incomplete	17.3	15.2	18.6	4.2	18.7	1,810
Primary complete	14.3	11.1	14.7	2.9	13.0	1,741
Secondary+	10.2	7.9	10.6	2.0	8.9	3,979
Wealth quintile						
Lowest	16.6	14.5	19.0	3.6	16.4	1,073
Second	13.8	12.0	14.8	3.3	13.8	1,190
Middle	15.5	12.4	14.6	2.9	14.5	1,325
Fourth	11.5	9.9	11.8	3.0	12.3	1,900
Highest	10.0	7.0	10.8	1.8	8.0	2,136
Total	12.9	10.5	13.5	2.8	12.3	7,624

Note: Figures in parentheses are based on 25-49 unweighted cases.

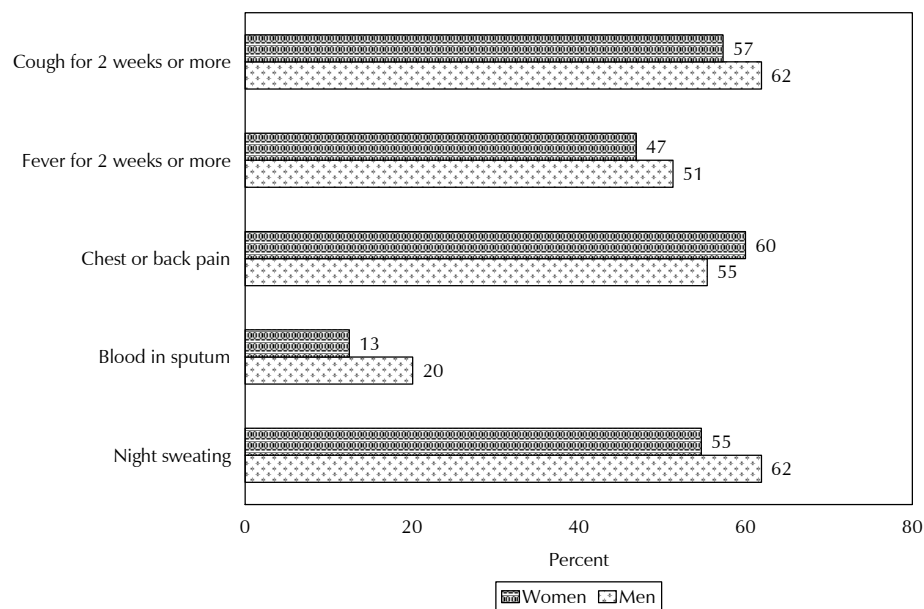
Table 15.4.2 Experience of symptoms of tuberculosis: Men

Percentage of men age 15-59 who have had symptoms of tuberculosis since age 15, by background characteristics, Lesotho 2009

Background characteristic	Cough for 2 weeks or more	Fever for 2 weeks or more	Chest or back pain	Blood in sputum	Night sweating	Number of men
Age						
15-19	14.2	9.3	10.4	2.5	12.5	835
20-24	13.1	10.6	12.1	3.9	12.0	634
25-29	13.0	9.8	13.1	4.3	13.9	463
30-34	16.9	15.3	15.2	5.9	19.2	396
35-39	20.0	18.6	17.0	4.6	20.2	290
40-44	21.6	19.8	24.6	8.7	26.1	196
45-49	26.5	27.6	22.8	14.9	28.4	193
50-54	33.7	25.6	29.7	13.1	29.3	162
55-59	25.9	25.2	27.3	11.2	27.6	148
Marital status						
Never married	14.6	10.4	11.3	3.4	12.8	1,707
Married or living together	19.0	16.9	18.5	7.3	20.4	1,416
Divorced/separated/widowed	28.9	30.6	30.0	13.0	33.6	194
Residence						
Urban	16.5	14.1	12.0	4.0	15.1	928
Rural	17.6	14.4	16.9	6.2	18.1	2,389
Ecological zone						
Lowlands	15.9	13.4	11.9	4.3	14.9	2,040
Foothills	16.0	11.5	17.6	4.7	15.8	348
Mountains	20.6	16.9	21.7	8.3	21.7	687
Senqu River Valley	21.5	18.6	24.8	10.2	27.2	242
District						
Butha-Buthe	14.9	12.3	16.6	7.0	14.5	184
Leribe	15.0	12.0	15.1	4.1	13.8	530
Berea	15.0	11.1	10.8	3.9	13.2	504
Maseru	17.5	13.7	11.8	4.7	15.0	845
Mafeteng	14.6	13.8	11.5	4.7	14.7	330
Mohale's Hoek	25.9	24.1	28.1	12.2	36.4	284
Quthing	10.7	10.2	16.0	7.0	14.2	165
Qacha's Nek	20.3	15.8	14.0	3.4	16.7	91
Mokhotlong	20.1	12.4	16.5	6.3	14.4	158
Thaba-Tseka	23.5	23.1	29.5	8.0	30.0	227
Education						
No education	26.0	23.6	25.8	13.1	28.8	429
Primary incomplete	18.1	15.8	16.9	6.0	18.0	1,223
Primary complete	15.6	12.3	14.5	4.7	15.0	401
Secondary+	14.1	10.4	11.0	3.0	13.4	1,264
Wealth quintile						
Lowest	23.7	18.7	23.8	8.7	24.3	484
Second	17.3	14.8	18.2	6.8	18.3	650
Middle	15.8	14.4	15.5	5.3	16.1	726
Fourth	17.0	13.9	12.6	4.7	15.2	704
Highest	14.9	11.5	10.5	3.7	14.9	754
Total	17.3	14.3	15.5	5.6	17.3	3,317

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Figure 15.2 Percentage of Women and Men Who Had Symptoms of Tuberculosis Since Age 15



LDHS 2009

15.3.2 TB Treatment

Tables 15.5.1 and 15.5.2 show that women are more likely than men to seek treatment for their illness; 71 percent of women and 57 percent of men who have had a symptom of TB since age 15 sought consultation or treatment for the symptom(s). It should be kept in mind that not all respondents with these symptoms are necessarily infected with TB because many other conditions can result in similar symptoms.

The reason most often cited by both sexes for not seeking treatment is that they considered the symptoms to be harmless (66 percent of women and 67 percent of men). Although TB treatment is provided free of charge in Lesotho, cost is cited by 12 percent of women and 7 percent of men as a reason for not seeking treatment. Distance to a health facility does not seem to discourage respondents from seeking advice or treatment for their illness; it is mentioned by only 5 percent of women and 4 percent of men.

For women and men, the likelihood that treatment will be sought is highest for those who are divorced, separated, or widowed; those who live in urban areas; and those who currently work. The proportion of women who seek treatment increases with education, but men do not show a similarly clear pattern. Among the districts, women in Berea have the highest percentage seeking treatment (79 percent) and women in Butha-Buthe the lowest (56 percent). Among men, the percentage ranges from a high of 63 percent in Maseru to a low of 49 percent in Qacha's Nek.

Table 15.5.1 Reasons for not seeking treatment for symptoms of tuberculosis: Women

Percentage of women age 15-49 who have had symptoms of tuberculosis since age 15, by whether they sought treatment for the symptoms and by reason for not seeking treatment, according to background characteristics, Lesotho 2009

Background characteristic	Percentage seeking consultation or treatment	Number of women	Reason for not seeking consultation/treatment						Total	Number of women who did not seek treatment
			Symptoms harmless	Cost	Distance	Embar-rassed	Long queue	Don't know/missing/other		
Age										
15-19	61.3	328	65.3	10.3	3.4	0.3	1.0	19.8	100.0	127
20-24	67.2	310	58.1	14.2	9.9	0.9	1.0	16.0	100.0	101
25-29	70.0	237	69.0	15.7	2.4	1.8	0.0	11.1	100.0	71
30-34	76.7	242	73.2	7.5	6.8	0.0	6.5	6.0	100.0	56
35-39	75.6	193	65.5	12.3	5.2	0.0	6.0	11.0	100.0	47
40-44	79.1	207	(75.1)	(9.3)	(2.2)	(2.3)	(0.0)	(11.2)	100.0	43
45-49	76.5	195	64.1	11.6	7.3	0.0	1.9	15.0	100.0	46
Marital status										
Never married	64.3	499	70.7	11.7	0.3	0.0	1.8	15.5	100.0	178
Married or living together	71.9	887	62.8	11.2	9.4	1.4	2.3	12.9	100.0	250
Divorced/separated/widowed	80.2	326	65.3	14.4	3.9	0.0	1.4	15.1	100.0	65
Employment status										
Currently working	74.7	699	70.1	9.3	6.4	1.5	2.1	10.6	100.0	177
Not currently working but worked in past 12 months	68.9	179	68.4	13.9	2.3	0.0	0.0	15.4	100.0	56
Has not worked in more than 12 months	68.9	834	62.7	13.0	5.4	0.4	2.3	16.2	100.0	260
Residence										
Urban	72.5	515	66.3	14.6	1.1	1.2	5.2	11.6	100.0	141
Rural	70.7	1,197	65.9	10.7	7.1	0.5	0.7	15.1	100.0	351
Ecological zone										
Lowlands	74.0	986	67.0	15.2	1.8	1.2	3.3	11.4	100.0	257
Foothills	73.9	156	(70.2)	(12.3)	(0.0)	(0.0)	(0.0)	(17.5)	100.0	41
Mountains	64.8	418	62.9	6.8	11.3	0.2	0.8	17.9	100.0	147
Senqu River Valley	68.8	152	66.6	8.2	11.1	0.0	0.0	14.0	100.0	47
District										
Butha-Buthe	56.3	73	57.8	14.0	11.1	3.1	0.0	13.9	100.0	32
Leribe	72.0	230	(63.8)	(10.2)	(8.0)	(0.0)	(3.2)	(14.8)	100.0	65
Berea	78.8	233	(69.3)	(16.9)	(0.0)	(2.6)	(2.1)	(9.1)	100.0	49
Maseru	76.8	423	70.0	10.9	1.5	0.9	3.2	13.5	100.0	98
Mafeteng	69.1	147	(65.6)	(25.8)	(2.0)	(0.0)	(0.0)	(6.7)	100.0	45
Mohale's Hoek	67.3	225	62.4	5.8	7.5	0.0	2.9	21.4	100.0	73
Quthing	75.0	73	(57.4)	(10.9)	(6.3)	(0.0)	(3.2)	(22.2)	100.0	18
Qacha's Nek	61.8	47	61.6	10.7	14.3	2.0	0.0	11.4	100.0	18
Mokhotlong	64.8	79	57.6	17.2	13.2	0.0	0.0	12.0	100.0	28
Thaba-Tseka	64.2	182	75.5	4.8	4.0	0.0	1.0	14.6	100.0	65
Education										
No education	(58.9)	31	*	*	*	*	*	*	100.0	13
Primary incomplete	66.8	546	63.4	12.3	8.9	0.0	0.0	15.4	100.0	181
Primary complete	72.4	405	66.3	10.7	4.8	2.8	2.5	12.9	100.0	112
Secondary+	74.5	730	69.8	12.3	1.4	0.2	3.2	13.1	100.0	186
Wealth quintile										
Lowest	62.4	311	59.2	8.2	15.7	0.0	1.1	15.8	100.0	117
Second	73.8	287	59.7	11.0	6.9	0.8	1.4	20.2	100.0	75
Middle	71.1	336	76.3	11.3	1.6	0.0	3.2	7.7	100.0	97
Fourth	74.3	398	64.7	18.3	0.0	0.0	0.0	17.0	100.0	102
Highest	73.5	380	70.1	10.4	1.5	2.9	4.3	10.8	100.0	101
Total	71.3	1,712	66.0	11.8	5.4	0.7	2.0	14.1	100.0	492

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

Table 15.5.2 Reasons for not seeking treatment for symptoms of tuberculosis: Men

Percentage of men age 15-59 who have had symptoms of tuberculosis since age 15, by whether they sought treatment for the symptoms and by reason for not seeking treatment, according to background characteristics, Lesotho 2009

Background characteristic	Percentage seeking consultation or treatment	Number of men	Reason for not seeking consultation/treatment						Total	Number of men who did not seek treatment
			Symptoms harmless	Cost	Distance	Embarrassed	Long queue	Don't know/missing/other		
Age										
15-19	38.0	192	64.6	6.5	3.6	0.4	1.3	23.5	100.0	119
20-24	42.0	148	64.7	7.8	6.5	0.0	0.0	21.0	100.0	86
25-29	54.1	110	75.0	2.1	3.7	0.0	0.0	19.2	100.0	50
30-34	63.2	108	(70.5)	(9.2)	(0.9)	(0.0)	(1.7)	(17.8)	100.0	40
35-39	65.8	88	(68.0)	(6.4)	(8.2)	(0.0)	(0.0)	(17.3)	100.0	30
40-44	71.2	75	(67.7)	(14.0)	(7.8)	(3.5)	(0.0)	(7.0)	100.0	22
45-49	70.3	77	(77.3)	(5.4)	(0.0)	(2.1)	(0.0)	(15.3)	100.0	23
50-54	72.2	72	(43.2)	(9.5)	(2.9)	(0.0)	(0.0)	(44.4)	100.0	20
55-59	81.9	56	*	*	*	*	*	*	100.0	10
Marital status										
Never married	44.6	408	65.7	7.6	4.1	0.4	1.0	21.1	100.0	226
Married or living together	66.4	431	69.2	6.2	3.6	0.5	0.0	20.4	100.0	145
Divorced/separated/widowed	66.8	88	(62.2)	(8.8)	(7.7)	(0.0)	(0.0)	(21.3)	100.0	29
Employment status										
Currently working	58.4	652	67.6	7.8	5.0	0.6	0.8	18.1	100.0	271
Not currently working but worked in past 12 months	53.9	80	(62.9)	(4.3)	(5.4)	(0.0)	(0.0)	(27.5)	100.0	37
Has not worked in more than 12 months	52.7	195	65.7	6.5	1.3	0.0	0.0	26.4	100.0	92
Residence										
Urban	60.4	242	77.4	2.5	0.0	0.0	0.0	20.1	100.0	96
Rural	55.6	685	63.4	8.7	5.5	0.6	0.7	21.1	100.0	304
Ecological zone										
Lowlands	57.5	503	70.9	8.0	1.3	0.0	1.0	18.9	100.0	214
Foothills	55.4	95	(60.1)	(3.1)	(4.7)	(1.1)	(0.0)	(30.9)	100.0	42
Mountains	56.9	234	64.3	6.0	7.7	0.5	0.0	21.5	100.0	101
Senqu River Valley	54.5	95	58.2	10.2	10.2	1.8	0.0	19.6	100.0	43
District										
Butha-Buthe	50.6	52	(56.3)	(4.8)	(7.5)	(0.0)	(0.0)	(31.4)	100.0	26
Leribe	59.8	131	(72.3)	(3.2)	(3.7)	(0.0)	(3.0)	(17.8)	100.0	53
Berea	58.2	112	(63.9)	(8.5)	(2.1)	(0.0)	(0.0)	(25.5)	100.0	47
Maseru	62.8	207	73.9	8.1	2.6	0.6	0.0	14.8	100.0	77
Mafeteng	49.5	77	(64.3)	(13.2)	(0.0)	(0.0)	(1.7)	(20.8)	100.0	39
Mohale's Hoek	52.1	139	64.7	4.1	8.3	1.1	0.0	21.8	100.0	67
Quthing	62.3	39	*	*	*	*	*	*	100.0	15
Qacha's Nek	48.6	26	(72.2)	(0.0)	(2.6)	(0.0)	(0.0)	(25.2)	100.0	14
Mokhotlong	59.7	48	(58.1)	(13.7)	(6.2)	(2.5)	(0.0)	(19.4)	100.0	19
Thaba-Tseka	53.0	94	69.3	6.0	3.0	0.0	0.0	21.8	100.0	44
Education										
No education	58.4	174	55.4	9.6	5.1	1.1	0.0	28.8	100.0	72
Primary incomplete	58.4	350	60.5	9.6	4.3	0.7	1.1	23.8	100.0	146
Primary complete	51.7	101	(82.5)	(1.5)	(4.0)	(0.0)	(1.4)	(10.6)	100.0	49
Secondary+	55.8	302	73.9	5.4	3.7	0.0	0.0	17.0	100.0	133
Wealth quintile										
Lowest	53.3	181	57.9	8.0	6.3	1.5	0.0	26.3	100.0	85
Second	57.4	182	68.9	8.6	3.4	0.0	0.9	18.3	100.0	77
Middle	51.4	187	63.3	9.9	4.9	0.5	1.7	19.7	100.0	91
Fourth	61.9	189	59.8	6.6	5.1	0.0	0.0	28.5	100.0	72
Highest	60.0	188	85.3	2.1	1.0	0.0	0.0	11.5	100.0	75
Total	56.8	927	66.7	7.2	4.2	0.4	0.6	20.9	100.0	400

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

The proportion of women who say that they did not seek treatment for their cough and other symptoms of TB because they did not think that the symptoms were a serious problem is 70 percent or higher for never married women, women in the Foothills, currently working women, and women in the middle and highest wealth quintiles. In the districts, this reason is most often given by women in Thaba-Tseka (76 percent). Men who thought symptoms were harmless, with 70 percent or more citing this reason for not seeking treatment, tend to live in urban areas, the Lowlands zone, and Leribe, Maseru, and Qacha's Nek districts. Also included are men who completed primary or higher education and men in the highest wealth quintile.

15.3.3 TB Diagnosis

Table 15.6 shows that 14 percent of women and 17 percent of men say that they had been told by a doctor or a health provider that they had TB. TB diagnosis is highest for divorced, separated, or widowed women and men. Whereas urban women are more likely to be diagnosed with TB than rural women (17 percent and 13 percent, respectively), rural men are more likely to be diagnosed with TB than urban men (18 percent and 15 percent, respectively). Interestingly, women and men who are currently working are more likely to be diagnosed with TB than those who are not currently working or those who have not worked in more than 12 months. Differentials by other background characteristics are not pronounced.

Background characteristic	Women		Men	
	Percentage diagnosed with TB in the first consultation	Number with TB-specific symptoms	Percentage diagnosed with TB in the first consultation	Number with TB-specific symptoms
Age				
15-19	4.9	328	4.2	192
20-24	6.0	310	2.2	148
25-29	15.1	237	9.8	110
30-34	20.1	242	20.8	108
35-39	20.9	193	19.3	88
40-44	22.0	207	24.3	75
45-49	18.1	195	35.5	77
50-54	na	na	34.5	72
55-59	na	na	44.2	56
Marital status				
Never married	8.7	499	6.0	408
Married or living together	11.9	887	22.8	431
Divorced/separated/widowed	28.1	326	38.5	88
Employment status				
Currently working	14.7	699	17.3	652
Not currently working but worked in past 12 months	11.2	179	15.6	80
Has not worked in more than 12 months	14.1	834	16.3	195
Residence				
Urban	17.3	515	15.4	242
Rural	12.6	1,197	17.5	685
Ecological zone				
Lowlands	15.5	986	19.0	503
Foothills	14.2	156	14.1	95
Mountains	10.2	418	14.2	234
Senqu River Valley	14.7	152	15.1	95

Continued...

Table 15.6—Continued

Background characteristic	Women		Men	
	Percentage diagnosed with TB in the first consultation	Number with TB-specific symptoms	Percentage diagnosed with TB in the first consultation	Number with TB-specific symptoms
District				
Butha-Buthe	4.8	73	14.5	52
Leribe	13.8	230	16.3	131
Berea	17.5	233	17.6	112
Maseru	18.8	423	20.9	207
Mafeteng	12.9	147	20.4	77
Mohale's Hoek	11.5	225	13.7	139
Quthing	18.5	73	14.7	39
Qacha's Nek	13.0	47	19.3	26
Mokhotlong	9.7	79	12.4	48
Thaba-Tseka	6.7	182	13.9	94
Education				
No education	(9.8)	31	16.0	174
Primary incomplete	14.6	546	18.1	350
Primary complete	15.0	405	15.9	101
Secondary+	13.2	730	16.4	302
Wealth quintile				
Lowest	10.8	311	11.0	181
Second	13.6	287	17.1	182
Middle	12.6	336	19.5	187
Fourth	16.8	398	17.5	189
Highest	15.3	380	19.3	188
Total	14.0	1,712	16.9	927

Note: Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable

15.4 WILLINGNESS TO WORK WITH SOMEONE WHO HAS PREVIOUSLY BEEN TREATED FOR TUBERCULOSIS

Table 15.7 shows that 93 percent of women and 88 percent of men who have heard of TB say they are willing to work with someone who has previously been treated for TB. Among women, there are no significant differentials in this attitude by their background characteristics except by wealth quintile. That is, stigma against persons treated for TB is less common among women with a high wealth status. Men show wider differentials across subgroups; older men are more likely than younger men to be willing to work with someone who has had TB. Men who are married or living together and those who live in urban areas are less likely to assign stigma to persons with TB than other men. There are also differentials by the men's place of residence. The proportion of men who see no stigma in persons who have had TB ranges from 80 percent in Mohale's Hoek to 91 percent of men in Maseru. Stigma against persons with TB decreases with increasing level of education and wealth quintile. For example, 82 percent of men in the poorest quintile are willing to work with someone who has been treated for TB compared with 95 percent of men in the richest quintile.

Table 15.7 Positive attitudes towards those with TB

Percentage of women age 15-49 and men age 15-59 who have heard of tuberculosis who are willing to work with someone who has previously been treated for tuberculosis according to background characteristics, Lesotho 2009

Background characteristic	Women		Men	
	Percentage	Number	Percentage	Number
Age				
15-19	86.2	1,649	79.4	756
20-24	93.7	1,468	87.8	584
25-29	95.2	1,180	89.4	438
30-34	95.1	923	92.5	372
35-39	94.3	725	91.1	278
40-44	94.1	625	92.4	186
45-49	94.8	614	93.1	186
50-54	na	na	95.7	160
55-59	na	na	90.0	147
Marital status				
Never married	90.6	2,473	84.0	1,572
Married or living together	93.5	3,802	92.4	1,349
Divorced/separated/widowed	94.3	911	88.6	186
Employment status				
Currently working	94.2	2,754	88.3	1,990
Not currently working but worked in past 12 months	94.0	553	91.1	223
Has not worked in more than 12 months	91.3	3,878	86.4	895
Residence				
Urban	96.2	2,471	94.8	900
Rural	90.7	4,714	85.1	2,207
Ecological zone				
Lowlands	95.0	4,619	91.2	1,958
Foothills	90.1	669	80.0	325
Mountains	87.2	1,395	83.7	609
Senqu River Valley	88.6	503	82.5	215
District				
Butha-Buthe	93.1	301	85.9	150
Leribe	91.9	1,280	87.9	505
Berea	94.6	1,078	90.4	487
Maseru	95.2	1,968	91.3	815
Mafeteng	94.0	668	85.9	317
Mohale's Hoek	88.3	572	80.4	267
Quthing	88.6	331	84.7	136
Qacha's Nek	91.3	202	87.5	82
Mokhotlong	90.2	323	87.0	149
Thaba-Tseka	86.9	461	86.2	199
Education				
No education	88.5	82	81.7	389
Primary incomplete	85.3	1,645	81.5	1,104
Primary complete	91.6	1,624	88.1	383
Secondary+	96.3	3,834	95.6	1,231
Wealth quintile				
Lowest	84.1	937	82.0	416
Second	88.9	1,102	81.9	594
Middle	92.1	1,251	85.4	683
Fourth	95.8	1,841	91.8	684
Highest	95.8	2,054	95.0	729
Total	92.6	7,185	87.9	3,107
na = Not applicable				

This chapter presents general information on adult mortality and, in particular, addresses maternal mortality in Lesotho. The study of adult mortality in Lesotho is more complicated than the study of child mortality for a number of reasons. Although early childhood mortality can be estimated through the use of birth histories taken during interviews with mothers, there is no equivalent in adult mortality measurement. Death rates are much lower at adult ages than in childhood, so estimates for particular age groups can be distorted by sampling errors. Moreover, there is usually limited information available about the characteristics of those who have died, so it is difficult to understand the differentials that may influence adult mortality rates. High HIV prevalence also has adversely affected adult mortality levels. These factors have an impact on the estimation of maternal mortality levels as well, which are further affected by any problems that may occur in the reporting of a woman's maternity status at the time of her death.

16.1 DATA

To estimate adult and maternal mortality, the 2009 LDHS included a sibling survival history in the Woman's Questionnaire. To obtain these data, all women age 15-49 were first asked to list all children born to their biological mother, including all siblings who were still alive and those who had died. For brothers and sisters who were alive, only the age at the last birthday was asked. For those who had died, the number of years since death and the age at death were asked. For sisters who had died at age 12 or older, three additional questions were asked to determine whether the death was maternity-related: "Was [NAME OF SISTER] pregnant when she died?" and, if negative, "Did she die during childbirth?" and, if negative, "Did she die within two months after the end of a pregnancy or childbirth?"

Adult and maternal mortality estimation requires accurate reporting of the number of siblings the respondent ever had, the number who died, and the number of sisters who died of maternity-related causes (for maternal mortality). Although there is no definitive procedure for establishing the completeness of retrospective data on sibling survivorship, Table 16.1 presents several indicators that can be used to measure the quality of sibling survivorship data.

Sibling status and completeness of reporting	Females		Males		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
All siblings	16,620	100.0	16,445	100.0	33,065	100.0
Surviving	13,538	81.5	12,671	77.1	26,209	79.3
Deceased	3,051	18.4	3,746	22.8	6,796	20.6
Information missing	32	0.2	27	0.2	59	0.2
Surviving siblings	13,538	100.0	12,671	100.0	26,209	100.0
Age reported	12,756	94.2	11,903	93.9	24,658	94.1
Age missing	782	5.8	769	6.1	1,551	5.9
Deceased siblings	3,051	100.0	3,746	100.0	6,796	100.0
AD and YSD reported	2,105	69.0	2,450	65.4	4,555	67.0
Missing only AD	249	8.2	344	9.2	593	8.7
Missing only YSD	249	8.2	274	7.3	523	7.7
Missing both	448	14.7	678	18.1	1,125	16.6

A total of 33,065 siblings was recorded in the maternal mortality section of the 2009 LDHS. The sex ratio of the enumerated siblings (the ratio of brothers to sisters) is 0.95, which is lower than the expected sex ratio at birth in Lesotho (1.04). Survival status is missing for only 59 of the siblings (less than 1 percent). More significant deficiencies are evident in the quality of the age data for surviving siblings and especially in the information on the age at death and years since death for deceased siblings. Respondents were unable to report the current age for 6 percent of surviving siblings. Information on both the age at death and years since death was reported for only two-thirds of deceased siblings. Rather than exclude the siblings with missing data from further analysis, information on the birth order of siblings in conjunction with other information was used to impute the missing data.¹ The sibling survivorship data, including cases with imputed values, have been used in the direct estimation of adult and maternal mortality.

16.2 ESTIMATES OF ADULT MORTALITY

One way to assess the quality of data used to estimate maternal mortality is to evaluate the plausibility and stability of overall adult mortality. It is reasoned that if rates of overall adult mortality are implausible, rates based on a subset of deaths—maternal deaths in particular—are likely to have serious problems. Also, levels and trends in overall adult mortality have important implications in their own right for health and social programmes in Lesotho, especially with regard to the potential effect of the AIDS epidemic.

The direct estimation of adult mortality uses the reported ages at death and years since death of the respondents' brothers and sisters. Because of the differentials in exposure to the risk of dying, age- and sex-specific death rates are presented in Table 16.2. The rates are shown for the 10-year period preceding the survey for both sexes and for women and men separately. Because the number of deaths on which the 2009 LDHS rates are based is not large (a total of 1,236 female deaths and 1,321 male deaths), the estimated age-specific rates are subject to considerable sampling variation. To remove the effect of truncation bias—the upper boundary for eligibility for women interviewed in the 2009 LDHS is 49 years—the overall rates were standardised by the age distribution of the survey respondents.

Table 16.2 Adult mortality rates

Age-specific mortality rates for women and men age 15-49 based on the survivorship of sisters and brothers of female survey respondents for the ten-year period preceding the survey, Lesotho 2009

Age	Deaths	Exposure	Mortality rates
WOMEN			
15-19	57	21,870	2.6
20-24	149	23,200	6.4
25-29	269	19,599	13.7
30-34	284	14,586	19.5
35-39	242	10,700	22.6
40-44	146	7,315	19.9
45-49	89	4,278	20.8
15-49	1,236	101,547	12.4 ^a
MEN			
15-19	47	20,978	2.2
20-24	122	21,904	5.5
25-29	234	18,703	12.5
30-34	265	14,275	18.5
35-39	309	10,052	30.8
40-44	201	6,623	30.3
45-49	144	3,916	36.9
15-49	1,321	96,451	14.9 ^a
TOTAL			
15-19	104	42,848	2.4
20-24	271	45,104	6.0
25-29	503	38,302	13.1
30-34	549	28,860	19.0
35-39	551	20,752	26.6
40-44	346	13,938	24.8
45-49	233	8,194	28.5
15-49	2,557	197,998	13.6 ^a

^a Age standardised

¹ The imputation procedure is based on the assumption that the reported birth order of siblings in the history is correct. The first step is to calculate birth dates. For each living sibling with a reported age and each dead sibling with complete information on both age at death and years since death, the birth date was calculated. For a sibling missing these data, a birth date was imputed within the range defined by the birth dates of the bracketing siblings. In the case of living siblings, an age at the time of the survey was then calculated from the imputed birth date. In the case of dead siblings, if either the age at death or years since death was reported, that information was combined with the birth date to produce the missing information. If both pieces of information were missing, the distribution of the ages at death for siblings for whom the years since death were unreported, but age at death was reported, was used as a basis for imputing the age at death.

Adult mortality for both sexes is 13.6 deaths per 1,000 years of exposure. The rate generally increases with age, peaking at 28.5 deaths per 1,000 for adults age 45-49, a level which is more than ten times the rate in the 15-19 age group (2.4 deaths per 1,000). Looking at the differences in mortality by sex, the rate for men age 15-49 is 14.9 deaths per 1,000, which is 20 percent higher than the rate for women (12.4 deaths per 1,000). Mortality rates are higher for women than men under age 35, with female mortality peaking at 23 deaths per 1,000 among women age 35-39. Male mortality rates are markedly higher than female rates in the older age groups, peaking at 37 deaths per 1,000 among men age 45-49.

The adult mortality estimate from the 2009 LDHS sibling death data (13.6 deaths per 1,000 years of exposure) was 22 percent higher than the rate estimated from similar data collected in the 2004 LDHS survey (11.1 deaths per 1,000). A comparison of the trends in mortality levels by age and sex indicates that adult mortality increased in the five-year period between the two surveys, for both women and men, and in all but the 15-19 age group (Figures 16.1 and 16.2). Overall, the absolute increase in adult mortality was somewhat greater among men (from 12.3 deaths in 2004 to 14.9 deaths per 1,000 in 2009) than among women (from 9.9 deaths to 12.4 deaths per 1,000 in 2009).

Figure 16.1 Trends in Female Adult Mortality in Lesotho by Age, 2004 and 2009

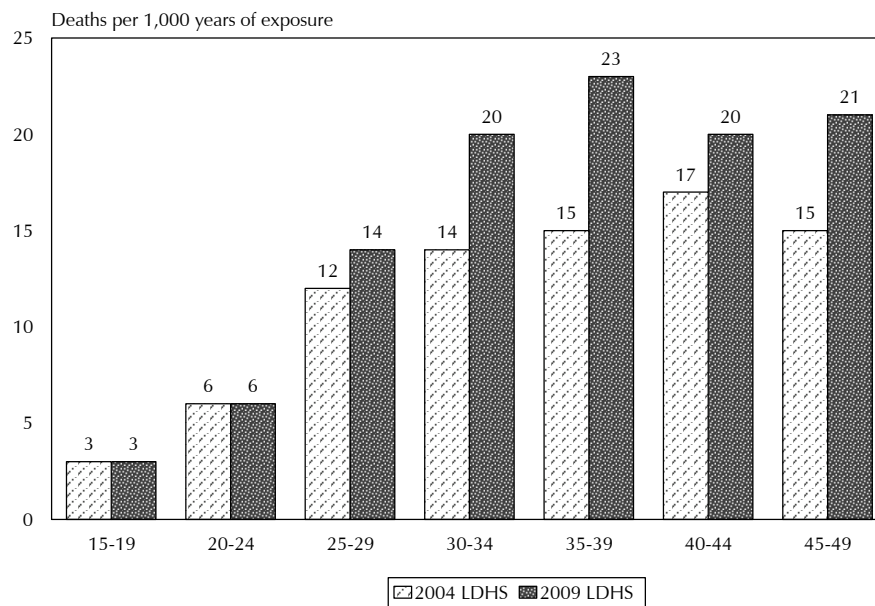
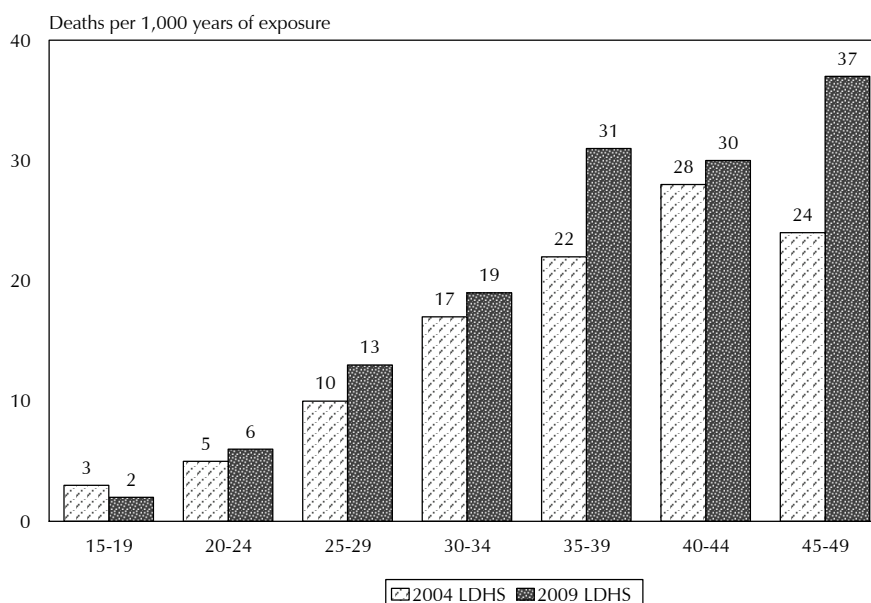


Figure 16.2 Trends in Male Adult Mortality in Lesotho by Age, 2004 and 2009



16.3 ESTIMATES OF MATERNAL MORTALITY

Maternal deaths are defined as any deaths that occur during pregnancy, during childbirth, or within two months after the birth or termination of a pregnancy.² Estimates of maternal mortality are therefore based solely on the timing of the death in relationship to the pregnancy. Two survey methods are generally used to estimate maternal mortality in developing countries: the indirect sisterhood method (Graham et al., 1989) and a direct variant of the sisterhood method (Rutenberg and Sullivan, 1991). In this report, the direct estimation procedure is applied. Age-specific mortality rates are calculated by dividing the number of maternal deaths by woman-years of exposure. Again, to address the effect of truncation bias (the upper boundary for eligibility for women interviewed in the 2009 LDHS is 49 years), the overall rate for women age 15-49 is standardised by the age distribution of the survey respondents.

Table 16.3 presents direct estimates of maternal mortality for the ten-year period preceding the survey. The LDHS results show that maternal deaths represent 11 percent of all deaths among women age 15-49 (136/1,236) in Lesotho. Overall, the rate of mortality associated with pregnancy and childbearing is 1.3 maternal deaths per 1,000 woman-years of exposure. The age-specific mortality rates show a generally plausible pattern, being higher at the peak childbearing ages of the twenties and thirties than at younger ages.

² This time-dependent definition includes all deaths that occurred during pregnancy and two months after pregnancy, even if the death was a result of nonmaternal causes. However, this definition is generally considered to be unlikely to result in overreporting of maternal deaths because most deaths to women during the two-month period are a result of maternal causes, and maternal deaths are more likely to be underreported than overreported.

The maternal mortality rate can be converted to a maternal mortality ratio and expressed per 100,000 live births by dividing the rate by the general fertility rate of 0.109, which is the age-adjusted general fertility rate prevailing during the same time period. Following this procedure, the maternal mortality ratio during the ten-year period before the survey is estimated as 1,155 maternal deaths per 100,000 live births. At 95 percent confidence interval, the true estimate of maternal mortality ratio lies between 874 and 1,435 deaths per 100,000 live births. This ratio is considerably higher than the ratio estimated in the 2004 LDHS (762 maternal deaths per 100,000 births). However, the lower bound of the confidence interval for the 2009 estimate (874) overlaps with the upper bound of the 2004 estimate (964 maternal deaths per 1,000). Thus, the two estimates cannot be considered to be statistically different, and it is not possible to say with confidence that maternal mortality has increased.

Age	Maternal deaths	Exposure (years)	Mortality rates (1,000)
15-19	9	21,870	0.4
20-24	25	23,200	1.1
25-29	46	19,599	2.3
30-34	30	14,586	2.0
35-39	15	10,700	1.4
40-44	9	7,315	1.3
45-49	2	4,278	0.6
Total 15-49	136	101,547	1.3 ^a
General fertility rate			0.109 ^a
Maternal mortality ratio ^b	-	-	1,155

^a Age standardised
^b Per 100,000 births: calculated as maternal mortality rate divided by the general fertility rate

17.1 NONCOMMUNICABLE DISEASES

Four of the most prominent noncommunicable diseases (NCDs)—cardiovascular disease, cancer, chronic respiratory disease, and diabetes—share common preventable risk factors related to lifestyles. These risk factors are tobacco use, unhealthy diet, physical inactivity, and the excessive use of alcohol (World Health Organization, 2010). Today NCDs remain a formidable health problem worldwide because they cause a majority of deaths. However, major strides can be taken to prevent communicable diseases even with the meagre resources available to some countries of the world today. The key to prevention and control of noncommunicable diseases lies in having the information about these diseases. In Lesotho, information has been generated through routine data and surveillance systems. However, these systems do not produce quality data on a regular basis. Therefore, nationally representative population-based data are needed to calibrate routinely collected data to estimate the magnitude of the problem in the population. Lesotho instituted a noncommunicable disease program in 2000. In 2001 the first NCD survey was conducted. In an effort to complement the current information on NCDs, the 2009 LDHS collected information about selected chronic diseases, such as breast and cervical cancer, hypertension, and diabetes mellitus. Hypertension is discussed in section 17.2.

17.1.1 Use of Tobacco

Smoking has a strong negative impact on the population's health. Smoking is a known risk factor for cardiovascular disease; it causes lung cancer and other forms of cancer, and contributes to the severity of pneumonia, emphysema, and chronic bronchitis. It may also have an impact on individuals who are exposed to passive smoking. For example, inhaling secondhand smoke may adversely affect children's growth and cause childhood illness, especially respiratory diseases. Because smoking is an acquired behaviour, all morbidity and mortality caused by smoking is preventable.

Overall, smoking is relatively rare among women (data not shown) but quite common among men in Lesotho. Table 17.1 shows that 35 percent of men age 15-49 in Lesotho smoke cigarettes, and 15 percent use other forms of tobacco. Smoking is more common among older men than younger men; 14 percent of men age 15-19 smoke cigarettes compared with 38 percent or more of men in older age groups. The large proportion of men age 20 and older who smoke, ranging from 38 to 46 percent, suggests that smoking among men has not changed substantially over the past decades.

There are small differentials in smoking by urban-rural residence. Cigarette use among men is highest in the Foothills zone (38 percent) and in Leribe district (42 percent) and also is widespread among men with no education (44 percent). Men in the highest wealth quintile are the least likely to smoke cigarettes or any other form of tobacco, but men in the adjacent fourth wealth quintile are the most likely to use tobacco. Among men who smoke cigarettes, the largest proportion (34 percent) smoked 3 to 5 cigarettes in the 24 hours before the survey, 15 percent smoked 6 to 9 cigarettes, and 16 percent smoked 10 cigarettes or more in the 24 hours before the survey.

There are significant differentials by background characteristics among men who smoke 10 or more cigarettes per day, except for age group 15-19, which is characterised by a lower proportion of smokers (8 percent) compared with 14 to 23 percent for older age groups.

Table 17.1 Use of tobacco: Men

Percentage of men age 15-49 who smoke cigarettes or a pipe or use other tobacco products and the percent distribution of cigarette smokers by number of cigarettes smoked in preceding 24 hours, according to background characteristics, Lesotho 2009

Background characteristic	Cigarettes	Pipe	Other tobacco	Does not use tobacco	Number of men	Number of cigarettes in the past 24 hours						Don't know/missing	Total	Number of cigarette smokers
						0	1-2	3-5	6-9	10+				
Age														
15-19	14.1	1.7	3.4	85.9	835	15.9	38.9	29.3	4.6	7.8	3.6	100.0	117	
20-24	41.1	6.6	12.8	58.9	634	11.6	22.2	29.7	14.8	15.6	6.1	100.0	261	
25-29	46.4	5.3	12.1	53.6	463	6.5	16.1	38.1	19.0	14.2	6.1	100.0	215	
30-34	41.7	7.8	12.4	58.3	396	7.6	20.0	31.5	12.9	23.0	5.0	100.0	165	
35-39	43.9	10.0	8.8	56.1	290	8.6	15.3	38.3	15.8	14.0	7.9	100.0	128	
40-44	39.5	7.1	8.7	60.5	196	9.5	13.9	36.0	19.0	17.3	4.3	100.0	78	
45-49	38.0	8.9	9.2	62.0	193	12.6	11.2	35.9	22.3	15.0	3.0	100.0	73	
Residence														
Urban	33.0	3.9	7.2	67.0	845	6.9	20.6	29.7	17.2	20.3	5.3	100.0	279	
Rural	35.0	6.4	9.9	65.0	2,162	11.0	20.1	35.1	14.4	13.7	5.6	100.0	758	
Ecological zone														
Lowlands	35.5	4.9	9.4	64.5	1,850	9.7	19.0	32.4	16.3	17.8	4.8	100.0	658	
Foothills	37.7	6.3	10.1	62.3	319	12.8	18.6	34.7	15.7	7.2	11.1	100.0	120	
Mountains	31.3	7.8	8.3	68.7	621	8.4	22.6	38.5	12.2	13.9	4.4	100.0	194	
Senqu River Valley	29.7	5.4	8.0	70.3	217	11.6	28.3	30.4	11.6	11.8	6.3	100.0	64	
District														
Butha-Buthe	34.7	8.9	11.5	65.3	168	10.9	17.1	31.8	18.8	13.6	7.8	100.0	58	
Leribe	41.9	9.7	10.4	58.1	498	12.8	21.1	31.5	16.2	11.1	7.3	100.0	209	
Berea	35.3	3.3	10.8	64.7	451	9.7	14.4	33.2	19.7	20.0	2.9	100.0	159	
Maseru	30.5	3.2	6.5	69.5	773	6.0	19.3	36.1	13.9	18.0	6.6	100.0	236	
Mafeteng	37.4	2.6	10.2	62.6	295	9.3	22.9	35.3	11.7	16.8	4.0	100.0	110	
Mohale's Hoek	32.2	5.2	9.4	67.8	250	14.2	21.1	35.9	11.3	17.6	0.0	100.0	80	
Quthing	28.4	6.3	6.5	71.6	150	12.8	24.6	20.1	16.6	15.8	10.0	100.0	43	
Qacha's Nek	28.4	12.6	5.2	71.6	79	4.2	17.9	27.5	21.1	12.3	17.0	100.0	22	
Mokhotlong	28.4	11.9	7.5	71.6	137	5.8	28.2	39.1	11.7	11.1	4.1	100.0	39	
Thaba-Tseka	38.6	6.1	13.3	61.4	206	12.6	24.5	36.2	12.3	10.8	3.6	100.0	79	
Education														
No education	43.5	9.1	11.8	56.5	336	11.3	18.9	45.1	11.7	10.0	3.2	100.0	146	
Primary incomplete	37.0	7.2	11.8	63.0	1,095	10.8	21.5	31.9	16.6	14.2	5.0	100.0	405	
Primary complete	40.8	6.0	12.3	59.2	372	7.1	24.6	26.4	13.9	18.8	9.3	100.0	152	
Secondary+	27.6	3.4	5.0	72.4	1,205	9.6	17.3	34.2	15.6	17.9	5.4	100.0	333	
Wealth quintile														
Lowest	35.1	8.9	10.5	64.9	443	12.1	20.0	34.7	13.7	13.9	5.7	100.0	155	
Second	36.6	6.3	11.4	63.4	575	10.0	19.7	40.6	15.4	12.4	1.9	100.0	210	
Middle	36.7	6.8	10.1	63.3	666	10.3	20.0	30.4	15.3	17.1	6.9	100.0	244	
Fourth	37.4	6.0	9.9	62.6	640	9.8	21.4	33.8	15.0	12.7	7.2	100.0	239	
Highest	27.4	1.8	4.8	72.6	684	7.8	19.9	29.0	16.2	21.7	5.5	100.0	187	
Total 15-49	34.5	5.7	9.1	65.5	3,008	9.9	20.2	33.7	15.2	15.5	5.5	100.0	1,037	
50-59	30.8	4.5	8.4	69.2	309	12.9	18.5	32.8	12.2	20.1	3.6	100.0	95	
Total men 15-59	34.1	5.6	9.1	65.9	3,317	10.2	20.1	33.6	14.9	15.9	5.3	100.0	1,132	

17.1.2 Breast Self-examination

Breast cancer is a malignant breast neoplasm originating from the breast tissue, most commonly from the inner lining of the milk ducts or lobules that supply the ducts with milk. There are many different types of breast cancer, each with different prognoses. Early diagnosis is usually through identification of unusual lumps in the breasts, most commonly through breast self-examination by women trained to perform it.

Female respondents in the 2009 LDHS were asked if they had performed a breast self-examination to detect lumps within the past 12 months and whether they had had a clinical examination to detect breast cancer in the past 12 months. The results show that 26 percent of women examined themselves, and 5 percent had a breast cancer clinical exam in the past 12 months (Table 17.2). There are small variations by the woman's age, although women age 30-39 are slightly more likely than women of

other ages to perform an examination. A women's marital status makes little difference in the practice of breast self-examination. Urban women, women in the Lowlands zone, and women in Butha-Buthe are more likely than other women to perform self-examination. This practice increases with the woman's education and wealth status. Checking for lumps in the breasts is done by 14 percent of women with no education compared with 31 percent of women with secondary or higher education. Similarly, 18 percent of women from the poorest households did this examination compared with 34 percent of women from the richest households.

Table 17.2 Breast self examination			
Percentage of women age 15-49 who performed breast self-examination in the past 12 months and percentage of women who had a breast cancer clinical exam in the past 12 months, by background characteristics, Lesotho 2009			
Background characteristic	Percentage of women who performed breast self examination in the past 12 months	Percentage of women who had a breast cancer clinical exam in the past 12 months	Number of women
Age			
15-19	23.7	2.4	1,785
20-24	27.3	5.1	1,552
25-29	26.8	5.4	1,244
30-34	28.3	6.9	983
35-39	27.7	6.2	763
40-44	26.7	6.1	656
45-49	22.7	3.5	641
Marital status			
Never married	26.5	2.6	2,618
Married or living together	25.8	6.0	4,049
Divorced/separated/widowed	26.7	5.7	957
Residence			
Urban	32.1	5.6	2,573
Rural	23.1	4.4	5,051
Ecological zone			
Lowlands	28.7	5.7	4,798
Foothills	22.8	3.4	725
Mountains	21.7	3.7	1,544
Senqu River Valley	20.6	1.9	556
District			
Butha-Buthe	38.1	4.4	357
Leribe	23.2	3.9	1,359
Berea	29.0	4.6	1,122
Maseru	26.3	6.5	2,036
Mafeteng	31.1	5.8	682
Mohale's Hoek	22.8	4.2	599
Quthing	21.2	1.6	379
Qacha's-Nek	26.9	4.0	219
Mokhotlong	19.4	3.1	356
Thaba-Tseka	23.5	4.7	515
Education			
No education	14.0	5.0	93
Primary incomplete	18.7	3.6	1,810
Primary complete	23.0	3.6	1,741
Secondary+	31.2	5.9	3,979
Wealth quintile			
Lowest	17.6	2.6	1,073
Second	21.0	3.3	1,190
Middle	25.3	5.1	1,325
Fourth	25.8	5.1	1,900
Highest	34.0	6.4	2,136
Total	26.1	4.8	7,624

17.1.3 Cervical Cancer Examination

Cervical cancer is the fifth most common cancer in women worldwide, with approximately 471,000 new cases diagnosed each year (www.cervicalcancer.org, 2008). Cervical cancer is the leading cause of cancer death in adult women in the developing world and the second most common cancer among women worldwide. About 80 percent of cervical cancer deaths occur in developing countries (WHO, 2007). This form of cancer is a malignant neoplasm in the cervical area. It may present with vaginal bleeding, but symptoms may also be absent until the cancer reaches its advanced stages. The Pap smear, named after George Papanicolaou, is the single best cancer screening procedure (WHO, 2007). The test is performed by scraping cells from the surface of the cervix that are examined under microscope for the presence of cancer. Women are advised to undergo this test at least once a year.

The 2009 LDHS female respondents were also asked a series of questions about the Pap smear. Table 17.3 shows that 31 percent of female respondents have heard of this type of test, and 6 percent have had the test performed in the past 12 months. Women age 15-19 are the least likely to have heard of the Pap smear. In general, awareness increases with age. As expected, women who live in urban areas, in the Lowlands zone, and in Maseru district tend to know about the test more often than other women. The proportion of women who know about the Pap smear increases with education above the primary level. Awareness of the Pap smear increases with the woman's wealth status; 14 percent of women from the poorest households had this examination compared with 48 percent of women from the richest households.

Table 17.3 Cervical cancer examination			
Percentage of women age 15-49 who had heard of Pap smear, the percentage of women who had a Pap smear, and among women who had a Pap smear, the percent distribution by time of last exam, by background characteristics, Lesotho 2009			
Background characteristic	Percentage who had heard of Pap smear	Percentage who had a Pap smear in the past 12 months	Number of women
Age			
15-19	12.0	0.6	1,785
20-24	25.3	2.2	1,552
25-29	35.2	5.0	1,244
30-34	45.0	8.3	983
35-39	44.5	10.9	763
40-44	40.4	12.3	656
45-49	41.4	10.4	641
Marital status			
Never married	20.9	2.0	2,618
Married or living together	34.8	7.2	4,049
Divorced/separated/widowed	42.2	7.9	957
Residence			
Urban	43.7	8.9	2,573
Rural	24.4	3.8	5,051
Ecological zone			
Lowlands	37.0	7.1	4,798
Foothills	22.5	1.6	725
Mountains	20.1	3.2	1,544
Senqu River Valley	19.7	3.0	556

Continued...

Table 17.3—Continued

Background characteristic	Percentage who had heard of Pap smear	Percentage who had a Pap smear in the past 12 months	Number of women
District			
Butha-Buthe	28.2	5.7	357
Leribe	26.7	3.9	1,359
Berea	34.8	7.0	1,122
Maseru	40.9	7.5	2,036
Mafeteng	35.6	6.3	682
Mohale's Hoek	22.2	3.4	599
Quthing	17.3	3.6	379
Qacha's Nek	17.1	4.7	219
Mokhotlong	21.8	1.5	356
Thaba-Tseka	22.4	4.3	515
Education			
No education	22.9	9.2	93
Primary incomplete	20.6	3.0	1,810
Primary complete	24.4	4.1	1,741
Secondary+	38.7	7.2	3,979
Wealth quintile			
Lowest	13.9	1.9	1,073
Second	20.4	2.3	1,190
Middle	24.1	3.2	1,325
Fourth	32.3	5.1	1,900
Highest	48.4	10.9	2,136
Total	30.9	5.5	7,624

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

Among women who had a Pap smear, 42 percent had the examination within 12 months before the survey, 36 percent between 1 and 3 years, and 22 percent 4 years or longer before the survey (data not shown).

17.1.4 Diabetes

Female respondents in the 2009 LDHS were asked several questions about diabetes, including knowledge of diagnosis and treatment. Table 17.4 shows that 2 percent of women in Lesotho have been diagnosed by a doctor or a nurse as having diabetes and, among these women, less than half are treating their disease. Six in ten of those who have diabetes treat the disease orally, and the rest use injections.

17.2 HYPERTENSION

High blood pressure or hypertension is known to contribute to the risk of coronary heart disease, stroke, and kidney disease. To gauge the extent to which hypertension is a disease burden in Lesotho, blood pressure measurements were taken from

Table 17.4 History of diabetes

Percent distribution of women age 15-49 by history of diabetes, and, among women diagnosed with diabetes and receiving treatment, the method of taking medicine, Lesotho 2009

History of diabetes, heart attack, and stroke	Women
History of diabetes	
Told had diabetes by a doctor or a nurse	1.6
Receiving treatment	0.7
Not receiving treatment	0.9
Never told had diabetes	98.4
Total	100.0
Number of respondents	7,624
Method of taking medicine	
Injected	35.8
Orally	64.2
Total	100.0
Number of respondents diagnosed with diabetes and receiving treatment	54

women and men who participated in the 2009 LDHS. Measurements taken in the survey were not intended to provide a medical diagnosis of the disease but rather to provide a cross-sectional assessment of the prevalence of high blood pressure in the population at the time of the survey. Although the results of the blood pressure measurements are regarded only as a statistical description of the survey population, they are useful in providing insight into the size and characteristics of the population at risk for hypertension.

Arterial blood pressure is the force exerted by the blood on the wall of a blood vessel as the heart pumps (contracts) and relaxes. The Systolic Blood Pressure (SBP) is the degree of force when the heart is pumping (contracting) and the Diastolic Blood Pressure (DBP) is the degree of force when the heart is relaxed. Pulse is the rhythmic expansion and contraction of an artery caused by the impact of blood pumped by the heart. In the 2009 LDHS, interviewers measured SBP and DBP.

The 2009 LDHS survey used the Microlife BP 3AG1 model for respondents with small, medium, and large arm circumferences. Interviewers were trained to use this device according to the manufacturer's recommended protocol. Three measurements of systolic and diastolic blood pressure, measured in millimetres of mercury (mmHg), were taken during the survey interview at approximately 10 minute intervals between measurements. The average of the second and third measurements was used to classify individuals with respect to hypertension, following internationally recommended categories (WHO, 1999).

Individuals were classified as hypertensive if their systolic blood pressure exceeds 140 mmHg or if their diastolic blood pressure exceeds 90 mmHg. Elevated blood pressure is classified as mild, moderate, or severe according to the cut-off points recommended by the National Institutes of Health (1997).

<u>Blood pressure status</u>	<u>Systolic (mmHg)</u>	<u>Diastolic (mmHg)</u>
Optimal	<120	<80
Normal	120-129	80-84
High normal	130-139	85-89
<u>Level of hypertension</u>		
Stage 1, mildly elevated	140-159	90-99
Stage 2, moderately elevated	160-179	100-109
Stage 3, severely elevated	180+	110+

The overall response to blood pressure testing during the LDHS data collection is encouraging. Measurements were successfully obtained from 96 percent of the 7,289 de facto women age 15-49 and men age 15-59 who were eligible for blood pressure measurements (data not shown).

17.2.1 History of Hypertension

Table 17.5 shows that 56 percent of the survey respondents had never had their blood pressure measured prior to the survey; women age 15-49 are more likely than men age 15-59 to have their blood pressure measured (53 percent compared with 23 percent). Among those who have their blood pressure checked, half had it done in the past 6 months, 22 percent between 6 and 11 months before the survey, and one in four had it done one to five years ago. There are small differences by sex.

When asked who checked their blood pressure the last time, seven in ten say that the measurement was done by a nurse and 26 percent say a doctor performed the measurement. The person who did the measurement varies by the respondent's sex; 79 percent of women say that they were checked by a nurse and 54 percent of men claim they were checked by a doctor. The majority of respondents who were diagnosed with hypertension are taking some action to lower their blood pressure. The most often cited actions are taking the prescribed medication (82 percent), cutting down salt consumption (71 percent), and exercising (54 percent). Four in 10 respondents are taking traditional herbs or medicine. Women are as likely as men to be taking these actions.

Table 17.5 History of hypertension and actions taken to lower blood pressure			
Percent distribution of women age 15-49 and men age 15-59 by history of hypertension (high blood pressure) and, among those told they had high blood pressure, percentage taking various actions to treat the illness, Lesotho 2009			
History of hypertension and actions taken to treat hypertension	Women	Men	Total
History of hypertension			
Percentage not measured	46.7	77.0	55.9
Percentage who have ever had blood pressure measured	53.3	23.0	44.1
Total	100.0	100.0	100.0
Number of respondents	7,624	3,317	10,941
When last had blood pressure checked			
Less than 6 months ago	49.5	47.1	49.1
6-11 months ago	22.2	21.3	22.0
1-5 years ago	24.8	24.3	24.7
More than 5 years ago	3.0	6.7	3.6
Don't know/missing	0.6	0.6	0.6
Total	100.0	100.0	100.0
Number of respondents who ever had blood pressure checked	4,061	764	4,825
Person who checked blood pressure			
Doctor	21.2	54.4	26.1
Nurse	78.5	18.0	69.5
Pharmacist	0.2	23.6	3.7
Other	0.0	4.0	0.6
Total	100.0	100.0	100.0
Number with history of high blood pressure	645	113	758
Actions taken to lower blood pressure			
Percentage taking some action to lower blood pressure			
Taking prescribed medication	81.5	82.7	81.7
Controlling weight/losing weight	36.8	33.3	36.3
Cutting down on salt in diet	71.5	67.5	70.9
Exercising	53.3	60.4	54.4
Cut down alcohol	15.2	45.9	19.8
Stopped smoking	11.5	27.3	13.9
Taking traditional medicine/herbs	40.9	37.8	40.4
Number with history of high blood pressure	645	113	758

17.2.2 Prevalence of Hypertension

Tables 17.6.1 and 17.6.2 show that 82 percent of women age 15-49 and men age 15-59 in Lesotho have normal blood pressure. Eleven percent of women and 12 percent of men have an elevated blood pressure, and 15 percent of women and 13 percent of men can be classified as having hypertension. These individuals are those whose systolic pressure is 140 mmHg or higher and whose diastolic pressure is 90 mmHg or higher or those whose systolic pressure is 139 mmHg or lower and diastolic pressure is 89 mmHg or lower but who take medication to reduce blood pressure.

Socioeconomic characteristics	Prevalence of hypertension	Normal			Elevated			Normal BP and taking medication ¹	Missing final BP level	Total	Number of women
		Optimal <120/ <80 mmHg	Normal 120-129/ 80-84 mmHg	High normal 130-139/ 85-89 mmHg	Mildly elevated (stage 1) 140-159/ 90-99 mmHg	Moderately elevated (stage 2) 160-179/ 100-109 mmHg	Severely elevated (stage 3) 180+ / 110+ mmHg				
Age											
15-19	5.2	57.0	25.5	9.7	3.3	0.1	0.1	1.8	2.6	100.0	926
20-24	9.1	51.9	28.0	8.7	4.2	0.6	0.5	3.7	2.3	100.0	828
25-29	11.9	45.9	29.0	10.3	5.8	0.8	0.6	4.7	2.9	100.0	615
30-34	15.8	45.8	22.4	11.6	9.2	2.3	0.5	3.8	4.5	100.0	511
35-39	22.9	36.5	25.3	12.1	10.7	4.3	2.8	5.1	3.2	100.0	421
40-44	26.8	34.0	25.4	10.6	12.1	7.1	1.8	5.9	3.2	100.0	337
45-49	40.7	25.1	16.8	14.6	17.7	9.2	5.1	8.7	2.8	100.0	335
Marital status											
Never married	7.6	54.8	26.1	9.2	4.7	0.4	0.3	2.3	2.3	100.0	1,370
Ever married	19.0	41.3	25.0	11.3	8.8	3.5	1.6	5.2	3.3	100.0	2,602
Residence											
Urban	17.9	42.3	25.4	10.2	8.6	2.9	1.5	4.9	4.2	100.0	1,312
Rural	13.7	47.7	25.4	10.7	6.8	2.2	1.0	3.8	2.3	100.0	2,660
Ecological zone											
Lowlands	16.5	46.3	24.3	9.5	7.6	2.9	1.3	4.6	3.3	100.0	2,473
Foothills	13.9	45.2	24.2	13.2	7.2	1.7	1.3	3.6	3.5	100.0	367
Mountains	12.8	44.6	28.2	11.9	7.2	1.4	0.6	3.6	2.5	100.0	834
Senqu River Valley	11.4	47.4	28.1	12.2	6.3	1.7	0.8	2.6	0.8	100.0	298
District											
Butha-Buthe	17.0	36.7	23.0	13.3	10.9	1.5	2.3	2.4	9.9	100.0	185
Leribe	18.3	45.1	22.0	12.3	9.1	3.4	2.1	3.7	2.3	100.0	697
Berea	13.1	47.5	24.0	9.4	4.5	2.8	0.9	4.8	6.0	100.0	550
Maseru	16.3	46.5	26.8	8.1	7.4	2.3	1.3	5.2	2.4	100.0	1,054
Mafeteng	15.7	48.2	25.0	9.9	6.6	3.3	0.8	5.1	1.1	100.0	366
Mohale's Hoek	13.8	49.0	23.2	12.1	7.8	1.3	0.6	4.1	2.0	100.0	325
Quthing	10.1	51.6	27.4	10.3	6.1	1.4	0.5	2.1	0.6	100.0	206
Qacha's Nek	15.2	38.7	29.2	14.8	9.6	2.3	0.9	2.5	2.0	100.0	123
Mokhotlong	10.2	48.5	29.5	9.6	5.4	1.4	0.3	3.1	2.2	100.0	192
Thaba-Tseka	13.2	40.0	30.4	13.6	8.1	2.0	0.1	2.9	2.8	100.0	275
Education											
No education	9.0	36.4	32.1	20.9	2.4	2.6	4.1	0.0	1.6	100.0	46
Primary incomplete	15.5	44.7	24.6	11.9	8.2	2.9	1.2	3.2	3.3	100.0	1,000
Primary complete	17.7	41.4	25.2	12.1	8.0	2.8	1.2	5.6	3.7	100.0	865
Secondary+	14.0	48.7	25.8	9.0	6.8	2.0	1.0	4.2	2.5	100.0	2,061
Wealth quintile											
Lowest	10.5	48.2	25.2	13.6	6.4	1.5	0.8	1.8	2.4	100.0	573
Second	12.6	46.1	26.6	11.4	7.9	1.5	0.9	2.2	3.3	100.0	649
Middle	16.2	47.3	24.7	9.4	7.5	2.6	1.3	4.8	2.4	100.0	712
Fourth	16.1	43.3	27.9	10.3	7.2	2.4	1.5	5.0	2.5	100.0	992
Highest	17.5	46.2	23.0	9.4	7.6	3.4	1.0	5.5	3.9	100.0	1,046
Total	15.1	46.0	25.4	10.6	7.4	2.4	1.1	4.2	3.0	100.0	3,972

Note: The blood pressure measurements taken in the survey provide a cross-sectional assessment of the prevalence of high blood pressure readings in the surveyed population at the time of the LDHS interviews and do not represent a medical diagnosis of hypertension.

¹ Blood pressure = 140/90 mmHg or currently taking antihypertensive medication

Table 17.6.2 Levels of hypertension by socioeconomic characteristics: Men

Prevalence of hypertension among men age 15-59 and percent distribution of men by blood pressure status, according to socioeconomic characteristics, Lesotho 2009

Socioeconomic characteristics	Prevalence of hypertension	Normal			Elevated			Normal BP and taking medication ¹	Missing final BP level	Total	Number of men
		Optimal <120/ <80 mmHg	Normal 120-129/ 80-84 mmHg	High normal 130-139/ 85-89 mmHg	Mildly elevated (stage 1) 140-159/ 90-99 mmHg	Moderately elevated (stage 2) 160-179/ 100-109 mmHg	Severely elevated (stage 3) 180+ / 110+ mmHg				
Age											
15-19	4.3	51.7	27.6	12.2	4.0	0.2	0.0	0.2	4.1	100.0	835
20-24	9.1	34.8	37.3	14.5	7.8	1.0	0.0	0.4	4.2	100.0	634
25-29	10.3	38.0	30.7	16.6	9.1	0.2	0.0	0.9	4.3	100.0	463
30-34	12.9	32.6	33.0	17.0	9.3	1.1	0.2	2.2	4.5	100.0	396
35-39	18.8	32.0	28.3	15.3	15.5	1.9	0.0	1.4	5.6	100.0	290
40-44	24.7	24.8	26.8	17.7	17.9	3.3	1.1	2.5	6.0	100.0	196
45-49	14.9	34.6	27.4	16.7	8.7	3.2	0.8	2.2	6.5	100.0	193
50-54	30.7	22.9	24.0	17.9	20.4	5.5	2.6	2.3	4.5	100.0	162
55-59	36.8	29.6	19.2	8.9	22.9	8.7	1.6	3.7	5.5	100.0	148
Marital status											
Never married	8.1	42.1	31.3	14.4	7.0	0.9	0.0	0.2	4.1	100.0	1,707
Ever married	18.0	32.8	28.6	15.3	12.8	2.3	0.7	2.2	5.3	100.0	1,610
Residence											
Urban	15.8	31.3	30.2	15.4	11.0	2.6	0.5	1.7	7.2	100.0	928
Rural	11.8	40.0	29.9	14.6	9.4	1.2	0.3	1.0	3.6	100.0	2,389
Ecological zone											
Lowlands	14.1	37.1	29.8	14.3	11.0	1.7	0.2	1.2	4.8	100.0	2,040
Foothills	9.3	46.1	27.2	12.1	7.3	1.2	0.9	0.0	5.3	100.0	348
Mountains	11.6	34.3	32.1	17.6	8.4	1.2	0.5	1.5	4.5	100.0	687
Senqu River Valley	11.6	39.3	30.2	15.7	7.6	2.2	0.0	1.8	3.2	100.0	242
District											
Butha-Buthe	14.1	33.6	24.8	16.1	11.6	1.6	0.4	0.5	11.4	100.0	184
Leribe	16.3	36.8	27.2	16.0	13.4	1.7	0.2	1.0	3.7	100.0	530
Berea	14.1	36.0	29.3	13.1	9.5	2.0	0.5	2.1	7.5	100.0	504
Maseru	11.3	38.5	33.2	13.4	9.6	0.8	0.4	0.5	3.5	100.0	845
Mafeteng	10.1	43.6	30.5	13.6	7.1	2.0	0.0	1.0	2.2	100.0	330
Mohale's Hoek	12.7	42.9	25.1	15.7	8.2	2.8	0.5	1.1	3.6	100.0	284
Quthing	9.0	39.5	33.0	15.4	4.8	1.7	0.0	2.4	3.2	100.0	165
Qacha's Nek	14.2	25.2	34.7	17.8	9.7	2.1	0.4	2.0	8.1	100.0	91
Mokhotlong	13.6	36.8	28.3	18.2	10.5	2.0	0.0	1.1	3.1	100.0	158
Thaba-Tseka	13.4	31.4	33.2	16.9	10.4	1.0	0.5	1.5	5.1	100.0	227
Education											
No education	15.2	32.1	31.1	17.3	13.3	0.9	0.0	1.0	4.3	100.0	429
Primary incomplete	10.8	40.5	30.7	14.1	8.4	1.2	0.4	0.8	4.0	100.0	1,223
Primary complete	12.8	41.0	28.5	13.4	8.3	1.8	0.9	1.8	4.4	100.0	401
Secondary+	14.2	35.6	29.5	15.2	10.5	2.2	0.2	1.4	5.5	100.0	1,264
Wealth quintile											
Lowest	13.5	34.5	31.2	17.0	10.2	1.4	0.9	1.0	3.8	100.0	484
Second	10.1	40.7	30.4	15.1	8.3	1.2	0.1	0.5	3.8	100.0	650
Middle	10.1	42.4	30.1	12.5	7.8	0.9	0.0	1.4	4.8	100.0	726
Fourth	13.6	36.6	29.8	14.3	11.1	1.0	0.7	0.8	5.7	100.0	704
Highest	17.0	33.1	29.0	16.0	11.6	3.4	0.2	1.9	4.8	100.0	754
Total	12.9	37.6	30.0	14.8	9.8	1.6	0.3	1.2	4.6	100.0	3,317

Note: The blood pressure measurements taken in the survey provide a cross-sectional assessment of the prevalence of high blood pressure readings in the surveyed population at the time of the LDHS interviews and do not represent a medical diagnosis of hypertension.

¹ Blood pressure =140/90 mmHg or currently taking antihypertensive medication

Epidemiological studies have shown that hypertension is positively associated with age, a finding confirmed by the 2009 LDHS. For example, only 5 percent of women age 15-19 are hypertensive compared with 41 percent of women age 45-49. Four percent of men age 15-19 have high blood pressure compared with 37 percent of men age 55-59. Ever-married women and men tend to have high blood

pressure compared with never-married women and men. Women and men who live in urban areas, in the Lowlands, and in Leribe district tend to have higher blood pressure than those living in other areas. There is no uniform pattern in the association between hypertension and the respondent's education. Whereas the prevalence of hypertension increases with an increasing wealth quintile among women, this association is absent in men.

Tables 17.7.1 and 17.7.2 present the prevalence of hypertension by the respondent's lifestyle. Women who use tobacco are twice as likely as women who do not use tobacco products to have high blood pressure. The measurement in the survey confirmed previous diagnosis—84 percent of women and 83 percent of men who are classified as having hypertension had been told by a doctor or a nurse that they have high blood pressure. There is a positive association between high blood pressure and diabetes. For instance, one in 3 women diagnosed by a doctor or a nurse to be diabetic has high blood pressure compared with 15 percent who have never been told that they are diabetic. The corresponding figures for men are 23 percent and 13 percent, respectively.

Being overweight also increases the risk of having hypertension. This is confirmed by the data in Table 17.7.1 and 17.7.2; obese women and men are the most likely to have high blood pressure. For example, only 3 percent of women who are thin are hypertensive compared with 29 percent of women who are obese. For men, the figures are 5 percent and 35 percent, respectively.

Table 17.7.1 Levels of hypertension by health status measures: Women

Prevalence of hypertension among women age 15-49 and percent distribution of women by blood pressure status, according to health status measures, Lesotho 2009

Health status measures	Prevalence of hypertension	Normal			Elevated			Normal BP and taking medication ¹	Missing final BP level	Total	Number of women
		Optimal <120/<80 mmHg	Normal 120-129/80-84 mmHg	High normal 130-139/85-89 mmHg	Mildly elevated (stage 1) 140-159/90-99 mmHg	Moderately elevated (stage 2) 160-179/100-109 mmHg	Severely elevated (stage 3) 180+ /110+ mmHg				
Use of tobacco products											
Uses tobacco products	26.5	39.2	20.9	11.2	12.9	3.5	2.4	7.6	2.3	100.0	389
Does not use tobacco products	13.9	46.7	25.9	10.5	6.8	2.3	1.0	3.8	3.0	100.0	3,582
History of hypertension											
Told had high blood pressure by a doctor or a nurse	83.7	4.5	4.2	2.6	17.0	13.5	4.7	48.5	5.1	100.0	342
Never told	8.6	49.9	27.4	11.3	6.5	1.4	0.8	0.0	2.8	100.0	3,630
History of diabetes											
Told had diabetes by a doctor or a nurse	35.0	30.2	19.3	11.9	7.1	13.8	1.5	12.6	3.7	100.0	60
Never told had diabetes	14.8	46.2	25.5	10.5	7.4	2.2	1.1	4.0	3.0	100.0	3,912
Nutritional status											
Thin (BMI <18.5)	3.3	71.4	15.2	7.0	1.4	0.0	0.0	1.9	3.2	100.0	220
Normal (BMI 18.5-24.9)	10.2	52.9	24.8	10.1	5.7	1.1	0.6	2.8	2.0	100.0	1,926
Overweight (BMI 25.0-29.9)	19.1	38.2	28.7	11.0	9.9	2.6	2.1	4.6	3.0	100.0	912
Obese (BMI ≥30.0)	28.5	27.7	25.9	13.9	12.3	7.4	1.6	7.2	4.1	100.0	639
Not eligible (pregnant or recent birth)	12.4	51.0	26.8	7.8	3.9	0.8	1.4	6.4	2.0	100.0	209
Out of range/missing	21.4	28.0	23.5	5.9	5.4	3.4	1.9	10.7	21.2	100.0	65
Total	15.1	46.0	25.4	10.6	7.4	2.4	1.1	4.2	3.0	100.0	3,972

Note: The blood pressure measurements taken in the survey provide a cross-sectional assessment of the prevalence of high blood pressure readings in the surveyed population at the time of the LDHS interviews and do not represent a medical diagnosis of hypertension. Total includes 1 woman with information missing on use of tobacco use.

¹ Blood pressure = 140/90 mmHg or currently taking antihypertensive medication

Table 17.7.2 Levels of hypertension by health status measures: Men

Prevalence of hypertension among men age 15-59 and percent distribution of men by blood pressure status, according to health status measures, Lesotho 2009

Health status measures	Prevalence of hypertension	Normal			Elevated			Normal BP and taking medication ¹	Missing final BP level	Total	Number of men
		Optimal <120/ <80 mmHg	Normal 120/ 80- 139/ 85- 130- 89 mmHg	High normal 140- 159/ 90-99 mmHg	Mildly elevated (stage 1) 140- 159/ 100-109 mmHg	Moderately elevated (stage 2) 160-179/ 110+ mmHg	Severely elevated (stage 3) 180+ mmHg				
Use of tobacco products											
Uses tobacco products	14.0	34.3	31.6	15.8	10.7	1.3	0.4	1.6	4.3	100.0	1,132
Does not use tobacco products	12.4	39.3	29.2	14.4	9.3	1.8	0.3	1.0	4.8	100.0	2,184
History of hypertension											
Told had high blood pressure by a doctor or a nurse	82.8	1.3	0.0	6.7	34.7	8.6	5.0	34.6	9.2	100.0	113
Never told	10.5	38.9	31.1	15.1	8.9	1.4	0.2	0.0	4.5	100.0	3,204
History of diabetes											
Told had diabetes by a doctor or a nurse	23.0	27.4	20.4	17.5	15.4	2.8	0.0	4.8	11.8	100.0	71
Never told had diabetes	12.7	37.8	30.2	14.8	9.7	1.6	0.3	1.1	4.5	100.0	3,246
Nutritional status											
Thin (BMI <18.5)	4.8	52.8	29.7	10.2	2.9	0.5	0.6	0.8	2.5	100.0	592
Normal (BMI 18.5-24.9)	12.2	37.5	30.8	15.9	9.8	1.3	0.1	0.9	3.5	100.0	2,262
Overweight (BMI 25.0-29.9)	30.1	18.3	28.4	18.1	22.2	3.7	0.8	3.4	5.1	100.0	273
Obese (BMI ≥30.0)	35.2	13.9	26.2	18.1	21.9	8.6	2.3	2.3	6.6	100.0	82
Out of range/missing	11.6	23.3	21.0	7.5	6.8	3.1	0.0	1.7	36.6	100.0	108
Total	12.9	37.6	30.0	14.8	9.8	1.6	0.3	1.2	4.6	100.0	3,317

Note: The blood pressure measurements taken in the survey provide a cross-sectional assessment of the prevalence of high blood pressure readings in the surveyed population at the time of the LDHS interviews and do not represent a medical diagnosis of hypertension. Total includes 1 man with information missing on use of tobacco use.

¹ Blood pressure =140/90 mmHg or currently taking antihypertensive medication

17.3 HEALTH INSURANCE

In an effort to promote access to health care services to the people, starting in 2008 the government of Lesotho removed user fees from all public health facilities, facilities affiliated with the Christian Health Association of Lesotho (CHAL), and facilities of the Lesotho Red Cross Society¹. Hospital fees from the public facilities are standardised and heavily subsidised by the government. Consideration is also under way to implement social health insurance. Several companies are available in the country to provide private health insurance to individuals. However, because of high unemployment rates and low wages for employed persons, the majority of the people may not be able to afford insurance policies.

Today, the health insurance system is almost non-existent in Lesotho. Only 9 percent of women age 15-49 and men age 15-59 are covered by any type of insurance (Tables 17.8.1 and 17.8.2). The majority of women and men who are covered by health insurance have it through a mutual health organisation or have community-based insurance (5 percent of women and 4 percent of men) or other insurance (4 percent each of women and men).

¹ Letter to Removal of User Fees in all Public Health Centres and Standardisation of Use fees in the Hospitals- 2006

Older women and men and those who live in urban areas are more likely to be covered by health insurance than other women and men. The highest proportion of women who are covered by health insurance live in Maseru district (15 percent), and the highest proportion of covered men live in Berea district (12 percent).

As expected, health insurance coverage increases as the respondent's levels of education and wealth increase. For example, only 4 percent of women in the lowest wealth quintile are covered by health insurance, compared with 18 percent of women in the highest wealth quintile. For men, the corresponding figures are 3 percent and 23 percent, respectively.

Background characteristic	Other employer-based insurance	Mutual health organisation/ community-based insurance	Other	None	Number
Age					
15-19	0.3	1.1	1.2	97.5	1,785
20-24	0.5	2.7	2.3	94.7	1,552
25-29	1.1	4.5	4.8	90.0	1,244
30-34	1.9	7.0	6.2	86.2	983
35-39	1.8	7.3	6.0	86.7	763
40-44	2.9	9.4	6.2	83.0	656
45-49	1.5	7.3	6.0	85.9	641
Residence					
Urban	2.2	5.6	7.6	85.8	2,573
Rural	0.6	4.1	2.1	93.6	5,051
Ecological zone					
Lowlands	1.5	4.8	4.9	89.6	4,798
Foothills	0.4	2.8	0.6	96.5	725
Mountains	0.6	4.9	2.9	92.1	1,544
Senqu River Valley	0.5	4.0	3.0	92.6	556
District					
Butha-Buthe	1.5	0.9	2.6	96.0	357
Leribe	0.1	0.9	2.3	96.7	1,359
Berea	1.7	7.5	3.2	88.5	1,122
Maseru	1.7	6.9	6.8	85.7	2,036
Mafeteng	1.2	1.8	1.6	95.9	682
Mohale's Hoek	1.7	3.2	3.7	92.3	599
Quthing	0.7	4.8	3.5	91.4	379
Qacha's Nek	1.3	5.2	4.8	89.1	219
Mokhotlong	0.4	2.5	5.8	91.6	356
Thaba-Tseka	0.3	7.9	1.7	90.5	515
Education					
No education	0.0	0.4	1.3	98.3	93
Primary incomplete	0.1	3.1	2.0	94.8	1,810
Primary complete	0.2	4.1	2.5	93.4	1,741
Secondary+	2.0	5.6	5.6	88.0	3,979
Wealth quintile					
Lowest	0.0	2.8	1.1	96.1	1,073
Second	0.0	2.3	1.3	96.4	1,190
Middle	0.3	1.9	1.8	96.1	1,325
Fourth	0.6	5.0	3.5	91.2	1,900
Highest	3.3	8.2	8.6	82.0	2,136
Total	1.1	4.6	4.0	91.0	7,624

Table 17.8.2 Health insurance coverage: Men

Percentage of men age 15-49 with specific types of health insurance coverage, according to background characteristics, Lesotho 2009

Background characteristic	Other employer-based insurance	Mutual health organisation/ community-based insurance	Other	None	Number
Age					
15-19	0.6	0.8	1.7	97.1	835
20-24	0.9	2.4	1.6	95.4	634
25-29	1.1	4.0	5.5	90.1	463
30-34	2.1	3.8	3.1	91.3	396
35-39	3.9	6.5	7.1	85.8	290
40-44	3.9	6.4	8.0	81.9	196
45-49	3.5	4.9	4.8	88.4	193
Residence					
Urban	4.0	6.8	7.5	83.7	845
Rural	0.7	1.8	2.0	95.6	2,162
Ecological zone					
Lowlands	2.3	4.0	4.4	90.2	1,850
Foothills	0.1	0.8	1.3	97.9	319
Mountains	0.7	2.6	2.4	95.0	621
Senqu River Valley	1.0	2.2	3.1	94.4	217
District					
Butha-Buthe	1.6	0.6	2.9	95.7	168
Leribe	1.3	1.5	1.1	96.6	498
Berea	3.3	5.3	3.1	88.2	451
Maseru	1.7	4.9	5.8	88.6	773
Mafeteng	1.0	0.8	4.1	94.2	295
Mohale's Hoek	1.4	1.6	3.9	94.5	250
Quthing	1.4	2.9	4.6	92.0	150
Qacha's Nek	0.0	3.7	5.7	90.6	79
Mokhotlong	0.4	1.2	1.8	96.6	137
Thaba-Tseka	1.3	5.4	1.0	93.9	206
Education					
No education	0.0	2.3	1.4	96.3	336
Primary incomplete	0.6	1.5	1.4	96.8	1,095
Primary complete	0.9	3.9	2.0	94.1	372
Secondary+	3.2	4.8	6.7	86.5	1,205
Wealth quintile					
Lowest	0.0	1.3	1.4	97.3	443
Second	0.0	1.0	1.2	97.8	575
Middle	0.4	1.1	1.4	97.3	666
Fourth	0.7	2.4	2.4	94.7	640
Highest	6.1	9.1	10.2	77.3	684
Total 15-49	1.6	3.2	3.6	92.3	3,008
50-59	3.5	11.5	6.9	81.5	309
Total men 15-59	1.8	4.0	3.9	91.3	3,317

17.4 SUCCESSION PLANNING

Succession planning is important in making sure that children will continue to receive care and support in the event of the death of a parent or guardian. Identifying someone who will be responsible for a child if his or her guardian dies or falls ill is one way to ensure a better future for children. Table 17.9 shows that 59 percent of women and men age 15-49 in Lesotho are primary caregivers of children under 18 years. The proportion of individuals who are caregivers increases with age; from 12 percent among those age 15-19 to 88 percent among those age 30-39. Women are much more likely than men to be a caregiver (65 percent compared with 42 percent).

Among the reported caregivers, 15 percent indicated that they have made succession plans. Male caregivers are more likely than female caregivers to arrange for the future of children under their care. Caregivers in the urban areas, in the Senqu River Valley zone, and in Mohale's Hoek are more likely than those in other areas to have done succession planning. Table 17.9 shows that the education level of the respondent has no clear and uniform influence on completion of succession planning. Wealth status, however, has a positive association with succession planning.

Table 17.9 Succession planning

Percentage of de facto women and men age 15-49 who are the primary caregivers of children under age 18 years, and among the primary caregivers, the percentage who have made arrangements for someone else to care for the children in the event of their own inability to do so due to illness or death, by background characteristics, Lesotho 2009

Background characteristic	Percentage of women and men who are primary caregivers	Number of women and men 15-49	Percentage of caregivers who have made succession arrangements	Number of primary caregivers
Age				
15-19	11.6	2,620	13.2	305
20-29	61.1	3,894	14.9	2,377
30-39	88.4	2,432	14.9	2,150
40-49	82.0	1,686	15.6	1,382
Sex				
Male	41.9	3,008	21.3	1,260
Female	65.0	7,624	13.4	4,955
Residence				
Urban	58.7	3,418	17.7	2,008
Rural	58.3	7,214	13.7	4,207
Ecological zone				
Lowlands	57.1	6,649	15.4	3,798
Foothills	58.2	1,043	8.5	607
Mountains	63.6	2,166	15.9	1,377
Senqu River Valley	55.9	774	17.7	433
District				
Butha-Buthe	60.7	525	8.8	319
Leribe	57.8	1,857	6.5	1,073
Berea	54.8	1,573	17.5	862
Maseru	58.8	2,809	16.8	1,651
Mafeteng	56.4	977	14.8	551
Mohale's Hoek	59.6	849	23.4	506
Quthing	53.7	530	14.7	284
Qacha's Nek	58.9	298	21.4	176
Mokhotlong	63.4	493	13.5	312
Thaba-Tseka	66.6	721	17.2	480
Education				
No education	68.1	429	15.3	292
Primary incomplete	60.2	2,905	13.9	1,750
Primary complete	69.7	2,113	12.9	1,473
Secondary+	52.1	5,184	16.8	2,699
Wealth quintile				
Lowest	65.2	1,516	12.6	989
Second	59.1	1,765	12.0	1,043
Middle	56.2	1,991	13.5	1,120
Fourth	57.8	2,540	14.3	1,468
Highest	56.6	2,820	20.0	1,595
Total	58.5	10,632	15.0	6,214

Note: Table is based only on women and men who slept in household the night preceding the interview.

17.5 WIDOWS DISPOSSESSED OF PROPERTY

Property grabbing, a practice where relatives of the deceased come and claim the land and other property, is a serious problem for widows and child-headed households. Traditional law in many rural areas dictates that women and children cannot inherit property. Property grabbing has a number of negative consequences, particularly for girls and women. This can worsen the vulnerability of people who care for children and the children themselves. It is therefore important to improve laws, including enforcement mechanisms, to ensure the right of women and children to inherit property after the death of a husband or father (UNICEF, 2005).

Table 17.10 shows that 8 percent of women age 15-49 have been widowed. The proportion of ever-widowed women increases with age, from 3 percent among women age 20-29 to 24 percent among women age 40-49. It is notably high among women with no education (21 percent).

Twenty-one percent of widowed women have been dispossessed of property. The proportion of women who were dispossessed of property has a somewhat negative association with the women's education. While the association between being dispossessed of property and wealth status is not clear or uniform, women in the highest wealth quintile appear to be the least likely to be dispossessed their property.

Table 17.10 Widows dispossessed of property

Percentage of de facto women age 15-49 who have been widowed, and the percentage of widowed women who have been dispossessed of property, by background characteristics, Lesotho 2009

Background characteristic	Percentage of ever-widowed women	Number of women	Among ever-widowed women:	
			Percentage who were dispossessed of property ¹	Number of women
Age				
15-19	0.0	1,785	*	1
20-29	3.0	2,796	38.6	84
30-39	12.0	1,746	17.3	209
40-49	23.8	1,297	17.6	308
Marital status				
Married	0.7	4,049	(52.7)	30
Widowed	100.0	573	18.9	573
Age of youngest child				
No children	0.8	2,495	*	20
<18 years	10.3	4,852	18.8	499
18+ years	30.1	277	22.0	83
Residence				
Urban	7.3	2,573	21.4	188
Rural	8.2	5,051	20.2	414
Ecological zone				
Lowlands	7.5	4,798	21.0	362
Foothills	6.9	725	22.5	50
Mountains	9.6	1,544	19.6	148
Senqu River Valley	7.8	556	18.0	43
District				
Butha-Buthe	7.2	357	(22.5)	26
Leribe	7.8	1,359	11.0	106
Berea	7.2	1,122	17.8	81
Maseru	7.9	2,036	26.3	162
Mafeteng	6.5	682	(25.7)	44
Mohale's Hoek	6.9	599	(22.8)	42
Quthing	10.0	379	18.1	38
Qacha's Nek	9.8	219	31.1	22
Mokhotlong	8.8	356	21.6	31
Thaba-Tseka	10.0	515	15.7	52
Education				
No education	20.5	93	*	19
Primary incomplete	12.2	1,810	21.2	221
Primary complete	9.3	1,741	20.6	162
Secondary+	5.0	3,979	19.1	201
Wealth quintile				
Lowest	9.1	1,073	19.0	98
Second	8.6	1,190	24.6	102
Middle	9.2	1,325	18.0	121
Fourth	7.9	1,900	25.0	151
Highest	6.1	2,136	15.8	130
Total	7.9	7,624	20.5	602

Note: Table is based only on women and men who slept in household the night preceding the interview. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

¹ Dispossessed of property indicates that none of the late husband's assets went to the respondent.

Table 17.11 Advice or care received by mother during pregnancy and delivery, and after delivery

Percentage of last births in the five years preceding the survey for which mothers received advice or care from a health care provider (based on father's report), by timing of advice or care and father's background characteristics, Lesotho 2009

Background characteristic	Mother received advice or care			Number of fathers
	During pregnancy	During delivery	During the six weeks after delivery	
Age				
15-19	*	*	*	9
20-24	81.2	73.9	70.4	105
25-29	86.0	67.4	70.9	182
30-34	87.3	65.2	71.9	175
35-39	83.5	63.0	70.3	141
40-44	91.3	60.5	65.9	46
45-49	74.6	55.1	67.8	46
50-54	*	*	*	16
55-59	*	*	*	11
Residence				
Urban	89.6	86.9	82.6	204
Rural	82.4	56.5	65.5	527
Ecological zone				
Lowlands	84.4	75.8	76.2	393
Foothills	74.9	50.2	55.4	75
Mountains	88.5	52.3	66.4	209
Senqu River Valley	81.5	55.6	63.1	54
District				
Butha-Buthe	90.3	67.4	75.8	44
Leribe	76.8	64.3	63.8	117
Berea	75.6	60.5	70.8	99
Maseru	91.5	80.5	78.5	171
Mafeteng	79.1	63.0	66.6	56
Mohale's Hoek	85.4	57.5	68.5	69
Quthing	74.5	53.3	50.8	32
Qacha's Nek	90.4	78.3	67.4	20
Mokhotlong	93.0	46.3	65.9	47
Thaba-Tseka	88.1	56.7	73.8	76
Education				
No education	85.9	39.5	64.8	144
Primary incomplete	78.5	57.6	65.0	256
Primary complete	82.6	70.6	74.0	109
Secondary+	91.0	87.4	78.1	222
Wealth quintile				
Lowest	85.5	42.7	58.8	159
Second	78.2	54.4	72.2	151
Middle	84.1	59.6	62.7	134
Fourth	81.1	76.9	71.8	146
Highest	93.4	94.0	86.6	142
Total	84.4	65.0	70.3	731

Note: An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

17.6 FATHER'S PARTICIPATION IN FAMILY HEALTH CARE

One of the policies designed to improve the health of women and children is to involve men in the health care of their wives and children. Men should be involved in making decisions and taking actions regarding family planning, antenatal care, preparation for delivery, and children's immunisation and nutrition. This section presents information on men's involvement in ensuring safe motherhood for their wives and proper health care for their children.

17.6.1 Advice or Care during Antenatal, Delivery, and Postnatal Periods

In the 2009 LDHS, men who had at least one child were asked several questions regarding the pregnancy care of the mother of the last-born child and the health care of the child born in the two years preceding the survey. According to men, 84 percent of mothers received care during pregnancy, 65 percent had care during delivery, and 70 percent had care during the six weeks following delivery. For mothers who did not receive advice or care during pregnancy, delivery, or the postnatal period, men were asked the reason. The reasons most often cited for not getting advice or care during delivery are distance or lack of transport (10 percent) followed by cost (8 percent) (data not shown).

17.6.2 Knowledge of Feeding Practices during Diarrhoea

As mentioned in Chapter 9, diarrhoea is a major public health threat to children under age 5. In the case of diarrhoea, the child should be given an increased amount of appropriate fluids, possibly in the form of solution prepared from oral rehydration salts (ORS). Parents and caregivers are advised to rehydrate their children

with either the commercially packaged ORS, or other fluids prepared at home with water, salt, and sugar (*motsoako*) as instructed by health professionals. A child who has diarrhoea should also be given more fluids than usual to prevent dehydration. As with women, all eligible men in the 2009 LDHS are asked if they know the amount of fluids that should be given to a child with an episode of diarrhoea. The results are shown in Table 17.12.

Overall, one in three men failed to give a response, 26 percent gave the correct answer (that children with diarrhoea should be given more liquids), and 42 percent incorrectly said that children with diarrhoea should be given less than usual or the same amount of liquids. Urban men, men who live in the Foothills zone, and men from the Maseru district are more likely than other men to have the correct knowledge of when to give more liquids to children with diarrhoea. The men's education has no clear association with their knowledge of correct feeding practice during diarrhoea, although men with secondary or higher education are the most likely to have the correct knowledge (41 percent). Men's wealth status has a positive association with their knowledge of correct feeding practice during a child's bout with diarrhoea. Twenty percent of men in the poorest households know that children with diarrhoea have to receive more liquids, compared with 41 percent of men in the richest households.

Table 17.12 Knowledge of feeding practices during diarrhoea

Percent distribution of men age 15-59 whose youngest child was born in the past two years, who report specific amounts of liquids that should be given to a child with diarrhoea (compared with normal practice), by background characteristics, Lesotho 2009

Background characteristic	Amount of liquids to be given to a child with diarrhoea				Total	Number of men
	Less than usual	About the same	More	Don't know /Missing		
Age						
15-19	*	*	*	*	100.0	8
20-24	22.7	20.0	20.0	37.3	100.0	96
25-29	13.0	25.0	27.6	34.5	100.0	140
30-34	18.3	29.5	20.8	31.4	100.0	128
35-39	11.2	22.7	35.0	31.1	100.0	87
40-44	(14.6)	(29.1)	(24.0)	(32.3)	100.0	26
45-49	*	*	*	*	100.0	23
50-54	*	*	*	*	100.0	7
55-59	*	*	*	*	100.0	5
Residence						
Urban	12.7	24.7	30.0	32.5	100.0	149
Rural	17.0	26.4	24.6	32.1	100.0	372
Ecological zone						
Lowlands	15.1	24.8	26.9	33.2	100.0	286
Foothills	10.5	28.9	29.6	31.0	100.0	54
Mountains	18.2	25.9	23.6	32.2	100.0	148
Senqu River Valley	18.5	30.9	24.8	25.8	100.0	33
District						
Butha-Buthe	19.8	19.4	22.6	38.2	100.0	28
Leribe	22.6	27.9	7.4	42.1	100.0	74
Berea	16.0	19.3	29.3	35.4	100.0	81
Maseru	11.0	26.7	37.5	24.8	100.0	134
Mafeteng	4.1	39.1	24.4	32.4	100.0	39
Mohale's Hoek	18.4	21.9	31.1	28.5	100.0	48
Quthing	6.5	34.8	15.8	43.0	100.0	21
Qacha's-Nek	15.4	18.1	35.2	31.4	100.0	12
Mokhotlong	22.8	30.4	25.6	21.2	100.0	32
Thaba-Tseka	21.3	24.2	19.4	35.1	100.0	53
Education						
No education	20.0	31.1	24.8	24.1	100.0	98
Primary incomplete	17.1	30.4	17.6	35.0	100.0	193
Primary complete	16.3	27.4	18.1	38.1	100.0	74
Secondary+	11.1	16.5	41.2	31.1	100.0	157
Wealth quintile						
Lowest	22.2	29.7	20.1	28.0	100.0	111
Second	15.6	29.9	20.5	34.0	100.0	108
Middle	16.4	26.0	22.5	35.1	100.0	86
Fourth	14.9	21.9	26.3	36.9	100.0	110
Highest	9.4	22.0	41.0	27.6	100.0	106
Total	15.7	25.9	26.1	32.2	100.0	521

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that an estimate is based on fewer than 25 unweighted cases and has been suppressed.

REFERENCES

- Auvert, B., D. Taljaard, L. Emmanuel, J. Sobngwi-Tambekou, R. Sitta, A. Puren. 2005. Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: The ANRS 1265 trial. *PLoS Medicine* 2(11): e298. doi:10.1371/journal.pmed.0020298
- Bailey, R.C., S. Moses, C.B. Parker, K. Agot, I. Maclean, J.N. Krieger, C.F. Williams, R.T. Campbell, and J.O. Ndinya-Achola. 2007. Male circumcision for HIV prevention in young men in Kisumu, Kenya: A randomised controlled trial. *The Lancet* 369 (9562): 643-56. doi: 10.1016/S0140-6736(07)60312-2
- Blanc, A.K., and T. Wardlaw. 2005. Monitoring low birth weight: An evaluation of international estimates and an updated estimation procedure. *Bulletin of the World Health Organization* 83 (3): 178-185.
- Bureau of Statistics (BOS) [Lesotho]. 2002. *Lesotho demographic survey, 2001*. Maseru, Lesotho: BOS.
- Bureau of Statistics (BOS) [Lesotho]. 2008. *2008 integrated labour force survey: Preliminary Results Report*. Maseru, Lesotho: BOS.
- Bureau of Statistics (BOS) [Lesotho]. 2009. *Statistical reports number 32, 2009*. Maseru, Lesotho: BOS.
- Bureau of Statistics (BOS) [Lesotho]. 2009a. *2006 population and housing census*. Maseru, Lesotho: BOS.
- Bureau of Statistics (BOS) [Lesotho]. 2010. Consumer Price Index, June 2010. *Statistical Reports Number 24, 2009*. Maseru, Lesotho: BOS.
- DeMaeyer, E.M., P. Dallman, J.M. Gurney, L. Hallberg, S.K. Sood, and S.G. Srikantia. 1989. *Preventing and controlling iron deficiency anemia through primary health care: A guide for health administrators and programme managers*. Geneva, Switzerland: World Health Organization.
- Gray, R., G. Kogozi, D. Serwadda, F. Makumbi, S. Watya, F. Nalugoda, N. Kiwanuka, et al. 2007. Male circumcision for HIV prevention in men in Rakai, Uganda: A randomised trial. *The Lancet*, 369. (9562): 657-666. doi:10.1016/S0140-6736(07)60313-4
- Gwatkin, D.R., S. Rutstein, K. Johnson, E. Suliman, A. Wagstaff, and A. Amouzou. 2007. *Socio-economic differences in health, nutrition, and population within developing countries: An overview*. (Country reports on HNP and poverty.) Washington, D.C.: The World Bank.
- Kent, J.C., L.R. Mitoulas, M.D. Cregan, D.T. Ramsay, D.A. Doherty, and P.E. Hartmann. 2006. Volume and frequency of breastfeeding and fat content of breast milk throughout the day. *Pediatrics*; 117: e387-e395. doi:10.1542/peds.2005-1417
- Ministry of Health and Social Welfare (MOHSW) [Lesotho]. 2000. *Health sector reform project of MOHSW*. Maseru, Lesotho: MOHSW.

Ministry of Health and Social Welfare (MOHSW) [Lesotho], Bureau of Statistics (BOS) [Lesotho], and ORC Macro. 2005. *Lesotho demographic and health survey 2004*. Calverton, Maryland: MOHSW, BOS, and ORC Macro.

Ministry of Health and Social Welfare and National AIDS Commission. 2009. *National HIV and AIDS estimates for Lesotho 2009*. <http://www.nas.org.ls/documents>

National AIDS Commission. 2010. *Annual report on the national response to HIV and AIDS, January-December 2009*. <http://www.nas.org.ls/documents>

National Institutes of Health (NIH). 1997. *The sixth report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure*. NIH Publication No. 98-4080. Bethesda, MD: National High Blood Pressure Education Program, National Heart, Lung, and Blood Institute, National Institutes of Health.

Pan-American Health Organisation (PAHO) and World Health Organisation (WHO). 2003. *Guiding principles for complementary feeding of the breastfed child*. Washington, D.C./Geneva, Switzerland: PAHO/WHO.

Rieder, H.L. 1999. *Epidemiologic basis for tuberculosis control*. Paris, France: International Union Against Tuberculosis and Lung Disease.

Rutstein S. 1999. *Wealth versus expenditure: Comparison between the DHS wealth index and household expenditures in four departments of Guatemala*. Calverton, MD, USA: ORC, Macro.

Rutstein, S., K. Johnson, and D. Gwatkin. 2000. *Poverty, health inequality, and its health and demographic effects*. Paper presented at the 2000 Annual Meeting of the Population Association of America, Los Angeles, California.

Shafer, R.W. et al. 1996. Tuberculosis in patient infected with HIV: Perspectives of the decade: *Clinical Infectious Diseases* 22(4):683-704.

Styblo, K. 1999. *Epidemiology of TB*. 2nd edition. Prague, Czech Republic: The Royal Netherlands Tuberculosis Association.

UNAIDS. 2008. *Report on the global AIDS epidemic 2008*. Geneva, Switzerland: UNAIDS.

United Nations. 1989. *International convention of the rights of the child*. New York, NY: United Nations, General Assembly.

United Nations. 2001. *Road map towards the implementation of the United Nations Millennium Declaration: Report of the Secretary-General*. New York, NY: United Nations, General Assembly.

United Nations Children's Fund (UNICEF). 2005. *Guide to monitoring and evaluation of the national response for children orphaned and made vulnerable by HIV/AIDS*. New York, NY: UNICEF.

World Bank. 2010. *Lesotho health sector reform program phase II project*. Report No. ICR00001427. Washington, DC: World Bank.

World Health Organisation (WHO). 1999. 1999 World Health Organization-International Society of Hypertension guidelines for the management of hypertension: Guidelines subcommittee. *Journal of Hypertension* 17(2): 151-185.

World Health Organisation (WHO). 1999. *Violence against women, a priority health issue*. WHO/FRH/WHD/97.8. Geneva, Switzerland: WHO.

World Health Organisation (WHO). 2002. *Global tuberculosis control: Surveillance, planning, financing*. WHO Report 2002. Geneva, Switzerland: WHO/CDS/TB/2002.295.

World Health Organisation (WHO). 2005. *Guiding principles for feeding nonbreastfed children 6 to 24 months of age*. Geneva, Switzerland: World Health Organisation.

World Health Organisation. 2006. *Making pregnancy safer: Standards for maternal and neonatal care*. Geneva, Switzerland: WHO.

World Health Organisation (WHO). 2006. *Pregnancy, childbirth, postpartum and newborn care: A guide for essential practice*. Geneva, Switzerland: WHO.

World Health Organisation (WHO). 2007. *Cervical cancer, human papillomavirus (HPV), and HPV vaccines - Key points for policy-makers and health professional*. Geneva, Switzerland: WHO.

World Health Organisation (WHO). 2009. *Global tuberculosis control: A short update to the 2009 report*. Geneva, Switzerland: WHO.

World Health Organisation (WHO). 2010. *2008-2013 Action plan for the global strategy for the prevention and control of non-communicable diseases*. Geneva, Switzerland: WHO.

World Health Organisation (WHO) and United Nations Children's Fund (UNICEF). Joint Monitoring Programme for Water Supply and Sanitation. 2004. *Meeting the MDG drinking water and sanitation target: A mid-term assessment of progress*. Geneva, Switzerland: WHO and UNICEF.

World Health Organisation (WHO) and United Nations Children's Fund (UNICEF). Joint Monitoring Programme for Water Supply and Sanitation. 2005. *Water for life: Making it happen*. Geneva, Switzerland: WHO and UNICEF.

Table A.1 Sample implementation

Percent distribution of households and eligible women by results of the household and individual interviews, and household, eligible women and overall response rates, according to urban-rural residence and region, Lesotho 2009

Result	Residence		District										Total			
	Urban	Rural	Butha- Buthe		Leribe	Berea	Maseru	Mafeteng	Mohale's Hoek		Quthing	Qachas- Nek		Mokhotlong	Thaba- Tseka	
			Urban	Rural					Hoek	Quthing		Nek				Mokhotlong
Selected households																
Completed (C)	91.2	94.8	93.3	93.6	91.9	91.8	91.9	91.8	91.4	95.9	96.4	96.3	98.8	94.0		
Household present but no competent respondent at home (HP)	1.8	1.2	1.2	0.2	3.2	0.8	2.2	0.8	0.9	1.9	1.4	0.4	0.4	1.3		
Postponed (P)	0.1	0.0	0.0	0.1	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.1		
Refused (R)	1.0	0.2	0.3	0.3	0.6	1.1	0.4	0.3	0.3	0.1	0.1	0.4	0.1	0.4		
Dwelling not found (DNF)	1.6	0.1	0.2	0.1	1.1	0.7	1.4	0.3	0.3	0.0	0.2	0.0	0.0	0.5		
Household absent (HA)	2.1	1.9	3.6	2.4	1.1	4.2	1.3	4.7	4.7	0.6	0.1	1.7	0.1	2.0		
Dwelling vacant/address not a dwelling (DV)	1.7	1.3	1.2	3.0	1.7	1.8	1.4	1.6	1.6	1.2	1.4	0.6	0.3	1.4		
Dwelling destroyed (DD)	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.3	0.0	0.0	0.2	0.1	0.1		
Other (O)	0.3	0.2	0.0	0.1	0.1	0.5	0.2	0.4	0.3	0.3	0.2	0.2	0.1	0.2		
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		
Number of sampled households	2,347	7,647	898	999	995	1,000	1,500	1,000	949	900	900	901	952	9,994		
Household response rate (HRR)	95.3	98.3	98.1	99.3	94.7	98.0	95.0	98.0	98.3	98.0	98.2	99.0	99.5	97.6		
Eligible women																
Completed (EWC)	96.8	98.3	98.2	98.5	96.9	97.9	96.5	97.9	97.2	98.2	99.3	99.0	98.7	97.9		
Not at home (EWNH)	1.5	0.6	0.2	0.5	1.5	0.8	1.4	0.8	1.5	0.9	0.0	0.7	0.3	0.8		
Refused (EWR)	1.0	0.3	0.9	0.3	0.7	1.0	0.6	0.6	0.3	0.1	0.5	0.0	0.0	0.5		
Partly completed (EWPC)	0.1	0.1	0.0	0.0	0.0	0.2	0.0	0.0	0.1	0.0	0.0	0.0	0.4	0.1		
Incapacitated (EWI)	0.3	0.6	0.8	0.3	0.7	0.6	0.6	0.6	0.9	0.7	0.2	0.3	0.3	0.5		
Other (EWO)	0.3	0.1	0.0	0.3	0.1	0.4	0.1	0.0	0.0	0.0	0.0	0.0	0.4	0.2		
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		
Number of women	2,043	5,743	660	858	845	726	1,255	686	686	681	609	702	764	7,786		
Eligible women response rate (EWRR)	96.8	98.3	98.2	98.5	96.9	97.9	96.5	97.9	97.2	98.2	99.3	99.0	98.7	97.9		
Overall response rate (ORR)	92.2	96.7	96.3	97.8	91.8	95.9	91.7	95.9	95.6	96.2	97.5	98.0	98.2	95.6		

¹ Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$100 * C$$

$$\frac{C + HP + P + R + DNF}{100 * C}$$

² Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$100 * EWC$$

$$\frac{EWC + EWNH + EWP + EWR + EWPC + EWI + EWO}{100 * EWC}$$

³ The overall response rate (ORR) is calculated as:

$$ORR = HRR * EWRR/100$$

Table A.2 Sample implementation

Percent distribution of households and eligible men by results of the household and individual interviews, and household, eligible men and overall response rates, according to urban-rural residence and region, Lesotho 2009

Result	Residence		District										Total
	Urban	Rural	Butha- Buthe	Leribe	Berea	Maseru	Mafeteng	Mohale's Hoek	Quthing	Qacha's- Nek	Mokhotlong	Thaba- Iseka	
Selected households	90.4	94.9	93.6	93.1	91.9	90.6	92.3	91.5	96.4	96.2	96.4	98.8	93.8
Completed (C)	1.8	1.1	0.9	0.4	3.1	1.9	0.6	1.0	1.7	2.1	0.2	0.4	1.3
Household present but no competent respondent at home (HP)	0.2	0.0	0.0	0.0	0.2	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Postponed (P)	1.3	0.3	0.4	0.2	0.8	1.5	0.4	0.6	0.0	0.0	0.6	0.2	0.5
Refused (R)	1.8	0.0	0.0	0.0	0.8	1.8	0.6	0.4	0.0	0.0	0.0	0.0	0.4
Dwelling not found (DNF)	2.2	1.9	3.6	2.5	1.6	1.4	4.0	3.6	0.6	0.0	2.1	0.2	2.0
Household absent (HA)													
Dwelling vacant/address not a dwelling (DV)	2.0	1.4	1.3	3.5	1.6	1.8	1.7	1.8	0.9	1.5	0.4	0.2	1.5
Dwelling destroyed (DD)	0.1	0.1	0.2	0.4	0.2	0.1	0.0	0.2	0.0	0.0	0.0	0.0	0.1
Other (O)	0.2	0.3	0.0	0.0	0.0	0.5	0.4	0.8	0.4	0.2	0.2	0.2	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	1,222	3,972	466	519	516	780	520	495	467	468	468	495	5,194
Household response rate (HRR)	94.7	98.5	98.6	99.4	95.0	94.3	98.4	97.8	98.3	97.8	99.1	99.4	97.6
Eligible men													
Completed (EMC)	93.0	95.5	95.9	96.0	95.8	91.9	93.9	94.5	95.6	98.0	92.4	98.2	95.0
Not at home (EMNH)	3.8	1.6	1.5	0.9	2.0	4.0	2.2	3.4	1.0	0.0	4.1	0.0	2.1
Postponed (EMP)	0.1	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Refused (EMR)	1.6	1.0	1.5	1.4	1.0	1.7	1.1	0.6	1.7	0.8	1.0	0.6	1.2
Partly completed (EMPC)	0.0	0.1	0.3	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.1
Incapacitated (EMI)	1.0	1.7	0.9	1.2	1.3	1.9	2.8	0.9	1.7	1.2	2.5	1.2	1.6
Other (EMO)	0.4	0.1	0.0	0.6	0.0	0.4	0.0	0.3	0.0	0.0	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	791	2,702	339	347	400	531	360	325	294	252	314	331	3,493
Eligible women response rate (EWRR)	93.0	95.5	95.9	96.0	95.8	91.9	93.9	94.5	95.6	98.0	92.4	98.2	95.0
Overall response rate (ORR)	88.1	94.1	94.6	95.4	91.0	86.6	92.3	92.4	93.9	95.9	91.5	97.6	92.7

¹ Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

² Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$100 * EMC$$

$$EMC + EMNH + EMP + EMR + EMPC + EMI + EMO$$

³ The overall response rate (ORR) is calculated as:

$$ORR = HRR * EMRR/100$$

Table A.3 Coverage of HIV testing among interviewed women by social and demographic characteristics

Percent distribution of interviewed women age 15-49 by HIV testing status, according to social and demographic characteristics (unweighted), Lesotho 2009

Characteristic	Testing status				Total	Number
	DBS tested	Refused to provide blood	Absent at the time of blood collection	Other/missing		
Marital status						
Never married	95.6	2.7	0.4	1.2	100.0	1,350
Ever had sex	95.9	2.3	0.5	1.3	100.0	772
Never had sex	95.3	3.3	0.3	1.0	100.0	578
Married/living together	96.0	2.3	0.6	1.1	100.0	2,174
Divorced/separated	95.6	3.3	0.0	1.1	100.0	180
Widowed	95.8	2.2	1.0	1.0	100.0	312
Ever had sexual intercourse						
Yes	95.9	2.4	0.6	1.2	100.0	3,438
No	95.3	3.3	0.3	1.0	100.0	578
Currently pregnant						
Pregnant	98.4	1.1	0.0	0.5	100.0	185
Not pregnant or not sure	95.7	2.6	0.5	1.2	100.0	3,831
Times slept away from home in past 12 months						
None	95.9	2.5	0.5	1.0	100.0	2,024
1-2	95.9	2.6	0.6	0.9	100.0	854
3-4	95.5	1.7	0.5	2.2	100.0	401
5+	95.8	2.7	0.4	1.1	100.0	737
Time away in past 12 months						
Away for more than one month	96.6	2.6	0.3	0.5	100.0	759
Away only for less than 1 month	95.3	2.4	0.6	1.7	100.0	1,233
Not away	95.9	2.5	0.5	1.0	100.0	2,024
Religion						
Roman Catholic church	96.4	2.0	0.5	1.1	100.0	1,690
Lesotho Evangelical church	95.4	2.4	0.7	1.5	100.0	717
Anglican Church	96.2	2.2	0.6	1.0	100.0	313
Pentecostal	95.6	2.7	0.4	1.2	100.0	963
Other Christian	93.8	5.3	0.4	0.4	100.0	225
Other	94.4	4.6	0.0	0.9	100.0	108
Total	95.8	2.5	0.5	1.1	100.0	4,016

Table A.4 Coverage of HIV testing among interviewed men by social and demographic characteristics

Percent distribution of interviewed men 15-59 by HIV testing status, according to social and demographic characteristics (unweighted), Lesotho 2009

Characteristic	Testing status				Total	Number
	DBS tested	Refused to provide blood	Absent at the time of blood collection	Other/missing		
Marital status						
Never married	93.9	4.8	0.9	0.4	100.0	1,699
Ever had sex	94.4	4.5	0.8	0.3	100.0	1,282
Never had sex	92.3	5.5	1.4	0.7	100.0	417
Married/living together	91.2	6.3	1.6	1.0	100.0	1,403
Divorced/separated	93.0	4.3	2.6	0.0	100.0	115
Widowed	94.0	5.0	1.0	0.0	100.0	100
Ever had sexual intercourse						
Yes	92.8	5.4	1.2	0.6	100.0	2,899
No	92.3	5.5	1.4	0.7	100.0	417
Male circumcision						
Circumcised	93.0	5.1	1.2	0.8	100.0	1,854
Not circumcised	92.4	5.8	1.3	0.5	100.0	1,461
Times slept away from home in past 12 months						
None	93.2	5.0	1.2	0.6	100.0	1,550
1-2	93.0	5.4	0.9	0.7	100.0	686
3-4	91.7	5.3	2.7	0.3	100.0	375
5+	91.8	6.4	1.1	0.7	100.0	706
Time away in past 12 months						
Away for more than one month	92.3	5.8	1.4	0.6	100.0	723
Away only for less than 1 month	92.2	5.7	1.3	0.7	100.0	1,044
Not away	93.2	5.0	1.2	0.6	100.0	1,550
Religion						
Roman Catholic church	93.9	4.1	1.4	0.7	100.0	1,351
Lesotho Evangelical church	93.6	4.7	1.1	0.6	100.0	655
Anglican Church	92.6	5.4	1.0	1.0	100.0	298
Pentecostal	89.8	8.1	1.6	0.5	100.0	626
Other Christian	91.5	7.0	1.6	0.0	100.0	129
Other	92.2	6.6	0.4	0.8	100.0	258
Total	92.7	5.4	1.3	0.6	100.0	3,317

Note: Total includes men with missing information on ever had sexual intercourse and male circumcision.

Table A.5 Coverage of HIV testing among interviewed women by sexual behavior characteristics

Percent distribution of interviewed women who ever had sexual intercourse by HIV test status, according to sexual behavior characteristics (unweighted), Lesotho 2009

Sexual behavior characteristic	Testing status				Total	Number
	DBS tested	Refused to provide blood	Absent at the time of blood collection	Other/missing		
Age at first sexual intercourse						
<16	96.3	2.2	0.5	1.0	100.0	734
16-17	96.3	2.5	0.6	0.7	100.0	1,014
18-19	95.6	2.7	0.5	1.2	100.0	927
20+	95.5	2.0	0.6	2.0	100.0	706
Number of sexual partners in past 12 months						
0	95.1	2.1	1.1	1.7	100.0	471
1	95.8	2.5	0.5	1.2	100.0	2,659
2	99.2	0.4	0.0	0.4	100.0	255
3+	100.0	0.0	0.0	0.0	100.0	6
Condom use at last sexual intercourse in past 12 months						
Used condom	95.6	2.6	0.5	1.2	100.0	965
Did not use condom	96.4	2.1	0.5	1.0	100.0	1,956
No sexual intercourse in past 12 months	94.8	2.7	1.0	1.6	100.0	515
Number of lifetime partners						
1	95.2	2.4	0.7	1.7	100.0	1,350
2	96.8	1.9	0.2	1.1	100.0	896
3-4	95.9	2.8	0.7	0.6	100.0	829
5-9	97.7	1.5	0.4	0.4	100.0	266
10+	94.6	3.6	1.8	0.0	100.0	56
Prior HIV testing status						
Ever tested, got result	96.4	2.0	0.5	1.1	100.0	2,396
Ever tested, did not get result	96.1	1.6	0.8	1.6	100.0	128
Never tested	94.7	3.5	0.5	1.2	100.0	914
Condom use at first sex¹						
Used condom	96.0	2.0	0.2	1.8	100.0	451
Did not use condom	97.4	1.2	0.4	1.0	100.0	774
Total	95.9	2.4	0.6	1.2	100.0	3,438

Note: Total includes women with missing information on age at first sexual intercourse, number of sexual partners in past 12 months, number of lifetime partners and condom use at first sex.

¹ For women age 15-24

Table A.6 Coverage of HIV testing among interviewed men by sexual behavior characteristics

Percent distribution of interviewed men who ever had sexual intercourse by HIV test status, according to sexual behavior characteristics (unweighted), Lesotho 2009

Sexual behavior characteristic	Testing status				Total	Number
	DBS tested	Refused to provide blood	Absent at the time of blood collection	Other/missing		
Age at first sexual intercourse						
<16	94.3	3.9	1.1	0.7	100.0	879
16-17	93.7	5.0	0.6	0.6	100.0	617
18-19	92.2	6.3	0.8	0.6	100.0	489
20+	91.7	6.1	1.6	0.5	100.0	750
Number of sexual partners in past 12 months						
0	95.4	4.3	0.3	0.0	100.0	345
1	91.6	6.3	1.2	0.9	100.0	1,794
2	95.0	3.7	1.1	0.2	100.0	614
3+	98.9	0.0	0.0	1.1	100.0	92
Condom use at last sexual intercourse in past 12 months						
Used condom	92.2	5.8	1.3	0.6	100.0	1,083
Did not use condom	93.0	5.1	1.1	0.8	100.0	1,418
No sexual intercourse in past 12 months	93.5	5.0	1.5	0.0	100.0	398
Paid for sexual intercourse in past 12 months						
Yes	95.1	2.9	1.0	1.0	100.0	103
Used condom	94.8	3.4	0.0	1.7	100.0	58
Did not use condom	95.6	2.2	2.2	0.0	100.0	45
No (No paid sexual intercourse/ no sexual intercourse in past 12 months)	92.7	5.5	1.2	0.6	100.0	2,796
Number of lifetime partners						
1	89.5	7.3	1.9	1.3	100.0	372
2	93.8	4.5	1.8	0.0	100.0	448
3-4	94.1	4.4	1.0	0.5	100.0	733
5-9	95.3	3.6	0.8	0.3	100.0	636
10+	92.2	6.3	0.9	0.6	100.0	540
Prior HIV testing status						
Ever tested, got result	93.9	4.5	1.0	0.6	100.0	1,180
Ever tested, did not get result	87.3	8.5	2.8	1.4	100.0	71
Never tested	92.3	5.9	1.3	0.5	100.0	1,480
Total	92.8	5.4	1.2	0.6	100.0	2,899

Note: Total includes men with missing information on age at first sexual intercourse, number of sexual partners in past 12 months and number of lifetime partners.

Estimates derived from a sample survey are affected by two types of errors: 1) non-sampling errors, and 2) sampling errors. Non-sampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2009 Lesotho DHS (LDHS) to minimise this type of error, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2009 LDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the standard error for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2009 LDHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use a more complex formula. The computer software used to calculate sampling errors for the 2009 LDHS is the sampling error module in ISSA (Integrated System for Survey Analysis). This module uses the Taylor linearisation method of variance estimation for survey estimates that are means or proportions. Another approach, the Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearisation method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y , and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = var(r) = \frac{1-f}{x^2} \sum_{h=1}^H \left[\frac{m_h}{m_{h-1}} \left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h} \right) \right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi}, \text{ and } z_h = y_h - rx_h$$

where h represents the stratum which varies from 1 to H ,
 m_h is the total number of clusters selected in the h^{th} stratum,
 y_{hi} is the sum of the weighted values of variable y in the i^{th} cluster in the h^{th} stratum,
 x_{hi} is the sum of the weighted number of cases in the i^{th} cluster in the h^{th} stratum, and
 f is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulas. Each replication considers *all but one* cluster in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2009 LDHS, there were 400 non-empty clusters. Hence, 400 replications were created. The variance of a rate r is calculated as follows:

$$SE^2(r) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^k (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where r is the estimate computed from the full sample of 400 clusters,
 $r_{(i)}$ is the estimate computed from the reduced sample of 399 clusters (i^{th} cluster excluded),
and
 k is the total number of clusters.

In addition to the standard error, the design effect (DEFT) for each estimate is also calculated. The design effect is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. Relative errors and confidence limits for the estimates are also computed.

Sampling errors for the 2009 LDHS are calculated for selected variables considered to be of primary interest for the women's and men's samples. The results are presented in this appendix for the country as a whole, for urban and rural areas, and for the four ecological regions. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1 for women and for men. Tables B.2 through B.8 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits ($R \pm 2SE$), for the selected variables including fertility and mortality rates. The sampling errors for mortality rates except for the entire country are presented for the ten-year period preceding the survey. The DEFT is considered undefined when the standard error considering a simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to childbearing.

The confidence interval (e.g., as calculated for children ever born to women age 40-49) can be interpreted as follows: the overall average from the national sample is 4.072 and its standard error is 0.078. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate (i.e., $4.072 \pm 2 \times 0.078$; in others words between 3.915 and 4.229). There is a

high probability (95 percent) that the true average number of children ever born to all women aged 40 to 49 is between 3.915 and 4.229.

Looking at the indicators for all women, the relative standard errors (SE/R) for means and proportions range between 1 percent and 19 percent (except for injectable use and periodic abstinence use), with an average relative standard error of 4.5 percent. The relative standard error for the total fertility rate is small (3.5 percent). However, for the mortality rates, the average relative standard errors for the five-year period before the survey are much higher, about 9 percent.

There are differentials in the relative standard error for sub-populations. For example, for the variable *want no more children*, the relative standard errors for the whole country, urban areas, and rural areas are 1.5 percent, 2.6 percent, and 1.9 percent, respectively.

For the total women sample, the value of the design effect (DEFT) averaged over all variables is 1.26, which means that due to multi-stage clustering of the sample the average standard error is increased by a factor of 1.26 over that in an equivalent simple random sample.

Table B.1 List of selected variables for sampling errors, Lesotho 2009

Variable	Estimate	Base population
WOMEN		
Urban residence	Proportion	All women
Literate	Proportion	All women
No education	Proportion	All women
Secondary education or higher	Proportion	All women
Never married	Proportion	All women
Currently married	Proportion	All women
Married before age 20	Proportion	Women 20-49
Had sex before age 18	Proportion	Women 20-49
Currently pregnant	Proportion	All women
Children ever born	Mean	All women
Children surviving	Mean	All women
Children ever born to women age 40-49	Mean	Women 40-49
Total fertility rate (3 years)	Rate	All women
Know any contraceptive method	Proportion	Currently married women
Know any modern contraceptive method	Proportion	Currently married women
Currently using any contraceptive method	Proportion	Currently married women
Currently using a modern method	Proportion	Currently married women
Currently using pill	Proportion	Currently married women
Currently using injectable	Proportion	Currently married women
Currently using IUCD	Proportion	Currently married women
Currently using female sterilisation	Proportion	Currently married women
Currently using male condom	Proportion	Currently married women
Currently using periodic abstinence	Proportion	Currently married women
Used public sector source	Proportion	Current using modern methods
Want no more children	Proportion	Currently married women
Want to delay birth at least 2 years	Proportion	Currently married women
Ideal family size	Mean	All women
Perinatal mortality (0-4 years)	Ratio	Number of pregnancies of 7+ months
Neonatal mortality (0-4 years)	Rate	Children exposed to the risk of mortality
Postneonatal mortality (0-4 years)	Rate	Children exposed to the risk of mortality
Under-five mortality (0-4 years)	Rate	Children exposed to the risk of mortality
Child mortality (0-4 years)	Rate	Children exposed to the risk of mortality
Under-five mortality (0-4 years)	Rate	Children exposed to the risk of mortality
Mothers received 2+ TT injections for last birth	Proportion	Women with at least one live birth in past 5 years
Mothers received medical assistance at delivery	Proportion	Births occurring 1-59 months before interview
Had diarrhoea in two weeks before survey	Proportion	Children age 0-59 months
Treated with oral rehydration salts (ORS)	Proportion	Children with diarrhoea in two weeks before interview
Taken to a health provider	Proportion	Children with diarrhoea in two weeks before interview
Vaccination card seen	Proportion	Children age 12-23 months
Received BCG	Proportion	Children age 12-23 months
Received DPT (3 doses)	Proportion	Children age 12-23 months
Received polio (3 doses)	Proportion	Children age 12-23 months
Received measles	Proportion	Children age 12-23 months
Fully immunised	Proportion	Children age 12-23 months
Height-for-age (below -2SD)	Proportion	Children age 0-59 months
Weight-for-height (below -2SD)	Proportion	Children age 0-59 months
Weight-for-age (below -2SD)	Proportion	Children age 0-59 months
Anaemia in children	Proportion	Children age 6-59 months
Anaemia in women	Proportion	All women
Body Mass Index (BMI) <18.5	Proportion	All women
Sexually active in past 12 months	Proportion	Never married women 15-24
Never had sex	Proportion	All women 15-24
Sexually active in past 12 months	Proportion	All women
Had an injection in past 12 months	Proportion	All women
Accepting attitudes towards people with HIV	Proportion	All women who have heard of HIV
Had HIV test and received result in past 12 months	Proportion	All women
HIV prevalence among all women 15-49	Proportion	All interviewed women with DBS tested at the lab
HIV prevalence among women 15-24	Proportion	All interviewed women 15-24 with DBS tested at the lab
HIV prevalence among pregnant women	Proportion	All interviewed pregnant women with DBS tested at the lab
HIV prevalence all respondents	Proportion	All women and men with DBS tested at the lab
Maternal Mortality Rate	Rate	All women-years of exposure
MEN		
Urban residence	Proportion	All men 15-59
No education	Proportion	All men 15-59
Secondary or more	Proportion	All men 15-59
Never married	Proportion	All men 15-59
Currently married	Proportion	All men 15-59
Had sex before age 18	Proportion	All men 30-59
Comprehensive knowledge about HIV/AIDS	Proportion	All men 15-59
Had HIV test and result in past 12 months	Proportion	All men 15-59
Had injection in past 12 months	Proportion	All men 15-59
Abstinence among young men married 15-24	Proportion	Men 15-24
Sexually active in past 12 months, never-married youth	Proportion	Men 15-24
HIV prevalence among all men 15-59	Proportion	All interviewed men with DBS tested at the lab
HIV prevalence among men 15-24	Proportion	All interviewed men 15-24 with DBS tested at the lab

Table B.2 Sampling errors for National sample, Lesotho 2009

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.337	0.013	7624	7624	2.444	0.039	0.311	0.364
Literate	0.969	0.003	7624	7624	1.273	0.003	0.964	0.974
No education	0.012	0.001	7624	7624	1.144	0.118	0.009	0.015
Secondary education or higher	0.522	0.010	7624	7624	1.735	0.019	0.502	0.542
Never married	0.343	0.007	7624	7624	1.263	0.020	0.330	0.357
Currently married or in union	0.531	0.008	7624	7624	1.345	0.014	0.516	0.546
Married before age 20 for women 20-49	0.484	0.009	5784	5839	1.392	0.019	0.466	0.503
Had sex before 18 for women 20-49	0.431	0.009	5784	5839	1.316	0.020	0.414	0.449
Currently pregnant	0.042	0.003	7624	7624	1.120	0.061	0.037	0.047
Children ever born	1.800	0.028	7624	7624	1.265	0.016	1.743	1.856
Children surviving	1.621	0.025	7624	7624	1.250	0.016	1.570	1.672
Children ever born to women age 40-49	4.072	0.078	1310	1297	1.246	0.019	3.915	4.229
Total fertility rate (3 years)	3.302	0.114	na	21235	1.539	0.035	3.074	3.531
Knows any contraceptive method	0.992	0.001	4129	4049	1.017	0.001	0.989	0.995
Known any modern contraceptive method	0.991	0.001	4129	4049	1.001	0.001	0.988	0.994
Currently using any contraceptive method	0.470	0.011	4129	4049	1.357	0.022	0.449	0.491
Currently using a modern method	0.456	0.011	4129	4049	1.404	0.024	0.434	0.478
Currently using pill	0.125	0.006	4129	4049	1.244	0.051	0.112	0.138
Currently using injectable	0.001	0.000	4129	4049	1.002	0.502	0.000	0.002
Currently using IUCD	0.019	0.003	4129	4049	1.227	0.136	0.014	0.025
Currently using female sterilisation	0.024	0.003	4129	4049	1.292	0.130	0.017	0.030
Currently using male condom	0.094	0.006	4129	4049	1.242	0.060	0.082	0.105
Currently using periodic abstinence	0.001	0.000	4129	4049	0.977	0.475	0.000	0.002
Obtained method from public sector source	0.627	0.012	2506	2659	1.283	0.020	0.602	0.652
Want no more children	0.590	0.009	4181	4105	1.183	0.015	0.572	0.608
Want to delay birth at least 2 years	0.226	0.008	4181	4105	1.172	0.034	0.211	0.241
Ideal family size	2.769	0.025	7604	7606	1.467	0.009	2.720	2.819
Perinatal mortality	53.855	4.676	4065	3795	1.162	0.087	44.504	63.207
Neonatal mortality (0-4 years)	46.936	4.888	4012	3748	1.253	0.104	37.161	56.711
Postneonatal mortality (0-4)	44.563	3.672	4015	3750	1.035	0.082	37.219	51.908
Under-five mortality (0-4 years)	71.995	5.333	3216	3041	1.108	0.074	61.329	82.660
Child mortality (0-4 years)	27.026	3.130	4036	3768	1.087	0.116	20.766	33.286
Under-five mortality (0-4 years)	116.053	7.297	4041	3772	1.287	0.063	101.460	130.646
Mothers received tetanus 2+ injections for last birth	0.600	0.011	3139	2984	1.266	0.019	0.577	0.623
Mothers received medical assistance at delivery	0.726	0.011	3999	3732	1.410	0.016	0.704	0.749
Had diarrhoea in two weeks before survey	0.112	0.006	3607	3348	1.145	0.056	0.099	0.124
Treated with oral rehydration salts (ORS)	0.712	0.024	417	375	1.028	0.034	0.663	0.760
Taken to a health provider	0.534	0.029	417	375	1.122	0.054	0.476	0.592
Vaccination card seen	0.742	0.023	797	744	1.415	0.031	0.696	0.788
Received BCG	0.951	0.008	797	744	0.962	0.008	0.935	0.967
Received DPT (3 doses)	0.835	0.016	797	744	1.181	0.019	0.803	0.868
Received polio (3 doses)	0.749	0.018	797	744	1.116	0.024	0.713	0.784
Received measles	0.803	0.018	797	744	1.226	0.023	0.767	0.840
Fully immunised	0.617	0.020	797	744	1.107	0.032	0.577	0.657
Height-for-age (below -2SD)	0.392	0.012	2212	2019	1.115	0.031	0.367	0.416
Weight-for-height (below -2SD)	0.037	0.004	2212	2019	1.010	0.112	0.029	0.045
Weight-for-age (below -2SD)	0.132	0.009	2212	2019	1.120	0.064	0.115	0.149
Anaemia in children	0.475	0.013	2021	1844	1.085	0.027	0.450	0.501
Anaemia in women	0.263	0.009	3896	3839	1.307	0.035	0.244	0.281
Body Mass Index (BMI) <18.5	0.060	0.004	3727	3679	1.136	0.074	0.051	0.069
Sexually active in past 12 months, never-married youth	0.341	0.008	5524	5527	1.310	0.025	0.324	0.358
Never had sex among youth	0.513	0.014	2081	2100	1.255	0.027	0.485	0.540
Sexually active in past 12 months	0.351	0.014	2081	2100	1.334	0.040	0.323	0.379
Had an injection in past 12 months	0.284	0.008	7624	7624	1.458	0.027	0.269	0.299
Accepting attitudes towards people with HIV	0.409	0.009	7624	7624	1.641	0.023	0.390	0.427
Had HIV test and received result in past 12 months	0.420	0.009	7624	7624	1.507	0.020	0.403	0.437
HIV prevalence among all women 15-49	0.267	0.009	3849	3778	1.286	0.034	0.249	0.286
HIV prevalence among all women 15-24	0.136	0.010	1717	1674	1.158	0.070	0.117	0.155
HIV prevalence among pregnant women	0.179	0.034	182	175	1.195	0.190	0.111	0.248
HIV prevalence all respondents	0.230	0.008	6621	6634	1.457	0.033	0.215	0.245
Maternal Mortality Rate	1154.726	140.239	na	na	na	0.121	874.248	1435.204
MEN								
Urban residence	0.280	0.010	3317	3317	1.311	0.037	0.259	0.300
No education	0.129	0.007	3317	3317	1.263	0.057	0.115	0.144
Secondary or more	0.381	0.014	3317	3317	1.604	0.036	0.354	0.408
Never married	0.515	0.011	3317	3317	1.229	0.021	0.493	0.536
Currently married	0.427	0.011	3317	3317	1.238	0.025	0.406	0.448
Sex before 18	0.300	0.013	1386	1384	1.097	0.045	0.273	0.327
Comprehensive knowledge about HIV/AIDS	0.287	0.010	3317	3317	1.328	0.036	0.266	0.308
Had HIV test and result in past 12 months	0.247	0.009	3317	3317	1.247	0.038	0.228	0.266
Had injection in past 12 months	0.119	0.007	3317	3317	1.206	0.057	0.106	0.133
Abstinence among young men married 15-24	0.293	0.015	1312	1319	1.228	0.053	0.262	0.324
Sexually active in past 12 months, never-married youth	0.572	0.017	1312	1319	1.234	0.030	0.538	0.605
HIV prevalence among all men 15-59	0.180	0.009	2772	2856	1.282	0.052	0.161	0.199
HIV prevalence among men 15-24	0.042	0.007	1379	1411	1.242	0.161	0.028	0.055

na = Not applicable

Table B.3 Sampling errors for Urban sample, Lesotho 2009

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	1.000	0.000	1977	2573	na	0.000	1.000	1.000
Literate	0.988	0.003	1977	2573	1.296	0.003	0.981	0.994
No education	0.007	0.002	1977	2573	1.227	0.336	0.002	0.011
Secondary education or higher	0.693	0.013	1977	2573	1.261	0.019	0.667	0.719
Never married	0.391	0.011	1977	2573	0.967	0.027	0.369	0.412
Currently married or in union	0.473	0.011	1977	2573	0.995	0.024	0.450	0.495
Married before age 20 for women 20-49	0.369	0.014	1576	2088	1.182	0.039	0.340	0.398
Had sex before 18 for women 20-49	0.363	0.017	1576	2088	1.441	0.048	0.328	0.398
Currently pregnant	0.032	0.004	1977	2573	1.051	0.130	0.024	0.040
Children ever born	1.377	0.039	1977	2573	1.148	0.028	1.300	1.455
Children surviving	1.258	0.036	1977	2573	1.140	0.028	1.187	1.329
Children ever born to women age 40-49	3.157	0.137	315	397	1.355	0.043	2.883	3.432
Total fertility rate (3 years)	2.097	0.123	na	7302	1.141	0.059	1.851	2.342
Knows any contraceptive method	0.996	0.002	942	1216	1.154	0.002	0.992	1.001
Known any modern contraceptive method	0.996	0.002	942	1216	1.154	0.002	0.992	1.001
Currently using any contraceptive method	0.583	0.021	942	1216	1.290	0.036	0.542	0.625
Currently using a modern method	0.572	0.021	942	1216	1.305	0.037	0.530	0.614
Currently using pill	0.163	0.014	942	1216	1.136	0.084	0.136	0.191
Currently using injectable	0.002	0.001	942	1216	0.884	0.585	0.000	0.005
Currently using IUCD	0.023	0.005	942	1216	1.112	0.236	0.012	0.034
Currently using female sterilisation	0.026	0.005	942	1216	1.009	0.203	0.015	0.036
Currently using male condom	0.146	0.013	942	1216	1.097	0.087	0.121	0.171
Currently using periodic abstinence	0.002	0.001	942	1216	0.894	0.623	0.000	0.005
Obtained method from public sector source	0.544	0.021	797	1077	1.192	0.039	0.502	0.586
Want no more children	0.588	0.015	958	1237	0.970	0.026	0.557	0.619
Want to delay birth at least 2 years	0.210	0.015	958	1237	1.174	0.074	0.179	0.241
Ideal family size	2.493	0.034	1973	2569	1.192	0.014	2.424	2.562
Perinatal mortality	52.276	12.326	689	882	1.209	0.236	27.624	76.927
Neonatal mortality (0-9 years)	34.823	7.549	1293	1675	1.252	0.217	19.725	49.922
Postneonatal mortality (0-9)	39.184	4.955	1295	1677	0.898	0.126	29.273	49.095
Under-five mortality (0-9 years)	74.007	9.730	1295	1677	1.221	0.131	54.547	93.468
Child mortality (0-9 years)	15.739	5.358	1297	1679	1.489	0.340	5.023	26.455
Under-five mortality (0-9 years)	88.581	11.245	1299	1681	1.299	0.127	66.091	111.072
Mothers received tetanus 2+injections for last birth	0.691	0.027	589	759	1.387	0.038	0.638	0.744
Mothers received medical assistance at delivery	0.909	0.014	672	864	1.273	0.016	0.880	0.938
Had diarrhoea in two weeks before survey	0.098	0.014	617	791	1.111	0.139	0.071	0.125
Treated with oral rehydration salts (ORS)	0.725	0.058	55	78	0.991	0.080	0.610	0.841
Taken to a health provider	0.535	0.068	55	78	1.076	0.127	0.399	0.672
Vaccination card seen	0.677	0.076	120	170	1.853	0.112	0.525	0.829
Received BCG	0.976	0.016	120	170	1.217	0.017	0.943	1.009
Received DPT (3 doses)	0.914	0.025	120	170	1.013	0.027	0.864	0.963
Received polio (3 doses)	0.754	0.048	120	170	1.272	0.064	0.659	0.850
Received measles	0.900	0.035	120	170	1.329	0.039	0.830	0.970
Fully immunised	0.707	0.046	120	170	1.160	0.065	0.614	0.799
Height-for-age (below -2SD)	0.301	0.032	287	343	1.219	0.106	0.237	0.365
Weight-for-height (below -2SD)	0.036	0.011	287	343	0.995	0.307	0.014	0.058
Weight-for-age (below -2SD)	0.116	0.021	287	343	1.129	0.184	0.073	0.159
Anaemia in children	0.530	0.034	249	300	1.006	0.064	0.461	0.598
Anaemia in women	0.291	0.020	957	1232	1.329	0.067	0.251	0.330
Body Mass Index (BMI) <18.5	0.034	0.007	938	1207	1.120	0.197	0.020	0.047
Sexually active in past 12 months, never-married youth	0.396	0.015	1435	1876	1.186	0.039	0.365	0.426
Never had sex among youth	0.476	0.026	574	718	1.244	0.055	0.424	0.528
Sexually active in past 12 months	0.391	0.029	574	718	1.446	0.075	0.332	0.450
Had an injection in past 12 months	0.294	0.016	1977	2573	1.592	0.056	0.261	0.326
Accepting attitudes towards people with HIV	0.465	0.015	1977	2573	1.319	0.032	0.435	0.494
Had HIV test and received result in past 12 months	0.421	0.013	1977	2573	1.179	0.031	0.394	0.447
HIV prevalence among all women 15-49	0.310	0.020	940	1235	1.310	0.064	0.271	0.350
HIV prevalence among all women 15-24	0.179	0.022	377	482	1.115	0.123	0.135	0.223
HIV prevalence among all women pregnant	0.248	0.083	34	45	1.098	0.333	0.083	0.413
HIV prevalence all respondents	0.272	0.016	1531	2041	1.428	0.060	0.240	0.305
MEN								
Urban residence	1.000	0.000	736	928	na	0.000	1.000	1.000
No education	0.043	0.009	736	928	1.135	0.196	0.026	0.061
Secondary or more	0.666	0.022	736	928	1.291	0.034	0.621	0.711
Never married	0.463	0.025	736	928	1.345	0.053	0.414	0.513
Currently married	0.490	0.024	736	928	1.303	0.049	0.442	0.538
Had sex before 18	0.378	0.027	338	449	1.031	0.072	0.324	0.433
Comprehensive knowledge about HIV/AIDS	0.443	0.024	736	928	1.313	0.054	0.395	0.491
Had HIV test and result in past 12 months	0.308	0.020	736	928	1.155	0.064	0.269	0.348
Had injection in past 12 months	0.159	0.017	736	928	1.286	0.109	0.124	0.194
Abstinence among young men married 15-24	0.322	0.034	276	333	1.216	0.106	0.253	0.390
Sexually active in past 12 months, never-married youth	0.527	0.037	276	333	1.232	0.070	0.453	0.602
HIV prevalence among all men 15-59	0.214	0.019	591	806	1.127	0.089	0.176	0.252
HIV prevalence among all men 15-24	0.058	0.019	272	356	1.300	0.317	0.021	0.096

na = Not applicable

Table B.4 Sampling errors for Rural sample, Lesotho 2009

Variable	Value (R)	Stand-ard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weight-ed (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.000	0.000	5647	5051	na	na	0.000	0.000
Literate	0.960	0.003	5647	5051	1.235	0.003	0.954	0.967
No education	0.015	0.002	5647	5051	1.111	0.120	0.011	0.019
Secondary education or higher	0.435	0.013	5647	5051	1.938	0.029	0.409	0.460
Never married	0.319	0.009	5647	5051	1.418	0.028	0.302	0.337
Currently married or in union	0.561	0.010	5647	5051	1.523	0.018	0.541	0.581
Married before age 20 for women 20-49	0.549	0.012	4208	3751	1.597	0.022	0.524	0.573
Had sex before 18 for women 20-49	0.470	0.009	4208	3751	1.230	0.020	0.451	0.488
Currently pregnant	0.047	0.003	5647	5051	1.137	0.068	0.041	0.054
Children ever born	2.015	0.036	5647	5051	1.284	0.018	1.943	2.087
Children surviving	1.806	0.032	5647	5051	1.276	0.018	1.741	1.870
Children ever born to women age 40-49	4.475	0.090	995	900	1.215	0.020	4.294	4.656
Total fertility rate (3 years)	3.978	0.157	na	13933	1.748	0.040	3.663	4.292
Knows any contraceptive method	0.990	0.002	3187	2833	1.005	0.002	0.987	0.994
Known any modern contraceptive method	0.989	0.002	3187	2833	0.994	0.002	0.985	0.992
Currently using any contraceptive method	0.422	0.011	3187	2833	1.265	0.026	0.400	0.444
Currently using a modern method	0.407	0.012	3187	2833	1.325	0.028	0.383	0.430
Currently using pill	0.108	0.007	3187	2833	1.224	0.062	0.095	0.122
Currently using injectable	0.000	0.000	3187	2833	1.035	1.003	0.000	0.001
Currently using IUCD	0.018	0.003	3187	2833	1.260	0.167	0.012	0.024
Currently using female sterilisation	0.023	0.004	3187	2833	1.423	0.166	0.015	0.030
Currently using male condom	0.071	0.006	3187	2833	1.238	0.079	0.060	0.082
Currently using periodic abstinence	0.001	0.000	3187	2833	0.917	0.709	0.000	0.001
Obtained method from public sector source	0.684	0.015	1709	1582	1.360	0.022	0.653	0.714
Want no more children	0.591	0.011	3223	2868	1.273	0.019	0.569	0.613
Want to delay birth at least 2 years	0.233	0.009	3223	2868	1.163	0.037	0.216	0.251
Ideal family size	2.910	0.034	5631	5037	1.653	0.012	2.842	2.978
Perinatal mortality	54.333	4.812	3376	2913	1.132	0.089	44.708	63.958
Neonatal mortality (0-9 years)	43.542	3.533	5925	5106	1.214	0.081	36.475	50.608
Postneonatal mortality (0-9)	42.169	3.122	5932	5112	1.087	0.074	35.924	48.413
Under-five mortality (0-9 years)	85.710	4.713	5933	5113	1.154	0.055	76.285	95.135
Child mortality (0-9 years)	26.700	2.716	5940	5120	1.177	0.102	21.267	32.132
Under-five mortality (0-9 years)	110.122	5.349	5949	5127	1.189	0.049	99.424	120.819
Mothers received tetanus 2+injections for last birth	0.569	0.012	2550	2225	1.195	0.021	0.545	0.592
Mothers received medical assistance at delivery	0.671	0.013	3327	2868	1.391	0.019	0.646	0.697
Had diarrhoea in two weeks before survey	0.116	0.007	2990	2558	1.174	0.061	0.102	0.130
Treated with oral rehydration salts (ORS)	0.708	0.027	362	297	1.058	0.038	0.655	0.761
Taken to a health provider	0.533	0.032	362	297	1.157	0.060	0.470	0.597
Vaccination card seen	0.761	0.017	677	574	1.025	0.023	0.726	0.796
Received BCG	0.944	0.009	677	574	0.950	0.010	0.926	0.962
Received DPT (3 doses)	0.812	0.019	677	574	1.236	0.024	0.773	0.850
Received polio (3 doses)	0.747	0.018	677	574	1.061	0.025	0.710	0.784
Received measles	0.775	0.020	677	574	1.212	0.026	0.734	0.815
Fully immunised	0.590	0.022	677	574	1.122	0.037	0.546	0.634
Height-for-age (below -2SD)	0.410	0.013	1925	1677	1.116	0.032	0.384	0.436
Weight-for-height (below -2SD)	0.037	0.004	1925	1677	1.030	0.119	0.028	0.046
Weight-for-age (below -2SD)	0.136	0.009	1925	1677	1.142	0.068	0.117	0.154
Anaemia in children	0.465	0.014	1772	1544	1.117	0.030	0.437	0.492
Anaemia in women	0.250	0.010	2939	2607	1.243	0.040	0.230	0.270
Body Mass Index (BMI) <18.5	0.072	0.006	2789	2472	1.163	0.079	0.061	0.084
Sexually active in past 12 months, never-married youth	0.313	0.010	4089	3652	1.332	0.031	0.293	0.332
Never had sex among youth	0.532	0.016	1507	1382	1.227	0.030	0.501	0.564
Sexually active in past 12 months	0.330	0.015	1507	1382	1.226	0.045	0.301	0.360
Had an injection in past 12 months	0.279	0.008	5647	5051	1.287	0.028	0.264	0.294
Accepting attitudes towards people with HIV	0.380	0.012	5647	5051	1.838	0.031	0.357	0.404
Had HIV test and received result in past 12 months	0.420	0.011	5647	5051	1.674	0.026	0.398	0.442
HIV prevalence among all women 15-49	0.246	0.009	2909	2543	1.166	0.038	0.228	0.265
HIV prevalence among all women 15-24	0.119	0.010	1340	1192	1.138	0.085	0.098	0.139
HIV prevalence among pregnant women	0.155	0.035	148	130	1.168	0.225	0.086	0.225
HIV prevalence all respondents	0.211	0.008	5090	4593	1.378	0.037	0.195	0.226
MEN								
Urban residence	0.000	0.000	2581	2389	na	na	0.000	0.000
No education	0.163	0.010	2581	2389	1.319	0.059	0.144	0.182
Secondary or more	0.270	0.015	2581	2389	1.770	0.057	0.239	0.301
Never married	0.535	0.011	2581	2389	1.151	0.021	0.512	0.557
Currently married	0.402	0.011	2581	2389	1.185	0.028	0.379	0.425
Had sex before 18	0.262	0.015	1048	936	1.126	0.058	0.231	0.292
Comprehensive knowledge about HIV/AIDS	0.227	0.011	2581	2389	1.310	0.048	0.205	0.248
Had HIV test and result in past 12 months	0.223	0.010	2581	2389	1.266	0.046	0.203	0.244
Had injection in past 12 months	0.104	0.006	2581	2389	1.079	0.062	0.091	0.117
Abstinence among young men married 15-24	0.283	0.017	1036	986	1.219	0.060	0.249	0.317
Sexually active in past 12 months, never-married youth	0.587	0.019	1036	986	1.225	0.032	0.549	0.624
HIV prevalence among all men 15-59	0.166	0.011	2181	2050	1.332	0.064	0.145	0.188
HIV prevalence among men 15-24	0.036	0.006	1107	1055	1.128	0.176	0.023	0.048

na = Not applicable

Table B.5 Sampling errors for Lowlands sample, Lesotho 2009

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.489	0.024	3610	4798	2.844	0.048	0.442	0.537
Literate	0.984	0.003	3610	4798	1.401	0.003	0.978	0.990
No education	0.007	0.002	3610	4798	1.243	0.243	0.004	0.011
Secondary education or higher	0.616	0.012	3610	4798	1.436	0.019	0.593	0.639
Never married	0.371	0.009	3610	4798	1.105	0.024	0.353	0.389
Currently married or in union	0.501	0.010	3610	4798	1.173	0.019	0.482	0.521
Married before age 20 for women 20-49	0.421	0.011	2795	3742	1.202	0.027	0.398	0.443
Had sex before 18 for women 20-49	0.397	0.012	2795	3742	1.261	0.029	0.374	0.421
Currently pregnant	0.040	0.003	3610	4798	1.064	0.087	0.033	0.047
Children ever born	1.580	0.033	3610	4798	1.159	0.021	1.513	1.646
Children surviving	1.431	0.030	3610	4798	1.152	0.021	1.371	1.491
Children ever born to women age 40-49	3.619	0.100	601	795	1.188	0.028	3.420	3.818
Total fertility rate (3 years)	2.719	0.130	na	26901	2.002	0.048	2.460	2.979
Knows any contraceptive method	0.996	0.002	1853	2405	1.091	0.002	0.992	0.999
Known any modern contraceptive method	0.996	0.002	1853	2405	1.091	0.002	0.992	0.999
Currently using any contraceptive method	0.542	0.015	1853	2405	1.262	0.027	0.512	0.571
Currently using a modern method	0.530	0.015	1853	2405	1.306	0.029	0.499	0.560
Currently using pill	0.144	0.009	1853	2405	1.161	0.066	0.125	0.163
Currently using injectable	0.001	0.001	1853	2405	0.892	0.579	0.000	0.003
Currently using IUCD	0.027	0.004	1853	2405	1.082	0.151	0.019	0.035
Currently using female sterilisation	0.031	0.005	1853	2405	1.193	0.156	0.021	0.040
Currently using male condom	0.115	0.008	1853	2405	1.131	0.073	0.098	0.132
Currently using periodic abstinence	0.001	0.001	1853	2405	0.906	0.609	0.000	0.003
Obtained method from public sector source	0.573	0.016	1412	1876	1.202	0.028	0.541	0.604
Want no more children	0.600	0.012	1881	2446	1.102	0.021	0.575	0.625
Want to delay birth at least 2 years	0.222	0.010	1881	2446	1.088	0.047	0.201	0.243
Ideal family size	2.612	0.028	3602	4790	1.217	0.011	2.557	2.667
Perinatal mortality	60.082	7.435	1584	2039	1.075	0.124	45.211	74.953
Neonatal mortality (0-9 years)	79.111	6.339	2817	3667	1.108	0.080	66.432	91.790
Postneonatal mortality (0-9)	20.322	3.656	2818	3669	1.273	0.180	13.010	27.634
Under-five mortality (0-9 years)	97.825	7.320	2823	3674	1.180	0.075	83.184	112.466
Child mortality (0-9 years)	39.716	4.760	2813	3663	1.118	0.120	30.196	49.237
Under-five mortality (0-9 years)	39.394	3.681	2816	3667	0.950	0.093	32.032	46.757
Mothers received tetanus 2+ injections for last birth	0.655	0.016	1292	1671	1.209	0.025	0.623	0.688
Mothers received medical assistance at delivery	0.793	0.014	1546	1997	1.237	0.018	0.766	0.821
Had diarrhoea in two weeks before survey	0.103	0.009	1403	1805	1.097	0.089	0.085	0.121
Treated with oral rehydration salts (ORS)	0.708	0.037	145	186	0.963	0.053	0.634	0.782
Taken to a health provider	0.517	0.045	145	186	1.065	0.086	0.428	0.607
Vaccination card seen	0.735	0.039	303	395	1.520	0.053	0.658	0.813
Received BCG	0.969	0.010	303	395	1.017	0.011	0.948	0.989
Received DPT (3 doses)	0.873	0.020	303	395	1.024	0.023	0.834	0.913
Received polio (3 doses)	0.752	0.027	303	395	1.058	0.035	0.699	0.805
Received measles	0.851	0.025	303	395	1.175	0.029	0.801	0.900
Fully immunised	0.640	0.029	303	395	1.031	0.045	0.582	0.698
Height-for-age (below -2SD)	0.340	0.018	831	1019	1.073	0.053	0.304	0.376
Weight-for-height (below -2SD)	0.027	0.005	831	1019	0.966	0.203	0.016	0.038
Weight-for-age (below -2SD)	0.112	0.012	831	1019	1.075	0.106	0.089	0.136
Anaemia in children	0.448	0.019	750	921	0.989	0.043	0.409	0.486
Anaemia in women	0.270	0.013	1783	2367	1.237	0.048	0.244	0.296
Body Mass Index (BMI) <18.5	0.055	0.006	1723	2278	1.069	0.107	0.043	0.066
Sexually active in past 12 months, never-married youth	0.358	0.011	2615	3458	1.198	0.031	0.336	0.381
Never had sex among youth	0.486	0.019	1041	1387	1.208	0.039	0.448	0.523
Sexually active in past 12 months	0.379	0.019	1041	1387	1.253	0.050	0.342	0.417
Had an injection in past 12 months	0.300	0.011	3610	4798	1.382	0.035	0.279	0.321
Accepting attitudes towards people with HIV	0.463	0.012	3610	4798	1.446	0.026	0.439	0.487
Had HIV test and received result in past 12 months	0.429	0.011	3610	4798	1.305	0.025	0.408	0.451
HIV prevalence among all women 15-49	0.272	0.013	1777	2322	1.254	0.049	0.246	0.299
HIV prevalence among all women 15-24	0.141	0.013	765	1008	1.019	0.091	0.115	0.166
HIV prevalence among pregnant women	0.181	0.046	81	108	1.074	0.256	0.088	0.273
HIV prevalence all respondents	0.235	0.011	3053	4063	1.403	0.046	0.214	0.257
MEN								
Urban residence	0.405	0.020	1567	2040	1.642	0.050	0.364	0.446
No education	0.060	0.007	1567	2040	1.104	0.110	0.047	0.073
Secondary or more	0.485	0.019	1567	2040	1.492	0.039	0.447	0.523
Never married	0.535	0.015	1567	2040	1.192	0.028	0.505	0.565
Currently married	0.412	0.015	1567	2040	1.206	0.036	0.382	0.442
Had sex before 18	0.328	0.018	640	847	0.985	0.056	0.291	0.364
Comprehensive knowledge about HIV/AIDS	0.337	0.016	1567	2040	1.298	0.046	0.306	0.368
Had HIV test and result in past 12 months	0.261	0.013	1567	2040	1.164	0.050	0.235	0.286
Had injection in past 12 months	0.130	0.010	1567	2040	1.174	0.077	0.110	0.150
Abstinence among young men married 15-24	0.302	0.022	645	825	1.215	0.073	0.258	0.346
Sexually active in past 12 months, never-married youth	0.562	0.024	645	825	1.249	0.043	0.514	0.611
HIV prevalence among all men 15-59	0.186	0.013	1276	1742	1.166	0.068	0.160	0.211
HIV prevalence among men 15-24	0.047	0.010	642	855	1.198	0.212	0.027	0.067

na = Not applicable

Table B.6 Sampling errors for Foothills sample, Lesotho 2009

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.000	0.000	718	725	na	na	0.000	0.000
Literate	0.958	0.009	718	725	1.193	0.009	0.940	0.976
No education	0.009	0.004	718	725	1.173	0.464	0.001	0.017
Secondary education or higher	0.394	0.028	718	725	1.528	0.071	0.338	0.450
Never married	0.272	0.020	718	725	1.185	0.072	0.232	0.311
Currently married or in union	0.622	0.023	718	725	1.249	0.036	0.577	0.667
Married before age 20 for women 20-49	0.611	0.019	532	539	0.909	0.031	0.573	0.650
Had sex before 18 for women 20-49	0.449	0.022	532	539	0.997	0.048	0.406	0.492
Currently pregnant	0.043	0.007	718	725	0.875	0.154	0.030	0.057
Children ever born	2.004	0.082	718	725	1.112	0.041	1.840	2.169
Children surviving	1.823	0.074	718	725	1.066	0.040	1.676	1.970
Children ever born to women age 40-49	4.335	0.234	114	121	1.116	0.054	3.867	4.804
Total fertility rate (3 years)	3.974	0.375	na	4030	2.113	0.094	3.224	4.724
Knows any contraceptive method	0.997	0.003	441	451	1.067	0.003	0.992	1.003
Known any modern contraceptive method	0.997	0.003	441	451	1.067	0.003	0.992	1.003
Currently using any contraceptive method	0.452	0.026	441	451	1.113	0.058	0.399	0.505
Currently using a modern method	0.421	0.027	441	451	1.158	0.065	0.366	0.475
Currently using pill	0.120	0.014	441	451	0.912	0.117	0.092	0.149
Currently using injectable	0.000	0.000	441	451	na	na	0.000	0.000
Currently using IUCD	0.020	0.007	441	451	1.088	0.363	0.006	0.035
Currently using female sterilisation	0.014	0.006	441	451	1.052	0.418	0.002	0.026
Currently using male condom	0.047	0.011	441	451	1.092	0.235	0.025	0.069
Currently using periodic abstinence	0.000	0.000	441	451	na	na	0.000	0.000
Obtained method from public sector source	0.745	0.037	259	245	1.365	0.050	0.671	0.819
Want no more children	0.583	0.031	443	453	1.303	0.052	0.522	0.644
Want to delay birth at least 2 years	0.243	0.024	443	453	1.187	0.100	0.195	0.292
Ideal family size	3.014	0.091	717	723	1.638	0.030	2.832	3.196
Perinatal mortality	56.430	10.540	431	424	0.916	0.187	35.350	77.511
Neonatal mortality (0-9 years)	82.477	9.619	741	739	0.904	0.117	63.238	101.716
Postneonatal mortality (0-9)	37.284	8.295	744	742	1.067	0.222	20.695	53.873
Under-five mortality (0-9 years)	116.686	12.692	745	743	1.028	0.109	91.301	142.071
Child mortality (0-9 years)	47.811	7.291	740	738	0.911	0.153	33.228	62.393
Under-five mortality (0-9 years)	34.666	6.871	741	739	0.976	0.198	20.925	48.408
Mothers received tetanus 2+ injections for last birth	0.558	0.038	333	334	1.388	0.068	0.482	0.633
Mothers received medical assistance at delivery	0.631	0.037	423	417	1.448	0.059	0.556	0.706
Had diarrhoea in two weeks before survey	0.111	0.017	377	373	1.045	0.152	0.077	0.145
Treated with oral rehydration salts (ORS)	0.630	0.071	43	41	0.936	0.112	0.489	0.772
Taken to a health provider	0.516	0.082	43	41	1.056	0.160	0.351	0.681
Vaccination card seen	0.771	0.045	84	87	0.981	0.058	0.681	0.860
Received BCG	0.944	0.024	84	87	0.944	0.025	0.897	0.991
Received DPT (3 doses)	0.891	0.031	84	87	0.930	0.035	0.828	0.954
Received polio (3 doses)	0.786	0.038	84	87	0.862	0.049	0.709	0.862
Received measles	0.804	0.046	84	87	1.080	0.058	0.711	0.897
Fully immunised	0.637	0.053	84	87	1.008	0.083	0.532	0.743
Height-for-age (below -2SD)	0.343	0.038	231	226	1.137	0.111	0.267	0.420
Weight-for-height (below -2SD)	0.039	0.013	231	226	1.017	0.330	0.013	0.065
Weight-for-age (below -2SD)	0.146	0.028	231	226	1.138	0.189	0.091	0.201
Anaemia in children	0.464	0.045	214	211	1.334	0.097	0.374	0.554
Anaemia in women	0.244	0.025	360	363	1.122	0.104	0.194	0.295
Body Mass Index (BMI) <18.5	0.070	0.016	344	346	1.127	0.222	0.039	0.101
Sexually active in past 12 months, never-married youth	0.284	0.022	551	558	1.143	0.077	0.240	0.328
Never had sex among youth	0.494	0.040	171	169	1.052	0.082	0.414	0.575
Sexually active in past 12 months	0.359	0.046	171	169	1.260	0.129	0.266	0.452
Had an injection in past 12 months	0.321	0.024	718	725	1.374	0.075	0.273	0.369
Accepting attitudes towards people with HIV	0.349	0.019	718	725	1.042	0.053	0.312	0.386
Had HIV test and received result in past 12 months	0.409	0.022	718	725	1.205	0.054	0.365	0.454
HIV prevalence among all women 15-49	0.273	0.022	346	339	0.920	0.081	0.229	0.317
HIV prevalence among all women 15-24	0.177	0.032	159	157	1.047	0.179	0.114	0.241
HIV prevalence among pregnant women	0.098	0.096	12	12	1.070	0.977	0.000	0.290
HIV prevalence all respondents	0.216	0.019	654	653	1.189	0.089	0.178	0.254
MEN								
Urban residence	0.000	0.000	349	348	na	na	0.000	0.000
No education	0.151	0.028	349	348	1.470	0.187	0.094	0.207
Secondary or more	0.183	0.033	349	348	1.607	0.182	0.117	0.250
Never married	0.565	0.029	349	348	1.100	0.052	0.507	0.624
Currently married	0.385	0.027	349	348	1.043	0.071	0.330	0.439
Had sex before 18	0.224	0.041	122	124	1.083	0.183	0.142	0.307
Comprehensive knowledge about HIV/AIDS	0.185	0.022	349	348	1.062	0.120	0.141	0.229
Had HIV test and result in past 12 months	0.177	0.025	349	348	1.206	0.139	0.128	0.227
Had injection in past 12 months	0.093	0.014	349	348	0.903	0.151	0.065	0.122
Abstinence among young men married 15-24	0.201	0.038	155	155	1.169	0.187	0.126	0.277
Sexually active in past 12 months, never-married youth	0.671	0.040	155	155	1.058	0.060	0.591	0.751
HIV prevalence among all men 15-59	0.155	0.026	308	315	1.265	0.169	0.103	0.207
HIV prevalence among men 15-24	0.023	0.013	169	173	1.128	0.562	0.000	0.050

na = Not applicable

Table B.7 Sampling errors for Mountains sample, Lesotho 2009

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.109	0.021	2336	1544	3.248	0.192	0.067	0.151
Literate	0.945	0.006	2336	1544	1.324	0.007	0.933	0.958
No education	0.023	0.004	2336	1544	1.178	0.159	0.016	0.030
Secondary education or higher	0.340	0.022	2336	1544	2.265	0.065	0.295	0.384
Never married	0.282	0.012	2336	1544	1.279	0.042	0.258	0.306
Currently married or in union	0.587	0.015	2336	1544	1.461	0.025	0.557	0.617
Married before age 20 for women 20-49	0.615	0.022	1766	1159	1.924	0.036	0.571	0.660
Had sex before 18 for women 20-49	0.492	0.017	1766	1159	1.404	0.034	0.459	0.526
Currently pregnant	0.050	0.006	2336	1544	1.300	0.117	0.039	0.062
Children ever born	2.328	0.060	2336	1544	1.229	0.026	2.207	2.449
Children surviving	2.067	0.054	2336	1544	1.223	0.026	1.959	2.174
Children ever born to women age 40-49	5.093	0.169	423	277	1.375	0.033	4.756	5.430
Total fertility rate (3 years)	4.777	0.283	na	8471	2.570	0.059	4.212	5.342
Knows any contraceptive method	0.984	0.003	1345	906	1.011	0.003	0.978	0.991
Known any modern contraceptive method	0.981	0.004	1345	906	1.006	0.004	0.974	0.989
Currently using any contraceptive method	0.336	0.017	1345	906	1.322	0.051	0.302	0.370
Currently using a modern method	0.327	0.017	1345	906	1.351	0.053	0.292	0.361
Currently using pill	0.088	0.010	1345	906	1.272	0.111	0.069	0.108
Currently using injectable	0.001	0.001	1345	906	1.097	0.999	0.000	0.003
Currently using IUCD	0.002	0.001	1345	906	0.897	0.620	0.000	0.003
Currently using female sterilisation	0.014	0.003	1345	906	0.995	0.226	0.008	0.021
Currently using male condom	0.066	0.008	1345	906	1.161	0.119	0.050	0.082
Currently using periodic abstinence	0.001	0.001	1345	906	0.929	1.004	0.000	0.002
Obtained method from public sector source	0.800	0.023	600	403	1.429	0.029	0.754	0.847
Want no more children	0.564	0.015	1363	916	1.124	0.027	0.534	0.594
Want to delay birth at least 2 years	0.234	0.013	1363	916	1.166	0.057	0.208	0.261
Ideal family size	3.133	0.060	2329	1539	1.727	0.019	3.013	3.253
Perinatal mortality	46.825	7.365	1522	1028	1.348	0.157	32.096	61.555
Neonatal mortality (0-9 years)	88.786	7.736	2745	1853	1.325	0.087	73.314	104.258
Postneonatal mortality (0-9)	27.743	3.939	2749	1858	1.203	0.142	19.865	35.621
Under-five mortality (0-9 years)	114.066	8.272	2753	1860	1.276	0.073	97.522	130.610
Child mortality (0-9 years)	44.385	6.353	2741	1851	1.534	0.143	31.679	57.092
Under-five mortality (0-9 years)	44.400	4.735	2745	1853	1.138	0.107	34.930	53.871
Mom received tetanus 2+ injections for last birth	0.515	0.019	1115	748	1.252	0.036	0.478	0.553
Mothers received medical assistance at delivery	0.647	0.021	1507	1018	1.487	0.033	0.605	0.689
Had diarrhoea in two weeks before survey	0.125	0.012	1356	900	1.312	0.094	0.101	0.148
Treated with oral rehydration salts (ORS)	0.726	0.039	168	112	1.133	0.053	0.649	0.803
Taken to a health provider	0.587	0.046	168	112	1.222	0.079	0.495	0.680
Vaccination card seen	0.729	0.025	301	196	0.944	0.034	0.679	0.779
Received BCG	0.924	0.017	301	196	1.014	0.018	0.890	0.957
Received DPT (3 doses)	0.757	0.037	301	196	1.476	0.049	0.683	0.832
Received polio (3 doses)	0.735	0.034	301	196	1.319	0.047	0.666	0.804
Received measles	0.738	0.036	301	196	1.388	0.049	0.666	0.811
Fully immunised	0.587	0.040	301	196	1.379	0.068	0.508	0.667
Height-for-age (below -2SD)	0.479	0.020	835	570	1.124	0.041	0.439	0.518
Weight-for-height (below -2SD)	0.053	0.008	835	570	1.112	0.158	0.036	0.069
Weight-for-age (below -2SD)	0.162	0.015	835	570	1.100	0.092	0.132	0.192
Anaemia in children	0.525	0.022	768	526	1.204	0.043	0.480	0.569
Anaemia in women	0.239	0.016	1245	818	1.313	0.067	0.207	0.270
Body Mass Index (BMI) <18.5	0.059	0.008	1178	776	1.173	0.136	0.043	0.076
Sexually active in past 12 months, never-married youth	0.311	0.017	1673	1115	1.520	0.055	0.276	0.345
Never had sex among youth	0.642	0.023	578	375	1.159	0.036	0.596	0.688
Sexually active in past 12 months	0.238	0.024	578	375	1.343	0.100	0.190	0.285
Had an injection in past 12 months	0.236	0.012	2336	1544	1.324	0.049	0.213	0.260
Accepting attitudes towards people with HIV	0.290	0.014	2336	1544	1.461	0.047	0.262	0.317
Had HIV test and received result in past 12 months	0.408	0.022	2336	1544	2.183	0.054	0.363	0.452
HIV prevalence among all women 15-49	0.256	0.017	1223	819	1.381	0.067	0.222	0.291
HIV prevalence among all women 15-24	0.119	0.021	559	370	1.519	0.175	0.078	0.161
HIV prevalence among pregnant women	0.209	0.068	66	43	1.339	0.323	0.074	0.344
HIV prevalence all respondents	0.225	0.015	2077	1413	1.605	0.065	0.196	0.254
MEN								
Urban residence	0.106	0.025	1012	687	2.541	0.232	0.057	0.155
No education	0.298	0.017	1012	687	1.180	0.057	0.264	0.331
Secondary or more	0.197	0.017	1012	687	1.380	0.088	0.162	0.231
Never married	0.415	0.017	1012	687	1.121	0.042	0.380	0.449
Currently married	0.513	0.018	1012	687	1.150	0.035	0.477	0.549
Had sex before 18	0.240	0.023	467	315	1.183	0.098	0.193	0.287
Comprehensive knowledge about HIV/AIDS	0.213	0.015	1012	687	1.183	0.072	0.183	0.243
Had HIV test and result in past 12 months	0.248	0.018	1012	687	1.346	0.074	0.212	0.285
Had injection in past 12 months	0.114	0.011	1012	687	1.069	0.094	0.093	0.136
Abstinence among young men married 15-24	0.311	0.023	345	233	0.935	0.075	0.265	0.358
Sexually active in past 12 months, never-married youth	0.555	0.024	345	233	0.891	0.043	0.508	0.603
HIV prevalence among all men 15-59	0.182	0.020	854	593	1.477	0.107	0.143	0.221
HIV prevalence among men 15-24	0.040	0.010	394	274	1.049	0.260	0.019	0.060

na = Not applicable

Table B.8 Sampling errors for Senqu River Valley sample, Lesotho 2009

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.100	0.015	960	556	1.589	0.154	0.070	0.131
Literate	0.927	0.012	960	556	1.457	0.013	0.902	0.951
No education	0.030	0.006	960	556	1.180	0.217	0.017	0.043
Secondary education or higher	0.385	0.034	960	556	2.159	0.088	0.317	0.453
Never married	0.368	0.017	960	556	1.070	0.045	0.335	0.401
Currently married or in union	0.515	0.020	960	556	1.210	0.038	0.476	0.554
Married before age 20 for women 20-49	0.528	0.022	691	399	1.141	0.041	0.484	0.571
Had sex before 18 for women 20-49	0.550	0.026	691	399	1.364	0.047	0.498	0.601
Currently pregnant	0.035	0.006	960	556	1.041	0.175	0.023	0.048
Children ever born	1.965	0.076	960	556	1.113	0.039	1.813	2.117
Children surviving	1.758	0.073	960	556	1.190	0.042	1.612	1.905
Children ever born to women age 40-49	4.511	0.204	172	104	1.194	0.045	4.102	4.920
Total fertility rate (3 years)	3.773	0.248	36965	21473	1.675	0.066	3.277	4.268
Knows any contraceptive method	0.979	0.008	490	287	1.183	0.008	0.963	0.994
Known any modern contraceptive method	0.975	0.008	490	287	1.181	0.009	0.958	0.992
Currently using any contraceptive method	0.325	0.023	490	287	1.079	0.070	0.279	0.370
Currently using a modern method	0.307	0.023	490	287	1.122	0.076	0.260	0.354
Currently using pill	0.089	0.013	490	287	1.024	0.148	0.062	0.115
Currently using injectable	0.000	0.000	490	287	na	na	0.000	0.000
Currently using IUCD	0.010	0.006	490	287	1.257	0.561	0.000	0.022
Currently using female sterilisation	0.007	0.004	490	287	1.049	0.586	0.000	0.014
Currently using male condom	0.073	0.016	490	287	1.351	0.218	0.041	0.104
Currently using periodic abstinence	0.002	0.002	490	287	1.067	0.978	0.000	0.007
Obtained method from public sector source	0.656	0.031	235	135	1.008	0.048	0.593	0.718
Want no more children	0.598	0.023	494	290	1.036	0.038	0.552	0.643
Want to delay birth at least 2 years	0.212	0.024	494	290	1.278	0.111	0.165	0.259
Ideal family size	2.802	0.082	956	554	1.594	0.029	2.638	2.966
Perinatal mortality	32.208	10.422	528	303	1.219	0.324	11.364	53.053
Neonatal mortality (0-9 years)	88.131	13.633	925	530	1.260	0.155	60.866	115.397
Postneonatal mortality (0-9)	16.796	4.548	926	530	0.963	0.271	7.700	25.893
Under-five mortality (0-9 years)	103.447	15.448	927	531	1.317	0.149	72.551	134.344
Child mortality (0-9 years)	33.519	8.048	924	530	1.278	0.240	17.424	49.615
Under-five mortality (0-9 years)	54.612	11.849	925	530	1.344	0.217	30.915	78.309
Mothers received tetanus 2+ injections for last birth	0.534	0.028	399	230	1.113	0.052	0.478	0.590
Mothers received medical assistance at delivery	0.682	0.028	523	300	1.332	0.042	0.625	0.739
Had diarrhoea in two weeks before survey	0.129	0.018	471	269	1.127	0.141	0.093	0.165
Treated with oral rehydration salts (ORS)	0.782	0.071	61	35	1.168	0.090	0.641	0.924
Taken to a health provider	0.469	0.085	61	35	1.291	0.180	0.300	0.638
Vaccination card seen	0.780	0.049	109	66	1.258	0.063	0.682	0.878
Received BCG	0.938	0.025	109	66	1.082	0.026	0.889	0.987
Received DPT (3 doses)	0.765	0.060	109	66	1.503	0.079	0.645	0.885
Received polio (3 doses)	0.720	0.055	109	66	1.306	0.077	0.609	0.830
Received measles	0.713	0.044	109	66	1.022	0.061	0.625	0.800
Fully immunised	0.540	0.046	109	66	0.967	0.084	0.449	0.631
Height-for-age (below -2SD)	0.457	0.034	315	205	1.192	0.074	0.389	0.525
Weight-for-height (below -2SD)	0.042	0.011	315	205	0.964	0.259	0.020	0.064
Weight-for-age (below -2SD)	0.135	0.027	315	205	1.431	0.202	0.081	0.190
Anaemia in children	0.487	0.030	289	187	1.035	0.063	0.426	0.548
Anaemia in women	0.295	0.027	508	291	1.344	0.093	0.240	0.349
Body Mass Index (BMI) <18.5	0.088	0.016	482	278	1.234	0.181	0.056	0.120
Sexually active in past 12 months, never-married youth	0.355	0.026	685	397	1.402	0.072	0.304	0.407
Never had sex among youth	0.469	0.029	291	168	0.976	0.061	0.412	0.526
Sexually active in past 12 months	0.360	0.033	291	168	1.184	0.093	0.293	0.427
Had an injection in past 12 months	0.230	0.023	960	556	1.695	0.100	0.184	0.276
Accepting attitudes towards people with HIV	0.354	0.025	960	556	1.601	0.070	0.305	0.404
Had HIV test and received result in past 12 months	0.395	0.025	960	556	1.564	0.063	0.345	0.444
HIV prevalence among all women 15-49	0.252	0.022	503	298	1.115	0.086	0.209	0.295
HIV prevalence among all women 15-24	0.101	0.020	234	138	1.035	0.202	0.060	0.142
HIV prevalence among pregnant women	0.141	0.063	23	12	0.844	0.445	0.015	0.266
HIV prevalence all respondents	0.215	0.016	837	505	1.126	0.074	0.183	0.247
MEN								
Urban residence	0.120	0.024	389	242	1.434	0.197	0.073	0.167
No education	0.207	0.026	389	242	1.249	0.124	0.156	0.259
Secondary or more	0.311	0.033	389	242	1.395	0.105	0.246	0.377
Never married	0.555	0.023	389	242	0.921	0.042	0.508	0.601
Currently married	0.368	0.025	389	242	1.027	0.068	0.317	0.418
Had sex before 18	0.343	0.050	157	98	1.311	0.145	0.244	0.443
Comprehensive knowledge about HIV/AIDS	0.227	0.025	389	242	1.179	0.110	0.177	0.277
Had HIV test and result in past 12 months	0.231	0.024	389	242	1.137	0.105	0.182	0.279
Had injection in past 12 months	0.075	0.015	389	242	1.113	0.198	0.046	0.105
Abstinence among young men married 15-24	0.310	0.040	167	106	1.112	0.129	0.230	0.390
Sexually active in past 12 months, never-married youth	0.535	0.039	167	106	1.016	0.073	0.456	0.614
HIV prevalence among all men 15-59	0.162	0.023	334	206	1.153	0.144	0.115	0.208
HIV prevalence among men 15-24	0.029	0.012	174	109	0.939	0.414	0.005	0.053

na = Not applicable

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Lesotho 2009

Age	Female		Male		Age	Female		Male	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	443	2.4	426	2.8	36	138	0.8	133	0.9
1	455	2.5	399	2.6	37	180	1.0	125	0.8
2	404	2.2	428	2.8	38	141	0.8	82	0.5
3	417	2.3	411	2.7	39	157	0.9	124	0.8
4	429	2.4	439	2.8	40	169	0.9	99	0.6
5	442	2.4	420	2.7	41	148	0.8	101	0.7
6	440	2.4	482	3.1	42	125	0.7	92	0.6
7	452	2.5	439	2.8	43	124	0.7	95	0.6
8	408	2.2	454	2.9	44	125	0.7	81	0.5
9	448	2.5	433	2.8	45	147	0.8	125	0.8
10	490	2.7	508	3.3	46	117	0.6	84	0.5
11	480	2.6	444	2.9	47	151	0.8	82	0.5
12	480	2.6	531	3.4	48	120	0.7	60	0.4
13	514	2.8	530	3.4	49	137	0.8	112	0.7
14	515	2.8	441	2.8	50	179	1.0	88	0.6
15	361	2.0	362	2.3	51	165	0.9	83	0.5
16	378	2.1	377	2.4	52	147	0.8	89	0.6
17	413	2.3	396	2.6	53	125	0.7	66	0.4
18	392	2.2	398	2.6	54	131	0.7	73	0.5
19	351	1.9	320	2.1	55	144	0.8	80	0.5
20	336	1.8	320	2.1	56	118	0.6	80	0.5
21	377	2.1	290	1.9	57	122	0.7	80	0.5
22	324	1.8	300	1.9	58	75	0.4	59	0.4
23	329	1.8	257	1.7	59	139	0.8	74	0.5
24	282	1.5	224	1.4	60	101	0.6	77	0.5
25	308	1.7	262	1.7	61	113	0.6	76	0.5
26	288	1.6	232	1.5	62	92	0.5	90	0.6
27	266	1.5	218	1.4	63	83	0.5	39	0.2
28	201	1.1	187	1.2	64	83	0.5	61	0.4
29	260	1.4	216	1.4	65	59	0.3	51	0.3
30	272	1.5	212	1.4	66	52	0.3	36	0.2
31	192	1.1	159	1.0	67	89	0.5	58	0.4
32	221	1.2	149	1.0	68	53	0.3	31	0.2
33	192	1.1	151	1.0	69	82	0.5	88	0.6
34	188	1.0	167	1.1	70+	1,130	6.2	577	3.7
35	224	1.2	147	0.9	Don't know/ missing	0	0.0	4	0.0
Total						18,233	100.0	15,484	100.0

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview.

Table C.2 Age distribution of eligible and interviewed women

De facto household population of women age 10-54 and men age 15-64, interviewed women age 15-49 and men age 15-59, and percentage of eligible women and men who were interviewed (weighted), by five-year age groups, Lesotho 2009

WOMEN				
Age group	Household population of women age 10-54	Interviewed women age 15-49		Percent of women
		Number	Percent	
10-14	2,478	na	na	na
15-19	1,896	1,858	23.4	98.0
20-24	1,648	1,604	20.2	97.3
25-29	1,322	1,286	16.2	97.3
30-34	1,066	1,044	13.1	97.9
35-39	840	813	10.2	96.8
40-44	691	678	8.5	98.1
45-49	672	655	8.3	97.5
50-54	747	na	na	na
15-49	8,135	7,938	100.0	97.6
MEN				
Age group	Household population of men age 10-64	Interviewed men age 15-59		Percentage of eligible men interviewed
		Number	Percent	
10-14	1,317	na	na	na
15-19	876	855	25.6	97.6
20-24	648	615	18.4	95.0
25-29	522	481	14.4	92.1
30-34	419	399	11.9	95.2
35-39	305	284	8.5	93.1
40-44	209	194	5.8	92.8
45-49	216	198	5.9	91.7
50-54	185	168	5.0	90.7
55-59	158	147	4.4	93.3
60-64	219	na	na	na
15-59	3,537	3,341	100.0	94.5

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of women/men and interviewed women/men are household weights. Age is based on the household schedule.

na = Not applicable

Table C.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Lesotho 2009

Subject	Reference group	Percentage with information missing	Number of cases
Birth date	Births in past 15 years		
Month only		0.45	9,407
Month and year		0.13	9,407
Age at death	Dead children born in past 15 years	0.15	903
Age/date at first union¹	Ever-married women age 15-49	1.80	5,006
	Ever-married men age 15-49	2.89	1,610
Respondent's education	All women age 15-49	0.00	7,624
	All men age 15-49	0.00	3,317
Diarrhoea in past 2 weeks	Living children age 0-59 months	3.40	3,348
Anthropometry	From Household Questionnaire		
	Living children age 0-59 months		
Height		1.76	2,227
Weight		1.30	2,227
Height or weight		1.76	2,227
Anaemia	From the Household Questionnaire		
	Living children age 0-59 months	5.51	2,008
	All women age 15-49	5.85	4,258
	All men age 15-49	11.61	3,533

¹ Both year and age missing

Table C.4 Births by calendar years

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living (L), dead (D), and total (T) children (weighted), Lesotho 2009

Calendar year	Number of births			Percentage with complete birth date ¹			Sex ratio at birth ²			Calendar year ratio ³		
	L	D	T	L	D	T	L	D	T	L	D	T
2009	734	53	787	100.0	100.0	100.0	95.5	168.2	99.2	na	na	na
2008	749	76	825	100.0	100.0	100.0	91.5	155.9	96.1	111.1	112.9	111.3
2007	614	82	696	99.9	100.0	99.9	99.8	139.3	103.7	90.6	103.3	91.9
2006	606	83	689	100.0	100.0	100.0	103.6	186.6	110.9	99.6	98.9	99.5
2005	603	85	688	99.9	100.0	99.9	102.5	131.3	105.7	102.8	123.2	104.9
2004	568	55	623	99.9	96.9	99.7	96.6	161.6	101.0	92.8	72.4	90.5
2003	621	68	689	99.2	99.4	99.2	109.3	199.5	115.7	111.0	126.3	112.3
2002	551	52	603	99.6	90.2	98.8	101.0	98.3	100.8	95.9	103.6	96.6
2001	528	33	560	99.6	96.1	99.4	103.1	203.2	107.1	102.0	49.7	96.1
2010-2006	2,703	294	2,997	100.0	100.0	100.0	97.1	160.8	101.9	na	na	na
2005-2001	2,871	293	3,164	99.7	97.1	99.4	102.5	149.1	106.1	na	na	na
2000-1996	2,472	277	2,749	99.6	92.4	98.9	105.7	137.8	108.6	na	na	na
1995-1991	1,953	192	2,144	99.1	92.5	98.5	104.8	179.2	109.8	na	na	na
Before 1991	2,362	306	2,668	98.4	94.9	98.0	111.0	99.7	109.7	na	na	na
All	12,360	1,362	13,722	99.4	95.6	99.0	103.9	139.4	106.9	na	na	na

na = Not applicable

¹ Both year and month of birth given

² (Bm/Bf)x100, where Bm and Bf are the numbers of male and female births, respectively

³ [2Bx/(Bx-1+Bx+1)]x100, where Bx is the number of births in calendar year x

Table C.5 Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods of birth preceding the survey (weighted), Lesotho 2009

Age at death (days)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1	81	48	39	48	217
1	28	19	23	19	89
2	12	6	10	5	33
3	17	7	3	3	29
4	1	0	1	3	5
5	2	2	2	2	8
6	0	1	1	0	1
7	8	10	8	5	32
8	1	1	0	0	2
9	4	0	0	0	4
10	3	2	0	0	5
11	2	0	0	0	2
12	3	0	0	0	3
14	3	4	2	6	16
15	4	1	0	0	5
16	0	2	0	0	2
19	0	1	0	0	1
20	0	0	1	0	1
21	4	2	2	5	12
28	1	0	0	0	1
30	1	0	0	1	1
Total 0-30	173	106	92	96	467
Percent early neonatal ¹	81.2	78.6	86.0	82.1	81.7

¹ 0-6 days /0-30 days

Table C.6 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month, for five-year periods of birth preceding the survey, Lesotho 2009

Age at death (months)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1 ^a	173	106	92	96	467
1	29	26	6	8	68
2	23	13	13	7	55
3	18	12	10	10	49
4	14	14	9	1	38
5	17	6	4	5	32
6	15	12	7	6	40
7	14	12	4	4	33
8	13	3	5	1	23
9	4	9	5	1	20
10	4	3	1	2	11
11	1	2	0	1	5
12	7	5	7	3	21
13	3	1	2	0	6
14	6	4	5	1	16
15	1	0	0	0	1
16	7	2	1	1	11
17	1	0	0	4	4
18	6	2	6	2	16
19	0	2	1	0	3
20	0	3	1	0	4
21	3	0	0	0	3
22	3	0	0	0	3
23	2	2	1	0	4
Total 0-11	325	216	157	141	840
Percent neonatal ¹	53.3	48.9	58.3	67.8	55.5

^a Includes deaths under one month reported in days

¹ Under one month/under one year

Table C.7 Nutritional status of children

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status (NCHS/CDC): height-for-age, weight-for-height, and weight-for-age, by background characteristics, Lesotho 2009

Background characteristic	Height-for-age			Weight-for-height				Weight-for-age				Number of children
	Per-centage below -3 SD	Per-centage below -2 SD ¹	Mean Z-score (SD)	Per-centage below -3 SD	Per-centage below -2 SD ¹	Per-centage above +2 SD	Mean Z-score (SD)	Per-centage below -3 SD	Per-centage below -2 SD ¹	Per-centage above +2 SD	Mean Z-score (SD)	
Age in months												
<6	2.2	11.6	(0.4)	0.3	2.5	16.0	0.8	0.0	3.6	8.1	0.4	187
6-8	3.2	15.0	(0.8)	1.6	5.1	8.1	0.1	2.2	7.0	7.9	(0.6)	99
9-11	4.6	20.1	(0.8)	1.7	4.1	4.5	(0.4)	5.0	22.5	3.4	(1.0)	92
12-17	11.3	29.9	(1.3)	1.1	4.1	6.4	(0.0)	5.0	14.0	3.3	(0.9)	217
18-23	13.0	40.4	(1.6)	0.5	5.2	6.9	(0.1)	1.3	20.5	1.6	(1.0)	200
24-35	12.1	31.7	(1.4)	0.3	2.3	4.0	(0.1)	2.8	19.5	1.6	(1.0)	434
36-47	10.1	38.4	(1.5)	0.4	2.8	1.2	(0.0)	1.4	17.5	1.0	(1.0)	380
48-59	13.9	38.7	(1.6)	0.0	2.5	2.4	(0.1)	1.4	16.3	0.7	(1.1)	465
Sex												
Male	13.9	34.3	(1.5)	0.7	3.4	3.8	(0.0)	2.5	18.7	1.6	(0.9)	1,029
Female	7.1	29.7	(1.2)	0.2	2.8	6.0	0.0	1.7	13.4	3.3	(0.8)	1,045
Birth interval in months²												
First birth ³	9.7	29.4	(1.3)	0.5	4.1	4.8	0.0	2.2	15.6	2.0	(0.8)	558
<24	9.6	39.1	(1.4)	0.0	2.5	3.4	(0.1)	1.9	16.1	0.0	(1.0)	105
24-47	9.5	32.0	(1.4)	1.3	4.2	6.9	(0.1)	3.0	17.9	3.1	(0.9)	423
48+	8.0	28.1	(1.2)	0.2	1.0	5.6	0.1	0.9	14.5	3.1	(0.7)	404
Size at birth²												
Very small	9.3	41.8	(1.6)	0.0	9.0	1.1	(0.4)	1.9	31.9	0.0	(1.4)	59
Small	16.2	44.5	(1.7)	1.6	4.1	3.1	(0.4)	8.8	30.9	2.3	(1.4)	148
Average or larger	8.4	28.3	(1.2)	0.6	2.8	6.0	0.1	1.3	13.5	2.6	(0.7)	1,277
Missing	0.0	35.2	(1.5)	0.0	0.0	5.4	(0.3)	0.0	25.1	0.0	(1.2)	6
Mother's interview status												
Interviewed	9.2	30.5	(1.3)	0.6	3.2	5.5	0.0	2.1	16.0	2.5	(0.8)	1,490
Not interviewed but in household	11.5	36.5	(1.4)	0.0	3.8	4.3	(0.0)	2.5	12.1	2.1	(0.9)	190
Not interviewed, and not in the household ⁴	14.9	35.7	(1.4)	0.2	2.7	3.2	0.0	2.3	18.1	2.5	(0.9)	394
Mother's nutritional status⁵												
Thin (BMI < 18.5)	16.6	43.4	(1.7)	1.6	4.9	0.0	(0.5)	6.7	27.1	0.0	(1.4)	59
Normal (BMI 18.5-24.9)	10.0	33.1	(1.4)	0.8	3.7	5.1	(0.1)	2.5	17.7	1.8	(1.0)	806
Overweight/ obese (BMI ≥ 25)	7.3	25.9	(1.2)	0.4	2.2	6.5	0.2	1.0	12.1	3.9	(0.6)	646
Missing	13.8	32.0	(1.3)	0.0	8.6	17.2	0.2	5.0	22.4	3.9	(0.7)	24
Residence												
Urban	9.6	25.8	(1.0)	0.4	2.7	6.2	0.1	0.3	13.3	4.7	(0.5)	352
Rural	10.7	33.3	(1.4)	0.5	3.2	4.7	(0.0)	2.5	16.6	2.0	(0.9)	1,722
District												
Butha-Bothe	7.8	24.9	(1.2)	1.3	3.3	0.9	(0.1)	2.6	15.2	1.5	(0.9)	111
Leribe	13.0	30.1	(1.3)	0.4	0.8	9.9	0.4	1.0	12.9	6.8	(0.5)	344
Berea	7.5	27.4	(1.2)	0.0	1.6	5.5	0.1	1.2	11.7	2.5	(0.7)	279
Maseru	9.5	28.2	(1.2)	0.0	3.0	4.0	(0.0)	1.8	15.6	1.7	(0.8)	436
Mafeteng	11.6	31.0	(1.4)	0.4	4.2	1.4	(0.2)	1.0	15.2	0.6	(1.0)	198
Mohale's Hoek	7.5	34.5	(1.5)	1.3	5.6	4.3	(0.2)	4.4	21.1	1.6	(1.1)	191
Quthing	8.8	29.9	(1.3)	0.5	4.3	4.1	(0.0)	3.2	13.4	2.2	(0.8)	111
Qacha's-Nek	8.6	39.3	(1.3)	0.4	2.8	6.7	0.1	2.2	13.0	2.1	(0.8)	65
Mokhotlong	12.4	40.3	(1.6)	0.5	4.3	2.7	(0.2)	4.7	21.5	0.5	(1.2)	138
Thaba-Tseka	15.9	45.7	(1.7)	1.5	4.5	5.7	(0.2)	2.4	23.5	1.2	(1.2)	202
Mother's education⁶												
No education	10.7	32.2	(1.5)	0.0	0.0	2.0	(0.0)	0.0	14.0	0.0	(1.0)	39
Primary incomplete	13.0	36.8	(1.6)	0.9	4.2	5.0	(0.1)	4.0	20.1	1.8	(1.1)	538
Primary complete	8.6	31.9	(1.3)	0.6	2.9	6.7	0.0	1.7	15.5	3.1	(0.8)	474
Secondary+	6.6	25.4	(1.1)	0.3	2.8	4.9	0.1	1.0	11.7	2.6	(0.6)	625
Wealth quintile												
Lowest	12.1	38.5	(1.5)	0.9	4.9	3.0	(0.2)	4.0	21.4	1.8	(1.0)	476
Second	13.4	39.2	(1.6)	0.6	2.6	5.3	(0.0)	2.7	17.6	1.5	(1.1)	459
Middle	11.6	31.0	(1.4)	0.3	2.1	5.2	0.0	1.5	14.6	1.1	(0.8)	470
Fourth	7.9	22.8	(1.1)	0.3	2.3	4.9	0.1	1.4	13.2	5.0	(0.6)	390
Highest	4.4	23.7	(1.0)	0.4	3.8	7.3	0.1	0.1	10.8	3.7	(0.6)	280
Total	10.5	32.0	(1.3)	0.5	3.1	5.0	0.0	2.1	16.0	2.4	(0.8)	2,074

Note: Table is based on children who slept in the household the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the NCHS/CDC/WHO International Reference Population. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight.

¹ Includes children who are below -3 standard deviations (SD) from the International Reference Population median

² Excludes children whose mothers were not interviewed

³ First-born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.

⁴ Includes children whose mothers are deceased

⁵ Excludes children whose mothers were not weighed and measured. Mother's nutritional status in terms of BMI (Body Mass Index) is presented in Table 11.10.

⁶ For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire

PERSONS INVOLVED IN THE 2009 LESOTHO DEMOGRAPHIC AND HEALTH SURVEY

Appendix **D**

Survey Director

Mrs. 'Majoel Makhakhe

Survey Coordinators

Ms Mahlape Ramoseme

Mr. John Nkonyana

Field Coordinators

Ms. Mahlape Ramoseme

Mr. John Nkonyana

Mrs. 'Malisebo Mphale

Ms. Ellen Moshesha

Mr. Tsietsi Rabaholo

Ms. Rethabile Selebalo

Logistics

Ms. Sandra Mthombeni

Team 1

Team member

Ms. Puleng Sello

Ms. 'Makhongoana Ntoi

Ms. Likeleli Nkhapetla

Ms. Lineo Nyathi

Mr. Thabang Ramoeti

Mr. Mohapi Seisa

Team rank

Supervisor (Female)

Editor (Female)

Female Interviewer

Female Interviewer

Male Interviewer

Male Interviewer

District

Mafeteng

Mohale's Hoek

Team 2

Team member

Mrs. 'Mamokone Mohlaba

Ms. Ntebaleng Molemane

Mr. Leaooa Lenesa

Mr. Rethabile Mofolo

Ms. Lucy Makhwanyane

Ms. 'Mamosebetsi Hlongoane

Team rank

Supervisor (Female)

Editor (Female)

Male Interviewer

Male Interviewer

Female Interviewer

Female Interviewer

District

Butha-Buthe

Leribe

Team 3

Team member

Mrs. Molulela Mojakhomo

Ms. Itumeleng Sello

Mr. Rammuso Monyolo

Mr. Shano T. Shano

Mrs. Mpho Khutšoane

Ms. Lineo Moshoeshe

Mrs. 'Malebohang Pheko

Team rank

Supervisor (Female)

Editor (Female)

Male Interviewer

Male Interviewer

Female Interviewer

Female Interviewer

Female Interviewer

District

Maseru

Team 4		
Team member	Team rank	District
Mr. Motsamai Mahahabisa	Supervisor (Male)	Mohale's Hoek
Ms. Thato Mokhehle	Editor (Female)	Quthing
Ms. 'Maqatsa Tšita	Female Interviewer	
Ms. 'Manqosa Khang	Female Interviewer	
Mr. Lebohang Rantsatsi	Male Interviewer	
Ms. Lydia Libete	Female Interviewer	
Team 5		
Team member	Team rank	District
Mr. Tlebere Mpo	Supervisor (Male)	Mokhotlong
Mrs. 'Mathebane Ramatabohe	Editor (Female)	
Ms. Sipiwe Adontsi	Female Interviewer	
Ms. Matlakala Mosito	Female Interviewer	
Mr. Molibeli Lethoko	Male Interviewer	
Ms. Nthabiseng Mashee	Male Interviewer	
Team 6		
Team member	Team rank	District
Mrs. Ella Ramatla	Supervisor (Female)	Maseru
Mrs. 'Mamonaheng Monoto	Editor (Female)	Mafeteng
Mr. Sele Maphalala	Male Interviewer	
Ms. Itumeleng Lefojane	Female Interviewer	
Ms. Palesa Tšosane	Female Interviewer	
Mr. Potsane Matsoso	Male Interviewer	
Team 7		
Team member	Team rank	District
Mr. Leutsoa Matsoso	Supervisor (Male)	Quthing
Mrs. Agnes Ntlele	Editor (Female)	Qacha's Nek
Mr. Teboho Putsoane	Male Interviewer	
Ms. 'Manamolo Kobong	Female Interviewer	
Ms. 'Mathabiso Ratia	Female Interviewer	
Ms. Lerato Maisa	Female Interviewer	
Team 8		
Team member	Team rank	District
Mr. Tšoenyo Tekane	Supervisor (Male)	Mohale's Hoek
Mrs. Julia Makhabane	Editor (Female)	
Mr. Masusu Rathomello	Male Interviewer	
Mrs. Nthabiseng Ntlama	Female Interviewer	
Mrs. 'Mathato Pule	Female Interviewer	
Mrs. 'Masekoati 'Neko-Motšetšero	Female Interviewer	

Team 9		
Team member	Team rank	District
Mr. Moeketsi Jane	Supervisor (Male)	Butha-Buthe
Ms. 'Malefu Toeba	Editor (Female)	Leribe
Mrs. 'Matšenase Tšenase	Female Interviewer	
Ms. Thato Metsing	Female Interviewer	
Mr. Thabo Teba	Male Interviewer	
Ms. Nthabiseng Leeme	Female Interviewer	

Team 10		
Team member	Team rank	District
Ms. Anna Masheane	Supervisor (Female)	Berea
Ms. Thato Seutloali	Editor (Female)	Leribe
Mr. Molupe Matšumunyane	Male Interviewer	
Mr. Ntai Lesenya	Male Interviewer	
Mr. Moeletsi Khoanyane	Male Interviewer	
Ms. Rosina Mokhele	Female Interviewer	
Ms. Sefora Lemao	Female Interviewer	

Team 11		
Team member	Team rank	District
Mr. Thabo Mlanga	Supervisor (Male)	Thaba-Tseka
Ms. Tebatso Doti	Editor (Female)	
Mrs. 'Nyane Makara-Nonyana	Female Interviewer	
Ms. Cecilia Khachane	Female Interviewer	
Mr. Koakoa Motoba	Male Interviewer	
Ms. Moleboheng Mokhitli	Female Interviewer	

Team 12		
Team member	Team rank	District
Mrs. 'Matšaba JiMs.on	Supervisor (Female)	Thaba-Tseka
Mr. Liketso Ntho	Editor (Male)	Mokhotlong
Ms. Tebatso Ramathe	Female Interviewer	
Mrs. Kefuoe-Hape Masaile	Female Interviewer	
Mr. Nako Sempe	Male Interviewer	
Ms. 'Mafusi Seutloali	Female Interviewer	

Team 13		
Team member	Team rank	District
Ms. Ntsepeng Tšita	Supervisor (Female)	Qacha's Nek
Mr. Mokobane Moremoholo	Editor (Male)	
Mrs. 'Makahlolo Mothabeng-Monyau	Female Interviewer	
Mr. Abiel Lekulo	Male Interviewer	
Ms. Mary Moshabesha	Female Interviewer	
Mrs. Dipuo Lenka	Female Interviewer	

Team 14		
Team member	Team rank	District
Ms. Lindiwe Maseko	Supervisor (Female)	Berea
Mrs. 'Maliakae Lekhula	Editor (Female)	
Mrs. Nthatsi Mothisi-Lerotholi	Female Interviewer	
Mr. Rapakeng Ralibakeng	Male Interviewer	
Ms. Matšelisio Leballo	Female Interviewer	
Mr Ramahlapane Thejane	Male Interviewer	

Team 15		
Team member	Team rank	District
Ms. 'Masebeo Koto	Supervisor (Female)	Maseru
Mrs. 'Masetabele Masilo	Editor (Female)	Berea
Mrs. 'Makuena Lekhoaba	Female Interviewer	
Mr. Malemoha Mokone	Male Interviewer	
Ms. 'Mamotšoane Mofolo	Female Interviewer	
Mr. Motlomelo Lekhafola	Male Interviewer	

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Chapter Reviewers

Chapter 1 Introduction

Mr. Thabang Mpeka
Mrs. 'Matlokotsi Makoa
Ms. Lerato Makana
Mrs. 'Majoel Makhakhe

Chapter 3 Characteristics of Survey Respondents

Mrs. 'Majoel Makhakhe

Chapter 5 Family Planning

Dr. Pulane Tlebere

Chapter 7 Fertility Preferences

Dr. Mpolai M. Moteetee
Dr. Pulane Tlebere

Chapter 2 Household Population and Housing Characteristics

Dr. Mpolai M. Moteetee
Mrs. 'Majoel Makhakhe

Chapter 4 Fertility Levels, Trends, and Differentials

Dr. Pulane Tlebere

Chapter 6 Other Proximate Determinants of Fertility

Dr. Pulane Tlebere

Chapter 8 Infant and Child Mortality

Dr. Piet MacPherson
Dr. Joseph Tetteh

Chapter 9 Maternal Health

Dr. Mpolai M. Moteetee

Chapter 11 Nutrition

Dr. Bosielo Majara

Chapter 13 HIV Prevalence and Associated Factors

Ms. Maud Boikanyo

Dr. Mpolai M. Moteetee

Chapter 15 Tuberculosis

Dr. Llang Maama

Chapter 10 Child Health

Mrs. Florence Mohai

Chapter 12 HIV/AIDS Related Knowledge, Attitudes, and Behaviour

Ms. Maud Boikanyo

Chapter 14 Women's Empowerment and Demographic and Health Outcomes

Dr. Mpolai M. Moteetee

Chapter 16 Adult and Maternal Mortality

Dr. Mpolai M. Moteetee

Dr. Pulane Tlebere

Chapter 17 Adult Health Issues

Dr. Pulane Tlebere

Dr. Joseph Tetteh

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Consultant, Biomarker Training

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Reviewer

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Mr. John Nkonyana (MOHSW)

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Ms. Sophie Mahloane (MOHSW)

Mrs. Ntšebo Moremoholo (MOHSW)
Mrs. Mpoetsi Mothibeli (MOHSW)

2009 LESOTHO DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION																						
PLACE NAME _____																						
NAME OF HOUSEHOLD HEAD _____																						
EA NUMBER	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																					
HOUSEHOLD NUMBER																						
LESOTHO ECOLOGICAL ZONE (LOWLANDS=1, FOOTHILLS=2, MOUNTAINS=3, SENQU RIVER VALLEY=4)																						
DISTRICT ¹																						
URBAN/RURAL (URBAN=1, RURAL=2)																						
HOUSEHOLD SELECTED FOR MALE SURVEY (YES=1, NO=2)																						
INTERVIEWER VISITS																						
	1	2	3	FINAL VISIT																		
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> YEAR <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>																		
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>																		
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>																		
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>																		
TIME	_____	_____																				
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>																		
SUPERVISOR		FIELD EDITOR																				
NAME _____	<table border="1" style="width: 40px; height: 20px;"></table>	NAME _____	<table border="1" style="width: 40px; height: 20px;"></table>																			
DATE _____	<table border="1" style="width: 40px; height: 20px;"></table>	DATE _____	<table border="1" style="width: 40px; height: 20px;"></table>																			

¹ 01=BUTHA-BUTHE; 02=LERIBE; 03=BEREA; 04=MASERU; 05=MAFETENG; 06=MOHALE'S HOEK; 07=QUTHING; 08=QASHA'S NEK; 09=MOKHOTLONG; 10=THABA-TSEKA

Introduction and Consent

Hello. My name is _____ and I am working with the Ministry of Health and Social Welfare. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 10 and 15 minutes to complete. As part of the survey we would first like to ask some questions about your household. Whatever information you provide will be kept strictly confidential, and will not be shared with anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES
TO BE INTERVIEWED 1
↓

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED 2 → END

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE				AGE	IF AGE 15 OR OLDER	MARITAL STATUS	ELIGIBILITY		
				Does (NAME) usually live here, or elsewhere in Lesotho or outside Lesotho?	In which country outside Lesotho does (NAME) usually live?	How long has (NAME) lived in (COUNTRY)?	Did (NAME) stay here last night?				How old is (NAME)?	What is (NAME'S) current marital status?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 WHO ARE USUAL RESIDENTS (COL.5) AND/OR SLEPT THERE LAST NIGHT (COL. 8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	
01		<input type="text"/>	M F 1 2	UR EL OUT 1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	IN YEARS <input type="text"/>	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01	
02		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	02	02	02	
03		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	03	03	03	
04		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	04	04	04	
05		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	05	05	05	
06		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	06	06	06	
07		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	07	07	07	
08		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	08	08	08	
09		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	09	09	09	
10		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	10	10	10	

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 08 = BROTHER OR SISTER |
| 02 = SPOUSE | 09 = OTHER RELATIVE |
| 03 = SON OR DAUGHTER | 10 = DOMESTIC EMPLOYEE |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = HERDBOY |
| 05 = GRANDCHILD | 12 = ADOPTED/FOSTER/STEPCHILD |
| 06 = PARENT | 13 = NOT RELATED |
| 07 = PARENT-IN-LAW | 98 = DON'T KNOW |

CODES FOR COL. 5 RESIDENTIAL STATUS

- | |
|---------------------------|
| UR = USUAL RESIDENT |
| EL = ELSEWHERE IN LESOTHO |
| OUT = OUTSIDE LESOTHO |

CODES FOR COL. 6 COUNTRY OF RESIDENCE

- | |
|-------------------|
| 1 = RSA |
| 2 = OTHER COUNTRY |

IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2009 school year?	During this/ that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been reported with the civil authority? 1 = HAS CERTIFICATE 2 = REPORTED 3 = NEITHER 8 = DON'T KNOW
(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
Y N DK		Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE	
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 02	<input type="text"/> <input type="text"/>	1 2 ↓ LINE 02	<input type="text"/> <input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 03	<input type="text"/> <input type="text"/>	1 2 ↓ LINE 03	<input type="text"/> <input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 04	<input type="text"/> <input type="text"/>	1 2 ↓ LINE 04	<input type="text"/> <input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 05	<input type="text"/> <input type="text"/>	1 2 ↓ LINE 05	<input type="text"/> <input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 06	<input type="text"/> <input type="text"/>	1 2 ↓ LINE 06	<input type="text"/> <input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 07	<input type="text"/> <input type="text"/>	1 2 ↓ LINE 07	<input type="text"/> <input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 08	<input type="text"/> <input type="text"/>	1 2 ↓ LINE 08	<input type="text"/> <input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 09	<input type="text"/> <input type="text"/>	1 2 ↓ LINE 09	<input type="text"/> <input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 10	<input type="text"/> <input type="text"/>	1 2 ↓ LINE 10	<input type="text"/> <input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 11	<input type="text"/> <input type="text"/>	1 2 ↓ LINE 11	<input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 19 AND 21: EDUCATION: LEV

- 1 = PRIMARY
- 2 = VOC. /TECH. TRAINING AFTER PRIMARY
- 3 = SECONDARY/HIGH
- 4 = VOC. /TECH. TRAINING AFTER SECONDARY/HIGH
- 5 = COLLEGE
- 6 = GRADUATE/POST GRADUATE
- 8 = DON'T KNOW

CODES FOR Qs. 19 AND 21: EDUCATION: GRADE

- 00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 26 ONLY.THIS CODE IS NOT ALLOWED FOR Qs. 28 AND 30)
- STANDARD 01-07 = LEVEL 1 (PRIMARY SCHOOL)
- YEAR 01-06 = LEVEL 2 (VOC./TECH. AFTER PRIMARY)
- FORM 01-05 = LEVEL 3 (SECONDARY/HIGH)
- YEAR 01-06 = LEVEL 4 (VOC./TECH. AFTER SECONDARY)
- YEAR 01-03 = LEVEL 5 (COLLEGE)
- YEAR 01-06 = LEVEL 6 (GRAD./POST GRAD).
- 98 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE				AGE	IF AGE 15 OR OLDER	MARITAL STATUS	ELIGIBILITY		
				Does (NAME) usually live here, or elsewhere in Lesotho or outside Lesotho?	In which country outside Lesotho does (NAME) usually live?	How long has (NAME) lived in (COUNTRY)?	Did (NAME) stay here last night?				How old is (NAME)?	What is (NAME'S) current marital status?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 WHO ARE USUAL RESIDENTS (COL.5) AND/OR SLEPT THERE LAST NIGHT (COL. 8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	
11		<input type="text"/>	M F 1 2	UR EL OUT 1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	IN YEARS <input type="text"/>	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11	
12		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	12	12	12	
13		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	13	13	13	
14		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	14	14	14	
15		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	15	15	15	
16		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	16	16	16	
17		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	17	17	17	
18		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	18	18	18	
19		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	19	19	19	
20		<input type="text"/>	1 2	1 2 3 ↓ ↓ ↓ GO TO 8	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	20	20	20	

TICK HERE IF CONTINUATION SHEET USED

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES ADD TO TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ADD TO TABLE NO

CODES FOR Q.3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = SPOUSE
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = NIECE/NEPHEW BY BLOOD
10 = NIECE/NEPHEW BY MARRIAGE
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2009 school year?	During this/ that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been reported with the civil authority? 1 = HAS CERTIFICATE 2 = REPORTED 3 = NEITHER 8 = DON'T KNOW
(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
Y N DK		Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE	
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 12	<input type="text"/>	1 2 ↓ LINE 12	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 13	<input type="text"/>	1 2 ↓ LINE 13	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 14	<input type="text"/>	1 2 ↓ LINE 14	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 15	<input type="text"/>	1 2 ↓ LINE 15	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 16	<input type="text"/>	1 2 ↓ LINE 16	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 17	<input type="text"/>	1 2 ↓ LINE 17	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 18	<input type="text"/>	1 2 ↓ LINE 18	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 19	<input type="text"/>	1 2 ↓ LINE 19	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 20	<input type="text"/>	1 2 ↓ LINE 20	<input type="text"/>	<input type="text"/>
1 2 8 ↓ GO TO 16	<input type="text"/>	1 2 8 ↓ GO TO 18	<input type="text"/>	1 2 ↓ LINE 21	<input type="text"/>	1 2 ↓ LINE 21	<input type="text"/>	<input type="text"/>

CODES FOR COL. 5 RESIDENTIAL STATUS

UR = USUAL RESIDENT
EL = ELSEWHERE IN LESOTHO
OUT = OUTSIDE LESOTHO

CODES FOR COL. 6 COUNTRY OF RESIDENCE

1 = RSA
2 = OTHER COUNTRY

CODES FOR Qs. 19 AND 21: EDUCATION B CODES FOR Qs. 19 AND 21: EDUCATION

LEVEL

1 = PRIMARY
2 = VOC./TECH. TRAINING AFTER PRIMARY
3 = SECONDARY/HIGH
4 = VOC./TECH. TRAINING AFTER SECONDARY/HIGH
5 = COLLEGE
6 = GRADUATE/POST GRADUATE
8 = DON'T KNOW

GRADE

00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 26 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 28 AND 30)
STANDARD 01-07 = LEVEL 1 (PRIMARY SCHOOL)
YEAR 01-06 = LEVEL 2 (VOC./TECH. AFTER PRIMARY)
FORM 01-05 = LEVEL 3 (SECONDARY/HIGH)
YEAR 01-06 = LEVEL 4 (VOC./TECH. AFTER SECONDARY)
YEAR 01-03 = LEVEL 5 (COLLEGE)
YEAR 01-06 = LEVEL 6 (GRAD./POST GRAD).
98 = DON'T KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5	
101	Has any member of this household age 18 or older been very sick for at least 3 months?	YES 1 NO 2 DON'T KNOW 8	
101A	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 SURFACE WATER (RIVER/DAM LAKE/POND/STREAM) RIVER/STREAM 71 DAM/LAKE/POND 72 BOTTLED WATER 81 OTHER 96	 → 106 → 103 → 106 → 106 → 103
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 SURFACE WATER (RIVER/DAM LAKE/POND/STREAM) RIVER/STREAM 71 DAM/LAKE/POND 72 BOTTLED WATER 81 OTHER 96	 → 106 → 106 → 106
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	 → 106
104	How long does it take to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1 ADULT MAN 2 FEMALE CHILD UNDER 15 YEARS OLD 3 MALE CHILD UNDER 15 YEARS OLD 4 OTHER 6	
106	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 108
107	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER X DON'T KNOW Z	
108	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE ... 14 FLUSH, DON'T KNOW WHERE ... 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 NO FACILITY/BUSH/FIELD 51 OTHER 96	→ 111
109	Do you share this toilet facility with other households?	YES 1 NO 2	→ 111
110	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
111	Does your household have:	YES NO ELECTRICITY 1 2 BATTERY/GENERATOR ... 1 2 RADIO 1 2 TELEVISION 1 2 MOBILE TELEPHONE 1 2 NON-MOBILE TELEPHONE . 1 2 REFRIGERATOR 1 2 BED/MATRRESS 1 2 COMPUTER 1 2 INTERNET ACCESS 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 PARAFFIN 05 COAL 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96	→ 115 → 117
113	In this household, is food cooked on an open fire, an open stove or a closed stove?	OPEN FIRE 1 OPEN STOVE 2 CLOSED STOVE WITH CHIMNEY 3 OTHER 6	→ 115
114	Does this (fire/stove) have a chimney, a hood, or neither of these?	CHIMNEY 1 HOOD 2 NEITHER 3	
115	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6	→ 117
116	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
117	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR MUD/EARTH 11 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 BRICK TILES 34 CEMENT 35 CARPET 36 OTHER 96	
118	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING THATCH/GRASS 11 SOD 12 RUDIMENTARY ROOFING WOOD PLANKS 21 CARDBOARD 22 FINISHED ROOFING METAL 31 WOOD 32 ASBESTOS/CEMENT FIBER 33 CERAMIC/CLAY TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
119	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS CANE/TREE TRUNKS 11 SOD 12 RUDIMENTARY WALLS STONE WITH MUD 21 PLYWOOD 22 CARDBOARD 23 REUSED WOOD 24 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 WOOD PLANKS/SHINGLES 35 OTHER 96																																									
120	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																																									
121	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? A scotch cart? A car or truck?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>WATCH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SCOTCH CART</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	SCOTCH CART	1	2	CAR/TRUCK	1	2																							
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CAR/TRUCK	1	2																																									
122	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 124																																								
123	How many hectares of agricultural land do members of this household own?	HECTARES <input type="text"/> <input type="text"/> 95 OR MORE HECTARES 95 DON'T KNOW 98																																									
124	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 126																																								
125	How many of the following animals does this household own? I'll ask about each type of animal. IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '095'. IF UNKNOWN, ENTER '098'. Cattle? Milk cows? Horses, donkeys, or mules? Goats? Sheep? Improved chickens? Ordinary free range chickens? Ordinary pigs Improved pigs? Rabbits?	<table border="0"> <tr> <td>CATTLE</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>COWS</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>HORSES/DONKEYS/MULES</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>GOATS</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>SHEEP</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>IMPROVED CHICKENS</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>FREE RANGE CHICKENS</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>ORDINARY PIGS</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>IMPROVED PIGS</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>RABBITS</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	CATTLE	<input type="text"/>	<input type="text"/>	<input type="text"/>	COWS	<input type="text"/>	<input type="text"/>	<input type="text"/>	HORSES/DONKEYS/MULES	<input type="text"/>	<input type="text"/>	<input type="text"/>	GOATS	<input type="text"/>	<input type="text"/>	<input type="text"/>	SHEEP	<input type="text"/>	<input type="text"/>	<input type="text"/>	IMPROVED CHICKENS	<input type="text"/>	<input type="text"/>	<input type="text"/>	FREE RANGE CHICKENS	<input type="text"/>	<input type="text"/>	<input type="text"/>	ORDINARY PIGS	<input type="text"/>	<input type="text"/>	<input type="text"/>	IMPROVED PIGS	<input type="text"/>	<input type="text"/>	<input type="text"/>	RABBITS	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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126	Does any member of this household have a bank account?	YES 1 NO 2																																									
127	What is the name of the nearest health facility that provides health services to this community? _____ (NAME OF HEALTH FACILITY)	DON'T KNOW 99998 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	→ 130																																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
128	How do you get from here to (HEALTH FACILITY NAME)?	CAR/TRUCK/BUS/TAXI 01 MOTORCYCLE/SCOOTER 02 BICYCLE 03 HORSE/DONKEY/MULE 04 SCOTCH CART 05 WALKING 06 OTHER 96	
129	How long does it take you to get from here to (HEALTH FACILITY NAME)?	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
130	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE) 1 BELOW 15 PPM 2 15 PPM AND ABOVE 3 NO SALT IN HH 4 SALT NOT TESTED 5	

WEIGHT, HEIGHT AND HAEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

DHS CLUSTER NUMBER HOUSEHOLD NUMBER NAME OF HH HEAD: _____

201	CHECK COLUMN 13. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 208 AND FOR THE ANAEMIA PROCEDURE IN 213.			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 13 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2004 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ←	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ←	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ←
205	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
206	HEIGHT IN CENTIMETRES	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3
208	RECORD MUAC HERE AND IN THE MUAC PAMPHLET	CM. ... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. ... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. ... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
209	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ← OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ← OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ← OLDER 2
210	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>

DHS CLUSTER NUMBER

HOUSEHOLD NUMBER

NAME OF HH HEAD: _____

211	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	<p>CONSENT STATEMENT FOR ANAEMIA FOR CHILDREN</p> <p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia.</p> <p>We request that all children born in 2004 or later participate in the anaemia testing part of this survey and give a few drops of blood from a finger.</p> <p>The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anaemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME(S) OF CHILD(REN) to participate in the anaemia test?</p>		
211A	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED <input type="checkbox"/> 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 214)	GRANTED <input type="checkbox"/> 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 214)	GRANTED <input type="checkbox"/> 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 214)
212	RECORD HAEMOGLOBIN LEVEL HERE AND IN THE ANAEMIA PAMPHLET.	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT994 REFUSED995 OTHER996	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT994 REFUSED995 OTHER996	G/DL . <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT994 REFUSED995 OTHER996
214	GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 215.			

WEIGHT, HEIGHT AND HAEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

DHS CLUSTER NUMBER HOUSEHOLD NUMBER NAME OF HH HEAD: _____

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 13 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2004 OR LATER	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)
205	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
206	HEIGHT IN CENTIMETRES	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED 3
208	RECORD MUAC HERE AND IN THE MUAC PAMPHLET	CM. ... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. ... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. ... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
209	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2
210	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>

DHS CLUSTER NUMBER HOUSEHOLD NUMBER NAME OF HH HEAD:

211	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	<p align="center">CONSENT STATEMENT FOR ANAEMIA FOR CHILDREN</p> <p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia.</p> <p>We request that all children born in 2004 or later participate in the anaemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anaemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME(S) OF CHILD(REN) to participate in the anaemia test?</p>		
211A	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 214)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 214)	GRANTED 1 _____ (SIGN) ← REFUSED 2 (IF REFUSED, GO TO 214)
212	RECORD HAEMOGLOBIN LEVEL HERE AND IN THE ANAEMIA PAMPHLET.	G/DL . <input type="text"/> <input type="text"/> <input type="text"/> . NOT PRESENT994 REFUSED995 OTHER996	G/DL . <input type="text"/> <input type="text"/> <input type="text"/> . NOT PRESENT994 REFUSED995 OTHER996	G/DL . <input type="text"/> <input type="text"/> <input type="text"/> . NOT PRESENT994 REFUSED995 OTHER996
214		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 215.		

WEIGHT, HEIGHT, HAEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49

DHS CLUSTER NUMBER HOUSEHOLD NUMBER NAME OF HH HEAD: _____

215	CHECK COLUMN 11 RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 216. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 219, FOR THE ANEMIA TEST PROCEDURE IN 227, AND FOR THE HIV TEST PROCEDURE IN 229.			
		WOMAN 1	WOMAN 2	WOMAN 3
216	LINE NUMBER (COLUMN 11) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
217	WEIGHT IN KILOGRAMS KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
218	HEIGHT IN CENTIMETRES CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
220	AGE: CHECK COLUMN 9 15-17 YEARS 1 18-49 YEARS 2 (GO TO 223A) ↙	15-17 YEARS 1 18-49 YEARS 2 (GO TO 223A) ↙	15-17 YEARS 1 18-49 YEARS 2 (GO TO 223A) ↙	15-17 YEARS 1 1 18-49 YEARS 2 2 (GO TO 223A) ↙
221	MARITAL STATUS: CHECK COLUMN 10 CODE 4 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 223A) ↙	CODE 4 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 223A) ↙	CODE 4 (NEVER MARRIED) ... 1 OTHER 2 (GO TO 223A) ↙	CODE 4 (NEVER MARRIED) ... 1 1 OTHER 2 2 (GO TO 223A) ↙
222	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>
223A	ASK CONSENT FOR ANAEMIA TEST. FOR NEVER-MARRIED WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 222 BEFORE ASKING RESPONDENT'S CONSENT.	<p style="text-align: center;">CONSENT STATEMENT FOR ANAEMIA TEST</p> <p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia.</p> <p>For the anaemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anaemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you (allow NAME OF ADOLESCENT to) take the anemia test?</p>		
223B	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN) (IF REFUSED, GO TO 225A).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN) (IF REFUSED, GO TO 225A).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN) (IF REFUSED, GO TO 225A).

DHS CLUSTER NUMBER HOUSEHOLD NUMBER NAME OF HH HEAD: _____

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 11) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
224	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
225A	READ THE HIV TEST CONSENT STATEMENT. FOR NEVER-MARRIED WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 222 BEFORE ASKING RESPONDENT'S CONSENT.	<p>CONSENT STATEMENT FOR HIV TEST</p> <p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Lesotho.</p> <p>For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>No names will be attached so we will not be able to tell you the test results. No one else will be able to know (your/NAME OF ADOLESCENT's) test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you (allow NAME OF ADOLESCENT to) take the HIV test?</p>		
225B	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)
226	CHECK 223B AND 225B AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). A FINAL OUTCOME FOR THE ANAEMIA TEST PROCEDURE MUST BE RECORDED IN 227 AND FOR THE HIV TEST PROCEDURE IN 229 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
227	RECORD HAEMOGLOBIN LEVEL HERE AND IN ANAEMIA PAMPHLET	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
229	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. NOT PRESENT 99994 REFUSED 99995 OTHER 99996	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. NOT PRESENT 99994 REFUSED 99995 OTHER 99996	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. NOT PRESENT 99994 REFUSED 99995 OTHER 99996
230	GO BACK TO 216 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMNS OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE WOMEN, GO TO 231.			

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 15-59

DHS CLUSTER NUMBER HOUSEHOLD NUMBER NAME OF HH HEAD: _____

231	<p>CHECK COLUMN 10. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 232. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT MEASUREMENT IN 233 AND HEIGHT MEASUREMENT IN 234, FOR THE ANAEMIA TEST PROCEDURE IN 242, AND FOR THE HIV TEST PROCEDURE IN 244.</p>			
		MAN 1	MAN 2	MAN 3
232	<p>LINE NUMBER (COLUMN 12)</p> <p>NAME (COLUMN 2)</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>
233	<p>WEIGHT IN KILOGRAMS</p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOT PRESENT 9994</p> <p>REFUSED 9995</p> <p>OTHER 9996</p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOT PRESENT 9994</p> <p>REFUSED 9995</p> <p>OTHER 9996</p>	<p>KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOT PRESENT 9994</p> <p>REFUSED 9995</p> <p>OTHER 9996</p>
234	<p>HEIGHT IN CENTIMETRES</p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOT PRESENT 9994</p> <p>REFUSED 9995</p> <p>OTHER 9996</p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOT PRESENT 9994</p> <p>REFUSED 9995</p> <p>OTHER 9996</p>	<p>CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOT PRESENT 9994</p> <p>REFUSED 9995</p> <p>OTHER 9996</p>
236	<p>AGE: CHECK COLUMN 9.</p>	<p>15-17 YEARS 1</p> <p>18-49 YEARS 2</p> <p>(GO TO 239) ←</p>	<p>15-17 YEARS 1</p> <p>18-49 YEARS 2</p> <p>(GO TO 239) ←</p>	<p>15-17 YEARS 1</p> <p>18-49 YEARS 2</p> <p>(GO TO 239) ←</p>
237	<p>MARITAL STATUS: CHECK COLUMN 10</p>	<p>CODE 4 (NEVER MARRIED) ... 1</p> <p>OTHER 2</p> <p>(GO TO 239) ←</p>	<p>CODE 4 (NEVER MARRIED) ... 1</p> <p>OTHER 2</p> <p>(GO TO 239) ←</p>	<p>CODE 4 (NEVER MARRIED) ... 1</p> <p>OTHER 2</p> <p>(GO TO 239) ←</p>
238	<p>RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.</p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/></p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/></p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/></p>
239	<p>READ ANAEMIA TEST CONSENT STATEMENT. FOR NEVER-MARRIED MEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 238 BEFORE ASKING RESPONDENT'S CONSENT.</p>	<p>CONSENT STATEMENT FOR ANAEMIA TEST</p> <p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia.</p> <p>For the anaemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you (allow NAME OF ADOLESCENT to) take the anemia test?</p>		
240	<p>CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.</p>	<p>GRANTED 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</p> <p>RESPONDENT REFUSED 3</p> <p>←</p> <p>_____</p> <p>(SIGN)</p> <p>(IF REFUSED, GO TO 240A)</p>	<p>GRANTED 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</p> <p>RESPONDENT REFUSED 3</p> <p>←</p> <p>_____</p> <p>(SIGN)</p> <p>(IF REFUSED, GO TO 240A)</p>	<p>GRANTED 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</p> <p>RESPONDENT REFUSED 3</p> <p>←</p> <p>_____</p> <p>(SIGN)</p> <p>(IF REFUSED, GO TO 240A)</p>

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 15-59

DHS CLUSTER NUMBER HOUSEHOLD NUMBER NAME OF HH HEAD: _____

		MAN 1	MAN 2	MAN 3
	LINE NUMBER (COLUMN 12) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
		NAME _____	NAME _____	NAME _____
240A	READ THE HIV TEST CONSENT STATEMENT. FOR NEVER-MARRIED MEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 238 BEFORE ASKING RESPONDENT'S CONSENT.	<p>CONSENT STATEMENT FOR HIV TEST</p> <p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Lesotho.</p> <p>For the HIV test, we need a few more drops of blood from a finger. Again the equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>No names will be attached so we will not be able to tell you the test results. No one else will be able to know (your/NAME OF ADOLESCENT's) test results either.</p> <p>If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you (allow NAME OF ADOLESCENT to) take the HIV test?</p>		
240B	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 _____ (SIGN)
241	CHECK 240 AND 240B AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). A FINAL OUTCOME OF THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 242 AND FOR THE HIV TEST PROCEDURE IN 244 FOR EACH ELIGIBLE MAN EVEN IF HE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
242	RECORD HEMO-GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
244	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. NOT PRESENT 99994 REFUSED 99995 OTHER 99996	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. NOT PRESENT 99994 REFUSED 99995 OTHER 99996	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. NOT PRESENT 99994 REFUSED 99995 OTHER 99996
245	GO BACK TO 232 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMNS OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE MEN, END INTERVIEW.			

2009 LESOTHO DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

IDENTIFICATION																									
PLACE NAME _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																								
NAME OF HOUSEHOLD HEAD _____																									
EA NUMBER																									
HOUSEHOLD NUMBER																									
LESOTHO ECOLOGICAL ZONE (LOWLANDS=1, FOOTHILLS=2, MOUNTAINS=3, SENQU RIVER VALLEY=4)																									
DISTRICT ¹																									
URBAN/RURAL (URBAN = 1, RURAL= 2)																									
NAME AND LINE NUMBER OF WOMAN _____																									
INTERVIEWER VISITS																									
	1	2	3	FINAL VISIT																					
DATE	_____	_____	_____	DAY MONTH YEAR																					
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER																					
RESULT*	_____	_____	_____	RESULT																					
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS																					
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)																									
LANGUAGE OF QUESTIONNAIRE: ENGLISH LANGUAGE OF INTERVIEW *** _____ HOME LANGUAGE OF RESPONDENT*** _____ WAS A TRANSLATOR USED? (YES=1, NO=2) *** LANGUAGE CODES: 1 ENGLISH 2 SESOTHO 6 OTHER _____ (SPECIFY)				<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">1</td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>	1																				
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SUPERVISOR		FIELD EDITOR																							
NAME _____	<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>					NAME _____	<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>																		
DATE _____	<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>					DATE _____	<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>																		

¹ 01=BUTHA-BUTHE; 02=LERIBE; 03=BEREA; 04=MASERU; 05=MAFETENG; 06=MOHALE'S HOEK; 07=QUTHING;
08=QASHA'S NEK; 09=MOKHOTLONG; 10=THABA-TSEKA

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health and Social Welfare. We are conducting a national survey that asks women and men about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 30 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED ... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . 2 → END

101	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
		MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					

102	During the interview I would like to measure your blood pressure. This will be done three times during the interview. This is a harmless procedure. It is used to find out if a person has high blood pressure. If it is not treated, high blood pressure may eventually cause serious damage to the heart.		
	The results of this blood pressure measurement will be given to you after the interview together with an explanation of the meaning of your blood pressure numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey.		
	Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me.		
	You can say yes or no to having the blood pressure measurement now. You can also decide at anytime not to participate in the blood pressure measures.		
	Would you allow me to proceed to take your blood pressure measurement at this time?		
	Signature of interviewer: _____ Date: _____		
	RESPONDENT AGREES 1 RESPONDENT DOES NOT AGREE 2 → 103		

102A	Before taking your blood pressure , I would to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 minutes:		
	Eaten anything?	YES	NO
	Had coffee, tea, cola or other drink that has caffeine?	1	2
	Smoked any tobacco product?	1	2

102B	May I begin the process of measuring your blood pressure? BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.	ARM CIRCUMFERENCE (IN CENTIMETRES) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			

102C	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE. CIRCLE THE CODE FOR THE MODEL AND CUFF SIZE.	MODEL 789 SMALL: 17 CM – 22 CM 1 MEDIUM: 22 CM – 32 CM 2 LARGE: 32 CM – 42 CM 3	
------	--	---	--

102D	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. THEN PROCEED TO Q.103 IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON IN Q.102E.	BLOOD PRESSURE MEASURED SYSTOLIC <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DIASTOLIC <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
102E	RECORD REASON BLOOD PRESSURE NOT MEASURED.	REASON BLOOD PRESSURE NOT MEASURED REFUSED 9994 TECHNICAL PROBLEMS ... 9995 OTHER 9996	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 104 → 104
103A	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
104	In the last 12 months, how many times have you been away from your home community for one or more nights?	NUMBER OF TRIPS <input type="text"/> <input type="text"/> NONE 00	→ 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES 1 NO 2	
106	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES 1 NO 2	→ 112
109	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 VOCATIONAL/TECHNICAL TRAINING AFTER PRIMARY 2 SECONDARY/HIGH 3 VOCATIONAL/TECHNICAL TRAINING AFTER SECONDARY/HIGH ... 4 COLLEGE 5 GRADUATE/POST GRADUATE ... 6	
110	What is the highest (standard/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'	STANDARD/FORM/YEAR <input type="text"/> <input type="text"/>	
111	CHECK 109: PRIMARY <input type="checkbox"/> VOCATION/TECH. <input type="checkbox"/> AFTER PRIMARY ↓ SECONDARY <input type="checkbox"/> OR HIGHER <input type="checkbox"/>		→ 115
112	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE. . 3 NO CARD WITH REQUIRED LANGUAGE 4 BLIND/VISUALLY IMPAIRED 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	

114	CHECK 112: CODE '2', '3' <input type="checkbox"/> OR '4' CIRCLED CODE '1' OR '5' <input type="checkbox"/> CIRCLED		→ 116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	→ 116
115A	What kind of newspaper or magazine do you read: Lesotho newspaper/magazine, RSA newspaper/magazine or any other? RECORD ALL MENTIONED.	LESOTHO NEWSPAPER/ MAGAZINE A RSA NEWSPAPER/ MAGAZINE B OTHER X	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	→ 117
116A	What kind of radio do you listen to: Lesotho radio, RSA radio, or any other? RECORD ALL MENTIONED.	LESOTHO RADIO A RSA RADIO B OTHER X	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	→ 118
117A	What kind of TV do you watch: Lesotho TV, RSA TV, or any other? RECORD ALL MENTIONED.	LESOTHO TV A RSA TV B OTHER X	
118	What religion do you belong to? IF CHRISTIAN: What church do you belong to?	ROMAN CATHOLIC CHURCH . . . 01 LESOTHO EVANGELICAL CHURCH 02 METHODIST 03 ANGLICAN CHURCH 04 SEVENTH DAY ADVENTIST 05 PENTECOSTAL 06 OTHER CHRISTIAN 07 ISLAM 08 HINDU 09 NONE 10 OTHER RELIGION 96	

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.
 (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? (NAME)	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY GIRL	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS... 1 MONTHS 2 YEARS... 3	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? (NAME)	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ↓ BIRTH
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ↓ BIRTH
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ↓ BIRTH
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ↓ BIRTH
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ↓ BIRTH
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES	1 1 1 1	NO	2 2 2 2
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2004 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226.								<input type="text"/>



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2004, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	When you became pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 229
228A	Did you want to have a baby later, or did you not want any (more) children at all?	LATER 1 NO MORE 2	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 237
230	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230: LAST PREGNANCY ENDED IN <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2004 OR LATER JAN. 2004		→ 237
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
233	Since January 2004, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 235
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2004. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any miscarriages, abortions or stillbirths that ended before 2004?	YES 1 NO 2	→ 237
236	When did the last such pregnancy that terminated before 2004 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
237	When did your last menstrual period start? <hr/> (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1198 149 1300 205"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1198 205 1300 262"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" data-bbox="1198 262 1300 319"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1198 319 1300 375"><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	<table border="1" data-bbox="1326 632 1349 688"><tr><td></td></tr></table> → 301								
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 DON'T KNOW 8									

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you heard of (METHOD)?	
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2
03	IUCD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2
04	INJECTABLES Women can have an injection by a health provide rthat stops them from becoming pregnant for one or more months.	YES 1 NO 2
05	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
06	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2
09	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2
10	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2
11	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	YES 1 NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
309	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		322								
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	322								
311	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUCD C INJECTABLES D IMPLANTS E PILL F MALE CONDOM G FEMALE CONDOM H RHYTHM METHOD I WITHDRAWAL J OTHER MODERN METHOD X OTHER TRAD. METHOD Y	319A								
316	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 OTHER PUBLIC SECTOR 16 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... 21 PRIVATE DOCTOR 22 OTHER PRIVATE MEDICAL SECTOR 26 CHAL CHAL HOSPITAL 31 CHAL HEALTH CENTER 32 OTHER 96 DON'T KNOW 98									
319	In what month and year was the sterilization performed?										
319A	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
320	CHECK 319/319A, 215 AND 230:										
321	YEAR IS 2004 OR LATER ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.	YEAR IS 2003 OR EARLIER ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2004. THEN SKIP TO → 331									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	CHECK 311: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUCD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 MALE CONDOM 07 FEMALE CONDOM 08 RHYTHM METHOD 09 WITHDRAWAL 10 OTHER MODERN METHOD 11 OTHER TRAD. METHOD 12	→ 332 → 329 → 335
326	You obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) in (DATE FROM 319/319A). At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 328
327	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→ 329
328	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
329	CHECK 326: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p>  </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p>  </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>At that time, were you told about other methods of family planning that you could use?</p> </div> <div style="width: 45%;"> <p>When you obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) were you told about other methods of family planning that you could use?</p> </div> </div>	YES 1 NO 2	→ 331
330	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	
331	CHECK 311: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUCD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER METHOD 96	→ 335 → 335

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>OTHER PUBLIC SECTOR 13</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... 21</p> <p>LPPA 22</p> <p>PHARMACY 23</p> <p>PRIVATE DOCTOR 24</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p>CHAL</p> <p>CHAL HOSPITAL 31</p> <p>CHAL HEALTH CENTER 32</p> <p>CHAL HEALTH POST 33</p> <p>CBD 41</p> <p>COMMUNITY HEALTH WORKER ... 42</p> <p>SUPPORT GROUPS 43</p> <p>OTHER SOURCE</p> <p>SHOP 51</p> <p>CHURCH 52</p> <p>PEER EDUCATORS 53</p> <p>FRIEND/RELATIVE 54</p> <p>OTHER 96</p>	<p>→ 335</p>
333	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 335</p>
334	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>OTHER PUBLIC SECTOR C</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... D</p> <p>LPPA E</p> <p>PHARMACY F</p> <p>PRIVATE DOCTOR G</p> <p>OTHER PRIVATE MEDICAL SECTOR H</p> <p>CHAL</p> <p>CHAL HOSPITAL I</p> <p>CHAL HEALTH CENTER J</p> <p>CHAL HEALTH POST K</p> <p>CBD L</p> <p>COMMUNITY HEALTH WORKER ... M</p> <p>SUPPORT GROUPS N</p> <p>OTHER SOURCE</p> <p>SHOP O</p> <p>CHURCH P</p> <p>PEER EDUCATORS Q</p> <p>FRIEND/RELATIVE R</p> <p>OTHER X</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
335	In the last 12 months, were you visited by a fieldworker or CBD who talked to you about family planning?	YES 1 NO 2	
336	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES 1 NO 2	→ 401
337	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2004 OR LATER <input type="checkbox"/> NO BIRTHS IN 2004 OR LATER <input type="checkbox"/> → 576	576	
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2004 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)		
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NO. <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NO. <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	When you got pregnant with (NAME), did you want to become pregnant at that time? IF NO: Did you want to have a baby later, or did you not want any (more) children?	YES 1 (SKIP TO 407) ← NO 2 LATER 1 NO MORE 2 (SKIP TO 407) ←	YES 1 (SKIP TO 432) ← NO 2 LATER 1 NO MORE 2 (SKIP TO 432) ←
406	How much longer did you want to wait?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
407	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 417) ←	(This area is highlighted yellow and contains no text.)
407A	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT C OTHER X	
408	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S). IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTRE ... B GOVT. HEALTH POST C OTHER PUBLIC SECTOR ... D PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC ... E OTHER PRIVATE MED. SECTOR F CHAL CHAL HOSPITAL G CHAL HEALTH CENTER ... H CHAL HEALTH POST I OTHER X	
409	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS PREGNANT <input type="text"/> <input type="text"/> DON'T KNOW 98	

	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																		
410	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98																			
410A	How many months pregnant were you the last time you received antenatal care?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98																			
411	As part of your antenatal care during this pregnancy, were any of the following done at least once: Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>			YES	NO	WEIGHT	1	2	HEIGHT	1	2	BP	1	2	URINE	1	2	BLOOD	1	2
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WEIGHT	1	2																			
HEIGHT	1	2																			
BP	1	2																			
URINE	1	2																			
BLOOD	1	2																			
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 414) ← DON'T KNOW 8																			
413	Were you told where to go if you had any of these complications?	YES 1 NO 2 DON'T KNOW 8																			
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8																			
415	During this pregnancy, how many times did you get this tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8																			
416	CHECK 415:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 421)																			
417	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8																			
418	Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8																			
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH <input type="text"/> <input type="text"/> DK MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 421) ← DK YEAR 9998																			

	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
420	How many years ago did you receive that tetanus injection?	YEARS AGO <input type="text"/> <input type="text"/>	
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 424) ← DON'T KNOW 8	
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998 998	
424	During this pregnancy, did you have difficulty with your vision during daylight?	YES 1 NO 2 DON'T KNOW 8	
425	During this pregnancy, did you suffer from night blindness?	YES 1 NO 2 DON'T KNOW 8	
432	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE ... 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE ... 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
433	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8
434	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> DON'T KNOW 99.998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> DON'T KNOW 99.998
435	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE B COM. HEALTH WORKER ... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT E TRADITIONAL HEALER ... F RELATIVE/FRIEND G OTHER X NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE B COM. HEALTH WORKER ... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT E TRADITIONAL HEALER ... F RELATIVE/FRIEND G OTHER X NO ONE ASSISTED Y

	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
436	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE FOR LAST BIRTH)</p> <p>_____ (NAME OF PLACE FOR SECOND-TO-LAST BIRTH)</p>	<p>HOME YOUR HOME 11 (SKIP TO 443) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST ... 23 OTHER PUBLIC SECTOR ... 26</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR 36</p> <p>CHAL CHAL HOSPITAL 41 CHAL HEALTH CENTER ... 42 CHAL HEALTH POST 43</p> <p>OTHER 96</p>	<p>HOME YOUR HOME 11 (SKIP TO 455) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST ... 23 OTHER PUBLIC SECTOR ... 26</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR 36</p> <p>CHAL CHAL HOSPITAL 41 CHAL HEALTH CENTER ... 42 CHAL HEALTH POST 43</p> <p>OTHER 96</p>
437	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/></p> <p>DAYS 2 <input type="text"/></p> <p>WEEKS 3 <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>HOURS 1 <input type="text"/></p> <p>DAYS 2 <input type="text"/></p> <p>WEEKS 3 <input type="text"/></p> <p>DON'T KNOW 98</p>
438	<p>Was (NAME) delivered by caesarean section?</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>
439	<p>Before you were discharged after (NAME) was born, did any health care provider check on your health?</p>	<p>YES 1 NO 2 (SKIP TO 442) ←</p>	
440	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/></p> <p>DAYS 2 <input type="text"/></p> <p>WEEKS 3 <input type="text"/></p> <p>DON'T KNOW 998</p>	
441	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 NURSE 12 COM. HEALTH WORKER 13</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 TRADITIONAL HEALER ... 22 RELATIVE/FRIEND 23 OTHER 96</p>	
442	<p>After you were discharged, did any health care provider or a traditional birth attendant check on your health?</p>	<p>YES 1 (SKIP TO 446) ←</p> <p>NO 2 (SKIP TO 449) ←</p>	

	LINE NUMBER FROM 212	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
443	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH A FACILITY NOT OPEN B TOO FAR/ NO TRANS- PORTATION C DON'T TRUST FACILITY/ POOR QUALITY SERVICE ... D NEAREST FACILITY DOES NOT PROVIDE SERVICES ... E HUSBAND/FAMILY DID NOT ALLOW F NOT NECESSARY G NOT CUSTOMARY H OTHER X													
444	After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 449) ←													
445	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 998													
446	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE 12 COM. HEALTH WORKER . . 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 TRADITIONAL HEALER ... 22 RELATIVE/FRIEND 23 OTHER 96													
447	Where did this first check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST ... 23 OTHER PUBLIC SECTOR ... 26 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC. 31 OTHER PRIVATE MEDICAL SECTOR 36 CHAL CHAL HOSPITAL 41 CHAL HEALTH CENTER 42 CHAL HEALTH POST 43 OTHER 96													

	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
448	CHECK 442:	YES <input type="checkbox"/> (SKIP TO 453)	
		NOT ASKED <input type="checkbox"/> (SKIP TO 453)	
449	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 453) ← DON'T KNOW 8	
450	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH 1 DAYS AFTER BIRTH 2 WKS AFTER BIRTH 3 DON'T KNOW 998	
451	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE 12 COM. HEALTH WORKER 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 TRADITIONAL HEALER ... 22 RELATIVE/FRIEND 23 OTHER 96	
452	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST ... 23 OTHER PUBLIC SECTOR ... 26 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PRIVATE MEDICAL SECTOR 36 CHAL CHAL HOSPITAL 41 CHAL HEALTH CENTER ... 42 CHAL HEALTH POST 43 OTHER 96	

	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
453	In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)? SHOW COMMON TYPES OF CAPSULES.	YES 1 NO 2 DON'T KNOW 8	
454	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 456) ← NO 2 (SKIP TO 457) ←	
455	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 459) ←
456	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
457	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> NANT PREGNANT OR <input type="checkbox"/> UNSURE (SKIP TO 459) ←	
458	Have you begun to have sexual intercourse again since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 460) ←	
459	For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
460	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 461) ← NO 2	YES 1 (SKIP TO 461) ← NO 2
460A	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ (SKIP TO 470) DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)	
461	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 464) ←	

	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
463	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER X	
464	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 466) ↙	
465	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 468) ← NO 2	
466	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> STILL BREASTFEEDING ... 95 DON'T KNOW 98
467	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 470) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 470) (GO BACK TO 405 IN NEXT -TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 501)
468	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>	
469	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>	
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD'S NUTRITION

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2004 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).																																																																																																																																																							
502	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>																																																																																																																																																					
503	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO E BIRTHS, GO TO 573)																																																																																																																																																					
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3																																																																																																																																																					
505	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 508) ← NO 2	YES 1 (SKIP TO 508) ← NO 2																																																																																																																																																					
506	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.																																																																																																																																																							
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NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
507	<p>Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign?</p> <p>RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINES.</p>	<p>YES 1</p> <p>(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>(SKIP TO 512)</p> <p>NO 2</p> <p>(SKIP TO 512)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>(SKIP TO 512)</p> <p>NO 2</p> <p>(SKIP TO 512)</p> <p>DON'T KNOW 8</p>		
508	<p>Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 512)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 512)</p> <p>DON'T KNOW 8</p>		
509	<p>Please tell me if (NAME) received any of the following vaccinations:</p>				
509A	<p>A BCG vaccination against tuberculosis, that is, an injection in the left forearm or upper arm that usually causes a scar?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		
509B	<p>Polio vaccine, that is, drops in the mouth?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 509E)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 509E)</p> <p>DON'T KNOW 8</p>		
509C	<p>Was the first polio vaccine received in the first two weeks after birth or later?</p>	<p>FIRST 2 WEEKS 1</p> <p>LATER 2</p>	<p>FIRST 2 WEEKS 1</p> <p>LATER 2</p>		
509D	<p>How many times was the polio vaccine received?</p>	<p>NUMBER OF TIMES <input type="text"/></p>	<p>NUMBER OF TIMES <input type="text"/></p>		
509E	<p>A DPT vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 509G)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 509G)</p> <p>DON'T KNOW 8</p>		
509F	<p>How many times was a DPT vaccination received?</p>	<p>NUMBER OF TIMES <input type="text"/></p>	<p>NUMBER OF TIMES <input type="text"/></p>		
509G	<p>A measles injection--that is a shot in the right arm at the age of 9 months or older - to prevent him/her from getting measles?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		
509H	<p>An injection to prevent Hepatitis B given in the right thigh, usually at the same time as polio and DPT vaccinations?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 512)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 512)</p> <p>DON'T KNOW 8</p>		
509I	<p>How many times?</p>	<p>NUMBER OF TIMES <input type="text"/></p>	<p>NUMBER OF TIMES <input type="text"/></p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
512	CHECK 506: DATE SHOWN FOR VITAMIN A DOSE	DATE FOR THE MOST RECENT VITAMIN A DOSE [] ↓	OTHER [] ↓ (SKIP TO 514) ←	DATE FOR THE MOST RECENT VITAMIN A DOSE [] ↓	OTHER [] ↓ (SKIP TO 514) ←
513	According to (NAME)'s health card, he/she received a vitamin A dose (like this/any of these) in (MONTH AND YEAR OF MOST RECENT DOSE FROM CARD). Has (NAME) received another vitamin A dose since then? SHOW COMMON TYPES OF CAPSULES.	YES 1 (SKIP TO 515) ←	NO 2 DON'T KNOW 8 (SKIP TO 517) ←	YES 1 (SKIP TO 515) ←	NO 2 DON'T KNOW 8 (SKIP TO 517) ←
514	HAS (NAME) ever received a vitamin A dose (like this/any of these)? SHOW COMMON TYPES OF CAPSULES.	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 517) ←		YES 1 NO 2 DON'T KNOW 8 (SKIP TO 517) ←	
515	Has (NAME) received a vitamin A dose like (this/any of these) within the last six months? SHOW COMMON TYPES OF CAPSULES.	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
517	Has (NAME) taken any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
518	Has (NAME) had diarrhoea in the last 2 weeks, that is three or more loose stools per day?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 533) ←		YES 1 NO 2 DON'T KNOW 8 (SKIP TO 533) ←	
519	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
520	Now I would like to know how much (NAME) was given to drink during the diarrhoea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8		MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	
521	When (NAME) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8		MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
522	Did you seek advice or treatment for the diarrhoea from any source?	YES 1 NO 2 (SKIP TO 528) ←		YES 1 NO 2 (SKIP TO 528) ←	
523	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH POST C OTHER PUBLIC SECTOR ... D PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC E PHARMACY F PVT DOCTOR G OTHER PRIVATE MEDICAL SECTOR H CHAL CHAL HOSPITAL I CHAL HEALTH CENTER J CHAL HEALTH POST K COMMUNITY HEALTH WORKER/SUPPORT GROUPS L OTHER SOURCE SHOP M TRADITIONAL HEALER N OTHER X		PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH POST C OTHER PUBLIC SECTOR ... D PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC E PHARMACY F PVT DOCTOR G OTHER PRIVATE MEDICAL SECTOR H CHAL CHAL HOSPITAL I CHAL HEALTH CENTER J CHAL HEALTH POST K COMMUNITY HEALTH WORKER/SUPPORT GROUPS L OTHER SOURCE SHOP M TRADITIONAL HEALER N OTHER X	
524	CHECK 523:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> MORE CODES CIRCLED ↓ (SKIP TO 528) ←	ONLY ONE CODE CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED ↓ (SKIP TO 528) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> MORE CODES CIRCLED ↓ (SKIP TO 528) ←	ONLY ONE CODE CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED ↓ (SKIP TO 528) ←
525	Where did you first seek advice or treatment? USE LETTER CODE FROM 523.	FIRST PLACE <input type="checkbox"/>		FIRST PLACE <input type="checkbox"/>	
528	Was he/she given any of the following to drink at any time since he/she started having the diarrhoea: a) A fluid made from a special packet called Motsoako or ORS? b) A health clinic-recommended homemade sugar-salt solution?	YES NO DK FLUID FROM ORS PKT 1 2 8 SUGAR-SALT SOLUTION 1 2 8		YES NO DK FLUID FROM ORS PKT 1 2 8 SUGAR-SALT SOLUTION 1 2 8	
529	Was anything (else) given to treat the diarrhoea?	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
530	What (else) was given to treat the diarrhoea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP A INJECTION B (IV) INTRAVENOUS C HOME REMEDY/ HERBAL MEDICINE D OTHER X		PILL OR SYRUP A INJECTION B (IV) INTRAVENOUS C HOME REMEDY/ HERBAL MEDICINE D OTHER E	
533	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 534) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 534) ← DON'T KNOW 8	
533A	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	
535	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	
536	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 DON'T KNOW 8 (SKIP TO 538) ←		CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 DON'T KNOW 8 (SKIP TO 538) ←	
537	CHECK 533: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 573)		YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 573)	
538	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8		MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
539	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8		MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	
540	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 545) ←		YES 1 NO 2 (SKIP TO 545) ←	
541	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) LAST BIRTH _____ (NAME OF PLACE(S)) NEXT-TO-LAST BIRTH	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH POST C OTHER PUBLIC SECTOR D PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC E PHARMACY F PVT DOCTOR G OTHER PRIVATE MEDICAL SECTOR H CHAL CHAL HOSPITAL I CHAL HEALTH CENTER J CHAL HEALTH POST K COMMUNITY HLTH. WORKER/ SUPPORT GROUPS L OTHER SOURCE SHOP M TRADITIONAL HEALER N OTHER X		PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH POST C OTHER PUBLIC SECTOR D PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC E PHARMACY F PVT DOCTOR G OTHER PRIVATE MEDICAL SECTOR H CHAL CHAL HOSPITAL I CHAL HEALTH CENTER J CHAL HEALTH POST K COMMUNITY HLTH. WORKER/ SUPPORT GROUPS L OTHER SOURCE SHOP M TRADITIONAL HEALER N OTHER X	
542	CHECK 541:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> MORE CODES CIRCLED ↓ (SKIP TO 544) ←	ONLY ONE CODE CIRCLED ONLY ONE CODE CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED ↓ (SKIP TO 544) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> MORE CODES CIRCLED ↓ (SKIP TO 544) ←	ONLY ONE CODE CIRCLED ONLY ONE CODE CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED ↓ (SKIP TO 544) ←
543	Where did you first seek advice or treatment? USE LETTER CODE FROM 541.	FIRST PLACE <input type="checkbox"/>		FIRST PLACE <input type="checkbox"/>	
544	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>		DAYS <input type="text"/> <input type="text"/>	
545	Is (NAME) still sick with a (fever/cough)?	FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8		FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
546	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW 8		
547	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	PARACETAMOL A IBUPROFEN B ASPIRIN C OTHER X DON'T KNOW Z	PARACETAMOL A IBUPROFEN B ASPIRIN C OTHER X DON'T KNOW Z		
572		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
573	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2004 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> → 576 RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 574) _____ (NAME)		
574	The last time (NAME FROM 573) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE... 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER 96	
575	CHECK 528(a) AND 528(b), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> → 577		
576	Have you ever heard of a special product called ORS or Motsoako you can get for the treatment of diarrhoea?	YES 1 NO 2	
577	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2007 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> → 601 RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 578) _____ (NAME)		
578A	I would like to ask you about liquids or foods that (NAME FROM 577) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. Did (NAME FROM 577) drink plain water yesterday, during the day or night?	YES 1 NO 2 DON'T KNOW 8	
578B	Did (NAME) drink infant formula yesterday?	YES 1 NO 2 DON'T KNOW 8	→ 578D
578C	How many times did (NAME) have infant formula?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	
578D	Did (NAME) drink milk, such as tinned, powdered, or fresh animal milk yesterday?	YES 1 NO 2 DON'T KNOW 8	→ 578F
578E	How many times did (NAME) drink tinned, powdered or fresh milk?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	
578F	Did (NAME) drink juice or juice drinks?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
578G	Did (NAME) drink or eat soup?	YES 1 NO 2 DON'T KNOW 8	
578H	Did (NAME) drink any other liquids?	YES 1 NO 2 DON'T KNOW 8	
578I	Did (NAME) drink or eat yoghurt?	YES 1 NO 2 DON'T KNOW 8	↳ 578K
578J	How many times did (NAME) have yoghurt?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	
578K	Did (NAME) drink or eat any (COMMERCIALY FORTIFIED BABY FOOD), such as Nestum, Cerelac, and Purity?	YES 1 NO 2 DON'T KNOW 8	
578L	Did (NAME) eat bread, rice, noodles, or other foods made of grains?	YES 1 NO 2 DON'T KNOW 8	
578M	Did (NAME) eat pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside yesterday, during the day or night?	YES 1 NO 2 DON'T KNOW 8	
578N	Did (NAME) eat white potatoes, white yams, manioc, cassava, or any other foods made of roots?	YES 1 NO 2 DON'T KNOW 8	
578O	Did (NAME) eat any dark green vegetables, such as broccoli, beet, kale, mustard laeves, pumpkin leaves, turnip leaves, wild moroho, pepper, spinach, swiss chard, cabbage?	YES 1 NO 2 DON'T KNOW 8	
578Q	Did (NAME) eat ripe mangoes, papayas, apricots, peaches, gooseberries, fresh or dried?	YES 1 NO 2 DON'T KNOW 8	
578R	Did (NAME) eat any other fruits or vegetables such as bananas, apples/apple sauce, citrus fruit, figs, pears, plums, cauliflower, eggplant, mushrooms, green beans, avocados, and tomatoes?	YES 1 NO 2 DON'T KNOW 8	
578S	Did (NAME) eat liver, kidney, heart or other organ meats?	YES 1 NO 2 DON'T KNOW 8	
578T	Did (NAME) eat any meat, such as beef, pork, lamb, goat, chicken, or duck?	YES 1 NO 2 DON'T KNOW 8	
578U	Did (NAME) eat eggs?	YES 1 NO 2 DON'T KNOW 8	
578V	Did (NAME) eat fresh or dried fish or shellfish?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
578W	Did (NAME) eat any foods made from beans, peas, lentils, or nuts?	YES 1 NO 2 DON'T KNOW 8	
578X	Did (NAME) eat cheese or other food made from milk?	YES 1 NO 2 DON'T KNOW 8	
591A	CHECK 578 (CATEGORIES "I" THROUGH "X"): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ALL "NO" <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> AT LEAST ONE "YES" <input type="checkbox"/> OR ALL DKs </div> </div>		→ 592
591B	Did (NAME) eat solid or semi-solid (mushy) food yesterday, during the day or night?	YES 1 (GO BACK TO 578 TO RECORD ← FOOD EATEN YESTERDAY) NO 2 DON'T KNOW 8	→ 601A
592	How many times did (NAME) have solid or semi-solid (mushy) food? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="checkbox"/> DON'T KNOW 8	

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
601A	CHECK 102D: AGREED TO MEASUREMENT <input type="checkbox"/> DID NOT AGREE TO MEASUREMENT <input type="checkbox"/>		601												
601B	May I measure your blood pressure at this time? INTERVIEWER SIGNATURE _____ DATE _____ RESPONDENT AGREES <input type="checkbox"/> RECORD OUTCOME OF BLOOD PRESSURE MEASUREMENT. RESPONDENT DOES NOT AGREE <input type="checkbox"/> RECORD 9994.	BLOOD PRESSURE MEASURED SYSTOLIC <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> DIASTOLIC <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> REASON BLOOD PRESSURE NOT MEASURED REFUSED 9994 TECHNICAL PROBLEMS 9995 OTHER 9996													
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	604												
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	617												
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	609												
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2													
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>													
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	611												
610	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED? CURRENTLY WIDOWED <input type="checkbox"/> NOT ASKED OR CURRENTLY DIVORCED/SEPARATED <input type="checkbox"/>		613 615												
611	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED? NOT ASKED <input type="checkbox"/> CURRENTLY WIDOWED <input type="checkbox"/> CURRENTLY DIVORCED/SEPARATED <input type="checkbox"/>		613 615												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	How did your previous marriage or union end?	DEATH/WIDOWHOOD 1 DIVORCE 2 SEPARATION 3	→ 615
613	To whom did most of your late husband's property go to?	RESPONDENT 1 OTHER WIFE 2 SPOUSE'S CHILDREN 3 SPOUSE'S FAMILY 4 OTHER 6 NO PROPERTY 7	→ 615
614	Did you receive any of your late husband's assets or valuables?	YES 1 NO 2	
615	CHECK 609: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ <input type="checkbox"/> </div> </div> In what month and year did you start living with your (husband/partner)? Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 617
616	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
617	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
618	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 641
621	CHECK 107: AGE <input type="checkbox"/> AGE <input type="checkbox"/> 15-24 25-49		→ 626
622	The <u>first</u> time you had sexual intercourse, was a male or female condom used?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8	
626	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	→ 640

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
626A	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. → SKIP TO 628			
627	When was the last time you had sexual intercourse with this person?		DAYS . 1 <input type="text"/> WEEKS 2 <input type="text"/> MONTHS 3 <input type="text"/>	DAYS . 1 <input type="text"/> WEEKS 2 <input type="text"/> MONTHS 3 <input type="text"/>
628	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES, MALE COND. 1 YES, FEMALE COND. 2 NO 3 (SKIP TO 630) ←	YES, MALE COND. 1 YES, FEMALE COND. 2 NO 3 (SKIP TO 630) ←	YES, MALE COND. 1 YES, FEMALE COND. 2 NO 3 (SKIP TO 630) ←
629	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
630	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	SPOUSE 01 COHABITING PARTNER 02 BOYFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL 04 ACQUAINTANCE 05 RELATIVE 05 PROSTITUTE 06 OTHER 96 (ALL SKIP TO 631) ←	SPOUSE 01 COHABITING PARTNER 02 BOYFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL 04 ACQUAINTANCE 05 RELATIVE 05 PROSTITUTE 06 OTHER 96 (ALL SKIP TO 631) ←	SPOUSE 01 COHABITING PARTNER 02 BOYFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL 04 ACQUAINTANCE 05 RELATIVE 05 PROSTITUTE 06 OTHER 96 (ALL SKIP TO 631) ←
630A	CHECK 609:	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE (SKIP TO 631) <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE (SKIP TO 631) <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE (SKIP TO 631) <input type="checkbox"/>
630B	CHECK 618:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 631A) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 631A) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 631A) ↓
631	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	DAYS . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	DAYS . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>
631A	How many times during the last 12 months did you have sexual intercourse with this person?	NUMBER OF TIMES <input type="text"/> RECORD 95 IF 95 OR MORE	NUMBER OF TIMES <input type="text"/> RECORD 95 IF 95 OR MORE	NUMBER OF TIMES <input type="text"/> RECORD 95 IF 95 OR MORE
633	How old is this person?	AGE OF PARTNER <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> DON'T KNOW 98

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
638	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 627 IN NEXT COLUMN) NO 2 (SKIP TO 640)	YES 1 (GO BACK TO 627 IN NEXT COLUMN) NO 2 (SKIP TO 640)	
639	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
640	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98																			
640A	PRESENCE OF OTHERS DURING THIS SECTION	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>MALE ADULTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MALE YOUTHS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEMALE YOUTHS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CHILDREN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	MALE ADULTS	1	2	FEMALE ADULTS	1	2	MALE YOUTHS	1	2	FEMALE YOUTHS	1	2	CHILDREN	1	2	
	YES	NO																			
MALE ADULTS	1	2																			
FEMALE ADULTS	1	2																			
MALE YOUTHS	1	2																			
FEMALE YOUTHS	1	2																			
CHILDREN	1	2																			
641	Do you know of a place where a person can get male condoms?	YES 1 NO 2	→ 644																		
642	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B OTHER PUBLIC SECTOR C PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC D LPPA E PHARMACY F PRIVATE DOCTOR G OTHER MEDICAL SECTOR H CHAL CHAL HOSPITAL I CHAL HEALTH CENTER J CHAL HEALTH POST K CBD L COMMUNITY HEALTH WORKER/ SUPPORT GROUPS M OTHER SOURCE SHOP N CHURCH O FRIENDS/RELATIVES P PEER EDUCATORS Q OTHER X																			
643	If you wanted to, could you yourself get a male condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8																			
644	Do you know of a place where a person can get female condoms?	YES 1 NO 2	→ 701																		
645	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B OTHER PUBLIC SECTOR C PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC D LPPA E PHARMACY F PRIVATE DOCTOR G OTHER MEDICAL SECTOR H CHAL CHAL HOSPITAL I CHAL HEALTH CENTER J CHAL HEALTH POST K CBD L COMMUNITY HEALTH WORKER/ SUPPORT GROUPS M OTHER SOURCE SHOP N CHURCH O FRIENDS/RELATIVES P PEER EDUCATORS Q OTHER X																			
646	If you wanted to, could you yourself get a female condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8																			

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311: NEITHER <input type="checkbox"/> STERILIZED HE OR SHE <input type="checkbox"/> STERILIZED		→ 713
701A	CHECK 226: PREGNANT <input type="checkbox"/> NOT PREGNANT <input type="checkbox"/> OR UNSURE		→ 702B
702A	Now I have some questions about the future. After the birth of the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 UNDECIDED/DON'T KNOW 8	→ 703 → 709 → 709
702B	Now I have some questions about the future. Would you like to have a (another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 705 → 713 → 708
703	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 DON'T KNOW 998	→ 708 → 713 → 708
704	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE PREGNANT <input type="checkbox"/>		→ 709
705	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 713
706	CHECK 703: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want a (another) child soon.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY . D</p> <p>SAYS SHE CAN'T GET PREGNAN. E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED . J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS/CONCERN</p> <p>ABOUT SIDE EFFECTS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER X</p> <p>DON'T KNOW Z</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>YES, CURRENTLY USING <input type="checkbox"/></p> <p>→ 713</p>		
709	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
713	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00 → 715</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 96 → 715</p>	
714	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER 96</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
715	In the last three months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning on billboards, posters, pamphlets?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>RADIO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE ...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>BILLBRDS/POSTERS/PAMPH...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE ...	1	2	BILLBRDS/POSTERS/PAMPH...	1	2	
	YES	NO																
RADIO	1	2																
TELEVISION	1	2																
NEWSPAPER OR MAGAZINE ...	1	2																
BILLBRDS/POSTERS/PAMPH...	1	2																
717	CHECK 601: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>	→ 801																
718	CHECK 310: CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/>	→ 722																
719	Does your husband/partner know that you are using a method of family planning?	YES 1 NO 2 DON'T KNOW 8																
720	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER 6																
721	CHECK 311: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>	→ 801																
722	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8																

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>		<p>→ 803</p> <p>→ 807</p>
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
803	Did your (last) husband/partner ever attend school?	<p>YES 1</p> <p>NO 2</p>	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	<p>PRIMARY 1</p> <p>VOCATIONAL/TECHNICAL TRAINING AFTER PRIMARY 2</p> <p>SECONDARY/HIGH 3</p> <p>VOCATIONAL/TECHNICAL TRAINING AFTER SECONDARY/HIGH ... 4</p> <p>COLLEGE 5</p> <p>GRADUATE/POST GRADUATE ... 6</p> <p>DON'T KNOW 8</p>	→ 806
805	What was the highest (standard/form/year) he completed at that level?	<p>STANDARD/FORM/YEAR <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
806	<p>CHECK 801:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/partner's occupation? That is, what kind of work did he mainly do?</p>	<p><input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	
807	Aside from your own housework, have you done any work in the last seven days?	<p>YES 1</p> <p>NO 2</p>	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	<p>YES 1</p> <p>NO 2</p>	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	<p>YES 1</p> <p>NO 2</p>	→ 811
810	Have you done any work in the last 12 months?	<p>YES 1</p> <p>NO 2</p>	→ 818
811	What is your occupation, that is, what kind of work do you mainly do?	<p><input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	CHECK 811: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 814
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
815	Do you usually work at home or away from home?	HOME 1 AWAY 2	
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR . . . 2 ONCE IN A WHILE 3	
817	Are you paid in cash or in kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 826B
819	CHECK 817: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 822
820	Who usually decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER 6	
821	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 8	→ 823
822	Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
823	Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6 1 2 3 4 6	
824	Who usually makes decisions about making major household purchases?	1 2 3 4 6	
825	Who usually makes decisions about making purchases for daily household needs?	1 2 3 4 6	
826	Who usually makes decisions about visits to your family or relatives?	1 2 3 4 6	
826A	Who usually makes decisions about what food should be cooked each day?	1 2 3 4 6	
826B	Do you personally own any land?	YES 1 NO 2	→ 826D
826C	Do you own the land alone or jointly with someone else?	ALONE 1 JOINTLY WITH HUSBAND 2 JOINTLY WITH SOMEONE 3 BOTH ALONE AND JOINTLY 4	
826D	Do you personally own this or any other house?	YES 1 NO 2	→ 827
826E	Do you own it alone or jointly with someone else?	ALONE 1 JOINTLY WITH HUSBAND 2 JOINTLY WITH SOMEONE 3 BOTH ALONE AND JOINTLY 4	
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ PRES./ NOT LISTEN. NOT PRES. LISTEN. CHILDREN < 10 1 2 3 HUSBAND 1 2 3 OTHER MALES 1 2 3 OTHER FEMALES ... 1 2 3	
828	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food? If she refuses to let her husband decide how she should use her pay?	YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8 USE HER PAY 1 2 8	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 942																				
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																					
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																					
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																					
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																					
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8																					
907	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																					
908	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																					
909	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREG.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8					
	YES	NO	DK																				
DURING PREG.	1	2	8																				
DURING DELIVERY ...	1	2	8																				
BREASTFEEDING ...	1	2	8																				
910	CHECK 909: AT LEAST <input type="checkbox"/> OTHER <input type="checkbox"/> ONE 'YES' ↓		→ 912																				
911	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																					
912	Have you heard about special antiretroviral drugs (ART) that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES 1 NO 2 DON'T KNOW 8																					
913	CHECK 208 AND 215: NO BIRTHS <input type="checkbox"/> → 922 LAST BIRTH SINCE <input type="checkbox"/> LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2004 ↓ JANUARY 2004 → 922																						
914	CHECK 407 FOR LAST BIRTH: HAD <input type="checkbox"/> NO <input type="checkbox"/> ANTENATAL CARE ↓ ANTENATAL CARE → 922																						
914A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																						
915	During any of the antenatal visits for your last birth, did anyone talk to you about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus? Special medications that can be taken by pregnant women to reduce the risk of transmission of HIV to their baby?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS FROM MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THINGS TO DO ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TESTED FOR AIDS .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MEDICATIONS ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	AIDS FROM MOTHER	1	2	8	THINGS TO DO ...	1	2	8	TESTED FOR AIDS .	1	2	8	MEDICATIONS ...	1	2	8	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
916	Were you offered a test for the AIDS virus as part of your antenatal care?	YES 1 NO 2	
917	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES 1 NO 2	→ 922
917A	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 OTHER PUBLIC SECTOR 13 PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC 21 LPPA 22 PHARMACY 23 PVT DOCTOR 24 OTHER PRIVATE MEDICAL SECTOR 26 CHAL CHAL HOSPITAL 31 CHAL HEALTH CENTER 32 COMMUNITY HEALTH WORKER/ SUPPORT GROUPS 41 OTHER 96	
918	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
918A	Regardless of the result, all women who are tested are supposed to receive counseling after getting the result. Did you receive post-test counseling?	YES 1 NO 2 DON'T KNOW 8	
920	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES 1 NO 2	→ 927
921	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS AGO 96	→ 929
922	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 927
923	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS AGO 96	
924	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
925	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
926	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>OTHER PUBLIC SECTOR 13</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC 21</p> <p>LPPA 22</p> <p>PHARMACY 23</p> <p>PVT DOCTOR 24</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p>CHAL</p> <p>CHAL HOSPITAL 31</p> <p>CHAL HEALTH CENTER 32</p> <p>COMMUNITY HEALTH WORKER/SUPPORT GROUPS 41</p> <p>OTHER 96</p>	<p>→ 929</p>
927	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 929</p>
928	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>OTHER PUBLIC SECTOR C</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC D</p> <p>LPPA E</p> <p>PHARMACY F</p> <p>PVT DOCTOR G</p> <p>OTHER PRIVATE MEDICAL SECTOR H</p> <p>CHAL</p> <p>CHAL HOSPITAL I</p> <p>CHAL HEALTH CENTER J</p> <p>COMMUNITY HEALTH WORKER/SUPPORT GROUPS K</p> <p>OTHER X</p>	
929	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	
930	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
931	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
932	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
932A	<p>In your opinion, if a male teacher has the AIDS virus but is not sick, should he be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
933	<p>Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK ANYONE WITH AIDS 3</p>	<p>→ 938</p>
934	<p>Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she has or is suspected to have the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
935	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES 1 NO 2	
938	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
939	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
940	Should children age 12-14 be taught about using a condom to avoid getting HIV?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
941	CHECK 938, 939, AND 940: OTHER <input type="checkbox"/> AT LEAST ONE 'YES/AGREE' <input type="checkbox"/> → 942		
941A	Do you personally know someone who has or is suspected to have the AIDS virus?	YES 1 NO 2	
942	CHECK 901: HEARD ABOUT AIDS <input type="checkbox"/> NOT HEARD ABOUT AIDS <input type="checkbox"/> Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
943	CHECK 618: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> → 951		
944	CHECK 942: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/> → 946		
945	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
946	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
947	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
948	CHECK 945, 946, AND 947: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> → 951		
949	The last time you had (PROBLEM FROM 945/946/947), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 950A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
950	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>OTHER PUBLIC SECTOR C</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC D</p> <p>LPPA E</p> <p>PHARMACY F</p> <p>PVT DOCTOR G</p> <p>OTHER PRIVATE MEDICAL SECTOR H</p> <p>CHAL</p> <p>CHAL HOSPITAL I</p> <p>CHAL HEALTH CENTER J</p> <p>COMMUNITY HEALTH WORKER/ SUPPORT GROUPS K</p> <p>FRIENDS/RELATIVES L</p> <p>TRADITIONAL HEALER M</p> <p>OTHER X</p>													
950A	When you had (PROBLEM FROM 945/946/947), did you do something to avoid infecting your sexual partner(s)?	<p>YES 1</p> <p>NO 2</p> <p>PARTNER ALREADY INFECTED ... 3</p>	<p><input type="checkbox"/> → 951</p>												
950B	When you had (PROBLEM FROM 945/946/947), did you inform your sexual partner(s) about it?	<p>YES 1</p> <p>SOME/NOT ALL 2</p> <p>NO 3</p> <p>DID NOT HAVE A PARTNER 4</p>	<p><input type="checkbox"/> → 951</p>												
950C	<p>What did you do to avoid infecting your partners? Did you</p> <p>Use medicine?</p> <p>Stop having sex?</p> <p>Use a condom when having sex?</p>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>USE MEDICINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOP SEX</td> <td>1</td> <td>2</td> </tr> <tr> <td>USE CONDOM</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	USE MEDICINE	1	2	STOP SEX	1	2	USE CONDOM	1	2	
	YES	NO													
USE MEDICINE	1	2													
STOP SEX	1	2													
USE CONDOM	1	2													
951	Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>													
952	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>													
953	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>													
954	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>													
955	<p>CHECK 601:</p> <p>CURRENTLY MARRIED/ <input type="checkbox"/></p> <p>LIVING WITH A MAN <input type="checkbox"/></p> <p>NOT IN UNION <input type="checkbox"/></p>		<p>→ 1001A</p>												
956	Can you say no to your husband/partner if you do not want to have sexual intercourse?	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>													
957	Can you ask your husband/partner to use a condom if you wanted him to?	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>													

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
1001A	<p>Now I would like to ask you about something else.</p> <p>Since age 15, have you ever had the following symptoms:</p> <p>Cough for two weeks or more? Fever for two weeks or more? Chest or back pain? Coughing up blood? Sweating at night?</p>	<table> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>COUGH 2+ WEEKS</td> <td>1</td> <td>2</td> </tr> <tr> <td>FEVER 2+ MORE</td> <td>1</td> <td>2</td> </tr> <tr> <td>CHEST/BACK PAIN</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD IN SPUTUM</td> <td>1</td> <td>2</td> </tr> <tr> <td>NIGHT SWEATING</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	COUGH 2+ WEEKS	1	2	FEVER 2+ MORE	1	2	CHEST/BACK PAIN	1	2	BLOOD IN SPUTUM	1	2	NIGHT SWEATING	1	2	
	YES	NO																			
COUGH 2+ WEEKS	1	2																			
FEVER 2+ MORE	1	2																			
CHEST/BACK PAIN	1	2																			
BLOOD IN SPUTUM	1	2																			
NIGHT SWEATING	1	2																			
1001B	<p>CHECK 1001A</p> <p>AT LEAST ONE <input type="checkbox"/> YES' NOT A SINGLE <input type="checkbox"/> YES'</p> <p align="right">→ 1001L</p>																				
1001C	<p>Did you seek consultation or treatment for the symptoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1001E																		
1001D	<p>What is the main reason you did not seek treatment for the symptoms?</p>	<p>SYMPTOMS HARMLESS 1</p> <p>COST 2</p> <p>DISTANCE 3</p> <p>EMBARASSED 4</p> <p>LONG QUEUE 5</p> <p>OTHER 6</p>	→ 1001L																		
1001E	<p>The last time you had such symptoms, where did you first go for advice or treatment?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>OTHER PUBLIC SECTOR 16</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PVT DOCTOR 23</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p>CHAL</p> <p>CHAL HOSPITAL 31</p> <p>CHAL HEALTH CENTER 32</p> <p>COMMUNITY HEALTH WORKER/ SUPPORT GROUPS 41</p> <p>OTHER SOURCE</p> <p>SHOP 51</p> <p>CHURCH 52</p> <p>FRIENDS/RELATIVES 53</p> <p>TRADITIONAL HEALER 54</p> <p>OTHER 96</p>																			
1001F	<p>How soon after the symptom(s) did you first seek consultation or treatment?</p>	<table> <tr> <td>DAYS 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WEEKS 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MONTHS 3</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>DON'T KNOW 998</td> <td></td> <td></td> </tr> </table>	DAYS 1	<input type="checkbox"/>	<input type="checkbox"/>	WEEKS 2	<input type="checkbox"/>	<input type="checkbox"/>	MONTHS 3	<input type="checkbox"/>	<input type="checkbox"/>	DON'T KNOW 998									
DAYS 1	<input type="checkbox"/>	<input type="checkbox"/>																			
WEEKS 2	<input type="checkbox"/>	<input type="checkbox"/>																			
MONTHS 3	<input type="checkbox"/>	<input type="checkbox"/>																			
DON'T KNOW 998																					
1001G	<p>During that first visit, were you told by a doctor or a nurse that you had tuberculosis?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1001L																		
1001H	<p>Were you given any medicine to treat TB?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1002																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001I	How long were you told to take the medicine?	NUMBER OF MONTHS <input type="text"/> <input type="text"/> DK/DON'T REMEMBER 9998	
1001J	Did you go anywhere else for advice or treatment after you were told that you had tuberculosis?	YES 1 NO 2	→ 1002
1001K	Where did you go? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 OTHER PUBLIC SECTOR 16 PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC 21 PHARMACY 22 PVT DOCTOR 23 OTHER PRIVATE MEDICAL SECTOR 26 CHAL CHAL HOSPITAL 31 CHAL HEALTH CENTER 32 COMMUNITY HEALTH WORKER/SUPPORT GROUPS 41 OTHER SOURCE SHOP 51 CHURCH 52 FRIENDS/RELATIVES 53 TRADITIONAL HEALER 54 OTHER 96	
1001L	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 1005
1002	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH SHARING FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X DON'T KNOW Z	
1003	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
1004	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1004A	Would you be willing to work with someone who has been previously treated for tuberculosis?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1004B	What signs or symptoms would lead you to think that a person has tuberculosis? PROBE: Any other ways? RECORD ALL MENTIONED.	COUGHING A COUGHING WITH SPUTUM B COUGHING FOR SEVERAL WEEKS C FEVER D BLOOD IN SPUTUM E LOSS OF APPETITE F NIGHT SWEATING G PAIN IN CHEST OR BACK H TIREDNESS/FATIGUE I WEIGHT LOSS J OTHER K NO SYMPTOMS Y DON'T KNOW Z	
1004C	What do you think is the cause of tuberculosis? PROBE: Any other ways? RECORD ALL MENTIONED.	MICROBES/GERMS/BACTERIA ... A INHERITED B LIFESTYLE C SMOKING D ALCOHOL DRINKING E EXPOSURE TO COLD TEMP. F DUST/POLLUTION G OTHER X DON'T KNOW Z	
1005	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS <input type="text"/> <input type="text"/> NONE 00	→ 1009
1006	Among these injections, how many were administered by a doctor, a nurse, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS <input type="text"/> <input type="text"/> NONE 00	→ 1009
1007	The last time you had an injection given to you by a doctor or a nurse, a dentist or any other health worker, where did you go to get the injection? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 OTHER PUBLIC SECTOR ... 16 PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC 21 PHARMACY 22 PVT DOCTOR 23 OTHER PRIVATE MEDICAL SECTOR 26 CHAL CHAL HOSPITAL 31 CHAL HEALTH CENTER 32 OTHER SOURCE SHOP 51 CHURCH 52 FRIENDS/RELATIVES 53 TRADITIONAL HEALER 54 OTHER 96	
1009	Do you currently smoke cigarettes?	YES 1 NO 2	→ 1011
1010	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
1011	Do you currently smoke or use any other type of tobacco?	YES 1 NO 2	→ 1012A																																
1012	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CHEWING TOBACCO B SNUFF C OTHER X																																	
1012A	Now I want to talk about diabetes. Have you ever heard of an illness called diabetes?	YES 1 NO 2	→ 1012E																																
1012B	Have you ever been told by a doctor or a nurse that you have diabetes?	YES 1 NO 2	→ 1012E																																
1012C	Are you taking medications for diabetes?	YES 1 NO 2	→ 1012E																																
1012D	How do you take the medicine?	INJECTED 1 ORALLY 2																																	
1012E	Now I want to talk about blood pressure. Before this survey, has your blood pressure ever been checked?	YES 1 NO 2	→ 1012J																																
1012F	Who took your blood pressure?	DOCTOR 1 NURSE 2 PHARMACIST 3 OTHER 6 DON'T KNOW 8																																	
1012G	When was the last time you had your blood pressure checked?	LESS THAN 6 MONTHS AGO 1 6 - 11 MONTHS AGO 2 1 - 5 YEARS AGO 3 MORE THAN 5 YEARS AGO 4 DON'T KNOW 8																																	
1012H	Have you ever been told by a doctor or a nurse that you have high blood pressure?	YES 1 NO 2	→ 1012J																																
1012I	To lower your blood pressure, are you now: a. taking prescribed medicine? b. controlling your weight or losing weight? c. cutting down on salt in your diet? d. exercising? e. cutting down on alcohol consumption? f. stopping smoking? g. taking traditional medicine/herbs	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">N/A</th> </tr> </thead> <tbody> <tr> <td>TAKE MEDICINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>CONTROL WEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>CUT DOWN SALT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>EXERCISE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>CUT DOWN ALCOHOL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>STOP SMOKING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>TRAD. MED./HERBS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		YES	NO	N/A	TAKE MEDICINE	1	2	3	CONTROL WEIGHT	1	2	3	CUT DOWN SALT	1	2	3	EXERCISE	1	2	3	CUT DOWN ALCOHOL	1	2	3	STOP SMOKING	1	2	3	TRAD. MED./HERBS	1	2	3	
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1012J	Have you performed a breast self exam to detect lumps within the last 12 months?	YES 1 NO 2																																	
1012K	Have you had a breast cancer clinical exam to detect breast cancer in the last 12 months?	YES 1 NO 2 NOT SURE 8																																	
1012L	Have you ever heard of a pap smear, that is an exam that consists of removing cells from the cervix to detect changes that can suggest the presence of cancer in a woman's womb?	YES 1 NO 2	→ 1013																																
1012M	Have you ever had such an exam in your life time?	YES 1 NO 2	→ 1013																																
1012N	How long ago was the last exam performed?	LESS THAN 12 MONTHS AGO 1 1-3 YEARS 2 4 + YEARS 3 DON'T KNOW/REMEMBER 8																																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1013	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>Getting permission to go?</p> <p>Getting money needed for treatment?</p> <p>The distance to the health facility?</p> <p>Having to take transport?</p> <p>Not wanting to go alone?</p> <p>Concern about health professional's attitude?</p> <p>Concern that there may be no drugs available?</p>	<table> <thead> <tr> <th></th> <th>BIG PROB- LEM</th> <th>NOT A BIG PROB- LEM</th> </tr> </thead> <tbody> <tr> <td>PERMISSION TO GO ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>GETTING MONEY</td> <td>1</td> <td>2</td> </tr> <tr> <td>DISTANCE</td> <td>1</td> <td>2</td> </tr> <tr> <td>TAKING TRANSPORT</td> <td>1</td> <td>2</td> </tr> <tr> <td>GO ALONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>HEALTH PROVIDER ATTITUDE</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO DRUGS</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	PERMISSION TO GO ...	1	2	GETTING MONEY	1	2	DISTANCE	1	2	TAKING TRANSPORT	1	2	GO ALONE	1	2	HEALTH PROVIDER ATTITUDE	1	2	NO DRUGS	1	2	
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NO DRUGS	1	2																									
1014	Are you covered by any health insurance?	YES 1 NO 2	→ 1016																								
1015	<p>What type of health insurance?</p> <p>RECORD ALL MENTIONED.</p>	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. C OTHER X																									
1016	<p>CHECK 217:</p> <p>(YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-17</p> <p>OTHER <input type="checkbox"/></p>		→ 1018																								
1017	<p>Now I would like to ask you about your own child(ren) who (is/are) under the age of 18.</p> <p>Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?</p>	YES 1 NO 2 UNSURE 8																									
1018	(Besides your own child/children), are you the primary caregiver for any children under the age of 18?	YES 1 NO 2	→ 1101																								
1019	Have you made arrangements for someone to care for (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)?	YES 1 NO 2																									

SECTION 11. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1101	<p>Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.</p> <p>How many children did your mother give birth to, including you?</p>	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
1102	CHECK 1101: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> → 1114							
1103	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1104	What was the name given to your oldest (next oldest) brother or sister?	(1)	(2)	(3)	(4)	(5)	(6)	
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (2) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (3) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (4) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (5) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (6) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (7) ←	
1107	How old is (NAME)?	<input type="text"/> GO TO (2)	<input type="text"/> GO TO (3)	<input type="text"/> GO TO (4)	<input type="text"/> GO TO (5)	<input type="text"/> GO TO (6)	<input type="text"/> GO TO (7)	
1108	How many years ago did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
1109	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1113	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
IF NO MORE BROTHERS OR SISTERS, GO TO 1114.								

1104	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (8) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (9) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (10) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (11) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (12) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (13) ←
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
1113	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

IF NO MORE BROTHERS OR SISTERS, GO TO 1114.

1114	<p>CHECK Qs. 1110, 1111 AND 1112 FOR ALL SISTERS</p> <p><input type="checkbox"/> ANY YES ALL NO <input type="checkbox"/> OR BLANK → 1115</p> <p>Just to make sure I have this right, you told me that your sister(s) _____ (NAME) died when she was (pregnant/delivering/just delivered). Is that correct? IF CORRECT, END INTERVIEW. IF NOT, CORRECT QUESTIONNAIRE AND CONTINUE TO 1115.</p>
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1115	CHECK 102 AND 473: AGREED TO MEASUREMENT <input type="checkbox"/> _____ INTERVIEWER SIGNATURE _____ DATE RESPONDENT AGREES <input type="checkbox"/> ↓ RECORD OUTCOME OF BLOOD PRESSURE MEASUREMENT.	DID NOT AGREE TO MEASUREMENT <input type="checkbox"/> → 1117	1117
1116	May I measure your blood pressure at this time? INTERVIEWER SIGNATURE _____ DATE _____ RESPONDENT AGREES <input type="checkbox"/> ↓ RECORD OUTCOME OF BLOOD PRESSURE MEASUREMENT.	BLOOD PRESSURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> <hr/> REASON BLOOD PRESSURE NOT MEASURED REFUSED 9994 TECHNICAL PROBLEMS ... 9995 OTHER 9996	
1117	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	

SECTION 12. AVERAGING BLOOD PRESSURE MEASURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP										
1201	CHECK Q601B AND Q1116: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN BOTH Q601B AND Q1116	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE MEASURES NOT RECORDED IN BOTH IN BOTH Q601B AND Q1116	→ 1207										
1202	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND DIASTOLIC BLOOD PRESSURE FROM Q601B AND Q1116.												
1203	BLOOD PRESSURE MEASUREMENTS FROM Q601B	<table border="0"> <tr> <td align="center">SYSTOLIC</td> <td align="center">DIASTOLIC</td> </tr> <tr> <td align="center"> <table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table> </td> <td align="center"> <table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table> </td> </tr> </table>	SYSTOLIC	DIASTOLIC	<table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table>				<table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table>				
SYSTOLIC	DIASTOLIC												
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1204	BLOOD PRESSURE MEASUREMENTS FROM Q1116	<table border="0"> <tr> <td align="center">SYSTOLIC</td> <td align="center">DIASTOLIC</td> </tr> <tr> <td align="center"> <table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table> </td> <td align="center"> <table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table> </td> </tr> </table>	SYSTOLIC	DIASTOLIC	<table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table>				<table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table>				
SYSTOLIC	DIASTOLIC												
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1205	RECORD THE SUM OF THE SYSTOLIC AND DIASTOLIC MEASURES.	<table border="0"> <tr> <td align="center">SUM SYSTOLIC</td> <td align="center">SUM DIASTOLIC</td> </tr> <tr> <td align="center"> <table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table> </td> <td align="center"> <table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table> </td> </tr> </table>	SUM SYSTOLIC	SUM DIASTOLIC	<table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table>				<table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table>				
SUM SYSTOLIC	SUM DIASTOLIC												
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1206	CALCULATE THE AVERAGE SYSTOLIC AND DIASTOLIC PRESSURES BY THE SUM IN Q1205 BY 2.	<table border="0"> <tr> <td align="center">AVERAGE SYSTOLIC</td> <td align="center">AVERAGE DIASTOLIC</td> </tr> <tr> <td align="center"> <table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table> </td> <td align="center"> <table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table> </td> </tr> </table>	AVERAGE SYSTOLIC	AVERAGE DIASTOLIC	<table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table>				<table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table>				→ 1211
AVERAGE SYSTOLIC	AVERAGE DIASTOLIC												
<table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table>				<table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table>									
1207	CHECK Q1116: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q1116	BOTH SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN Q1116	→ 1210										
1208	CHECK Q601B: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q601B	BOTH SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN Q601B	→ 1210										
1209	CHECK Q102D: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN Q102D	BOTH SYSTOLIC AND DIASTOLIC BLOOD PRESSURE <u>NOT</u> RECORDED IN Q102D	→ 1213										
1210	RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	<table border="0"> <tr> <td align="center">SYSTOLIC</td> <td align="center">DIASTOLIC</td> </tr> <tr> <td align="center"> <table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table> </td> <td align="center"> <table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table> </td> </tr> </table>	SYSTOLIC	DIASTOLIC	<table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table>				<table border="1"> <tr><td> </td><td> </td><td> </td></tr> </table>				
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1211

USE THE TABLE BELOW TO DETERMINE THE CORRECT CODE TO RECORD ON THE BLOOD PRESSURE REPORT AND REFERRAL FORM.

CIRCLE THE **ROW** IN WHICH THE VALUE FOR THE **SYSTOLIC** BLOOD PRESSURE FROM Q1206 OR Q1210 IS FOUND.

THEN CIRCLE THE **COLUMN** IN WHICH THE VALUE FOR THE **DIASTOLIC** BLOOD FROM Q1206 OR Q1210 IS FOUND.

THE VALUE WHERE THE ROW AND COLUMN YOU HAVE CIRCLED INTERSECT IN THE TABLE WILL BE USED IN COMPLETING Q1212.

AVERAGE SYSTOLIC PRESSURE	AVERAGE DIASTOLIC PRESSURE					
	<84	85-89	90-99	100-109	110-119	≥ 120
<130	1	2	3	4	5	6
130-139	2	2	3	4	5	6
140-159	3	3	3	4	5	6
160-179	4	4	4	4	5	6
180-209	5	5	5	5	5	6
≥ 210	6	6	6	6	6	6

1212

RECORD THE NUMBER YOU CIRCLED IN Q1211 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS HE/SHE MAY HAVE.

	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE <u>WITHIN</u> :
1	NORMAL	24 MONTHS
2	AT THE HIGH END OF THE NORMAL RANGE	12 MONTHS
3	ABOVE NORMAL RANGE	2 MONTHS
4	MODERATELY HIGH	1 MONTH
5	VERY HIGH	7 DAYS
6	EXTREMELY HIGH	TODAY

1213

CHECK THAT THE HOUSEHOLD HAS RECEIVED A BROCHURE ON BLOOD PRESSURE.

THANK THE RESPONDENT AND ADVISE THAT THE RESPONDENT OR OTHER MEMBERS OF THE HOUSEHOLD MAY BE ASKED TO PARTICIPATE AGAIN IN INTERVIEWS OR OTHER SURVEY ACTIVITIES IN THE FUTURE.

Thank you for taking the time to answer these questions.

We may return to interview you or other members of your household again or to ask you to participate in other survey activities in the future. We hope that you will agree at that time.

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER _____

(SPECIFY)

12	DEC	01			
11	NOV	02			
10	OCT	03			
09	SEP	04			
2	08	AUG	05		2
0	07	JUL	06		0
0	06	JUN	07		0
9	05	MAY	08		9
	04	APR	09		
	03	MAR	10		
	02	FEB	11		
	01	JAN	12		

12	DEC	13			
11	NOV	14			
10	OCT	15			
09	SEP	16			
2	08	AUG	17		2
0	07	JUL	18		0
0	06	JUN	19		0
8	05	MAY	20		8
	04	APR	21		
	03	MAR	22		
	02	FEB	23		
	01	JAN	24		

12	DEC	25			
11	NOV	26			
10	OCT	27			
09	SEP	28			
2	08	AUG	29		2
0	07	JUL	30		0
0	06	JUN	31		0
7	05	MAY	32		7
	04	APR	33		
	03	MAR	34		
	02	FEB	35		
	01	JAN	36		

12	DEC	37			
11	NOV	38			
10	OCT	39			
09	SEP	40			
2	08	AUG	41		2
0	07	JUL	42		0
0	06	JUN	43		0
6	05	MAY	44		6
	04	APR	45		
	03	MAR	46		
	02	FEB	47		
	01	JAN	48		

12	DEC	25			
11	NOV	26			
10	OCT	27			
09	SEP	28			
2	08	AUG	29		2
0	07	JUL	30		0
0	06	JUN	31		0
5	05	MAY	32		5
	04	APR	33		
	03	MAR	34		
	02	FEB	35		
	01	JAN	36		

12	DEC	37			
11	NOV	38			
10	OCT	39			
09	SEP	40			
2	08	AUG	41		2
0	07	JUL	42		0
0	06	JUN	43		0
4	05	MAY	44		4
	04	APR	45		
	03	MAR	46		
	02	FEB	47		
	01	JAN	48		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p>INFORMED CONSENT</p> <p>Hello. My name is _____ and I am working with the Ministry of Health and Social Welfare. We are conducting a national survey that asks men and women about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes about 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END</p> <p align="center">↓</p>														
101	RECORD THE TIME.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">HOUR</td> <td style="width:20%; text-align:center;"> <table border="1" style="width:30px; height:30px; border-collapse: collapse;"> <tr><td style="width:10px; height:10px;"></td><td style="width:10px; height:10px;"></td></tr> <tr><td style="width:10px; height:10px;"></td><td style="width:10px; height:10px;"></td></tr> </table> </td> </tr> <tr> <td>MINUTES</td> <td style="text-align:center;"> <table border="1" style="width:30px; height:30px; border-collapse: collapse;"> <tr><td style="width:10px; height:10px;"></td><td style="width:10px; height:10px;"></td></tr> <tr><td style="width:10px; height:10px;"></td><td style="width:10px; height:10px;"></td></tr> </table> </td> </tr> </table>	HOUR	<table border="1" style="width:30px; height:30px; border-collapse: collapse;"> <tr><td style="width:10px; height:10px;"></td><td style="width:10px; height:10px;"></td></tr> <tr><td style="width:10px; height:10px;"></td><td style="width:10px; height:10px;"></td></tr> </table>					MINUTES	<table border="1" style="width:30px; height:30px; border-collapse: collapse;"> <tr><td style="width:10px; height:10px;"></td><td style="width:10px; height:10px;"></td></tr> <tr><td style="width:10px; height:10px;"></td><td style="width:10px; height:10px;"></td></tr> </table>				
HOUR	<table border="1" style="width:30px; height:30px; border-collapse: collapse;"> <tr><td style="width:10px; height:10px;"></td><td style="width:10px; height:10px;"></td></tr> <tr><td style="width:10px; height:10px;"></td><td style="width:10px; height:10px;"></td></tr> </table>													
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102	<p>During the interview I would like to measure your blood pressure. This will be done three times during the interview.</p> <p>This is a harmless procedure. It is used to find out if a person has high blood pressure. If it is not treated, high blood pressure may eventually cause serious damage to the heart.</p> <p>The results of this blood pressure measurement will be given to you after the interview together with an explanation of the meaning of your blood pressure numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey.</p> <p>Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me.</p> <p>You can say yes or no to having the blood pressure measurement now. You can also decide at anytime not to participate in the blood pressure measures.</p> <p>Would you allow me to proceed to take your blood pressure measurement at this time?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES 1 RESPONDENT DOES NOT AGREE 2 → 103</p> <p align="center">↓</p>													
102A	<p>Before taking your blood pressure , I would to ask a few questions about things that may affect these measurements.</p> <p>Have you done any of the following within the past 30 minutes:</p> <p style="padding-left: 20px;">Eaten anything?</p> <p style="padding-left: 20px;">Had coffee, tea, cola or other drink that has caffeine?</p> <p style="padding-left: 20px;">Smoked any tobacco product?</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%; text-align:center;">YES</th> <th style="width:10%; text-align:center;">NO</th> </tr> </thead> <tbody> <tr> <td>EATEN</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>HAD CAFFEINATED DRINK</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>SMOKED</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> </tbody> </table>		YES	NO	EATEN	1	2	HAD CAFFEINATED DRINK	1	2	SMOKED	1	2
	YES	NO												
EATEN	1	2												
HAD CAFFEINATED DRINK	1	2												
SMOKED	1	2												
102B	<p>May I begin the process of measuring your blood pressure?</p> <p>BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETERS.</p>	<p>ARM CIRCUMFERENCE (IN CENTIMETERS)</p> <table border="1" style="width:30px; height:30px; border-collapse: collapse; margin-left: 100px;"> <tr><td style="width:10px; height:10px;"></td><td style="width:10px; height:10px;"></td></tr> <tr><td style="width:10px; height:10px;"></td><td style="width:10px; height:10px;"></td></tr> </table>												
102C	<p>USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE. CIRCLE THE CODE FOR THE MODEL AND CUFF SIZE.</p>	<p>MODEL 789</p> <p>SMALL: 17 CM – 22 CM</p> <p>MEDIUM: 22 CM – 32 CM</p> <p>LARGE: 32 CM – 42 CM</p>												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
102D	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. THEN PROCEED TO Q.103. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON IN Q.102E.	BLOOD PRESSURE MEASURED SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	
102E	RECORD REASON BLOOD PRESSURE NOT MEASURED.	REASON BLOOD PRESSURE NOT MEASURED REFUSED 9994 TECHNICAL PROBLEMS 9995 OTHER 9996	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 104
103A	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
104	In the last 12 months, how many times have you been away from your home community for one or more nights?	NUMBER OF TRIPS <input type="text"/> <input type="text"/> NONE 00	→ 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES 1 NO 2	
106	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES 1 NO 2	→ 112
109	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 VOCATIONAL/TECHNICAL TRAINING AFTER PRIMARY 2 SECONDARY/HIGH 3 VOCATIONAL/TECHNICAL TRAINING AFTER SECONDARY/HIGH ... 4 COLLEGE 5 GRADUATE/POST GRADUATE ... 6	
110	What is the highest (standard/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'	STND/FORM/YEAR <input type="text"/> <input type="text"/>	
111	CHECK 109: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 115

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE.. 3 NO CARD WITH REQUIRED LANGUAGE 4 BLIND/VISUALLY IMPAIRED 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
114	CHECK 112: CODE '2', '3' <input type="checkbox"/> OR '4' <input type="checkbox"/> CIRCLED CODE '1' OR '5' <input type="checkbox"/> CIRCLED		→ 116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	→ 116
115A	What kind of newspaper or magazine do you read: Lesotho newspaper/magazine, RSA newspaper/magazine or any other? RECORD ALL MENTIONED.	LESOTHO NEWSPAPER/ MAGAZINE A RSA NEWSPAPER/ MAGAZINE B OTHER X	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	→ 117
116A	What kind of radio do you listen to: Lesotho radio, RSA radio, or any other? RECORD ALL MENTIONED.	LESOTHO RADIO A RSA RADIO B OTHER X	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	→ 118
117A	What kind of TV do you watch: Lesotho TV, RSA TV, or any other? RECORD ALL MENTIONED.	LESOTHO TV A RSA TV B OTHER X	
118	What religion do you belong to? IF CHRISTIAN: What church do you belong to?	ROMAN CATHOLIC CHURCH ... 01 LESOTHO EVANG. CHURCH ... 02 METHODIST 03 ANGLICAN CHURCH 04 SEVENTH DAY ADVENTIST 05 PENTECOSTAL 06 OTHER CHRISTIAN 07 ISLAM 08 HINDU 09 NONE 10 OTHER RELIGION 96	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	<input type="checkbox"/> → 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input type="text"/> <input type="text"/> DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2	<input type="checkbox"/> → 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/>	
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input type="text"/> <input type="text"/> GIRLS DEAD <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <input type="text"/> <input type="text"/>	
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> → HAS HAD ONLY ONE CHILD <input type="checkbox"/> → HAS NOT HAD ANY CHILDREN <input type="checkbox"/> →		→ 212 → 301
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2	<input type="checkbox"/> → 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN <input type="text"/> <input type="text"/>	
212	How old were you when your (first) child was born?	AGE IN YEARS <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD <input type="checkbox"/>	NO LIVING CHILDREN <input type="checkbox"/>	→ 301
214	How many years old is your (youngest) child?	AGE IN YEARS <input type="text"/>	
215	CHECK 214: (YOUNGEST) CHILD IS AGE 0-2 YEARS <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 8	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH CENTRE 1 OTHER 2	→ 221
220	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COST TOO MUCH 01 FACILITY CLOSED 02 TOO FAR/NO TRANSPORTATION 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE 04 NO FEMALE PROVIDER 05 NOT THE FIRST CHILD 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY 07 RESPONDENT DID NOT THINK IT WAS NECESSARY 08 FAMILY DID NOT THINK IT WAS NECESSARY 09 OTHER 96 DON'T KNOW 98	
221	Now I want to ask you about something else. When a child has diarrhoea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2
03	IUCD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2
04	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2
05	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
06	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2
09	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2
10	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2
11	EMERGENCY CONTRACEPTION As an emergency measure after sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	YES 1 NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
303	In the last three months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning on billboards, posters, pamphlets?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>RADIO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>BILLBRDS/POSTERS/PAMPH</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE	1	2	BILLBRDS/POSTERS/PAMPH	1	2																														
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305	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>YES</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: right;">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	→ 307																																						
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306	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>JUST BEFORE HER PERIOD BEGINS</td> <td style="text-align: right;">1</td> </tr> <tr> <td>DURING HER PERIOD</td> <td style="text-align: right;">2</td> </tr> <tr> <td>RIGHT AFTER HER PERIOD HAS ENDED</td> <td style="text-align: right;">3</td> </tr> <tr> <td>HALFWAY BETWEEN TWO PERIODS</td> <td style="text-align: right;">4</td> </tr> <tr> <td>OTHER</td> <td style="text-align: right;">6</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: right;">8</td> </tr> </table>	JUST BEFORE HER PERIOD BEGINS	1	DURING HER PERIOD	2	RIGHT AFTER HER PERIOD HAS ENDED	3	HALFWAY BETWEEN TWO PERIODS	4	OTHER	6	DON'T KNOW	8																																	
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307	Do you think that a woman who is breastfeeding her baby can become pregnant?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>YES</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DEPENDS</td> <td style="text-align: right;">3</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: right;">8</td> </tr> </table>	YES	1	NO	2	DEPENDS	3	DON'T KNOW	8																																					
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308	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous. c) A woman is the one who gets pregnant so she should be the one to use contraception d) A woman who uses contraception might have a problem getting pregnant	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">DIS- AGREE</td> <td style="text-align: right;">AGREE</td> <td style="text-align: right;">DK</td> </tr> <tr> <td>CONTRACEPTION WOMAN'S BUSINESS .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>WOMAN MAY BECOME PROMISCUOUS ...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>WOMAN TO USE CONTRACEPTION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>PROBLEM GETTING PREGNANT</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> </table>		DIS- AGREE	AGREE	DK	CONTRACEPTION WOMAN'S BUSINESS .	1	2	8	WOMAN MAY BECOME PROMISCUOUS ...	1	2	8	WOMAN TO USE CONTRACEPTION	1	2	8	PROBLEM GETTING PREGNANT	1	2	8																									
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309	CHECK 301 (07) KNOWS MALE CONDOM <div style="display: flex; justify-content: space-around; align-items: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div>		→ 313																																												
310	Do you know of a place where a person can get male condoms?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>YES</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">2</td> </tr> </table>	YES	1	NO	2	→ 313																																								
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311	Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">PUBLIC SECTOR</td> </tr> <tr> <td>GOVERNMENT HOSPITAL</td> <td style="text-align: right;">A</td> </tr> <tr> <td>GOVT. HEALTH CENTER</td> <td style="text-align: right;">B</td> </tr> <tr> <td>OTHER PUBLIC SECTOR</td> <td style="text-align: right;">C</td> </tr> <tr> <td colspan="2">PRIVATE MEDICAL SECTOR</td> </tr> <tr> <td>PRIVATE HOSPITAL/CLINIC</td> <td style="text-align: right;">D</td> </tr> <tr> <td>LPPA</td> <td style="text-align: right;">E</td> </tr> <tr> <td>PHARMACY</td> <td style="text-align: right;">F</td> </tr> <tr> <td>PRIVATE DOCTOR</td> <td style="text-align: right;">G</td> </tr> <tr> <td>OTHER MEDICAL SECTOR</td> <td style="text-align: right;">H</td> </tr> <tr> <td colspan="2">CHAL</td> </tr> <tr> <td>CHAL HOSPITAL</td> <td style="text-align: right;">I</td> </tr> <tr> <td>CHAL HEALTH CENTER</td> <td style="text-align: right;">J</td> </tr> <tr> <td>CHAL HEALTH POST</td> <td style="text-align: right;">K</td> </tr> <tr> <td colspan="2">CBD</td> </tr> <tr> <td>COMMUNITY HEALTH WORKER/ SUPPORT GROUPS</td> <td style="text-align: right;">M</td> </tr> <tr> <td colspan="2">OTHER SOURCE</td> </tr> <tr> <td>SHOP</td> <td style="text-align: right;">N</td> </tr> <tr> <td>CHURCH</td> <td style="text-align: right;">O</td> </tr> <tr> <td>FRIENDS/RELATIVES</td> <td style="text-align: right;">P</td> </tr> <tr> <td>PEER EDUCATORS</td> <td style="text-align: right;">Q</td> </tr> <tr> <td>OTHER</td> <td style="text-align: right;">X</td> </tr> </table>	PUBLIC SECTOR		GOVERNMENT HOSPITAL	A	GOVT. HEALTH CENTER	B	OTHER PUBLIC SECTOR	C	PRIVATE MEDICAL SECTOR		PRIVATE HOSPITAL/CLINIC	D	LPPA	E	PHARMACY	F	PRIVATE DOCTOR	G	OTHER MEDICAL SECTOR	H	CHAL		CHAL HOSPITAL	I	CHAL HEALTH CENTER	J	CHAL HEALTH POST	K	CBD		COMMUNITY HEALTH WORKER/ SUPPORT GROUPS	M	OTHER SOURCE		SHOP	N	CHURCH	O	FRIENDS/RELATIVES	P	PEER EDUCATORS	Q	OTHER	X	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	If you wanted to, could you yourself get a male condom?	YES 1 NO 2	
313	CHECK 301 (08) KNOWS FEMALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 401
314	Do you know of a place where a person can get female condoms?	YES 1 NO 2	→ 401
315	Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B OTHER PUBLIC SECTOR C PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC D LPPA E PHARMACY F PRIVATE DOCTOR G OTHER MEDICAL SECTOR H CHAL CHAL HOSPITAL I CHAL HEALTH CENTER J CHAL HEALTH POST K CBD L COMMUNITY HEALTH WORKER/ SUPPORT GROUPS M OTHER SOURCE SHOP N CHURCH O FRIENDS/RELATIVES P PEER EDUCATORS Q OTHER X	
316	If you wanted to, could you yourself get a female condom?	YES 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 404															
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ 413															
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 410															
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2																
405	Do you have more than one wife or woman you live with as if married?	YES, MORE THAN ONE 1 NO, ONLY ONE 2	→ 407															
406	Altogether, how many wives do you have or other partners you are living with as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/>																
407	<p>CHECK 405:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of your wife (the woman you are living with as if married).</p> <p>Please tell me the name of each of your wives (or each woman you are living with as if married).</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>ASK 408 FOR EACH PERSON.</p>	<table border="1"> <thead> <tr> <th data-bbox="917 976 1063 997">NAME</th> <th data-bbox="1079 955 1177 997">LINE NUMBER</th> <th data-bbox="1242 976 1307 997">AGE</th> </tr> </thead> <tbody> <tr> <td data-bbox="917 1060 1063 1081">_____</td> <td data-bbox="1079 1018 1177 1081"><input type="text"/></td> <td data-bbox="1242 1018 1307 1081"><input type="text"/></td> </tr> <tr> <td data-bbox="917 1144 1063 1165">_____</td> <td data-bbox="1079 1123 1177 1186"><input type="text"/></td> <td data-bbox="1242 1123 1307 1186"><input type="text"/></td> </tr> <tr> <td data-bbox="917 1249 1063 1270">_____</td> <td data-bbox="1079 1228 1177 1291"><input type="text"/></td> <td data-bbox="1242 1228 1307 1291"><input type="text"/></td> </tr> <tr> <td data-bbox="917 1354 1063 1375">_____</td> <td data-bbox="1079 1333 1177 1396"><input type="text"/></td> <td data-bbox="1242 1333 1307 1396"><input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	<p>408 How old was (NAME) on her last birthday?</p>
NAME	LINE NUMBER	AGE																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
409	<p>CHECK 407:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p>		→ 411A															
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 411A															
411	<p>In what month and year did you start living with your (wife/partner)?</p> <p>Now I would like to ask about your first wife/partner. In what month and year did you start living with her?</p>	<p>MONTH <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 413															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
412	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	
413	<p>CHECK FOR THE PRESENCE OF OTHERS.</p> <p>BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p>		
414	<p>Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95</p>	→ 501
419	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.</p> <p>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	→ 435

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
420	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. →SKIP TO 422			
421	When was the last time you had sexual intercourse with this person?		DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>
422	The last time you had sexual intercourse (with this second/third person), was a male or female condom used?	YES 1 NO 2 (SKIP TO 424) ←	YES 1 NO 2 (SKIP TO 424) ←	YES 1 NO 2 (SKIP TO 424) ←
423	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
424	What was your relationship to this (second/third) person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 SKIP TO 425A ←	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 SKIP TO 425A ←	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 SKIP TO 425A ←
424A	CHECK 410:	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> SKIP TO 425A ↓	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> SKIP TO 425A ↓	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> SKIP TO 425A ↓
424B	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> SKIP TO 428 ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> SKIP TO 428 ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> SKIP TO 428 ↓
425A	How long ago did you first have sexual intercourse with this (second/third) person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
425B	How many times during the last 12 months did you have sexual intercourse with this person?	NUMBER OF TIMES <input type="text"/> <input type="text"/> RECORD 95 IF 95 OR MORE	NUMBER OF TIMES <input type="text"/> <input type="text"/> RECORD 95 IF 95 OR MORE	NUMBER OF TIMES <input type="text"/> <input type="text"/> RECORD 95 IF 95 OR MORE
425C	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
426	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 428) ←	YES 1 NO 2 (SKIP TO 428) ←	YES 1 NO 2 (SKIP TO 429) ←
427	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
428	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 421 IN NEXT COLUMN) ← NO 2 (SKIP TO 429A) ←	YES 1 (GO BACK TO 421 IN NEXT COLUMN) ← NO 2 (SKIP TO 429A) ←	
429	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98
429A	CHECK 422: ALL FIRST COLUMNS			
	CONDOM USED <input type="checkbox"/>	NOT ASKED <input type="checkbox"/>		→ 429C
		NO CONDOM USED <input type="checkbox"/>		→ 429C
429B	Have you ever experienced any problems with using condoms? IF YES: What problems have you experienced? PROBE: Any other problems? RECORD ALL PROBLEMS MENTIONED.		DIFFICULT TO DISPOSE OF A DIFFICULT TO PUT ON/TAKE OFF B SPOILS THE MOOD C DIMINISHES PLEASURE D WIFE PARTNER OBJECTS/DOES NOT LIKE E WIFE/PARTNER GOT PREGNANT F INCONVENIENT TO USE/MESSY ... G CONDOM BROKE H OTHER X NO PROBLEM Y	
429C	I will now read you some statements about male condom use. Please tell me if you agree or disagree with each.		AGREE AGREE DK	
	a. Male condoms diminish a man's sexual pleasure.		a. DIMINISH 1 2 3	
	b. A male condom is very inconvenient to use.		b. INCONVENIENT 1 2 3	
	c. A male condom can be reused.		c. CAN BE REUSED 1 2 3	
	d. A male condom protects against sexually transmitted infection.		d. PROTECTS STI 1 2 3	
	e. Buying male condoms is embarrassing.		e. EMBARRASSING 1 2 3	
	f. A woman has no right to ask a man to use a male condom.		f. NO RIGHT 1 2 3	
	g. A male condom has the AIDS virus		g. AIDS VIRUS 1 2 3	
	h. A male condom is the best way to prevent unwanted pregnancy		h. PREVENTS PREGNANCY 1 2 3	
	i. People who use the male condom are not faithful since they might have the AIDS virus or other sexually transmitted infections.		i. NOT FAITHFUL 1 2 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
430	CHECK 424 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/>	NO PARTNERS ARE PROSTITUTES <input type="checkbox"/>	→ 432
431	CHECK 424 AND 422 (ALL COLUMNS): OTHER <input type="checkbox"/>	CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/>	→ 434 → 435
432	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 433
432A	Have you ever paid anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 435
433	The last time you paid someone in exchange for having sexual intercourse, was a male condom or female condom used?	YES 1 NO 2	→ 435
434	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	
435	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> DON'T KNOW 98	
436	CHECK 422, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED <input type="checkbox"/> NOT ASKED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/>		→ 443 → 443
441	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 OTHER PUBLIC SECTOR 13 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... 21 LPPA 22 PHARMACY 23 PRIVATE DOCTOR 24 OTHER PRIVATE MEDICAL SECTOR 26 CHAL CHAL HOSPITAL 31 CHAL HEALTH CENTER 32 CHAL HEALTH POST 33 CBD 41 COMMUNITY HEALTH WORKER ... 42 SUPPORT GROUPS 43 OTHER SOURCE SHOP 51 CHURCH 52 PEER EDUCATORS 53 FRIEND/RELATIVE 54 OTHER 96	
443	The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?	YES 1 NO 2 DON'T KNOW 8	→ 501
444	What method did you or your partner use? PROBE: Did you or your partner use any other method to prevent pregnancy? RECORD ALL MENTIONED.	FEMALE STERILIZATION A MALE STERILIZATION B IUCD C INJECTABLES D IMPLANTS E PILL F FEMALE CONDOM G RHYTHM METHOD H WITHDRAWAL I OTHER MODERN METHOD X OTHER TRAD. METHOD Y	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 407: ONE OR MORE WIVES/PARTNERS <input type="checkbox"/>	QUESTION NOT ASKED <input type="checkbox"/>	→ 508
502	CHECK 444+E67: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		→ 508
503	(Is your wife (partner)/Are any of your wives (partners) currently pregnant?)	YES 1 NO 2 DON'T KNOW 8	
504	CHECK 503: NO WIFE/PARTNER PREGNANT OR DON'T KNOW <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? WIFE(WIVES)/PARTNER(S) PREGNANT <input type="checkbox"/> Now I have some questions about the future. After the child(ren) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 COUPLE CAN'T GET PREGNANT ... 3 WIFE (WIVES)/PARTNER(S) STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 508
505	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/>	MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>	→ 507
506	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? WIFE/PARTNER PREGNANT <input type="checkbox"/> After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW 993 COUPLE CAN'T GET PREGNANT 994 OTHER 996 DON'T KNOW 998	→ 508
507	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW 993 HE/ALL HIS WIVES/PARTNERS ARE INFECUND 994 OTHER 996 DON'T KNOW 998	
508	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER <input type="text"/> <input type="text"/> OTHER 96	→ 601A → 601A
509	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601A	CHECK 102D: AGREED TO MEASUREMENT <input type="checkbox"/> DID NOT AGREE TO MEASUREMENT <input type="checkbox"/>		601
601B	May I measure your blood pressure at this time? INTERVIEWER SIGNATURE _____ DATE _____ _____ RESPONDENT AGREES <input type="checkbox"/> ↓ RECORD OUTCOME OF BLOOD PRESSURE MEASUREMENT. RESPONDENT DOES NOT AGREE <input type="checkbox"/> ↓ RECORD 9994.	BLOOD PRESSURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REASON BLOOD PRESSURE NOT MEASURED REFUSED 9994 TECHNICAL PROBLEMS ... 9995 OTHER 9996	
601	Have you done any work in the last seven days?	YES 1 NO 2	604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES 1 NO 2	604
603	Have you done any work in the last 12 months?	YES 1 NO 2	613
603A	During the last 12 months, how many months did you work?	NUMBER OF MONTHS WORKED <input type="text"/> <input type="text"/>	
604	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="text"/> <input type="text"/> _____ _____	
605	CHECK 604: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		607
606	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
607	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
608	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR . . . 2 ONCE IN A WHILE 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
609	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4																																				
610	CHECK 407: ONE OR MORE <input type="checkbox"/> WIVES/PARTNERS ↓ QUESTION <input type="checkbox"/> NOT ASKED →		613																																			
611	CHECK 609: CODE 1 OR 2 <input type="checkbox"/> CIRCLED ↓ OTHER <input type="checkbox"/> →		613																																			
612	Who usually decides how the money you earn will be used: mainly you, mainly your (wife (wives)/partner(s)), or you and your (wife (wives)/partner(s)) jointly?	RESPONDENT 1 WIFE(WIVES)/PARTNER(S) 2 RESPONDENT AND WIFE (WIVES)/ PARTNER(S) JOINTLY 3 OTHER 6																																				
613	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally: a) making major household purchases? b) making purchases for daily household needs? c) deciding about visits to the wife's family or relatives? d) deciding what to do with the money she earns for her work? e) deciding how many children to have? f) deciding on using contraception?	<table border="1"> <thead> <tr> <th></th> <th>HUS- BAND</th> <th>WIFE</th> <th>BOTH EQUALLY</th> <th>DON'T KNOW/ DEPENDS</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>d)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>e)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>f)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> </tbody> </table>		HUS- BAND	WIFE	BOTH EQUALLY	DON'T KNOW/ DEPENDS	a)	1	2	3	8	b)	1	2	3	8	c)	1	2	3	8	d)	1	2	3	8	e)	1	2	3	8	f)	1	2	3	8	
	HUS- BAND	WIFE	BOTH EQUALLY	DON'T KNOW/ DEPENDS																																		
a)	1	2	3	8																																		
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d)	1	2	3	8																																		
e)	1	2	3	8																																		
f)	1	2	3	8																																		
613A	Who usually makes decisions about health care for yourself: you, your wife/partner, you and your wife/partner jointly, or someone else?	RESPONDENT =1 WIFE(WIVES)/PARTNER(S) = 2 RESPONDENT & WIFE/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6 1 2 3 4 6																																				
613B	Who usually makes decisions about making major household purchases?	1 2 3 4 6																																				
613C	Do you personally own this or any other house?	YES 1 NO 2	→ 613E																																			
613D	Do you own this or any other house either alone or jointly with someone else?	ALONE 1 JOINTLY WITH WIFE 2 JOINTLY WITH SOMEONE 3 BOTH ALONE AND JOINTLY 4																																				
613E	Do you personally own any land?	YES 1 NO 2	→ 614																																			
613F	Do you own the land either alone or jointly with someone else?	ALONE 1 JOINTLY WITH WIFE 2 JOINTLY WITH SOMEONE 3 BOTH ALONE AND JOINTLY 4																																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	<p>I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them.</p> <p>a) Childbearing is a woman's concern and there is no need for the father to get involved.</p> <p>b) Assistance from a doctor or nurse to a woman at delivery is crucial for the mother's and child's health.</p>	<p style="text-align: right;">DIS- AGREE AGREE DK</p> <p>CHILDBEARING WOMAN'S CONCERN 1 2 8</p> <p>DOCTOR/NURSE'S ASSISTANCE CRUCIAL 1 2 8</p>	
615	<p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p> <p>If she is unfaithful and has sex with other men?</p>	<p style="text-align: right;">YES NO DK</p> <p>GOES OUT 1 2 8</p> <p>NEGL. CHILDREN ... 1 2 8</p> <p>ARGUES 1 2 8</p> <p>REFUSES SEX 1 2 8</p> <p>BURNS FOOD 1 2 8</p> <p>UNFAITHFUL 1 2 8</p>	
616	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p> <p>Get angry and reprimand her?</p> <p>Refuse to give her money or other means of support?</p> <p>Use force and have sex with her even if she doesn't want to?</p> <p>Go ahead and have sex with another woman?</p>	<p style="text-align: right;">YES NO DK/DE- PENDS</p> <p>ANGRY AND REPRIMAND ... 1 2 8</p> <p>REFUSE SUPPORT 1 2 8</p> <p>FORCED SEX 1 2 8</p> <p>HAVE SEX WITH ANOTHER WOMAN 1 2 8</p>	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 733																
702	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
703	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
706	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8																	
707	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
708	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
709	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING ...	1	2	8																
710	CHECK 709: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> →	→ 712																
711	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
712	Have you heard about special antiretroviral drugs (ART) that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES 1 NO 2 DON'T KNOW 8																	
712A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
713	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 718																
714	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3																	
715	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3																	
716	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>OTHER PUBLIC SECTOR 13</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC 21</p> <p>LPPA 22</p> <p>PHARMACY 23</p> <p>PVT DOCTOR 24</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p>CHAL</p> <p>CHAL HOSPITAL 31</p> <p>CHAL HEALTH CENTER 32</p> <p>COMMUNITY HEALTH WORKER/SUPPORT GROUPS 41</p> <p>OTHER 96</p>	<p>→ 720</p>
718	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 720</p>
719	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>OTHER PUBLIC SECTOR C</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC D</p> <p>LPPA E</p> <p>PHARMACY F</p> <p>PVT DOCTOR G</p> <p>OTHER PRIVATE MEDICAL SECTOR H</p> <p>CHAL</p> <p>CHAL HOSPITAL I</p> <p>CHAL HEALTH CENTER J</p> <p>COMMUNITY HEALTH WORKER/SUPPORT GROUPS K</p> <p>OTHER X</p>	
720	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
721	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
722	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
723	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
723A	<p>In your opinion, if a male teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES 1 NO 2 DK ANYONE WITH AIDS 3	→ 729
725	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES 1 NO 2	
726	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES 1 NO 2	
729	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
730	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
731	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
733	CHECK 701: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
734	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 742
735	CHECK 733: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> ↓ NO <input type="checkbox"/>		→ 737
736	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
737	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES 1 NO 2 DON'T KNOW 8	
738	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
739	CHECK 736, 737, AND 738: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 742
740	The last time you had (PROBLEM FROM 736/737/738), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 742
741	Where did you go? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B FAMILY PLANNING CLINIC C OTHER PUBLIC SECTOR D PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC E PHARMACY F PRIVATE DOCTOR G OTHER PRIVATE MEDICAL SECTOR H CHAL CHAL HOSPITAL I CHAL HEALTH CENTER J COMMUNITY HEALTH WORKER/ SUPPORT GROUPS L OTHER SOURCE SHOP M CHURCH N FRIEND/RELATIVE O TRADITIONAL HEALER P OTHER X	
741A	When you had (PROBLEM FROM 736/737/738), did you do something to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER ALREADY INFECTED ... 3	→ 742
741B	When you had (PROBLEM FROM 736/737/738), did you inform your sexual aptner(s) about it?	YES 1 SOME/NOT ALL 2 NO 3 DID NOT HAVE A PARTNER 4	→ 742
741C	What did you do to avoid infecting your partners? Did you Use medicine? Stop having sex? Use a condom when having sex?	YES NO USE MEDICINE 1 2 STOP SEX 1 2 USE CONDOM 1 2	
742	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES 1 NO 2 DON'T KNOW 8	
743	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
744	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES 1 NO 2 DON'T KNOW 8	
745	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?	YES 1 NO 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
801A	<p>Now I would like to ask you about something else.</p> <p>Since age 15, have you ever had the following symptoms:</p> <p>Cough for two weeks or more? Fever for two weeks or more? Chest or back pain? Coughing up blood? Sweating at night?</p>	<table> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>COUGH 2+ WEEKS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>FEVER 2+ MORE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>CHEST/BACK PAIN</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>BLOOD IN SPUTUM</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>NIGHT SWEATING</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	COUGH 2+ WEEKS	1	2	FEVER 2+ MORE	1	2	CHEST/BACK PAIN	1	2	BLOOD IN SPUTUM	1	2	NIGHT SWEATING	1	2	
	YES	NO																			
COUGH 2+ WEEKS	1	2																			
FEVER 2+ MORE	1	2																			
CHEST/BACK PAIN	1	2																			
BLOOD IN SPUTUM	1	2																			
NIGHT SWEATING	1	2																			
801B	<p>CHECK 801A:</p> <p align="center"> AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/> YES' YES' </p> <p align="right">→ 802</p>																				
801C	<p>Did you seek consultation or treatment for the symptoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 801E																		
801D	<p>What is the main reason you did not seek treatment for the symptoms?</p>	<p>SYMPTOMS HARMLESS 1</p> <p>COST 2</p> <p>DISTANCE 3</p> <p>EMBARASSED 4</p> <p>LONG QUEUE 5</p> <p>OTHER 6</p>	→ 802																		
801E	<p>The last time you had such symptoms, where did you first go for advice or treatment?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p align="center">_____</p> <p align="center">(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>OTHER PUBLIC SECTOR 13</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PVT DOCTOR 23</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p>CHAL</p> <p>CHAL HOSPITAL 31</p> <p>CHAL HEALTH CENTER 32</p> <p>COMMUNITY HEALTH WORKER/ SUPPORT GROUPS 41</p> <p>OTHER SOURCE</p> <p>SHOP 51</p> <p>CHURCH 52</p> <p>FRIENDS/RELATIVES 53</p> <p>TRADITIONAL HEALER 54</p> <p>OTHER 96</p>																			
801F	<p>How soon after the symptom(s) did you first seek consultation or treatment?</p>	<p>DAYS 1</p> <p>WEEKS 2</p> <p>MONTHS 3</p> <p>DON'T KNOW 998</p>																			
801G	<p>During that first visit, were you told by a doctor or a nurse health professional that you had tuberculosis?</p>	<p>YES 1</p> <p>NO 2</p>	→ 802																		
801H	<p>Were you given any medicine to treat TB?</p>	<p>YES 1</p> <p>NO 2</p>	→ 802																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801I	How long were you told to take the medicine?	NUMBER OF MONTHS <input type="text"/> <input type="text"/> DK/DON'T REMEMBER 9998	
801J	Did you go anywhere else for advice or treatment after you were told that you had tuberculosis?	YES 1 NO 2	→ 802
801K	Where did you go? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 OTHER PUBLIC SECTOR ... 13 PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC 21 PHARMACY 22 PVT DOCTOR 23 OTHER PRIVATE MEDICAL SECTOR 26 CHAL CHAL HOSPITAL 31 CHAL HEALTH CENTER 32 COMMUNITY HEALTH WORKER/ SUPPORT GROUPS 41 OTHER SOURCE SHOP 51 CHURCH 52 FRIENDS/RELATIVES 53 TRADITIONAL HEALER 54 OTHER 96	
802	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 805
802A	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH SHARING FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X DON'T KNOW Z	
803	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
804	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
804A	Would you be willing to work with someone who has been previously treated for tuberculosis?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
804B	<p>What signs or symptoms would lead you to think that a person has tuberculosis?</p> <p>PROBE: Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	COUGHING A COUGHING WITH SPUTUM B COUGHING FOR SEVERAL WEEKS C FEVER D BLOOD IN SPUTUM E LOSS OF APPETITE F NIGHT SWEATING G PAIN IN CHEST OR BACK H TIREDNESS/FATIGUE I WEIGHT LOSS J OTHER X NO SYMPTOMS Y DON'T KNOW Z	
804C	<p>What do you think is the cause of tuberculosis?</p> <p>PROBE: Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	MICROBES/GERMS/BACTERIA ... A INHERITED B LIFESTYLE C SMOKING D ALCOHOL DRINKING E EXPOSURE TO COLD TEMP..... F DUST/POLLUTION G OTHER X DON'T KNOW Z	
805	<p>Some men are circumcised. Are you circumcised?</p>	YES 1 NO 2	→ 806
805 A	<p>How old were you when circumcision occurred?</p>	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (< 5 YEARS) 96 DON'T KNOW 98	
805B	<p>Who did the circumcision?</p>	TRADITIONAL PRACTITIONER/ FAMILY/FRIENDS 1 HEALTH PROFESSIONAL 2 OTHER 3 DON'T KNOW 8	
805C	<p>Where did you go to be circumcised?</p>	HEALTH FACILITY 1 HOME OF A HEALTH WORKER ... 2 INITIATION SCHOOL 3 OTHER 4 DON'T KNOW 8	
806	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 810
807	<p>Among these injections, how many were administered by a doctor, a nurse, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 810

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
808	<p>The last time you had an injection given to you by a health worker, where did you go to get the injection?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>OTHER PUBLIC SECTOR 13</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PVT DOCTOR 23</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p>CHAL</p> <p>CHAL HOSPITAL 31</p> <p>CHAL HEALTH CENTER 32</p> <p>OTHER 96</p>	
810	Do you currently smoke cigarettes?	<p>YES 1</p> <p>NO 2</p>	→ 813A
811	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	
812	Do you currently smoke or use any other type of tobacco?	<p>YES 1</p> <p>NO 2</p>	→ 813A
813	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	<p>PIPE A</p> <p>CHEWING TOBACCO B</p> <p>SNUFF C</p> <p>OTHER X</p>	
813A	Have you ever drunk an alcohol-containing beverage?	<p>YES 1</p> <p>NO 2</p>	→ 813F
813B	In the last 3 months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY, RECORD '90'.	<p>NUMBER OF DAYS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	
813C	Have you ever gotten drunk from drinking an alcohol-containing beverage?	<p>YES 1</p> <p>NO 2</p>	→ 813F
813D	<p>CHECK 813B:</p> <p>DRANK ALCOHOL ON <input type="checkbox"/> AT LEAST ONE DAY</p> <p>NONE <input type="checkbox"/></p>		→ 813F
813E	In the last 3 months, on how many occasions did you get drunk?	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	
813F	<p>Now I want to talk about diabetes.</p> <p>Have you ever heard of an illness called diabetes?</p>	<p>YES 1</p> <p>NO 2</p>	→ 813J
813G	Have you ever been told by a doctor that you have diabetes?	<p>YES 1</p> <p>NO 2</p>	→ 813J

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
813H	Are you taking medications for diabetes?	YES 1 NO 2																																	
813I	How do you take the medicine?	INJECTED 1 ORALLY 2																																	
813J	Now I want to talk about blood pressure. Before thios survey, has your blood pressure ever been checked?	YES 1 NO 2	→ 814																																
813K	Who took your blood pressure?	DOCTOR 1 NURSE 2 OTHER 6 DON'T KNOW 8																																	
813L	When was the last time you had your blood pressure checked?	LESS THAN 6 MONTHS AGO 1 6 - 11 MONTHS AGO 2 1 - 5 YEARS AGO 3 MORE THAN 5 YEARS AGO 4 DON'T KNOW 8																																	
813M	Have you ever been told by a doctor or a nurse that you have high blood pressure?	YES 1 NO 2	→ 814																																
813N	To lower your blood pressure, are you now: a. taking prescribed medicine? b. controlling your weight or losing weight? c. cutting down on salt in your diet? d. exercising? e. cutting down on alcohol consumption? f. stopping smoking? g. taking traditional medicine/herbs	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">N/A</th> </tr> </thead> <tbody> <tr> <td>TAKE MEDICINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>CONTROL WEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>CUT DOWN SALT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>EXERCISE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>CUT DOWN ALCOHOL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>STOP SMOKING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>TRAD. MED./HERBS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		YES	NO	N/A	TAKE MEDICINE	1	2	3	CONTROL WEIGHT	1	2	3	CUT DOWN SALT	1	2	3	EXERCISE	1	2	3	CUT DOWN ALCOHOL	1	2	3	STOP SMOKING	1	2	3	TRAD. MED./HERBS	1	2	3	
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TRAD. MED./HERBS	1	2	3																																
814	Are you covered by any health insurance?	YES 1 NO 2	→ 816																																
815	What type of health insurance? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. C OTHER X																																	
816	CHECK 214: (YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-17 OTHER <input type="checkbox"/>		→ 818																																
817	Now I would like to ask you about your own child(ren) who (is/are) under the age of 18. Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?	YES 1 NO 2 UNSURE 8																																	
818	(Besides your own child/children), are you the primary caregiver for any children under the age of 18?	YES 1 NO 2	→ 901																																
819	Have you made arrangements for someone to care for (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)?	YES 1 NO 2 UNSURE 8																																	

9. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
901	CHECK 209: HAS HAD ONE OR MORE CHILDREN <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		913												
902	Please tell me the name and sex of your child (who was born most recently). _____ (NAME OF CHILD)	BOY 1 GIRL 2													
903	In what month and year was (NAME OF CHILD) born?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>													
904	Is (NAME OF CHILD) still living?	YES 1 NO . AI117. AI117. AI117. AI117 2 DON'T KNOW 8	→ 906 → 906												
905	How old was (NAME OF CHILD) when he/she died? IF '1 YEAR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	DAYS 1 MONTHS 2 YEARS 3 DONT KNOW 998													
906	What is the name of (NAME OF CHILD)'s mother? WRITE THE CHILD'S MOTHER'S NAME AND HER LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF THE MOTHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE RECORD '00' NAME OF CHILD'S MOTHER _____	LINE NUMBER IN HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>													
907	CHECK 903: LAST CHILD BORN IN 2004 OR LATER <input type="checkbox"/> LAST CHILD BORN IN 2003 OR EARLIER <input type="checkbox"/>		913												
908	What is your relationship with (NAME OF CHILD'S MOTHER)?	CURRENT SPOUSE 1 FORMER SPOUSE 2 CURRENT LIVE-IN PARTNER 3 FORMER LIVE-IN PARTNER 4 REGULAR SEXUAL PARTNER 5 WOMAN IS GIRLFRIEND/FIANCÉE ... 6 OCCASIONAL SEXUAL PARTNER ... 7 FRIEND/ACQUAINTANCE 8													

909	ASK QUESTIONS 910-912 FIRST FOR PREGNANCY, THEN FOR DELIVERY, AND THEN FOR THE SIX WEEKS AFTER DELIVERY. ALL QUESTIONS REFER TO THE LAST BIRTH.			
		PREGNANCY	DELIVERY	SIX WEEKS AFTER DELIVER
910	Now, think back to the time when (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD).	<p>910A: Did (NAME OF CHILD'S MOTHER) receive any antenatal care from a doctor or any health care provider when she was pregnant with (NAME OF CHILD)?</p> <p>YES 1 NO 2 (SKIP TO 912) ← DK 8 GO TO 910B ← IN NEXT COLUMN</p>	<p>910B: Did a doctor or any health care provider assist with the delivery of (NAME OF CHILD)?</p> <p>YES 1 NO 2 (SKIP TO 912) ← DK 8 GO TO 910C ← IN NEXT COLUMN</p>	<p>910C: Did (NAME OF CHILD'S MOTHER) receive any care for herself from a doctor or any health care provider during the six weeks after this delivery?</p> <p>YES 1 NO 2 (SKIP TO 912) ← DK 8 GO TO 913 ←</p>
911	Who mainly provided the money or goods or services to pay for this care?	<p>FREE 01 INSURANCE ... 02 RESPONDENT ... 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER 08 GO TO 910B IN NEXT COLUMN</p>	<p>FREE 01 INSURANCE ... 02 RESPONDENT ... 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER 08 GO TO 910C IN NEXT COLUMN</p>	<p>FREE 01 INSURANCE ... 02 RESPONDENT ... 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER 08 SKIP TO 913</p>
912	What was the main reason (NAME OF CHILD'S MOTHER) did not receive any advice or care from a doctor or other health care provider during (pregnancy/ delivery/the six weeks after delivery)?	<p>NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY ... 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER 08 GO TO 910B ← IN NEXT COLUMN</p>	<p>NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY ... 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER 08 GO TO 910C ← IN NEXT COLUMN</p>	<p>NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY ... 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER 08</p>
913	CHECK 601B: AGREED TO MEASUREMENT <input type="checkbox"/> DID NOT AGREE TO MEASUREMENT <input type="checkbox"/>			915
914	<p>May I measure your blood pressure at this time?</p> <p>INTERVIEWER SIGNATURE _____ DATE _____</p> <p>RESPONDENT AGREES <input type="checkbox"/> RECORD OUTCOME OF BLOOD PRESSURE MEASUREMENT.</p> <p>RESPONDENT DOES NOT AGREE <input type="checkbox"/> RECORD 9994.</p>	<p>BLOOD PRESSURE</p> <p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REASON BLOOD PRESSURE NOT MEASURED</p> <p>REFUSED 9994 TECHNICAL PROBLEMS 9995 OTHER 9996</p>		
915	RECORD THE TIME.	<p>HOUR <input type="text"/> <input type="text"/></p> <p>MINUTES <input type="text"/> <input type="text"/></p>		

SECTION 10. AVERAGING BLOOD PRESSURE MEASURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
1001	CHECK Q601B AND Q914: SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE RECORDED IN BOTH Q601B AND Q914 <input type="checkbox"/>	SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE MEASURES NOT RECORDED IN BOTH IN BOTH Q601B AND Q914 <input type="checkbox"/>	→ 1007	
1002	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND DIASTOLIC BLOOD PRESSURE FROM Q455 AND Q914.			
1003	BLOOD PRESSURE MEASUREMENTS FROM Q601B	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	
1004	BLOOD PRESSURE MEASUREMENTS FROM Q914	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	
1005	RECORD THE SUM OF THE SYSTOLIC AND DIASTOLIC MEASURES.	SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	
1006	CALCULATE THE AVERAGE SYSTOLIC AND DIASTOLIC PRESSURES BY THE SUM IN Q1005 BY 2.	AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	→ 1011
1007	CHECK Q914: SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q914 <input type="checkbox"/>	BOTH SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE RECORDED IN Q914 <input type="checkbox"/>		→ 1010
1008	CHECK Q601B: SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q601B <input type="checkbox"/>	BOTH SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE RECORDED IN Q601B <input type="checkbox"/>		→ 1010
1009	CHECK Q102D: SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE RECORDED IN Q102D <input type="checkbox"/>	BOTH SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE <u>NOT</u> RECORDED IN Q102D <input type="checkbox"/>		→ 1013
1010	RECORD THE SYSTOLIC AND DIASTOLIC PRESUSRE.	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	

1011

USE THE TABLE BELOW TO DETERMINE THE CORRECT CODE TO RECORD ON THE BLOOD PRESSURE REPORT AND REFERRAL FORM.

CIRCLE THE **ROW** IN WHICH THE VALUE FOR THE **SYSTOLIC** BLOOD PRESSURE FROM Q1006 OR Q1010 IS FOUND.

THEN CIRCLE THE **COLUMN** IN WHICH THE VALUE FOR THE **DIASTOLIC** BLOOD FROM Q1006 OR Q1010 IS FOUND.

THE VALUE WHERE THE ROW AND COLUMN YOU HAVE CIRCLED INTERSECT IN THE TABLE WILL BE USED IN COMPLETING Q1012.

AVERAGE SYSTOLIC PRESSURE	AVERAGE DIASTOLIC PRESSURE					
	<84	85-89	90-99	100-109	110-119	> 120
<130	1	2	3	4	5	6
130-139	2	2	3	4	5	6
140-159	3	3	3	4	5	6
160-179	4	4	4	4	5	6
180-209	5	5	5	5	5	6
≥ 210	6	6	6	6	6	6

1012

RECORD THE NUMBER YOU CIRCLED IN Q1011 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS HE/SHE MAY HAVE.

	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE <u>WITHIN</u> :
1	NORMAL	24 MONTHS
2	AT THE HIGH END OF THE NORMAL RANGE	12 MONTHS
3	ABOVE NORMAL RANGE	2 MONTHS
4	MODERATELY HIGH	1 MONTH
5	VERY HIGH	7 DAYS
6	EXTREMELY HIGH	TODAY

1013

CHECK THAT THE HOUSEHOLD HAS RECEIVED A BROCHURE ON BLOOD PRESSURE.

THANK THE RESPONDENT AND ADVISE THAT THE RESPONDENT OR OTHER MEMBERS OF THE HOUSEHOLD MAY BE ASKED TO PARTICIPATE AGAIN IN INTERVIEWS OR OTHER SURVEY ACTIVITIES IN THE FUTURE.

Thank you for taking the time to answer these questions.

We may return to interview you or other members of your household again or to ask you to participate in other survey activities in the future. We hope that you will agree at that time.