The 2009 Lesotho Demographic and Health Survey (LDHS) included HIV testing of almost 3,800 women age 15-49 and 3,150 men age 15-59. According to the survey, 23% of Basothos age 15-49 are HIV-positive.

HIV Prevalence is consistently high across Lesotho. It is under 20% in only one district: Butha-Buthe.

Women become infected at younger ages than men. Prevalence for both women and men increases with age until it peaks at age 35-39 for women (42%) and at age 30-34 for men (40%).

Among men, HIV prevalence decreases with education. There is no clear pattern among women; those with some or complete primary have the highest rates of HIV prevalence.

Lesotho’s HIV prevalence has remained essentially unchanged since 2004. The small increases and decreases seen here are not statistically significant and do not signify true changes in the population.

For both women and men, HIV prevalence is highest among those who are widowed. HIV prevalence is also very high among divorced and separated women. Women and men who have never been married are least likely to be HIV-positive.
HIV prevalence generally increases with household wealth among women. There is no clear pattern for men.

71% of HIV-positive women and 52% of HIV-positive men had previously been tested and received the results of an HIV test.

HIV prevalence among young women age 15-24 is 3.5 times higher than among young men age 15-24.

The 2009 Lesotho Demographic and Health Survey (LDHS) was carried out by the Ministry of Health and Social Welfare. Funding for the Lesotho DHS was provided by The Government of Lesotho, the Global Fund to Fight AIDS, Tuberculosis and Malaria, Irish Aid, MCA, National AIDS Commission (NAC), PEPFAR, UNFPA, UNICEF, USAID, and WHO. ICF Macro, an ICF International company, provided technical assistance for the survey through the MEASURE DHS programme, which is funded by USAID and designed to assist developing countries to collect data on fertility, family planning, and maternal and child health. MEASURE DHS arranged for the Global Clinical and Viral Laboratory (GCVL) of South Africa to help with the training and laboratory processing for the HIV testing component of the survey.

**Response rates and methodology:** HIV prevalence data were obtained from testing dried blood spot (DBS) samples voluntarily provided by women 15-49 and men 15-59 who were interviewed in the 2009 LDHS. The DBS were collected using the finger stick method. Of the 7,605 eligible subjects, 91% provided DBS specimens. Response rates were higher in rural areas than urban areas (93% vs. 86%).

**HIV Prevalence by Household Wealth Quintile**

<table>
<thead>
<tr>
<th>Percent</th>
<th>Poorest households</th>
<th>Richest households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women 15-49</td>
<td>20</td>
<td>26</td>
</tr>
<tr>
<td>Men 15-49</td>
<td>16</td>
<td>20</td>
</tr>
</tbody>
</table>

**HIV Prevalence Among Youth Age 15-24**

<table>
<thead>
<tr>
<th>Percent</th>
<th>Lesotho</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women 15-24</td>
<td>14</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Men 15-24</td>
<td>9</td>
<td>13</td>
<td>8</td>
</tr>
</tbody>
</table>

For more information on the results of the 2009 Lesotho Demographic and Health Survey, please contact:

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