



Lesotho

2014 Demographic and Health Survey Key Findings





The 2014 Lesotho Demographic and Health Survey (2014 LDHS) was implemented by the Lesotho Ministry of Health from 22 September to 7 December 2014. The funding for the LDHS was provided by the government of Lesotho, the United States Agency for International Development (USAID), the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the World Bank, and the World Health Organization (WHO). ICF International provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

Additional information about the 2014 LDHS may be obtained from the Ministry of Health, P.O. Box 514, Maseru, Lesotho; Telephone: +266-22-314404; Internet: <http://www.gov.ls/health/>.

Additional information about The DHS Program may be obtained from ICF International, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA (telephone: 301-407-6500; fax: 301-407-6501; e-mail: info@DHSprogram.com; Internet: www.DHSprogram.com).

Suggested citation:

Ministry of Health [Lesotho] and ICF International. 2016. *2014 Lesotho Demographic and Health Survey Key Findings*. Rockville, Maryland, USA: Ministry of Health and ICF International.

Cover photos:

© Maletsuyane Falls near Semonkong, Lesotho, is provided courtesy of Joanna Lowell, ICF International.

© 2012 Wendy Stein/Peace Corps, Courtesy of Photoshare



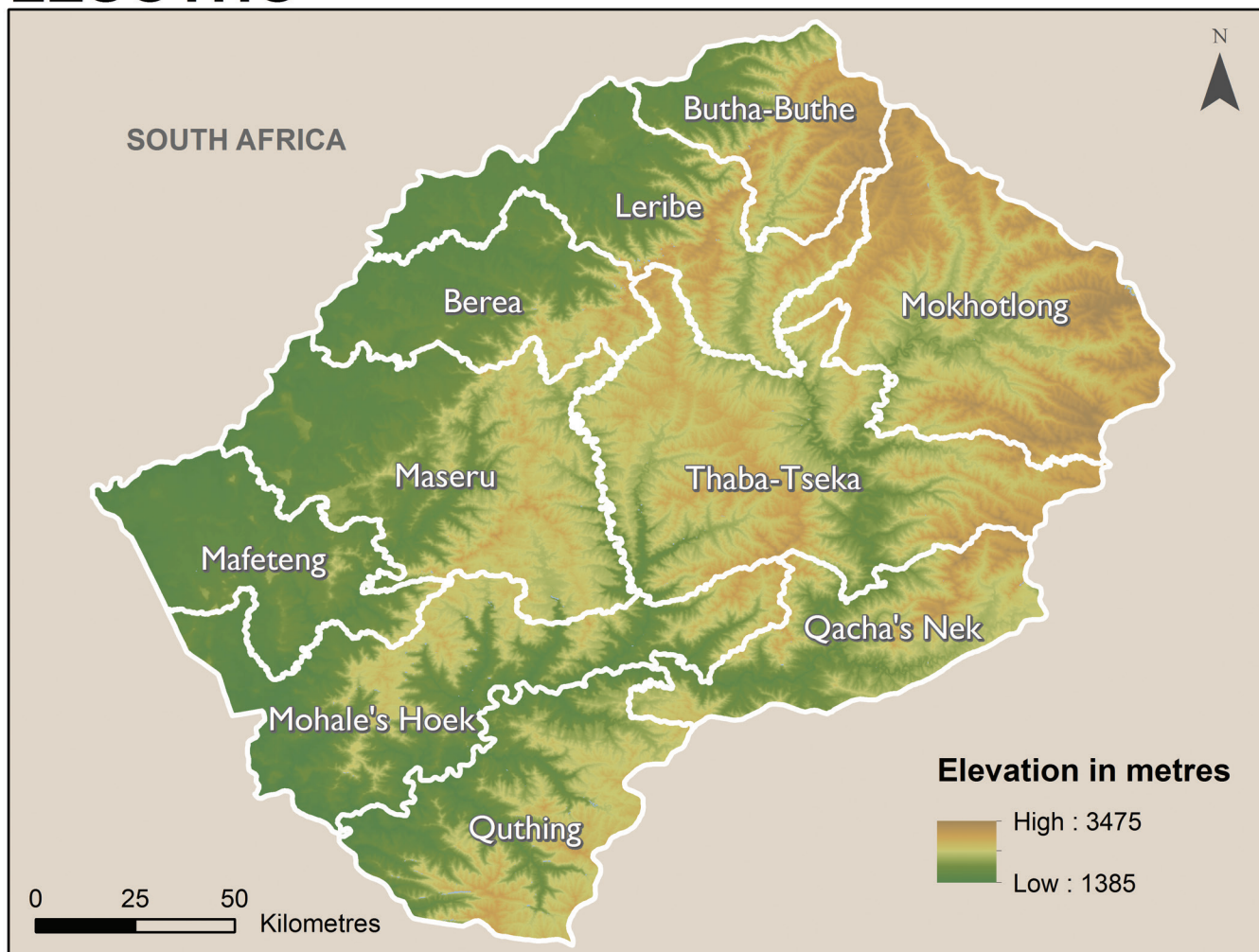
ABOUT THE 2014 LDHS

The 2014 Lesotho Demographic and Health Survey (LDHS) is designed to provide data for monitoring the population and health situation in Lesotho. The 2014 LDHS is the third Demographic and Health Survey conducted in Lesotho since 2004, and the objective of the survey was to provide reliable estimates of fertility levels, marriage, sexual activity, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutrition, childhood and maternal mortality, maternal and child health, awareness and behaviour regarding HIV/AIDS and other sexually transmitted infections (STIs), and other health issues such as smoking, knowledge of breast cancer, and male circumcision that can be used by program managers and policymakers to evaluate and improve existing programs. In addition, the 2014 LDHS provides estimates of anaemia prevalence among children age 6-59 months and adults and estimates of hypertension, HIV prevalence and HIV incidence among adults.

Who participated in the survey?

A nationally representative sample of 6,621 women age 15-49 in all selected households and 2,931 men age 15-59 in half of the selected households were interviewed. This represents a response rate of 97% for women and 94% for men. The sample design for the 2014 LDHS provides estimates at the national level, as well as for urban and rural areas, four ecological zones, and each of Lesotho's 10 districts.

LESOTHO



CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Household Composition

Basotho households consist of an average of 3.3 members. Thirty-six percent of households are headed by women. More than one-third (39%) of the household population is under age 15.

Water, Sanitation, and Electricity

More than 8 in 10 households have access to an improved source of drinking water. Nearly all (97%) urban households have access to an improved source of drinking water, compared to 77% of rural households. Just 27% of all households have water on the premises, while 26% must travel 30 or more minutes to obtain water. Nearly half (47%) of households use an improved sanitation facility, while 25% use a facility that would be considered improved if it was not shared. Twenty-eight percent of households use an unimproved facility. Among those using an unimproved facility, the vast majority have no sanitation facility. Rural households are slightly more likely to use an improved sanitation facility than urban households (50% versus 41%). In contrast, urban households are more likely to use shared toilets of an otherwise acceptable type (53%) than rural households (11%). Overall, 28% of households in Lesotho have electricity that is connected to the grid.

Ownership of Goods

Eighty-four percent of Basotho households have a mobile phone, 58% have a radio, and 28% have a television. Households in urban areas are more likely than those in rural areas to own these goods. One in ten households owns a car or truck, while just 2% own a bicycle. Ownership of agricultural land is substantially higher in rural areas (61%) than in urban areas (17%).

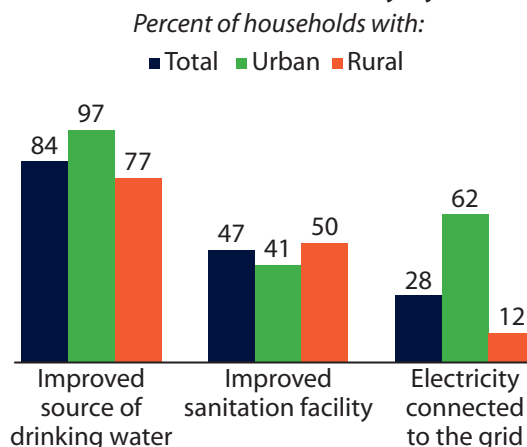
Education

In Lesotho, just 1% of women and 8% of men age 15-49 have no education. Over half of women and 4 in 10 men attended at least some secondary school and 9% of women and 8% of men have more than secondary education. Nearly all (97%) women and 85% of men age 15-49 are literate.



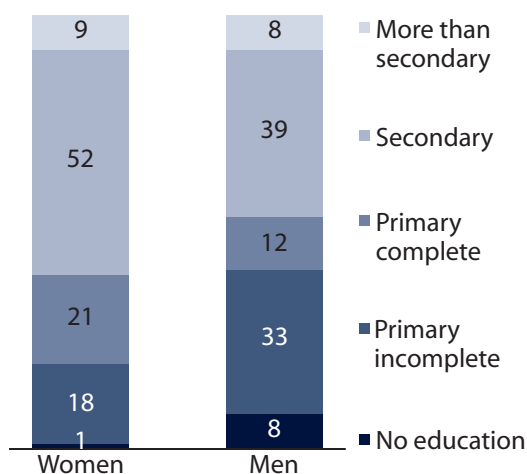
© Mujahid Safodien/IRIN

Water, Sanitation, and Electricity by Residence



Education

Percent distribution of women and men age 15-49 by highest level of education attended



FERTILITY AND ITS DETERMINANTS

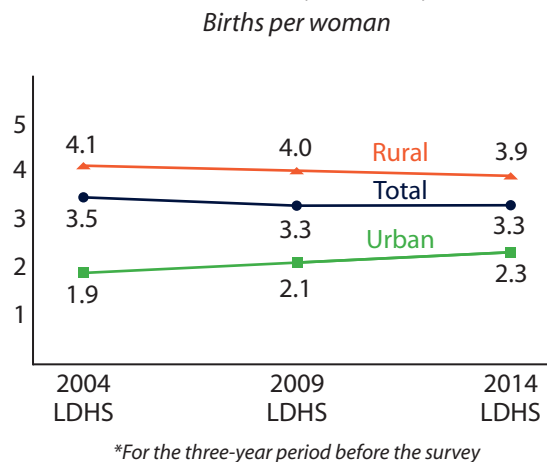
Total Fertility Rate

Currently, women in Lesotho have an average of 3.3 children. While fertility has declined slightly from 3.5 in 2004, it has remained unchanged since 2009.

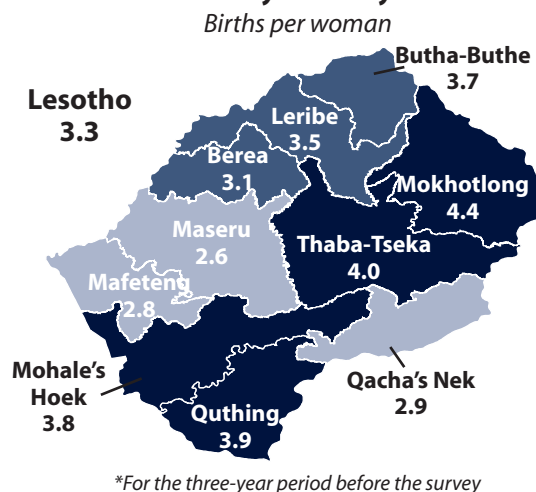
Fertility varies by residence and district. Women in urban areas have an average of 2.3 children, compared to 3.9 children per woman in rural areas. Fertility is lowest in Maseru where women have an average of 2.6 children. Fertility is highest in Mokhotlong where women have an average of 4.4 children.

Fertility generally decreases as a woman's level of education increases. Women with primary education have, on average, 1.6 more children than women with more than secondary education. Fertility decreases as the wealth of the respondent's household* increases. Women living in the richest households have an average of 2.1 children, compared to 5.0 children among women living in the poorest households.

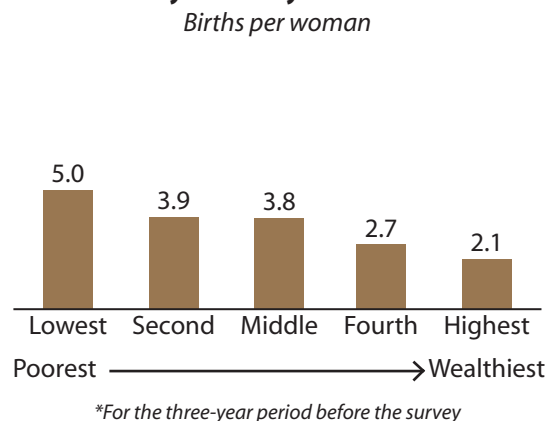
Trends in Total Fertility Rate* by Residence



Total Fertility Rate* by District



Total Fertility Rate* by Household Wealth



* Wealth of households is calculated through household assets collected from DHS surveys – i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on their relative standing on the household wealth index.

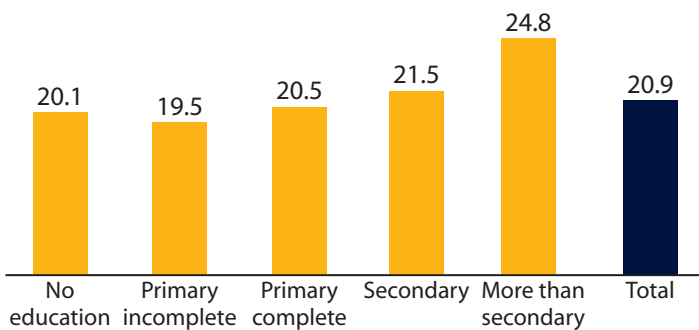
Age at First Sexual Intercourse, Marriage, and Birth

Women and men in Lesotho begin sexual activity at approximately the same age. The median age at first sexual intercourse for women age 25-49 is 18.5 years, and it is 18.6 years among men age 25-49. Women with more than secondary education wait longer to initiate sexual intercourse than less educated women. In contrast, men with no education begin sexual activity later than men with higher levels of education.

Basotho women tend to marry nearly two years after beginning sexual activity, at a median age of 20.3 years. Men marry even later; the median age at first marriage among men age 30-59 is 25.9 years. Both women and men with more than secondary education marry later than those with less education.

On average, women in Lesotho have their first birth less than one year after marrying. The median age at first birth for women age 25-49 is 20.9 years. Women with more than secondary education have their first birth more than five years later than women with incomplete primary education.

Median Age at First Birth by Education
Median age at first birth among women age 25-49



Teenage fertility

Nineteen percent of adolescent women age 15-19 are already mothers or are pregnant with their first child. Teenage childbearing varies by district, from a low of 14% in Maseru to a high of 25% in Butha-Buthe. Adolescent women living in the poorest households are more than four times more likely to have started childbearing than adolescent women in the richest households (28% versus 6%).

Polygyny

Overall, 2% of women and 3% of men age 15-49 are in a polygynous union. There is little variation in polygyny by background characteristics.



© 2008 Chris Bradshaw African Library Project, Courtesy of Photoshare

FAMILY PLANNING

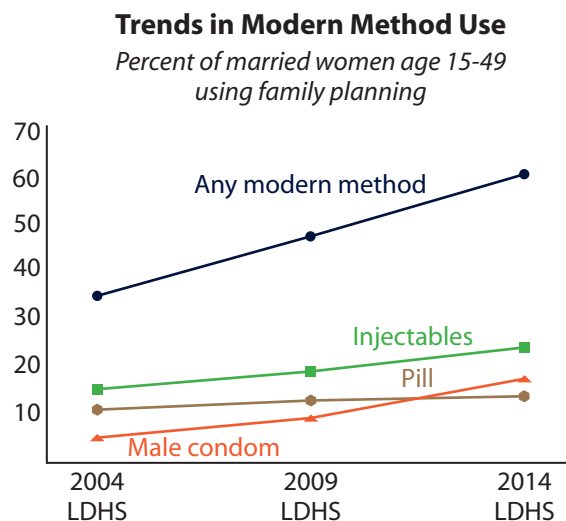
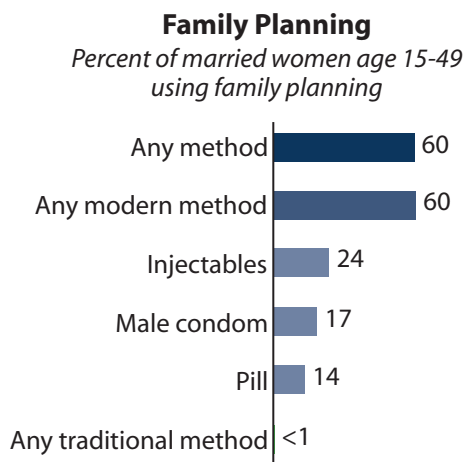
Current Use of Family Planning

Six in ten married women age 15-49 use any method of family planning; nearly all of these women use modern methods of family planning. The most popular methods are injectables (24%), the male condom (17%), and the pill (14%). More than 7 in 10 sexually active unmarried women age 15-49 use modern methods of family planning and 1% use traditional methods. The most popular modern method among sexually active unmarried women is the male condom (45%), followed by injectables (14%), and the pill (8%).

Married women living in urban areas are slightly more likely than married women living in rural areas to use modern methods (65% and 57%, respectively). Use of modern methods varies by district, from 48% in Mokhotlong to 64% in Bera and Quthing. Married women with more than secondary education are nearly twice as likely to use modern methods than married women with no education (67% versus 38%). Use of modern methods increases with household wealth; 50% of married women in the poorest households use modern methods, compared to 66% among those in the wealthiest households.

Trends in Family Planning Use

The use of modern methods of family planning by married women has increased steadily from 35% in 2004 to 46% in 2009 to 60% in 2014. The use of traditional methods has declined over the same period. The use of male condoms has more than tripled since 2004. The use of injectables has also increased markedly since 2004.



NEED FOR FAMILY PLANNING

Desire to Delay or Stop Childbearing

Fifty-six percent of married women and 40% of married men age 15-49 say they want no more children. Additionally, 24% of married women and 34% of married men want to wait at least two years before having another child. These women and men are potential users of family planning.

Unmet Need for Family Planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. Overall, 18% of married women age 15-49 have an unmet need for family planning—10% for spacing births and 9% for limiting births. Unmet need for family planning is higher among women in rural areas (21%) than among women in urban areas (14%). Thirteen percent of women with more than secondary education have an unmet need for family planning, compared to 32% of women with no education. Unmet need for family planning decreases as household wealth increases. One in four (25%) women living in the poorest households have an unmet need for family planning, compared to 14% of women in the wealthiest households.

Exposure to Family Planning Messages

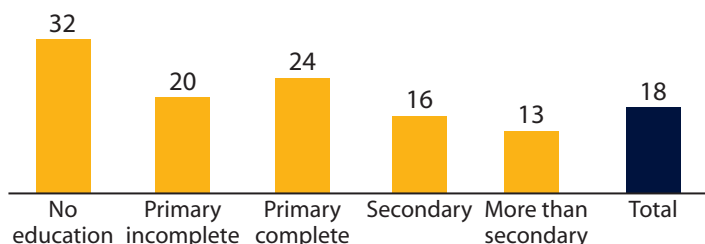
Less than one-quarter of Basotho women and 21% of men age 15-49 heard a family planning message on the radio in the few months before the survey. Fewer women and men reported seeing a family planning message on television or in a newspaper or magazine. Overall, 67% of women and 71% of men were not exposed to family planning messages via any of the aforementioned media sources. Women and men with no education and those living in the poorest households were least likely to have been exposed to family planning messages.

Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods. Less than half (46%) of women age 15-49 using modern methods were informed about side effects, 36% were informed what to do if they experience side effects, and 69% were informed of other available family planning methods.

Unmet Need for Family Planning by Education

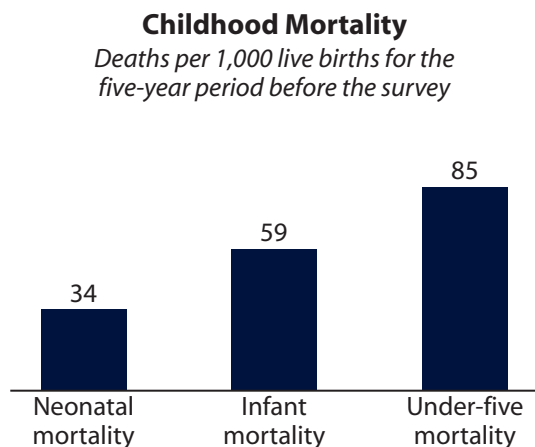
Percent of married women age 15-49 with an unmet need for family planning



CHILDHOOD MORTALITY

Rates and Trends

The infant and under-five mortality rates for the five-year period before the survey are 59 and 85 deaths per 1,000 live births, respectively. This means that one in every twelve Basotho children dies before his or her fifth birthday. The neonatal mortality rate, or probability of a child dying in the first month of life, is 34 deaths per 1,000 live births. Neonatal, infant, and under-five mortality have all declined since 2009.



Mortality Rates by Background Characteristics

Mortality rates differ by district and mother's level of education for the ten-year period before the survey. Under-five mortality ranges from (59)* deaths per 1,000 live births in Butha-Buthe to (111) deaths per 1,000 live births in Mphahle's Hoek. The under-five mortality rate among children born to mothers with incomplete primary education is 112 deaths per 1,000 live births, compared to (58) deaths per 1,000 live births among children whose mothers have more than secondary education.

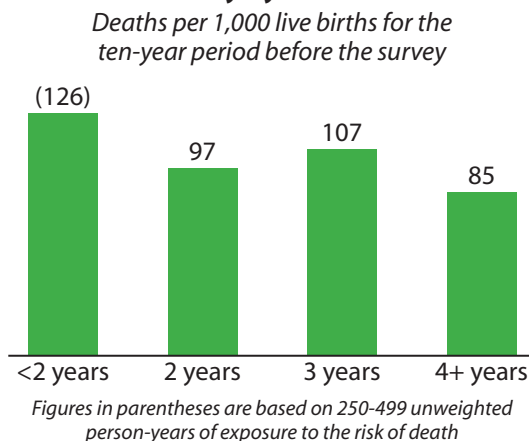


© Mujahid Safodien/IRIN

Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. The median birth interval in Lesotho is 45.8 months. The under-five mortality rate for children born less than two years after a previous birth is (126) deaths per 1,000 live births, compared to 85 deaths per 1,000 live births for children born four or more years after their siblings. Overall, 11% of all children are born less than two years after their siblings.

Under-Five Mortality by Previous Birth Interval



*Figures in parentheses are based on 250-499 unweighted person-years of exposure to the risk of death.

MATERNAL HEALTH CARE

Antenatal Care

Nearly all (95%) women age 15-49 received antenatal care (ANC) from a skilled provider (doctor, nurse, or midwife), while 5% of women received no ANC.

The timing and quality of antenatal care are also important. Nearly 3 in 4 women made four or more ANC visits and 41% of women had first ANC visit in the first trimester, as recommended. Three-quarters of women took iron tablets during their pregnancy. The last live birth of 74% of women was protected against neonatal tetanus.

Among women who received ANC for their most recent birth, 63% were informed of pregnancy complications, 99% had their blood pressure measured, 97% had a blood sample taken, and 83% had a urine sample taken.

Delivery and Postnatal Care

Seventy-seven percent of births are delivered in a health facility, the majority in public sector health facilities. However, 23% of births are delivered at home. Delivery in a health facility ranges from a low of 61% in Mokhotlong to a high of 84% in Leribe. More than 9 in 10 births to women with more than secondary education (96%) and 93% of births to women living in the wealthiest households are delivered in a health facility. More than 3 in 4 births are assisted by a skilled provider. Delivery assistance by a skilled provider increases with the mother's level of education and household wealth.

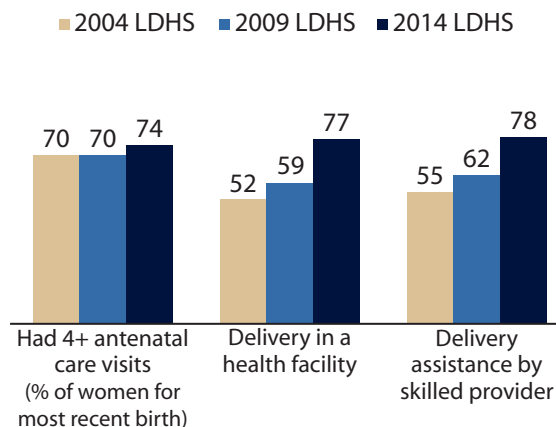
Both delivery in a health facility and delivery assistance by a skilled provider have increased over the last decade. About half of births were delivered in a health facility in 2004, compared to 77% in 2014. Similarly, delivery assistance from a skilled provider increased from 55% in 2004 to 78% in 2014.

Postnatal care helps prevent complications after childbirth. Sixty-two percent of women received a postnatal checkup within two days of delivery, while 26% had no postnatal checkup within 41 days of delivery. Just 18% of newborns received postnatal checkup within two days of birth.



© Mujahid Safodien/IRIN

Trends in Maternal Health Care
Percent of live births in the five years before the survey



Maternal Mortality

The 2014 LDHS asked women about deaths of their sisters to determine maternal mortality – deaths associated with pregnancy and childbearing. The maternal mortality ratio for the seven-year period before the survey is 1024 deaths per 100,000 live births (CI: 731-1318). The maternal mortality ratio is not significantly different from the estimates from 2004 and 2009.

CHILD HEALTH

Basic Vaccination Coverage

More than two-thirds (68%) of children age 12-23 months received all basic vaccinations – one dose each of BCG and measles, three doses of DPT-containing vaccine* and three doses of polio vaccine. One percent of children have not received any vaccinations. Basic vaccination coverage has increased slightly from 62% in 2009 to 68% in 2014. Just 48% of children in Mokhotlong have received all basic vaccinations, compared to 80% of children in Mafeteng. Vaccination coverage increases with the mother's level of education.

Childhood Illnesses

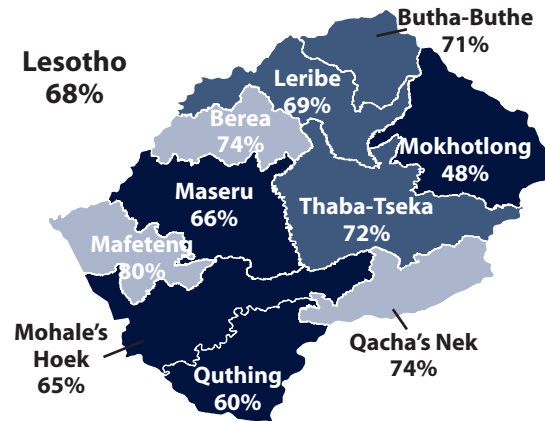
In the two weeks before the survey, 1 in 20 children under age 5 were ill with cough and rapid breathing, symptoms of an acute respiratory infection (ARI). Less than two-thirds (63%) of these children were taken to a health facility or provider.

Fifteen percent of children under age 5 had fever in the two weeks before the survey. Fever was most common among children age 6-23 months (19%). Six in ten children with fever were taken to health facility or provider.

Twelve percent of children age 5 had diarrhoea in the two weeks before the survey. Diarrhoea was most common among children age 6-23 months (22%). Half of children with diarrhoea were taken to a health facility or provider. Children with diarrhoea should drink more fluids, particularly through oral rehydration therapy (ORT). Nearly 8 in 10 children under five with diarrhoea received ORT or increased fluids. However, 18% of children under five with diarrhoea received no treatment.

Basic Vaccination Coverage by District

Percent of children age 12-23 months who received all basic vaccines



© Eva-Lotta Jansson/IRIN

*Children typically received DPT as part of DPT-HepB-Hib or DTaP-IPV-Hib depending on whether they followed the immunisation schedule of Lesotho or the Republic of South Africa.

FEEDING PRACTICES AND SUPPLEMENTATION

Breastfeeding and the Introduction of Complementary Foods

The vast majority (95%) of Basotho children were ever breastfed. Two-thirds of children were breastfed in the first hour of life. However, 13% of children received a prelacteal feed, though this is not recommended.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Sixty-seven percent of children under six months are exclusively breastfed. Basotho children are breastfed for an average of 16.6 months, and exclusively breastfed for an average of 4.5 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. Seventy-four percent of children age 6-8 months are breastfeeding and receiving complementary foods.

Use of Iodized Salt

The 2014 LDHS tested household cooking salt for iodine. Nearly all (93%) households with tested salt had iodised salt. Just 85% of households in Thaba-Tseka had iodised salt, compared to 98% of households in Quthing.

Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. Six in ten children age 6-23 months ate foods rich in Vitamin A the day before the survey and 61% of children age 6-59 months received Vitamin A supplement in last six months.

Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anaemia and other complications. Over half of women age 15-49 took iron supplements for at least 90 days during their last pregnancy. Women with more than secondary education were most likely to take iron supplements for at least 90 days during their last pregnancy (68%).



© Mujahid Safodien/IRIN

NUTRITIONAL STATUS

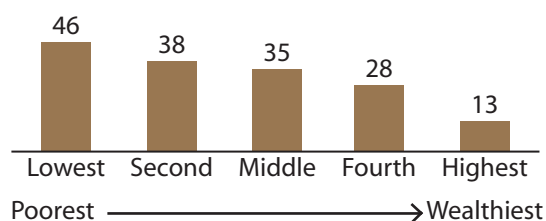
Children's Nutritional Status

The 2014 LDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard.

One-third of children under age 5 are stunted, or too short for their age. Stunting is an indication of chronic undernutrition. Stunting varies by district from 26% in Mafeteng to 48% in Mokhotlong. Children living in the poorest households are more than three times as likely to be stunted than children living in the wealthiest households (46% versus 13%).

Stunting by Household Wealth

Percent of children under age 5 who are stunted



Three percent of children under age 5 are wasted, or too thin for their height. Wasting is an indication of acute malnutrition. One in ten children under age 5 are underweight (too thin for their age), while 7% are overweight (too heavy for their height).

The prevalence of stunting, wasting, and underweight have all declined over the past 10 years. Stunting has decreased from 44% in 2004 to 33% in 2014. Declines in the prevalence of wasting and underweight have been more modest.

Women and Men's Nutritional Status

The 2014 LDHS also took weight and height measurements of women and men age 15–49. Four percent of Basotho women are considered thin (body mass index or BMI <18.5), while 45% are overweight or obese (BMI ≥25). Two thirds of women age 40–49 are overweight or obese, compared to 18% of women age 15–19. Overweight and obesity ranges from a low of 27% of women in Mokhotlong to a high of 48% in Leribe, Berea, and Mafeteng. Women living in the wealthiest households are more than twice as likely as women living in the poorest households to be overweight or obese (55% versus 25%).

Fourteen percent of men age 15–49 are thin, while 12% are overweight or obese. Overweight and obesity are markedly higher among men age 40–49 (26%) than among men age 15–19 (2%). Men with more than secondary education are more than four times as likely than men with primary incomplete or no education to be overweight or obese (36% and 8%, respectively).

Anaemia

Half of children age 6–59 months are anaemic; nearly all anaemic children have mild or moderate anaemia. Anaemia is most common among children age 9–11 months (65%) and age 12–17 months (62%). The prevalence of anaemia generally decreases as household wealth increases. Anaemia has increased slightly from 47% in 2009 to 51% in 2014.

Overall, 27% of women age 15–49 are anaemic; the majority have mild anaemia. Pregnant women are most likely to be anaemic (36%). The prevalence of anaemia is lowest in Thaba-Tseka (17%) and highest in Maseru (34%).

One in seven men age 15–49 is anaemic. The prevalence of anaemia among men is lowest in Quthing (6%) and highest in Butha-Buthe (22%). Anaemia generally decreases as level of education and household wealth increases.

The prevalence of anaemia among women and men has remained relatively stable since 2009.

HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

Knowledge of HIV Prevention Methods

The majority (86%) of women and 81% of men age 15-49 know that using condoms and limiting sex to one uninfected partner can reduce the risk of HIV. Knowledge of these two HIV prevention methods is highest among women and men with more than secondary education.

Knowledge of Prevention of Mother-to-Child Transmission (PMTCT)

Eighty-two percent of women and 74% of men age 15-49 now that HIV can be transmitted by breastfeeding. Additionally, 87% of women and 70% men know that the risk of HIV transmission from mother to child can be reduced by the mother taking special drugs during pregnancy. Overall, 77% of women and 58% men know both key messages about PMTCT of HIV.

Multiple Sexual Partners

Having multiple sexual partners increases the risk of contracting HIV and other STIs. Seven percent of women and 27% of men had two or more sexual partners in the past 12 months. Women and men who reported having two or more sexual partners in the past year were asked about condom use at their last sexual intercourse; 54% of women and 65% of men reported using a condom at last sexual intercourse. Women have an average of 2.7 lifetime sexual partners compared to 9.6 partners for men.

Male Circumcision

The 2014 LDHS asked about two different types of circumcision: traditional and medical. More than 7 in 10 men age 15-49 are circumcised – 45% are traditionally circumcised, 23% are medically circumcised, and 5% are both traditionally and medically circumcised. Men living in urban areas are much more likely to be medically circumcised (41%) than men living in rural areas (13%). Medical circumcision increases dramatically with education level; 1% of men with no education have been medically circumcised, compared to 61% of men with more than secondary education.

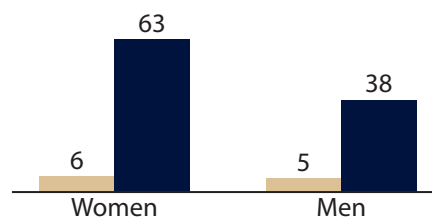
HIV Testing

The vast majority of women and men age 15-49 know where to get an HIV test. More than 8 in 10 women (84%) and 63% of men have ever been tested for HIV and received the results. Over half of women (58%) and 36% of men have been tested for HIV in the past 12 months and received the results. HIV testing has increased dramatically since 2004, when only 6% of women and 5% of men were tested for HIV in the 12 months before the survey and received the results of their last test.

Trends in Recent HIV Testing

Percent of women and men age 15-49 who were tested for HIV in the 12 months before the survey and received their results

■ 2004 LDHS ■ 2014 LDHS



Nearly 8 in 10 pregnant women age 15-49 received counselling on HIV, had an HIV test during antenatal care, and received their results. In Thaba-Tseka 73% of pregnant women were counselled, tested, and received their results, compared to 85% in Leribe.

HIV PREVALENCE

HIV Prevalence

HIV prevalence data were obtained from blood samples voluntarily provided by women and men interviewed in the 2014 LDHS. Of the 3,519 women age 15-49 and 3,132 men age 15-59 eligible for testing, 94% of women and 89% of men were interviewed and tested.

Overall, 25% of Basotho women and men age 15-49 are HIV-positive. HIV prevalence is higher among women (30%) than among men (19%). Basotho women and men living in urban areas are more likely to be HIV-positive than those in rural areas (30% versus 22%). HIV prevalence varies dramatically by district, ranging from a low of 17% in Mokhotlong to a high of 28% in Maseru.

By marital status, HIV prevalence is lowest among never married women (16%) and men (9%). HIV prevalence is highest among widowed women (68%), and women and men who are divorced or separated (49% and 43%, respectively).

Trends in HIV Prevalence

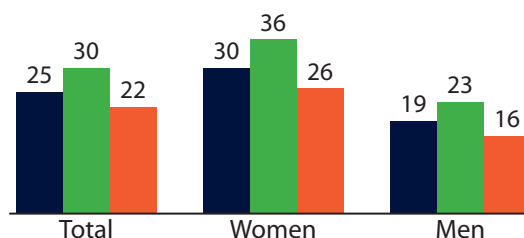
Nationally, HIV prevalence has increased from 23% in 2004 to 25% in 2014. However, this increase is not statistically significant. Among women, HIV prevalence has increased from 26% in 2004 to 30% in 2014. The increase in HIV prevalence among women is statistically significant. HIV prevalence among men has remained stable (19% in 2004, 18% in 2009, and 19% in 2014). These differences are not statistically significant.

An increase in HIV prevalence is simply an indication that more people are living with HIV. This increase could be due to more people becoming infected with HIV, to people surviving longer with HIV, or a combination of the two factors.

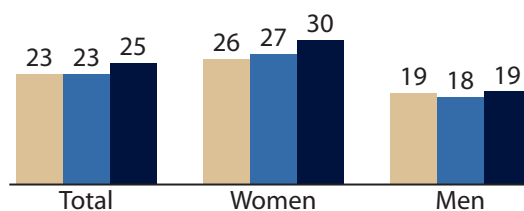
HIV Prevalence and Male Circumcision

HIV prevalence is lowest among men who are both traditionally and medically circumcised (11%) and those who report that they were only medically circumcised (14%). HIV prevalence is highest among men who are not circumcised or report that they were only traditionally circumcised (21% each).

HIV Prevalence by Residence
Percent of women and men age 15-49 who are HIV-positive
■ Lesotho ■ Urban ■ Rural



Trends in HIV Prevalence
Percent of women and men age 15-49 who are HIV-positive
■ 2004 LDHS ■ 2009 LDHS ■ 2014 LDHS



WOMEN'S EMPOWERMENT

Employment

Half of married Basotho women age 15-49 were employed in the last 12 months, compared to 83% of married men. The majority of working women earn cash (82%), while 14% were not paid for their work. Similarly, 78% of working men earn cash, while 15% were not paid.

One-third of married women who are employed and earned cash make independent decisions on how to spend their earnings, while 62% say they decide jointly with their husband. Fifty-five percent of working women report earning less than their husband.

Ownership of Assets

More than one-third (35%) of women age 15-49 own a home alone or jointly, compared to 25% of men. Twenty-eight percent of women own land alone or jointly, compared to 25% of men.

Participation in Household Decisions

The 2014 LDHS asked currently married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to family or relatives. The majority of married women age 15-49 have sole or joint decisionmaking power. Eighty-nine percent of women participate in decisions regarding major household purchases and 72% participate in decisions about visits to her family or relatives. Nine in ten participate in decisions about their own health care. Three percent of women do not participate in any of the three decisions; nearly two-thirds report that they participate in all three decisions. Women with more than secondary education are most likely to participate in all three decisions (83%).

Attitudes toward Wife Beating

The 2014 LDHS asked women and men if they agree that a husband is justified in beating his wife for at least one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him. One-third of women (33%) and 40% of men agree that a husband is justified in beating his wife for at least one of the aforementioned reasons. Women and men with more than secondary education and those living in the wealthiest households are least likely to agree that wifebeating is justified for any reason. While women are most likely to believe that a husband is justified in beating his wife if she argues with him (25%), men are most likely to believe wifebeating is justified if she neglects the children or argues with him (26% each).

Problems in Accessing Health Care

More than 4 in 10 women age 15-49 report experiencing at least one problem in accessing health care. Women living in rural areas are more likely to report problems accessing health care than women in urban areas (49% versus 29%). Nearly 7 in 10 women with no education report at least one problem in accessing health care. Getting money for treatment (27%) and the distance to the health facility (26%) are the most commonly reported problems in accessing health care.



© Eva-Lotta Jansson/IRIN

TUBERCULOSIS AND NONCOMMUNICABLE DISEASES

Tuberculosis (TB)

More than 9 in 10 women (97%) and men age 15-49 (91%) have heard of TB. Among them, 90% of women and 80% of men believe that TB can be cured. Just 13% of women and 12% of men know that TB is caused by microbes. The most commonly cited cause of TB was dust/pollution. However, 85% of women and 75% of men know that TB is spread through the air when coughing or sneezing.

The 2014 LDHS asked women and men whether they had experienced the following symptoms of TB since age 15: cough for two weeks or more, fever for two weeks or more, night sweating, and weight loss. Nearly 1 in 4 women (24%) and 23% of men reported weight loss. Thirteen percent of women and 17% of men reported having a cough for two weeks or more and similar proportions of women and men reported night sweating. Among women and men who reported symptoms of TB since age 15, 59% of women and 50% of men sought consultation or treatment.

Breast cancer

Nearly 9 in 10 (87%) women and 70% of men age 15-49 have heard of breast cancer. Women and men with more than secondary education are most likely to have heard of breast cancer. Thirty-eight percent of women have performed a breast self-exam in the last 12 months, while 10% have had a clinical exam in the past 12 months. Women with more than secondary education are most likely to have had either type of breast exam.

Cervical cancer

Less than half of women (47%) age 15-49 have ever heard of the Pap smear, 11% have ever had a Pap smear, and just 4% had a Pap smear in the last 12 months. Women with more than secondary education are twelve times more likely to have ever had a Pap smear than women with no education (24% and 2%, respectively).

Hypertension

Seven in 10 women and 42% of men age 15-49 have ever had their blood pressure measured. Among those who have ever had their blood pressure measured, 62% of women and 47% of men had their blood pressure last checked less than six months ago. The vast majority had their blood pressure checked by a doctor or nurse. Seventeen percent of women and 11% of men who ever had their blood pressure checked were told by a doctor or nurse that they had high blood pressure. Among those who have a history of high blood pressure, over 90% of women and men are taking some action to lower their blood pressure. The most common actions taken to lower blood pressure are taking prescribed medication, cutting down salt in the diet, and exercising.

Among eligible women and men, 96% of women and 95% of men age 15-49 agreed to have their blood pressure measured during the 2014 LDHS. Nearly 1 in 5 (19%) women and 13% of men have hypertension (systolic blood pressure level of 140 mmHg or above or a diastolic blood pressure level of 90 mmHg or above at the time of the survey or was currently taking antihypertensive medication to control his/her blood pressure). The most common type of hypertension is mildly elevated hypertension. Hypertension is most common among women and men who are obese.

Diabetes

Ninety-one percent of women and 87% of men have heard of diabetes, yet 43% of women and 53% of men do not know any symptoms of diabetes. Less than 1% of women and men have been told by a doctor or nurse that they have diabetes.

INDICATORS

	Residence		
	Lesotho	Urban	Rural
Fertility			
Total fertility rate (number of children per woman)	3.3	2.3	3.9
Median age at first sexual intercourse for women age 25-49 (years)	18.5	18.8	18.3
Median age at first marriage for women age 25-49 (years)	20.3	22.1	19.6
Women age 15-49 who are mothers or currently pregnant (%)	19	12	23
Family Planning (currently married women age 15-49)			
Women using any method of contraception (%)	60	66	58
Women using any modern method of contraception (%)	60	65	57
Women with an unmet need for family planning ¹ (%)	18	14	21
Maternal and Child Health			
Pregnant women who received antenatal care from a skilled provider ² (%)	95	98	94
Births delivered in a health facility (%)	77	89	71
Births assisted by a skilled provider ² (%)	78	90	73
Children age 12-23 months who received all basic vaccinations ³ (%)	68	70	68
Nutrition			
Children under 5 who are stunted (moderate or severe) (%)	33	27	35
Children under 5 who are wasted (moderate or severe) (%)	3	1	3
Children under 5 who are underweight (moderate or severe) (%)	10	8	11
Women age 15-49 who are overweight or obese (%)	45	50	42
Childhood Mortality (deaths per 1,000 live births)⁴			
Neonatal mortality	34	22	38
Infant mortality	59	70	68
Under-five mortality	85	95	90
HIV/AIDS			
Women age 15-49 tested for HIV and received results in past 12 months (%)	58	57	59
Men age 15-49 tested for HIV and received results in past 12 months (%)	36	47	31
Men age 15-49 traditionally or medically circumcised (%)	72	68	74
Men age 15-49 medically circumcised only (%)	23	41	13
Women and men age 15-49 who are HIV-positive (%)	25	30	22
Women age 15-49 who are HIV-positive (%)	30	36	26
Men age 15-49 who are HIV-positive (%)	19	23	16
Women and men age 15-24 who are HIV-positive (%)	10	13	8
Hypertension			
Women age 15-49 who are hypertensive ⁵ (%)	19	23	18
Men age 15-49 who are hypertensive ⁵ (%)	13	16	11

¹Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. ²Skilled provider includes doctor and nurse/midwife. ³All basic vaccinations includes BCG, measles, three doses each of DPT and polio vaccine (excluding polio vaccine given at birth). Children received DPT as part of DPT-HepB-Hib or DTaP-IPV-Hib depending on whether they followed the immunisation schedule of Lesotho or the Republic of South Africa.

District									
Butha- Buthe	Leribe	Berea	Maseru	Mafeteng	Mohale's Hoek	Quthing	Qacha's Nek	Mokhotlong	Thaba- Tseka
3.7	3.5	3.1	2.6	2.8	3.8	3.9	2.9	4.4	4.0
18.7	18.5	18.7	18.5	18.6	18.1	17.8	18.6	18.6	18.4
19.9	20.4	20.7	21.0	20.4	19.7	20.3	19.9	19.3	19.4
25	20	23	14	15	22	22	16	24	21
57	64	64	63	59	53	64	57	49	57
56	63	64	62	58	53	64	56	48	56
21	17	17	16	21	22	16	18	25	19
93	98	95	96	94	97	92	98	96	92
73	84	78	81	75	74	72	79	61	68
77	85	80	82	75	75	73	79	63	71
71	69	74	66	80	65	60	74	48	72
40	31	27	30	26	38	34	33	48	40
2	3	4	2	3	3	1	4	4	4
8	8	13	9	11	12	6	12	16	14
46	48	48	47	48	46	43	43	27	32
28	32	33	31	50	44	23	35	33	28
(49)	84	49	69	(81)	80	(71)	(82)	77	49
(59)	106	(76)	95	(106)	(111)	(101)	(105)	91	62
62	58	56	58	53	61	53	63	54	66
37	37	37	43	30	30	25	37	24	35
78	75	69	68	73	74	74	75	78	79
13	24	30	32	20	9	19	13	8	12
21	25	25	28	25	20	21	21	17	25
22	31	32	33	29	26	27	27	23	28
20	18	18	22	21	13	12	13	10	21
8	10	7	13	11	8	8	8	7	11
17	16	20	25	19	15	22	16	15	14
12	9	12	15	13	11	13	15	12	13

⁴Figures are for the ten-year period before the survey except for the national rate, in italics, which represents the five-year period before the survey. Figures in parentheses are based on 250-499 unweighted person-years of exposure to the risk of death. ⁵An individual was classified as having hypertension if he/she had a systolic blood pressure level of 140 mmHg or above or a diastolic blood pressure level of 90 mmHg or above at the time of the survey or was currently taking antihypertensive medication to control his/her blood pressure.

