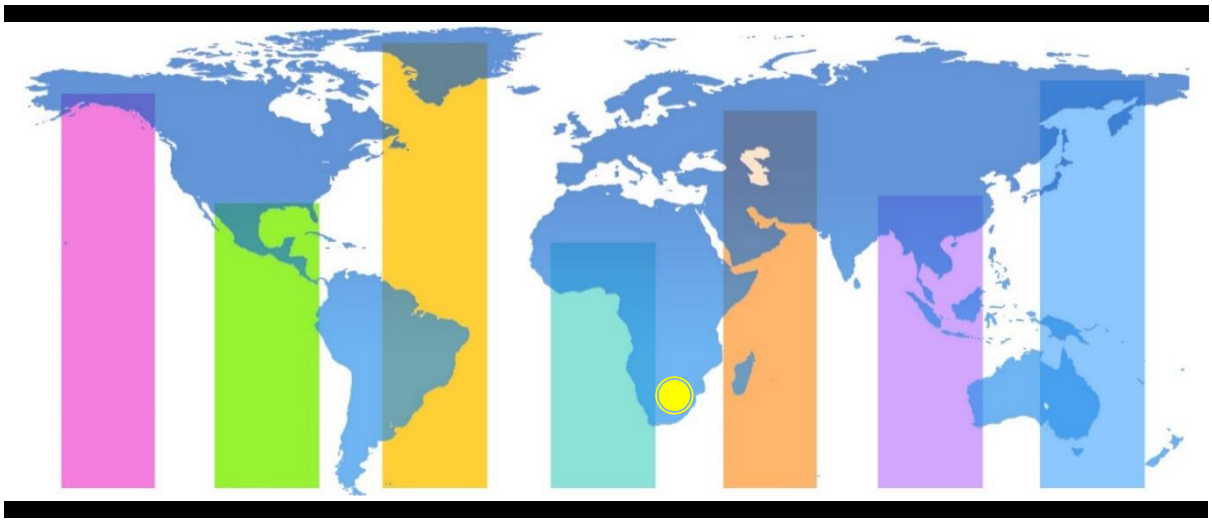
Lesotho



Demographic and Health Survey 2023–24

Key Indicators Report

Lesotho

Demographic and Health Survey 2023–24

Key Indicators Report

Ministry of Health
Maseru, Lesotho

The DHS Program
ICF
Rockville, Maryland, USA

June 2024

The 2023–24 Lesotho Demographic and Health Survey (2023–24 LDHS) was implemented by the Lesotho Ministry of Health (MoH). Funding for the 2023–24 LDHS was provided by the Government of Lesotho; the United States Agency for International Development (USAID); the Millennium Challenge Corporation (MCC); the World Bank Group; the United Nations Children's Fund (UNICEF); the Joint United Nations Programme on HIV/AIDS (UNAIDS); the United Nations Population Fund (UNFPA); the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund); and GAVI. ICF 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 2023–24 LDHS may be obtained from the Lesotho Ministry of Health, Constitution Road, Maseru, Lesotho; telephone: +266 2231 2836; email: info.health@gov.ls; internet: www.health.gov.ls.

Information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; telephone: +1-301-407-6500; fax: +1-301-407-6501; email: info@DHSprogram.com; internet: www.DHSprogram.com.

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ACRONYMS AND ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
ANC	antenatal care
ARI	acute respiratory infection
ART	antiretroviral therapy
ASFR	age-specific fertility rate
BCG	bacille Calmette-Guérin
BoS	Bureau of Statistics
CAPI	computer-assisted personal interviewing
CBR	crude birth rate
CPR	contraceptive prevalence rate
CSPro	Census and Survey Processing
DHS	Demographic and Health Survey
DPT	diphtheria, pertussis, and tetanus
EA	enumeration area
GFR	general fertility rate
GPS	Global Positioning System
HepB	hepatitis B
Hib	*Haemophilus influenzae* type b
HIV	human immunodeficiency virus
IPV	inactivated poliomyelitis vaccine
IUCD	intrauterine contraceptive device
IYCF	infant and young child feeding
LAM	lactational amenorrhoea method
LDHS	Lesotho Demographic and Health Survey
MCC	Millennium Challenge Corporation
MoH	Ministry of health
OPV	oral polio vaccine
ORS	oral rehydration salts
PCV	pneumococcal conjugate vaccine
PHC	Population and Housing Census
PNC	postnatal care
RSA	Republic of South Africa
RV	rotavirus vaccine
SD	standard deviation
SDG	Sustainable Development Goal
STI	sexually transmitted infection
TFR	total fertility rate
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

FOREWORD

It is with great pride and a deep sense of responsibility that the Ministry of Health presents the Lesotho Demographic and Health Survey (LDHS) Key Indicator Report. This document represents a cornerstone of our ongoing commitment to understanding and addressing the health and demographic needs of the people of Lesotho.

The LDHS is an invaluable resource that provides critical data on a wide range of health and population metrics. These include fertility rates, maternal and child health, nutrition, HIV/AIDS prevalence, family planning, and other key health indicators. The insights drawn from this survey are essential for the formulation, implementation, and evaluation of evidence-based policies and programs aimed at improving the health and well-being of our nation.

Conducted with the highest standards of methodological rigor, the 2023–24 LDHS involved extensive collaboration among the Ministry of Health, the Lesotho Bureau of Statistics, international partners, and the dedicated communities across Lesotho. We extend our heartfelt gratitude to all participating households, respondents, field staff, and partner organizations whose contributions have been instrumental in the success of this survey.

The findings presented in this report highlight both the progress we have made and the challenges that remain. Notably, improvements in key health indicators reflect the positive impact of national health initiatives and policies. However, the data also underscore persistent issues that require sustained attention and action. Addressing these challenges is crucial to achieving our national health goals and ensuring a healthier future for all Basotho.

This report serves not only as a benchmark of our current health and demographic landscape but also as a call to action. Policymakers, health professionals, researchers, and all stakeholders are urged to use these insights to drive forward initiatives that will enhance health outcomes, reduce inequalities, and promote sustainable development.

Finally, we reaffirm our commitment to transparency, accountability, and continuous improvement in our health sector.

Mrs. 'Maneo Moliehi Ntene
Principal Secretary, Ministry of Health

1 INTRODUCTION

The 2023–24 Lesotho Demographic and Health Survey (LDHS) was implemented by the Lesotho Ministry of Health (MoH). Data collection took place from 27 November 2023 to 29 February 2024. ICF provided technical assistance through The Demographic and Health Surveys Program (DHS), which is funded by the United States Agency for International Development (USAID) and offers financial support and technical assistance for population and health surveys in countries worldwide. Other agencies and organisations that facilitated the successful implementation of the survey through technical or financial support were the Millennium Challenge Corporation (MCC), the World Bank Group, the United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA), the Global Fund, and GAVI.

This Key Indicators Report presents a first look at selected findings from the 2023–24 LDHS. A comprehensive analysis of the data will be presented in a final report in 2025.

The primary objective of the 2023–24 LDHS is to provide up-to-date estimates of basic demographic and health indicators. Specifically, the LDHS collected information on 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 and AIDS and other sexually transmitted infections (STIs), other health issues (including tuberculosis) and chronic diseases, adult mortality (including maternal mortality), mental health and well-being, and gender-based violence. In addition, the 2023–24 LDHS provides estimates of anaemia prevalence among children age 6–59 months and adults as well as estimates of hypertension and diabetes among adults. These estimates are not included in this report but will be presented in the final report. The 2023–24 LDHS is a follow-up to the 2004, 2009, and 2014 LDHS surveys.

The information collected through the 2023–24 LDHS is intended to assist policymakers and programme managers in designing and evaluating programmes and strategies for improving the health of Lesotho's population. The survey also provides indicators relevant to the Sustainable Development Goals (SDGs) for Lesotho.

2 SURVEY IMPLEMENTATION

2.1 SAMPLE DESIGN

The sampling frame used for the 2023–24 LDHS is based on the 2016 Population and Housing Census (2016 PHC), provided by the Lesotho Bureau of Statistics (BoS). The frame file is a complete list of all census enumeration areas (EAs) within Lesotho. An EA is a geographic area, usually a city block in an urban area or a village in a rural area, consisting of approximately 100 households. In rural areas, it may consist of one or more villages. Each EA serves as a counting unit for the population census and has a satellite map delineating its boundaries, with identification information and a measure of size, which is the number of residential households enumerated in the 2016 PHC. Lesotho is administratively divided into 10 districts; each district is subdivided into constituencies and each constituency into community councils.

The 2023–24 LDHS sample of households was stratified and selected independently in two stages. Each district was stratified into urban, peri-urban, and rural areas; this yielded 29 sampling strata because there are no peri-urban areas in Butha-Buthe. In the first sampling stage, 400 EAs were selected with probability proportional to EA size and with independent selection in each sampling stratum. A household listing operation was carried out in all of the selected sample EAs, and the resulting lists of households served as the sampling frame for the selection of households in the next stage.

In the second stage of selection, a fixed number of 25 households per cluster (EA) were selected with an equal probability systematic selection from the newly created household listing. All women age 15–49 who were usual members of the selected households or who spent the night before the survey in the selected households were eligible for the Woman's Questionnaire. In every other household, all men age 15–59 who were usual members of the selected households or who spent the night before the survey in the selected households were eligible for the Man's Questionnaire. All households in the men's subsample were eligible for the Biomarker Questionnaire.

Fifteen listing teams, each consisting of three listers/mappers and a supervisor, were deployed in the field to complete the listing operation. Training of the household listers/mappers took place from 28 to 30 June 2024. The household listing operation was carried out in all of the selected EAs from 5 to 26 July 2024. For each household, Global Positioning System (GPS) data were collected at the time of listing and during interviews.

2.2 QUESTIONNAIRES

Four questionnaires were used for the 2023–24 LDHS: the Household Questionnaire, the Woman's Questionnaire, the Man's Questionnaire, and the Biomarker Questionnaire. The questionnaires, based on The DHS Program's model questionnaires, were adapted to reflect the population and health issues relevant to Lesotho and were translated into Sesotho. In addition, a self-administered Fieldworker Questionnaire collected information about the survey's fieldworkers.

The **Household Questionnaire** listed all of the usual members of and visitors to the selected households. Basic information was collected on the characteristics of each person listed, including age, sex, education, and individual possession of a mobile phone. The main purpose of the Household Questionnaire was to identify women and men who were eligible for individual interviews and all individuals in the household who were eligible for biomarker assessments. Additional information was collected about the dwelling unit, such as source of water, type of toilet facilities, materials used to construct the floor and walls, ownership of various consumer goods, and availability of handwashing facilities. The household questionnaire also includes a Child Well-Being and Household Structure module which collected detailed information about various aspects of child well-being, including their living conditions, access to education, health status, and other indicators that provide a comprehensive view of their overall welfare.

The **Woman's Questionnaire** collected information from women age 15–49. Women answered questions on the following topics:

- Background characteristics (for example, age, education, religion, and media exposure)
- Reproductive history
- Use and source of family planning methods
- Antenatal, delivery, and postnatal care
- Breastfeeding and infant feeding practices
- Vaccinations and childhood illnesses
- Marriage and sexual activity
- Fertility preferences
- Husbands' background characteristics and women's work
- Knowledge, awareness, and behaviour regarding HIV and AIDS and other sexually transmitted infections (STIs)
- Other health issues (including tuberculosis) and chronic diseases
- Adult mortality, including maternal mortality
- Mental health and well-being
- Gender-based violence

The **Man's Questionnaire** was administered to men age 15–59. The questionnaire collected information on:

- Sociodemographic characteristics
- Reproduction
- Family planning
- Marriage and sexual activity
- Fertility preferences
- Employment and gender roles
- Knowledge, awareness, and behaviour regarding HIV and AIDS and other STIs
- Other health issues (including tuberculosis) and chronic diseases
- Mental health and well-being

In addition to the data collected through interviews, data were collected in all households in the 2023–24 LDHS men's subsample using the **Biomarker Questionnaire**. The biomarkers collected included anthropometry (height and weight), anaemia, HbA1c, and blood pressure measurements. ICF, along with local experts, assisted with the development of the biomarker testing protocol.

The purpose of the **Fieldworker Questionnaire** was to collect basic background information on the people who were collecting data in the field, including team supervisors, interviewers, and biomarker technicians.

The protocol for the 2023–24 LDHS received clearance from both the ICF Institutional Review Board ethics committee and the Lesotho Ministry of Health Research and Ethics Committee.

2.3 ANTHROPOMETRY, ANAEMIA TESTING, HBA1C TESTING, AND BLOOD PRESSURE MEASUREMENT

Anthropometry. Weight measurements were taken using SECA scales with a digital display (model number SECA 874U). Height and length were measured with a ShorrBoard®. Children younger than age 24 months were measured lying down (recumbent length), while older children and adults were measured standing (height).

To assess the precision of measurements, one child per cluster was randomly selected to be measured a second time. The DHS Program defines a difference of less than 1 centimetre between the two height

measurements as an acceptable level of precision. In addition, children with a *z* score of less than −3 or more than 3 for height-for-age, weight-for-height, or weight-for-age were flagged and measured a second time. The remeasurement of flagged cases was performed to ensure accurate reporting of height.

For children, anthropometric data are used to calculate three indices that reflect nutritional status: height-for-age, weight-for-height, and weight-for-age. In presenting the anthropometric results, the height and weight of children in the survey population were compared with the 2006 WHO Child Growth Standards, which are based on an international sample of ethnically, culturally, and genetically diverse, healthy children living under optimum conditions conducive to achieving a child's full genetic growth potential (WHO 2006b). Children who were severely malnourished were referred to a local health facility for assessment and treatment. Biomarker technicians provided all households in the biomarker sub-sample with an informational pamphlet containing the height and weight of all eligible children and adults.

Anaemia. Blood specimens for anaemia testing were collected from women age 15–49 and men age 15–59 who consented to be tested. For non-emancipated minors (adolescents age 15–17), consent was obtained from parents or guardians and from the minors themselves. Blood specimens were also collected from children age 6–59 months whose parents or guardians had given consent to the testing. Blood samples were drawn from a drop of blood taken from a finger prick (or a heel prick in the case of children age 6–11 months) and collected in a microcuvette. Haemoglobin analysis was carried out on-site using a battery-operated portable HemoCue® 201+ device. Results were provided verbally and in writing to those being tested. Parents or guardians of children with a haemoglobin level below 8 g/dl were provided with a referral and instructed to take the child to a health facility for follow-up care. Likewise, adults were referred for follow-up care if their haemoglobin levels were below 8 g/dl.

HbA1c. Haemoglobin A1c, or HbA1c, is a component of haemoglobin that captures glucose on the surface of red blood cells. By measuring the amount of glucose attached to haemoglobin, the HbA1c test provides an estimate of average blood sugar levels over the past 2–3 months. The test is useful for diagnosing diabetes, prediabetes, or poorly controlled blood sugar in someone with diabetes. After informed consent had been obtained and antiseptic measures applied, a capillary blood sample was collected from the respondent's fingertip and placed in a designated cassette. Blood specimens for HbA1C testing were collected from women age 15–49 and men age 15–59 who consented to be tested. The HbA1c level was measured by inserting the cassette into a portable A1CNow®+ device. The result, displayed after 5 minutes, was recorded in the Biomarker Questionnaire and communicated to the respondent. Respondents found to have an HbA1c level greater than 6.5% received a referral to a local health facility. All of those tested received a reporting form with follow-up instructions.

Blood pressure. Biomarker technicians measured systolic and diastolic blood pressure with the Multi-User Upper Arm Blood Pressure Monitor UA-767F/FAC. Blood pressure measurements in the 2023–24 LDHS were used for research purposes, to provide a statistical description of the survey population; measurements taken in the survey do not constitute a medical diagnosis of disease. Respondents found to have high blood pressure, identified as systolic pressure greater than 140 mmHg and/or diastolic pressure greater than 90 mmHg, received a referral to a local health facility. All households where biomarkers were collected were provided with an informational pamphlet on blood pressure and blood glucose.

2.4 TRAINING OF TRAINERS AND PRETEST

The training of trainers and pretest were carried out simultaneously from 28 August to 12 September 2023. Eighteen trainers with expertise in nutrition, family planning, gender, mental health, chronic disease, routine immunisation, maternal health, and information technology participated in the training of trainers. The pretest fieldwork took place from 13 to 15 September 2023 in two clusters in Berea district (one classified as rural and one as urban), both of which were near the training site. The questionnaires were pretested with 87 households. In addition, 68 interviews with women and 27 with men were conducted. The pretest did not include the Biomarker Questionnaire or the biomarker data collection processes due to

the unavailability of supplies at that time. Based on field observations and suggestions from the pretest team, revisions were made to the wording and translations of the questionnaires as well as to the computer-assisted personal interviewing (CAPI) programme. Two modules focused on early childhood development and out-of-pocket expenses were omitted following the pretest to prevent overburdening the questionnaire.

2.5 TRAINING OF FIELD STAFF

Training for the 2023–24 LDHS fieldworkers was conducted from 26 October to 24 November 2023. Two separate training programmes were organised: one focused on the Household Questionnaire, the Woman's Questionnaire, and the Man's Questionnaire for interviewers and team supervisors and another on biomarker components for biomarker technicians. Representatives from ICF and the MoH attended the training as resource persons.

A total of 100 interviewers and team supervisors (60 women and 40 men) attended the training. They were recruited based on their educational level, prior survey experience, and willingness to spend 4 months on the project. The training included lectures on completing the questionnaires, guided mock interviews, pair-interviewing practice exercises, and practical training using tablets to reinforce learning and familiarise interviewers with the CAPI system.

Biomarker technicians received separate training on measuring the height and weight of children and adults as well as collecting biomarkers for blood glucose, blood pressure, and anaemia. This training took place from 6 to 23 November 2023, with 15 biomarker technicians (14 women and one man) participating. To qualify for biomarker data collection, technicians had to be nurses or nutritionists. The training on child height measurement included standardisation exercises, which all participants passed on the first attempt, making restandardisation exercises unnecessary.

Fieldwork practice took place from 20 to 22 November 2023 across six clusters near the training location in Berea district.

2.6 FIELDWORK

Data collection was carried out by 15 field teams, each consisting of one team supervisor, three or four female interviewers, one to three male interviewers, one biomarker technician, and one driver. Data collection took place over a 3-month period from 27 November 2023 to 29 February 2024 across the 10 districts of Lesotho. Electronic data files containing interview results were transferred from each interviewer's tablet to the team supervisor's tablet each day and then were transferred by the supervisor to the central office every day via a secure data transfer system. Ten senior staff members from the MoH coordinated, supervised, and monitored the quality of fieldwork activities.

2.7 DATA PROCESSING

The survey data were collected using tablet computers running the Android operating system and Census and Survey Processing System (CSPro) software, jointly developed by the United States Census Bureau, ICF, and Serpro S.A. English and Sesotho questionnaires were used for collecting data via CAPI. The CAPI programmes accepted only valid responses, automatically performed checks on ranges of values, skipped to the appropriate question based on the responses given, and checked the consistency of the data collected. Answers to the survey questions were entered into the tablets by each interviewer. Supervisors downloaded interview data to their tablet, checked the data for completeness, and monitored fieldwork progress.

Each day, after completion of interviews, field supervisors submitted data to the central server. Data were sent to the central office via secure internet data transfer. The data processing managers monitored the quality of the data received and downloaded completed data files for completed clusters into the system. ICF provided the CSPro software for data processing and technical assistance in the preparation of the data capture, data management, and data editing programmes. Secondary editing was conducted simultaneously with data collection. All technical support for data processing and use of the tablets was provided by ICF.

3 KEY FINDINGS

3.1 RESPONSE RATES

Table 1 presents the response rates for the 2023–24 LDHS. A total of 9,976 households were selected for the LDHS sample, of which 9,853 were found to be occupied. Of the occupied households, 9,810 were successfully interviewed, yielding a response rate of more than 99%. In the interviewed households, 6,536 women age 15–49 were identified as eligible for individual interviews. Interviews were completed with 6,413 women, yielding a response rate of 98%. In the subsample of households selected for the male survey, 3,304 men age 15–59 were identified as eligible for individual interviews and 3,215 were successfully interviewed, yielding a response rate of 97%.

Table 1 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence (unweighted), Lesotho DHS 2023–24

	Residence		
Result	Urban	Rural	Total
Household interviews			
Households selected	3,279	6,697	9,976
Households occupied	3,233	6,620	9,853
Households interviewed	3,210	6,600	9,810
Household response rate[1]	99.3	99.7	99.6
Interviews with women age 15–49			
Number of eligible women	2,455	4,081	6,536
Number of eligible women interviewed	2,396	4,017	6,413
Eligible women response rate[2]	97.6	98.4	98.1
Household interviews in subsample			
Households selected	1,644	3,349	4,993
Households occupied	1,620	3,315	4,935
Households interviewed	1,610	3,304	4,914
Household response rate in subsample[1]	99.4	99.7	99.6
Interviews with men age 15–59			
Number of eligible men	1,115	2,189	3,304
Number of eligible men interviewed	1,080	2,135	3,215
Eligible men response rate[2]	96.9	97.5	97.3

[1] Households interviewed/households occupied
[2] Respondents interviewed/eligible respondents

3.2 CHARACTERISTICS OF RESPONDENTS

Table 2 presents the weighted and unweighted numbers and percent distributions of women and men interviewed in the LDHS by selected background characteristics. The results presented in this report are based on weighted data that are representative of the country as a whole, urban and rural areas separately, and each of the country's districts.

- Among respondents age 15–49, women are more likely than men to be married (50% versus 41%) or widowed (5% versus 1%).
- Most people in Lesotho live in rural areas (55% of women and 59% of men) and in the Lowlands (72% of women and 71% of men).
- By district, the highest percentage of respondents live in Maseru (34% of women and 33% of men) and the lowest in Qacha's Nek (3% each of women and men).
- Seventy-five percent of women and 59% of men have at least some secondary education.

Table 2 Background characteristics of respondents

Percent distribution of women and men age 15–49 by selected background characteristics, Lesotho DHS 2023–24

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age						
15–19	19.3	1,240	1,320	21.6	616	615
20–24	17.4	1,119	1,151	17.9	511	482
25–29	14.4	920	920	13.3	380	371
30–34	13.2	846	849	12.3	350	372
35–39	13.1	842	825	13.0	370	381
40–44	12.7	817	758	12.4	354	344
45–49	9.8	629	590	9.5	272	272
Self-reported health status						
Very good	11.0	707	708	15.3	435	428
Good	45.3	2,903	2,848	38.1	1,088	1,222
Moderate	34.9	2,236	2,281	36.1	1,030	902
Bad	7.9	507	506	9.1	261	254
Very bad	0.9	61	70	1.4	39	31
Religion						
Roman Catholic	34.7	2,225	2,175	38.4	1,097	1,069
Lesotho Evangelical Church	14.6	934	850	17.0	484	420
Methodist	1.5	94	125	0.9	25	40
Anglican Church	6.2	398	356	6.6	188	185
Seventh Day Adventist	1.2	76	74	0.9	27	23
Pentecostal	16.8	1,074	1,229	12.5	356	417
Other Christian	23.1	1,482	1,455	13.3	381	354
Islam	0.2	13	12	0.6	16	12
Hindu	0.0	0	0	0.0	0	1
Other	0.2	13	11	1.5	42	33
None	1.6	104	126	8.3	238	283
Ethnicity						
Basotho	97.2	6,233	6,106	97.0	2,768	2,721
Maxhoza	1.0	65	126	0.8	24	46
Bathepu	1.3	86	161	1.1	32	49
Other	0.5	29	20	1.0	30	21
Marital status						
Never married/lived together	35.9	2,304	2,277	52.2	1,490	1,464
Married/living together	49.6	3,184	3,226	41.4	1,181	1,180
Divorced	1.5	99	89	1.0	28	33
Separated	7.8	503	494	4.4	126	129
Widowed	5.0	323	327	1.0	28	31
Residence						
Urban	45.5	2,918	2,396	41.3	1,179	963
Rural	54.5	3,495	4,017	58.7	1,675	1,874
Ecological zone						
Lowlands	72.4	4,644	3,374	70.7	2,019	1,474
Foothills	7.6	489	522	8.1	230	238
Mountains	14.0	898	1,685	15.0	427	757
Senqu River Valley	6.0	382	832	6.2	177	368
District						
Butha-Buthe	6.2	399	703	6.0	171	296
Leribe	18.1	1,162	816	19.1	544	378
Berea	14.9	956	735	14.6	417	326
Maseru	33.7	2,162	884	32.5	928	361
Mafeteng	6.1	394	557	6.8	194	277
Mohale's Hoek	4.8	305	515	4.7	134	224
Quthing	3.6	230	539	3.7	105	239
Qacha's Nek	2.8	178	479	2.8	80	213
Mokhotlong	4.0	254	552	3.9	111	246
Thaba-Tseka	5.8	374	633	5.9	168	277
Education						
No education	0.6	39	60	5.2	148	214
Primary incomplete	8.4	538	689	21.2	606	723
Primary complete	16.5	1,057	1,201	14.7	421	392
Secondary	57.4	3,682	3,636	44.6	1,274	1,183
More than secondary	17.1	1,097	827	14.2	406	325

Continued…

Table 2—*Continued*

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Wealth quintile						
Lowest	13.9	894	1,486	16.3	465	728
Second	16.4	1,055	1,252	19.0	541	595
Middle	19.5	1,253	1,236	22.8	650	591
Fourth	24.4	1,564	1,269	22.6	644	516
Highest	25.7	1,647	1,170	19.4	554	407
Total 15–49	100.0	6,413	6,413	100.0	2,854	2,837
50–59	na	na	na	na	361	378
Total 15–59	na	na	na	na	3,215	3,215

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

3.3 FERTILITY

Table 3.1 shows the total fertility rate (TFR) and age-specific fertility rates (ASFRs) among women by 5-year age groups for the 3-year period preceding the survey.

Total fertility rate

The average number of children a woman would have by the end of her childbearing years if she bore children at the current age-specific fertility rates. Age-specific fertility rates are calculated for the 3 years before the survey, based on detailed pregnancy histories provided by women.

Sample: Women age 15–49

- If fertility were to remain constant at current levels, a woman in Lesotho would bear an average of 2.5 children in her lifetime.
- Fertility is low among adolescents (77 births per 1,000 women age 15–19), peaks at 135 births per 1,000 among women age 20–24, and then decreases thereafter.
- The total fertility rate is higher in rural areas (2.8 children per woman) than in urban areas (2.1 children per woman) (**Table 3.2**).

Table 3.1 Current fertility

Age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the 3 years preceding the survey, according to residence, Lesotho DHS 2023–24

Age group	Residence		
	Urban	Rural	Total
10–14	[1]	[2]	[1]
15–19	46	98	77
20–24	112	154	135
25–29	120	139	130
30–34	72	86	79
35–39	49	58	53
40–44	13	32	24
45–49	[9]	[2]	[5]
TFR (15–49)	2.1	2.8	2.5
GFR	72	99	86
CBR	19.0	18.4	18.6

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates are for the period 1–36 months preceding the interview. Rates for the 10–14 age group are based on retrospective data from women age 15–17.
TFR: total fertility rate, expressed per woman
GFR: general fertility rate, expressed per 1,000 women age 15–44
CBR: crude birth rate, expressed per 1,000 population

Table 3.2 Fertility by background characteristics

Total fertility rate for the 3 years preceding the survey, percentage of women age 15–49 currently pregnant, and mean number of children ever born to women age 40–49, according to background characteristics, Lesotho DHS 2023–24

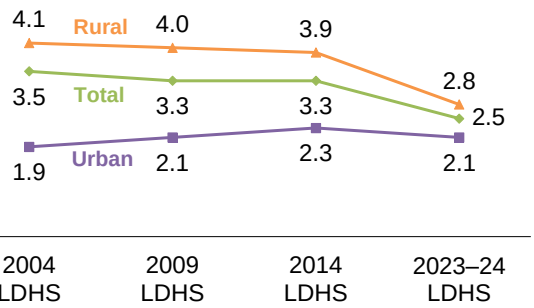
Background characteristic	Total fertility rate	Percentage of women age 15–49 currently pregnant	Mean number of children ever born to women age 40–49
Residence			
Urban	2.1	2.7	2.5
Rural	2.8	3.1	3.1
Ecological zone			
Lowlands	2.3	2.8	2.6
Foothills	3.0	3.9	3.4
Mountains	3.2	2.7	3.9
Senqu River Valley	2.9	3.7	3.5
District			
Butha-Buthe	2.6	2.4	3.1
Leribe	2.3	2.1	2.8
Berea	2.4	3.5	2.6
Maseru	2.4	3.0	2.5
Mafeteng	2.2	3.0	2.7
Mohale's Hoek	3.0	3.1	3.2
Quthing	2.6	3.7	3.2
Qacha's Nek	3.0	2.2	3.5
Mokhotlong	3.0	2.5	4.0
Thaba-Tseka	3.6	3.9	4.2
Education			
No education	(4.3)	1.1	(4.9)
Primary incomplete	4.0	2.3	3.9
Primary complete	3.1	2.1	3.2
Secondary	2.4	3.3	2.5
More than secondary	1.7	2.8	2.1
Wealth quintile			
Lowest	3.9	2.9	4.3
Second	2.9	4.4	3.5
Middle	2.6	2.4	2.7
Fourth	2.1	2.4	2.5
Highest	1.8	2.8	2.3
Total	2.5	2.9	2.9

Note: Total fertility rates are for the period 1–36 months prior to the interview. In column 1, figures in parentheses are based on 125–249 unweighted person-years of exposure. In column 3, figures in parentheses are based on 25–49 unweighted cases.

Trends: The TFR in Lesotho declined from 3.5 children per woman in 2004 to 2.5 children per woman in 2023–24 (**Figure 1**).

***Figure 1* Trends in fertility by residence**

TFR for the 3 years before each survey



3.4 TEENAGE FERTILITY

Teenage pregnancy
Percentage of women age 15–19 who have ever been pregnant.
Sample: Women age 15–19

Table 4 shows the percentage of women age 15–19 who have begun childbearing.

- Seventeen percent of women age 15–19 have ever been pregnant.
- Fourteen percent of young women have had a live birth.
- One percent of young women have had a pregnancy loss.
- Three percent of young women are currently pregnant.

Table 4 Teenage pregnancy

Percentage of women age 15–19 who have ever had a live birth, percentage who have ever had a pregnancy loss, percentage who are currently pregnant, and percentage who have ever been pregnant, according to background characteristics, Lesotho DHS 2023–24

Background characteristic	Percentage of women age 15–19 who: Have ever had a live birth	Have ever had a pregnancy loss[1]	Are currently pregnant	Have ever been pregnant	Number of women
Age					
15	0.4	0.3	0.2	1.0	220
16	3.2	0.0	1.2	4.4	251
17	12.7	0.5	0.3	13.4	228
18	16.5	1.6	7.2	23.9	299
19	33.4	3.8	4.8	39.8	243
Residence					
Urban	8.3	2.0	3.0	12.2	506
Rural	17.2	0.8	3.1	20.4	734
Ecological zone					
Lowlands	11.7	1.3	2.0	14.4	845
Foothills	15.1	0.9	8.4	21.4	120
Mountains	19.4	0.7	4.5	24.1	190
Senqu River Valley	17.3	3.0	2.3	21.7	85
District					
Butha-Buthe	14.5	0.4	0.9	15.7	82
Leribe	11.5	0.0	0.6	12.1	219
Berea	12.9	0.6	2.7	16.1	163
Maseru	12.1	2.4	4.1	16.7	391
Mafeteng	14.9	0.8	2.9	18.5	94
Mohale's Hoek	15.2	2.2	2.9	19.4	74
Quthing	13.8	1.0	0.7	15.0	52
Qacha's Nek	17.3	0.0	1.2	17.3	35
Mokhotlong	15.3	1.2	4.8	21.3	59
Thaba-Tseka	22.0	2.4	9.1	32.1	69
Education					
No education	*	*	*	*	4
Primary incomplete	31.9	0.0	10.2	34.6	48
Primary complete	30.7	2.7	5.0	37.3	147
Secondary	10.7	1.2	2.5	13.9	1,009
More than secondary	*	*	*	*	32
Wealth quintile					
Lowest	24.6	1.0	3.4	28.4	210
Second	15.9	0.8	4.3	21.1	251
Middle	18.0	1.6	3.9	21.7	278
Fourth	7.2	2.6	0.7	9.0	271
Highest	3.2	0.0	3.0	6.2	230
Total	13.6	1.3	3.0	17.1	1,240

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Stillbirth, miscarriage, or abortion

3.5 FERTILITY PREFERENCES

Desire for another child

Women and men were asked whether they wanted more children and, if so, how long they would prefer to wait before the birth of the next child. Women and men who are sterilised are assumed not to want any more children.

Sample: Currently married women age 15–49

Table 5 shows fertility preferences among currently married women and men age 15–49 by number of living children.

- Fifteen percent of women want to have another child soon (within the next 2 years), 19% want another child later (in 2 or more years), and 1% want another child but have not decided when.
- Twenty-five percent of men want another child soon (within the next 2 years), 29% want another child later (in 2 or more years), and 1% want another child but have not decided when.
- Sixty-two percent of women and 42% of men want no more children or are sterilized.

Table 5 Fertility preferences by number of living children

Percent distribution of currently married women and men age 15–49 by desire for children, according to number of living children, Lesotho DHS 2023–24

Desire for children	Number of living children							Total
	0	1	2	3	4	5	6+	
				WOMEN[1]				
Have another soon[2]	73.8	21.6	6.7	2.4	2.0	0.7	0.8	14.6
Have another later[3]	11.5	42.1	13.5	3.7	1.4	1.0	0.0	18.6
Have another, undecided when	1.2	1.1	0.4	0.1	0.2	1.9	0.0	0.6
Undecided	3.4	3.8	2.9	0.8	0.0	0.0	1.0	2.5
Want no more	7.2	29.5	73.5	87.2	88.0	90.7	90.1	60.0
Sterilised[4]	0.0	0.4	2.0	4.5	7.3	3.4	7.3	2.3
Declared infecund	2.9	1.5	1.1	1.3	1.1	2.3	0.8	1.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	230	941	1,082	556	214	93	69	3,184
				MEN[5]				
Have another soon[2]	23.0	28.2	26.0	20.9	33.0	(25.9)	(15.4)	25.2
Have another later[3]	31.6	30.5	24.2	33.9	22.9	(8.6)	(35.9)	29.0
Have another, undecided when	1.1	0.2	0.8	1.3	0.0	(0.0)	(1.0)	0.7
Undecided	0.5	3.4	5.4	1.1	0.0	(0.0)	(0.0)	2.5
Want no more	42.6	37.5	43.1	42.8	43.5	(65.5)	(47.7)	42.0
Sterilised[4]	0.3	0.1	0.0	0.0	0.0	(0.0)	(0.0)	0.1
Declared infecund	0.9	0.1	0.6	0.0	0.6	(0.0)	(0.0)	0.4
Missing	0.0	0.0	0.0	0.0	0.0	(0.0)	(0.0)	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	324	342	277	144	40	31	22	1,181

Note: Figures in parentheses are based on 25–49 unweighted cases.
[1] The number of living children includes a woman's current pregnancy.
[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 the respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife).

3.6 FAMILY PLANNING

3.6.1 Contraceptive Use

Contraceptive prevalence

Percentage of women who use any contraceptive method.

Sample: Currently married women age 15–49 and sexually active unmarried women age 15–49

Modern methods

Include male and female sterilisation, injectables, intrauterine devices (IUCDs), contraceptive pills, implants, female and male condoms, emergency contraception, and the lactational amenorrhoea method (LAM).

Table 6 presents data on contraceptive use among currently married women and sexually active unmarried women age 15–49.

- The contraceptive prevalence rate (CPR) is 67% among currently married women and 71% among sexually active unmarried women.
- Sixty-five percent of currently married women and 67% of sexually active unmarried women use a modern contraception method.
- Among currently married women, the most commonly used contraception methods are injectables (26%), pills (17%), and male condoms (11%). Among sexually active unmarried women, the most commonly used method is male condoms (31%), followed by injectables (16%) and pills (11%).

Table 6 Current use of contraception according to background characteristics

Percent distribution of currently married women and sexually active unmarried women age 15–49 by contraceptive method currently used, according to background characteristics, Lesotho DHS 2023–24

			Modern method											Traditional method					
Background characteristic	Any method	Any modern method	Female sterilisation	IUCD	Injectables	Implants	Pill	Male condom	Female condom	Emergency contraception	LAM	Other	Any traditional method	Rhythm	Withdrawal	Other	Not currently using	Total	Number of women
CURRENTLY MARRIED WOMEN																			
Number of living children																			
0	22.8	20.7	0.0	0.3	4.4	0.4	3.9	10.3	0.0	0.2	0.0	1.2	2.1	0.0	2.1	0.0	77.2	100.0	270
1–2	70.0	67.7	1.3	2.1	28.6	5.5	19.6	10.3	0.1	0.1	0.1	0.0	2.3	0.1	2.1	0.1	30.0	100.0	2,013
3–4	77.2	76.0	5.5	3.7	27.9	9.2	16.9	12.9	0.1	0.0	0.0	0.0	1.2	0.0	1.0	0.2	22.8	100.0	744
5+	63.6	60.4	5.2	0.7	24.3	13.3	6.4	10.4	0.0	0.0	0.0	0.0	3.2	1.6	1.3	0.3	36.4	100.0	157
Age																			
15–19	52.6	52.3	0.0	0.4	36.6	5.6	7.2	1.9	0.0	0.0	0.5	0.0	0.2	0.0	0.2	0.0	47.4	100.0	132
20–24	66.1	65.2	0.0	0.1	36.8	9.2	10.9	7.3	0.3	0.1	0.0	0.7	0.9	0.0	0.9	0.0	33.9	100.0	467
25–29	70.0	66.8	0.8	1.1	33.3	5.6	18.0	7.5	0.0	0.2	0.3	0.0	3.2	0.2	3.0	0.0	30.0	100.0	549
30–34	72.1	70.4	1.6	0.3	27.4	8.0	22.3	10.6	0.0	0.3	0.0	0.0	1.6	0.0	1.4	0.2	27.9	100.0	564
35–39	68.8	66.5	3.2	7.3	22.3	5.3	19.5	9.0	0.0	0.0	0.0	0.0	2.4	0.1	1.9	0.4	31.2	100.0	557
40–44	70.5	68.6	4.5	3.2	17.8	5.9	19.3	17.7	0.1	0.0	0.0	0.0	2.0	0.0	1.8	0.2	29.5	100.0	537
45–49	56.6	53.8	5.1	1.4	14.8	3.7	11.3	17.3	0.0	0.0	0.0	0.0	2.8	0.7	2.1	0.0	43.4	100.0	378
Residence																			
Urban	68.1	65.0	2.8	1.9	21.7	3.5	20.0	14.6	0.0	0.1	0.0	0.2	3.1	0.3	2.7	0.2	31.9	100.0	1,362
Rural	66.8	65.5	2.0	2.5	29.5	8.4	14.7	8.2	0.1	0.1	0.1	0.0	1.3	0.0	1.1	0.1	33.2	100.0	1,822
Ecological zone																			
Lowlands	67.8	65.3	2.9	2.6	24.0	4.3	18.4	12.9	0.0	0.1	0.0	0.1	2.5	0.2	2.2	0.2	32.2	100.0	2,220
Foothills	63.9	62.9	1.1	2.4	32.8	6.0	13.6	7.1	0.0	0.0	0.0	0.0	0.9	0.0	0.9	0.0	36.1	100.0	249
Mountains	68.2	67.3	0.9	0.9	31.9	12.0	14.5	6.5	0.3	0.1	0.3	0.0	0.9	0.0	0.7	0.2	31.8	100.0	533
Senqu River Valley	64.2	62.7	1.7	1.6	27.2	14.5	11.7	5.1	0.0	0.5	0.4	0.0	1.4	0.3	1.2	0.0	35.8	100.0	182
District																			
Butha-Buthe	76.5	75.1	2.7	3.9	29.9	6.4	21.1	10.6	0.2	0.2	0.0	0.0	1.4	0.0	1.4	0.0	23.5	100.0	207
Leribe	70.0	68.4	4.0	3.9	27.0	8.5	18.9	5.9	0.0	0.0	0.3	0.0	1.6	0.0	1.4	0.2	30.0	100.0	576
Berea	71.4	68.1	3.4	4.2	24.0	6.2	17.3	12.7	0.0	0.2	0.0	0.0	3.3	0.3	2.7	0.3	28.6	100.0	475
Maseru	64.1	61.6	1.8	1.2	23.2	1.3	17.2	16.7	0.0	0.0	0.0	0.3	2.5	0.2	2.2	0.0	35.9	100.0	1,031
Mafeteng	62.0	61.4	1.7	0.8	31.1	2.8	17.1	7.9	0.0	0.0	0.0	0.0	0.6	0.0	0.6	0.0	38.0	100.0	172
Mohale's Hoek	70.3	67.1	1.6	1.6	30.5	7.2	17.5	7.7	0.5	0.0	0.5	0.0	3.2	0.0	2.5	0.7	29.7	100.0	143
Quthing	66.6	65.4	1.3	1.7	29.3	14.3	9.8	7.9	0.0	1.0	0.0	0.0	1.2	0.0	0.8	0.3	33.4	100.0	97
Qacha's Nek	61.3	59.3	0.8	0.8	23.7	12.2	12.7	9.1	0.0	0.0	0.0	0.0	2.0	0.5	1.5	0.0	38.7	100.0	92
Mokhotlong	68.4	67.3	0.3	1.4	28.7	17.1	13.0	6.8	0.0	0.0	0.0	0.0	1.2	0.0	0.8	0.4	31.6	100.0	137
Thaba-Tseka	63.6	62.7	1.2	0.6	29.9	12.6	13.8	4.1	0.3	0.2	0.0	0.0	0.9	0.0	0.9	0.0	36.4	100.0	253
Education																			
No education	(26.9)	(24.9)	(1.4)	(5.8)	(10.0)	(4.7)	(0.0)	(3.0)	(0.0)	(0.0)	(0.0)	(0.0)	(2.0)	(0.0)	(2.0)	(0.0)	(73.1)	100.0	22
Primary incomplete	63.9	63.6	2.5	1.4	23.7	12.1	12.4	11.6	0.0	0.0	0.0	0.0	0.3	0.0	0.1	0.2	36.1	100.0	341
Primary complete	65.0	64.1	2.7	0.7	30.7	7.1	12.8	9.9	0.1	0.0	0.0	0.0	1.0	0.0	1.0	0.0	35.0	100.0	626
Secondary	67.8	66.0	1.3	1.7	28.1	5.9	18.0	10.8	0.1	0.2	0.0	0.0	1.7	0.0	1.5	0.2	32.2	100.0	1,671
More than secondary	72.8	67.3	5.4	6.4	16.7	3.1	22.3	12.5	0.0	0.0	0.3	0.6	5.6	0.8	4.7	0.0	27.2	100.0	523
Wealth quintile																			
Lowest	67.6	66.7	0.7	1.4	32.9	14.1	12.5	4.6	0.1	0.1	0.1	0.0	0.9	0.0	0.9	0.0	32.4	100.0	514
Second	67.1	66.1	2.1	1.4	30.3	9.1	12.1	10.7	0.1	0.2	0.0	0.0	1.1	0.0	1.0	0.1	32.9	100.0	538
Middle	66.2	64.2	1.5	1.0	32.4	4.2	13.3	11.8	0.0	0.0	0.0	0.0	2.1	0.4	1.4	0.3	33.8	100.0	568
Fourth	66.3	63.7	0.9	1.6	24.8	4.0	17.7	14.3	0.0	0.0	0.2	0.0	2.7	0.2	2.5	0.0	33.7	100.0	736
Highest	69.0	66.1	5.3	4.8	16.1	3.1	24.7	11.5	0.1	0.2	0.0	0.4	2.9	0.1	2.6	0.3	31.0	100.0	828
Total	67.4	65.3	2.3	2.3	26.2	6.3	17.0	10.9	0.1	0.1	0.1	0.1	2.1	0.1	1.8	0.1	32.6	100.0	3,184
SEXUALLY ACTIVE UNMARRIED WOMEN[1]																			
Residence																			
Urban	70.5	66.4	2.2	1.1	13.1	3.3	14.1	32.3	0.0	0.5	0.0	0.0	4.1	1.0	3.1	0.0	29.5	100.0	451
Rural	70.5	66.7	1.0	2.1	18.9	7.8	6.6	28.8	0.5	1.0	0.0	0.0	3.8	0.9	2.9	0.0	29.5	100.0	352
Total	70.5	66.5	1.7	1.5	15.6	5.3	10.8	30.8	0.2	0.7	0.0	0.0	3.9	0.9	3.0	0.0	29.5	100.0	802

Note: If more than one method is used, only the most effective method is considered in this tabulation. Figures in parentheses are based on 25–49 unweighted cases.
LAM = lactational amenorrhoea method
[1] Women who have had sexual intercourse within 30 days preceding the survey

Trends: Modern contraceptive use among currently married women has increased steadily over time, from 35% in 2004 to 65% in 2023–24.

3.6.2 Need and Demand for Family Planning

Table 7 presents data on unmet need, met need, and total demand for family planning among currently married and sexually active unmarried women. These indicators help evaluate the extent to which family planning programmes in Lesotho are meeting the demand for services.

Unmet need for family planning

Percentage of women who (1) are not pregnant and not postpartum amenorrhoeic and are considered fecund and want to postpone their next birth for 2 or more years or stop childbearing altogether but are not using a contraceptive method, or (2) have a mistimed or unwanted current pregnancy, or (3) are postpartum amenorrhoeic and their most recent birth in the past 2 years was mistimed or unwanted.

Met need for family planning

Current contraceptive use (any method).

Sample: Currently married women age 15–49 and sexually active unmarried women age 15–49

Demand for family planning:

Unmet need for family planning + met need (current contraceptive use [any method])

Proportion of demand satisfied:

$$\frac{\text{Current contraceptive use (any method)}}{\text{Unmet need + current contraceptive use (any method)}}$$

Proportion of demand satisfied by modern methods:

$$\frac{\text{Current contraceptive use (any modern method)}}{\text{Unmet need + current contraceptive use (any method)}}$$

- In Lesotho, 80% of currently married women and 89% of sexually active unmarried women have a demand for family planning.
- Sixty-seven percent of currently married women and 71% of sexually active unmarried women are already using a contraceptive method either to space or to limit births, so their need is met.
- Thirteen percent of currently married women have an unmet need for family planning; that is, they want to space or limit births but are not currently using contraception. Among sexually active unmarried women, 18% have an unmet need for family planning.

Table 7 Need and demand for family planning among currently married women and sexually active unmarried women

Percentage of currently married women and sexually active unmarried women age 15–49 with unmet need for family planning, percentage with met need for family planning, percentage with met need for family planning who are using modern methods, percentage with demand for family planning, percentage of the demand for family planning that is satisfied, and percentage of the demand for family planning that is satisfied with modern methods, according to background characteristics, Lesotho DHS 2023–24

Background characteristic	Unmet need for family planning	Met need for family planning (currently using)		Total demand for family planning[3]	Number of women	Percentage of demand satisfied[1]	
		All methods	Modern methods[2]			All methods	Modern methods[2]
CURRENTLY MARRIED WOMEN							
Age							
15–19	21.2	52.6	52.3	73.7	132	71.3	71.0
20–24	16.9	66.1	65.2	83.0	467	79.6	78.6
25–29	13.4	70.0	66.8	83.4	549	83.9	80.0
30–34	9.3	72.1	70.4	81.3	564	88.6	86.6
35–39	12.9	68.8	66.5	81.7	557	84.2	81.3
40–44	10.6	70.5	68.6	81.1	537	87.0	84.5
45–49	10.4	56.6	53.8	67.0	378	84.5	80.3
Residence							
Urban	10.9	68.1	65.0	79.0	1,362	86.2	82.3
Rural	13.9	66.8	65.5	80.6	1,822	82.8	81.2
Ecological zone							
Lowlands	12.2	67.8	65.3	80.0	2,220	84.7	81.6
Foothills	15.7	63.9	62.9	79.5	249	80.3	79.1
Mountains	11.6	68.2	67.3	79.8	533	85.5	84.4
Senqu River Valley	16.2	64.2	62.7	80.4	182	79.8	78.0
District							
Butha-Buthe	7.6	76.5	75.1	84.1	207	90.9	89.2
Leribe	11.0	70.0	68.4	81.0	576	86.5	84.5
Berea	10.4	71.4	68.1	81.8	475	87.2	83.3
Maseru	14.5	64.1	61.6	78.5	1,031	81.6	78.4
Mafeteng	14.5	62.0	61.4	76.5	172	81.1	80.3
Mohale's Hoek	9.8	70.3	67.1	80.1	143	87.8	83.8
Quthing	14.8	66.6	65.4	81.3	97	81.9	80.4
Qacha's Nek	15.0	61.3	59.3	76.3	92	80.4	77.8
Mokhotlong	10.8	68.4	67.3	79.3	137	86.3	84.9
Thaba-Tseka	16.5	63.6	62.7	80.1	253	79.4	78.3
Education							
No education	(19.5)	(26.9)	(24.9)	(46.4)	22	(58.0)	(53.7)
Primary incomplete	12.9	63.9	63.6	76.9	341	83.2	82.8
Primary complete	13.9	65.0	64.1	79.0	626	82.3	81.1
Secondary	13.4	67.8	66.0	81.2	1,671	83.4	81.3
More than secondary	7.8	72.8	67.3	80.6	523	90.4	83.5
Wealth quintile							
Lowest	12.2	67.6	66.7	79.8	514	84.7	83.6
Second	15.3	67.1	66.1	82.4	538	81.5	80.2
Middle	13.4	66.2	64.2	79.7	568	83.2	80.6
Fourth	11.8	66.3	63.7	78.1	736	84.9	81.5
Highest	11.3	69.0	66.1	80.3	828	86.0	82.4
Total	12.6	67.4	65.3	80.0	3,184	84.2	81.7
SEXUALLY ACTIVE UNMARRIED WOMEN[4]							
Residence							
Urban	19.7	70.5	66.4	90.2	451	78.2	73.6
Rural	15.8	70.5	66.7	86.3	352	81.7	77.3
Total	18.0	70.5	66.5	88.5	802	79.7	75.2

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al. 2012. Figures in parentheses are based on 25–49 unweighted cases.

[1] Percentage of demand satisfied is met need divided by total demand.

[2] Modern methods include female sterilisation, male sterilisation, intrauterine devices (IUCDs), injectables, implants, pill, male condom, female condom, emergency contraception, lactational amenorrhoea method (LAM), and other modern methods.

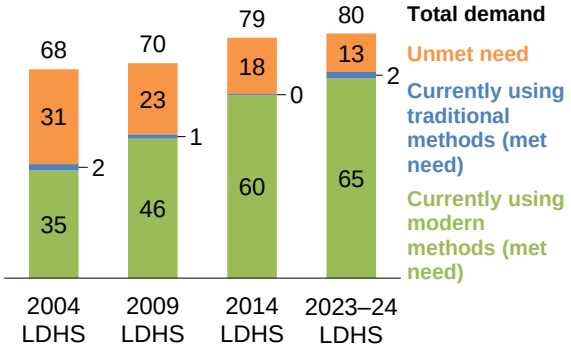
[3] Total demand is the sum of unmet need and met need.

[4] Women who have had sexual intercourse within 30 days preceding the survey

Trends: The total demand for family planning among currently married women age 15–49 in Lesotho has increased over time, from 68% in 2004 to 80% in 2023–24. Contraceptive use has also increased over time. As a result, unmet need for family planning among currently married women dropped from 31% in 2004 to 13% in 2023–24 (**Figure 2**).

***Figure 2* Trends in use of, need for, and demand for family planning**

Percentage of currently married women age 15–49



3.7 EARLY CHILDHOOD MORTALITY

Neonatal mortality: The probability of dying within the first month of life.

Postneonatal mortality: The probability of dying between the first month of life and the first birthday (computed as the difference between infant and neonatal mortality).

Infant mortality: The probability of dying between birth and the first birthday.

Child mortality: The probability of dying between the first and the fifth birthday.

Under-5 mortality: The probability of dying between birth and the fifth birthday.

Table 8 presents estimates of childhood mortality for three successive 5-year periods prior to the 2023–24 LDHS. The rates were estimated directly from information collected as part of a retrospective pregnancy history in which female respondents listed all of the children to whom they have given birth, along with each child's date of birth, survivorship status, and current age or age at death.

- In the 5-year period before the 2023–24 LDHS, the neonatal mortality rate was 26 deaths per 1,000 live births.
- The infant mortality rate was higher, at 39 deaths per 1,000 live births.
- The under-5 mortality rate was 54 deaths per 1,000 live births. This means that about 1 of every 19 children die before their fifth birthday.

Table 8 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-5 mortality rates for 5-year periods preceding the survey, Lesotho DHS 2023–24

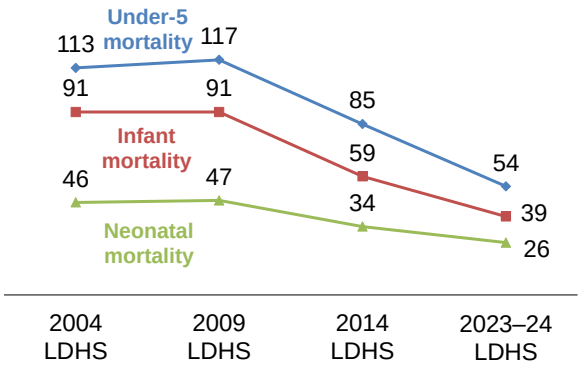
Years preceding the survey	Neonatal mortality (NN)	Postneonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-5 mortality ($_5q_0$)
0–4	26	13	39	16	54
5–9	28	23	51	12	63
10–14	29	32	61	15	75

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

Trends: Under-5 mortality increased from 113 to 117 deaths per 1,000 live births between the 2004 LDHS and the 2009 LDHS before decreasing sharply to 54 deaths per 1,000 live births in the 2023–24 LDHS. Infant mortality was 91 deaths per 1,000 live births in both the 2004 and 2009 LDHS surveys before dropping to 39 deaths per 1,000 live births in the 2023–24 LDHS. Neonatal mortality has also decreased over time, from 46 deaths per 1,000 live births in the 2004 LDHS to 26 deaths per 1,000 live births in the 2023–24 LDHS (**Figure 3**).

Figure 3 **Trends in early childhood mortality rates**

Deaths per 1,000 live births in the 5-year period preceding the survey



3.8 MATERNAL CARE

Proper care during pregnancy and delivery is important for the health of both the mother and the baby. **Table 9** presents key indicators related to maternal care.

3.8.1 Antenatal Care

Antenatal care from a skilled provider

Pregnancy care received from skilled providers, such as doctors, nurses/midwives, and nursing assistants.

Sample: Women age 15–49 who had a live birth or stillbirth in the 2 years before the survey

Antenatal care (ANC) from a skilled provider is important to monitor pregnancy and reduce morbidity and mortality risks for the mother and child during pregnancy, at delivery, and during the postnatal period.

- Ninety-seven percent of women age 15–49 received ANC from a skilled provider during the pregnancy of their most recent live birth.
- Eighty-two percent of women had at least four ANC visits during their most recent pregnancy.
- Eighty-five percent of women who gave birth in the 2 years before the survey took iron-containing supplements during their pregnancy.

Trends: The proportion of women age 15–49 in Lesotho who received ANC from a skilled provider rose from 90% in 2004 to 97% in 2023–24.

3.8.2 Tetanus Toxoid

Protection against neonatal tetanus

The number of tetanus toxoid injections needed to protect a baby from neonatal tetanus depends on the mother's vaccinations. A birth is protected against neonatal tetanus if the mother has received any of the following:

- Two tetanus toxoid injections during the pregnancy
- Two or more injections, the last one within 3 years of the birth
- Three or more injections, the last one within 5 years of the birth
- Four or more injections, the last one within 10 years of the birth
- Five or more injections at any time prior to the birth

Sample: Women age 15–49 with a live birth in the 2 years before the survey

Tetanus toxoid injections are given during pregnancy to prevent neonatal tetanus, a major cause of early infant death in many countries. Neonatal tetanus is often caused by failure to observe hygienic procedures during delivery.

- Eighty percent of women's most recent live births in the 2 years preceding the survey were protected against neonatal tetanus.

Table 9 Maternal care indicators

Among women age 15–49 who had a live birth and/or a stillbirth in the 2 years preceding the survey, percentage who received antenatal care (ANC) from a skilled provider for the most recent live birth or stillbirth, percentage with four or more ANC visits for the most recent live birth or stillbirth, percentage who took any iron-containing supplements during pregnancy, and percentage whose most recent live birth was protected against neonatal tetanus; among all live births and stillbirths in the 2 years before the survey, percentage delivered by a skilled provider and percentage delivered in a health facility; and among women age 15–49 with a live birth or stillbirth in the 2 years preceding the survey, percentage who received a postnatal check during the first 2 days after giving birth, according to background characteristics, Lesotho DHS 2023–24

	Women who had a live birth and/or a stillbirth in the 2 years preceding the survey					Live births and stillbirths in the 2 years preceding the survey			Women who had a live birth and/or a stillbirth in the 2 years preceding the survey	
Background characteristic	Percentage receiving antenatal care from a skilled provider[1]	Percentage with 4+ ANC visits	Percentage who took any iron-containing supplements during pregnancy[2]	Percentage whose most recent live birth was protected against neonatal tetanus[3]	Number of women	Percent-age delivered by a skilled provider[1]	Percent-age delivered in a health facility	Number of births	Percent-age with a postnatal check during the first 2 days after birth[4]	Number of women
					LIVE BIRTHS					
Mother's age at birth										
<20	96.2	75.4	86.0	78.0	197	92.5	90.1	198	79.9	197
20–34	96.6	83.3	86.7	80.5	654	92.2	85.1	666	78.4	654
35–49	96.5	84.5	77.2	78.8	131	87.7	79.2	134	81.7	131
Residence										
Urban	95.6	86.0	83.5	80.5	379	95.0	92.7	384	85.8	379
Rural	97.0	79.3	86.4	79.3	604	89.5	80.7	614	75.0	604
Ecological zone										
Lowlands	96.3	83.9	84.0	80.3	632	93.6	88.8	641	84.4	632
Foothills	94.5	72.7	88.6	77.9	91	83.8	77.5	91	62.9	91
Mountains	97.4	81.0	86.9	80.8	190	90.4	80.9	192	73.7	190
Senqu River Valley	97.8	77.9	88.5	74.7	70	87.4	75.5	73	68.4	70
District										
Butha-Buthe	97.5	89.7	94.3	86.7	64	92.7	79.2	64	77.3	64
Leribe	96.2	80.7	80.2	83.1	163	97.1	91.1	167	83.5	163
Berea	95.3	88.6	82.3	79.9	122	92.2	80.2	123	71.2	122
Maseru	96.0	81.5	85.4	81.5	314	90.4	90.3	318	85.9	314
Mafeteng	95.9	74.9	85.3	63.6	52	89.1	86.6	53	75.6	52
Mohale's Hoek	99.0	75.8	91.4	71.2	63	91.6	82.4	64	76.7	63
Quthing	94.8	77.8	89.3	77.3	32	89.3	72.1	34	64.1	32
Qacha's Nek	93.4	85.9	78.7	75.9	34	94.1	75.3	36	61.4	34
Mokhotlong	98.4	83.1	91.0	76.1	52	85.1	76.7	53	77.2	52
Thaba-Tseka	98.9	78.1	85.3	82.4	85	89.3	83.3	87	77.2	85
Mother's education										
No education	*	*	*	*	5	*	*	5	*	5
Primary incomplete	96.6	69.6	87.0	76.5	100	83.5	73.9	103	63.9	100
Primary complete	94.4	78.7	75.7	80.5	156	87.6	78.1	158	74.3	156
Secondary	96.8	82.2	87.7	80.7	579	93.3	87.3	587	81.6	579
More than secondary	97.1	93.9	84.5	78.3	143	96.7	94.8	144	86.6	143
Wealth quintile										
Lowest	95.7	73.7	85.2	78.5	214	83.5	72.8	222	68.1	214
Second	96.8	73.0	82.7	79.8	170	89.9	83.1	170	76.2	170
Middle	98.0	86.1	87.8	79.4	215	94.2	87.2	216	81.1	215
Fourth	96.2	84.9	83.0	82.5	197	95.3	91.1	199	85.2	197
Highest	95.4	91.4	87.2	78.7	186	96.0	93.6	190	86.1	186
Total	96.5	81.9	85.3	79.8	983	91.6	85.3	998	79.2	983
					STILLBIRTHS					
Total	(95.3)	(78.2)	(85.5)	na	22	(95.4)	(93.9)	22	(92.1)	22

Continued…

Table 9—*Continued*

Background characteristic	Women who had a live birth and/or a stillbirth in the 2 years preceding the survey					Live births and stillbirths in the 2 years preceding the survey			Women who had a live birth and/or a stillbirth in the 2 years preceding the survey	
	Percentage receiving antenatal care from a skilled provider[1]	Percentage with 4+ ANC visits	Percentage who took any iron-containing supplements during pregnancy[2]	Percentage whose most recent live birth was protected against neonatal tetanus[3]	Number of women	Percent-age delivered by a skilled provider[1]	Percent-age delivered in a health facility	Number of births	Percent-age with a postnatal check during the first 2 days after birth[4]	Number of women
LIVE BIRTHS AND STILLBIRTHS[5]										
Total	96.4	81.8	85.3	na	1,003	91.7	85.5	1,020	79.4	1,003

Note: If more than one source of assistance was mentioned, only the provider with the highest qualifications is considered in this tabulation. Stillbirths are foetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are foetal deaths in pregnancies lasting 7 or more months. 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.
na = not applicable
[1] Skilled provider includes doctor, nurse/midwife, and nursing assistant.
[2] Iron tablets or iron-containing syrup
[3] Includes mothers with two injections during the pregnancy of their most recent live birth, or two or more injections (the last within 3 years of the most recent live birth), or three or more injections (the last within 5 years of the most recent live birth), or four or more injections (the last within 10 years of the most recent live birth), or five or more injections at any time prior to the last live birth
[4] Includes women who received a check from a doctor, nurse/midwife, nursing assistant, or village health worker
[5] For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data on antenatal care and postnatal checks are tabulated for the most recent birth only.

3.8.3 Delivery Care

Institutional deliveries

Deliveries that occur in a health facility.

Sample: All live births and/or stillbirths in the 2 years before the survey

Skilled assistance during delivery

Births delivered with the assistance of doctors, nurses/midwives, and nursing assistants.

Sample: All live births and/or stillbirths in the 2 years before the survey

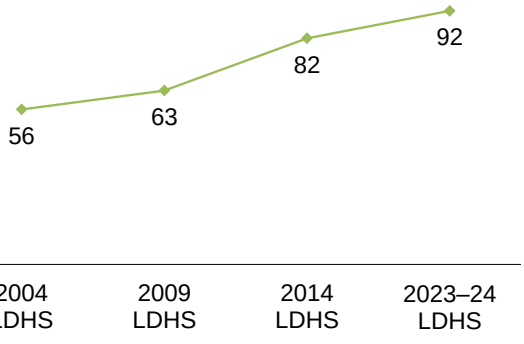
Access to proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that could lead to death or serious illness for the mother, baby, or both (Van Lerberghe and De Brouwere 2001; WHO 2006a).

- In Lesotho, 85% of live births in the 2 years before the survey took place in a health facility.
- Ninety-two percent of deliveries are assisted by a skilled provider (**Figure 4**).

Trends: Skilled assistance at delivery has increased in Lesotho over the past two decades; 56% of deliveries had skilled assistance in the 2004 LDHS, as compared with 82% in 2014 and 92% in the 2023–24 LDHS.

***Figure 4* Trends in delivery assistance**

Percentage of live births in the 2 years preceding the survey delivered by a skilled provider



3.8.4 Postnatal Care for the Mother

A large proportion of maternal and neonatal deaths occur during the first 48 hours after delivery. Thus, prompt postnatal care (PNC) for both the mother and the child is important to treat any complications

arising from the delivery, as well as to provide the mother with important information on how to care for herself and her child. Safe motherhood programmes recommend that all women receive a check of their health during the first 2 days after delivery.

- In Lesotho, 79% of mothers received a postnatal check during the first 2 days after birth for their most recent live birth in the 2 years preceding the survey.

Trends: The percentage of mothers receiving a postnatal check during the first 2 days after birth has increased substantially from 44% in the 2009 LDHS to 79% in the 2023-24 LDHS.

3.9 VACCINATION COVERAGE

Universal immunisation of children against common vaccine-preventable diseases is crucial in reducing infant and child morbidity and mortality. In Lesotho, routine childhood vaccines include bacille Calmette-Guérin (BCG) (tuberculosis), oral polio vaccine (OPV) or inactivated polio vaccine (IPV), pentavalent or DPT-HepB-Hib (diphtheria, pertussis, and tetanus; hepatitis B; and *Haemophilus influenzae* type b), pneumococcal conjugate vaccine (PCV), rotavirus vaccine (RV), and measles-containing vaccine (measles or measles/rubella vaccine).

Information on vaccination coverage was obtained in two ways in the 2023–24 LDHS: from written vaccination records, including vaccination or health cards, and from verbal reports.

3.9.1 Basic Antigen Coverage

Fully vaccinated: basic antigens

Percentage of children who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report). To have received all basic antigens, a child must receive at least:

- One dose of BCG vaccine, which protects against tuberculosis
- Three doses of DPT-HepB-Hib
- Three doses of polio vaccine (excluding polio vaccine given at birth)
- One dose of measles or measles/rubella vaccine

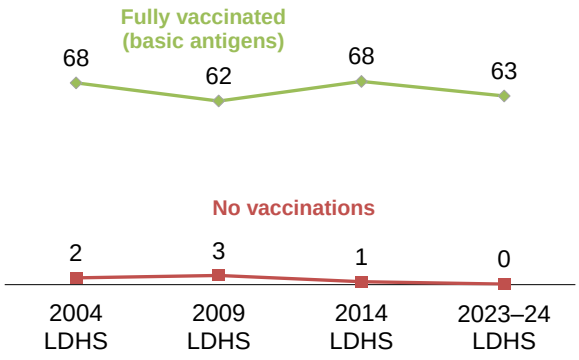
Sample: Children age 12–23 months

Historically, an important measure of vaccination coverage has been the proportion of children receiving all "basic" antigens. Children are considered fully vaccinated against all basic antigens if they have received the BCG vaccine, three doses each of polio vaccine and DTP-containing vaccine, and a single dose of measles-containing vaccine. In Lesotho, the BCG vaccine is usually given at birth or at first clinic contact, while the polio and DPT-containing vaccines are given at approximately age 6, 10, and 14 weeks. A first measles-containing vaccination should be given at or soon after age 9 months.

- Sixty-three percent of children age 12–23 months received all basic vaccinations at any time before the survey (**Table 10**).

***Figure 5* Trends in childhood vaccinations**

Percentage of children age 12–23 months



Trends: The proportion of children age 12–23 months in Lesotho who have received all basic vaccinations dropped from 68% in 2004 to 62% in 2009, rebounded to 68% in 2014, and then fell again to 63% in 2023–24 (**Figure 5**).

3.9.2 Vaccination Coverage according to National Schedule

A second measure of vaccination coverage is the percentage of children age 12–23 months and 24–35 months who are fully vaccinated according to the national schedule. In this report, a child age 12–23 months is considered to be fully vaccinated according to the national schedule if the child has received all basic antigens as well as a birth dose of OPV, a dose of IPV, three doses of the pneumococcal vaccine, and two doses of rotavirus vaccine. Children age 24–35 months are considered fully vaccinated according to the national schedule if they receive a second dose of the measles or measles/rubella vaccine and a booster diphtheria-tetanus (DT) vaccine in addition to all of the vaccinations relevant for a child age 12–23 months.

- Forty-three percent of children age 12–23 months are fully vaccinated according to the national schedule.
- Thirty-nine percent of children age 24–35 months are fully vaccinated according to the national schedule.
- Less than 1% of children age 12–23 months have received no vaccinations.

Table 10 Vaccinations by background characteristics

Percentage of children age 12–23 months and children age 24–35 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), percentage fully vaccinated (basic antigens), percentage fully vaccinated according to the national schedule, and percentage who received no vaccinations, according to background characteristics, Lesotho DHS 2023–24

	Children age 12–23 months:																			Children age 24–35 months:			
		DPT-HepB-Hib[1]				Polio				Pneumococcal			Rotavirus										
Background characteristic	BCG	1	2	3	OPV 0[2]	1	2	3	IPV	1	2	3	1	2	Measles/ measles-rubella 1	Fully vaccinated (basic antigens)[3]	Fully vaccinated according to national schedule[4]	No vaccinations	Number of children	Measles/ measles-rubella 2	DT	Fully vaccinated according to national schedule[5]	Number of children
Sex																							
Male	98.9	97.6	95.4	85.1	73.1	95.0	88.0	75.1	86.5	95.3	90.9	78.8	93.6	87.8	89.2	69.4	45.2	0.2	253	61.9	67.3	40.4	219
Female	99.3	97.7	93.4	83.7	77.7	94.0	83.1	65.3	91.4	93.1	85.8	77.7	91.6	80.6	83.7	57.0	39.8	0.2	237	63.1	77.5	37.3	223
Birth order																							
1	99.2	97.5	96.5	86.8	74.4	94.1	85.8	71.0	90.6	94.0	88.3	79.3	92.9	85.5	87.1	65.4	41.5	0.0	229	60.8	77.2	36.8	186
2–3	99.2	97.3	91.5	83.9	75.8	96.2	87.2	72.3	89.5	95.1	89.7	80.7	91.8	84.3	86.9	63.3	46.7	0.3	202	66.2	71.9	45.1	207
4–5	(98.7)	(100.0)	(95.3)	(84.5)	(77.7)	(98.8)	(88.3)	(66.3)	(72.7)	(91.2)	(80.4)	(56.5)	(92.5)	(72.2)	(78.8)	(58.6)	(34.6)	(0.0)	40	(63.5)	(60.9)	(27.2)	37
6+	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	19	*	*	*	12
Vaccination card[6]																							
Seen	99.1	99.9	98.2	95.3	72.6	98.3	96.6	86.1	88.9	97.4	94.2	86.7	95.4	88.8	87.4	77.9	52.1	0.0	379	69.5	76.4	54.2	305
Not seen or no longer has	99.1	89.9	81.2	46.6	84.7	81.8	48.0	17.3	88.9	83.4	68.5	48.8	82.6	68.7	83.4	14.3	10.5	0.9	109	48.0	65.3	5.0	134
Never had	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	2	*	*	*	3
Vaccination card origin[7]																							
Lesotho	99.2	99.9	98.0	95.1	77.4	98.2	96.4	85.3	88.2	97.2	93.8	87.8	95.1	88.3	87.2	77.3	51.2	0.0	355	69.3	76.2	53.8	296
RSA	(98.1)	(100.0)	(100.0)	(98.5)	(0.0)	(100.0)	(100.0)	(98.5)	(100.0)	(100.0)	(100.0)	(69.6)	(100.0)	(96.1)	(90.0)	(86.6)	(65.6)	(0.0)	23	*	*	*	9
Mother's report	99.1	90.1	81.6	47.5	84.5	81.7	48.4	16.9	88.7	83.7	69.0	49.6	82.9	69.1	83.7	14.0	10.2	0.9	112	46.9	63.7	4.9	138
Residence																							
Urban	99.3	98.8	94.6	88.7	77.4	95.5	85.0	67.3	91.4	94.4	89.4	81.6	92.7	82.3	93.6	68.0	45.0	0.2	198	55.9	69.8	34.5	158
Rural	99.0	96.9	94.2	81.5	73.9	93.9	86.1	72.4	87.2	94.2	87.8	76.0	92.5	85.7	81.8	60.2	40.9	0.2	292	66.2	73.9	41.3	285
Ecological zone																							
Lowlands	99.5	97.6	93.3	84.6	75.0	92.9	85.5	70.2	89.1	94.4	88.5	79.2	93.6	85.4	89.8	66.0	43.5	0.1	320	64.0	72.5	41.2	306
Foothills	(100.0)	(99.3)	(96.1)	(82.5)	(75.0)	(96.8)	(86.2)	(65.3)	(91.6)	(93.8)	(86.7)	(75.3)	(89.6)	(86.7)	(74.4)	(53.7)	(46.4)	(0.0)	41	(70.1)	(78.6)	(43.9)	44
Mountains	98.0	97.1	96.7	84.8	71.6	98.7	86.8	75.2	87.0	94.6	88.8	78.2	91.4	79.2	81.5	61.1	37.4	0.6	92	56.0	73.0	32.9	67
Senqu River Valley	97.3	97.5	96.6	84.4	87.8	96.3	83.9	65.6	88.8	93.1	89.3	74.1	90.5	85.3	84.3	57.5	43.6	0.0	37	48.7	60.8	18.9	26

Continued…

Table 10—*Continued*

Background characteristic	Children age 12–23 months: BCG	DPT-HepB-Hib[1] 1	DPT-HepB-Hib[1] 2	DPT-HepB-Hib[1] 3	OPV 0[2]	Polio 1	Polio 2	Polio 3	IPV	Pneumococcal 1	Pneumococcal 2	Pneumococcal 3	Rotavirus 1	Rotavirus 2	Measles/ measles-rubella 1	Fully vaccinated (basic antigens)[3]	Fully vaccinated according to national schedule[4]	No vaccinations	Number of children	Children age 24–35 months: Measles/ measles-rubella 2	DT	Fully vaccinated according to national schedule[5]	Number of children
District																							
Butha-Buthe	98.6	98.0	96.3	86.9	70.3	100.0	95.2	74.5	96.6	96.1	92.6	79.2	93.2	86.3	79.1	59.8	43.3	0.0	32	(75.8)	(92.4)	(49.0)	26
Leribe	100.0	97.9	88.7	76.4	84.6	96.5	85.3	78.6	77.6	93.3	81.9	69.3	91.5	76.8	83.1	71.1	51.4	0.0	77	63.6	81.1	44.5	74
Berea	98.9	98.5	97.4	86.8	76.9	97.4	94.4	79.9	97.5	98.9	93.5	83.7	100.0	96.3	82.5	65.5	60.9	0.0	62	67.0	76.1	39.7	77
Maseru	100.0	96.4	92.6	84.3	67.9	88.8	80.1	59.6	91.2	93.1	89.3	79.5	91.5	85.1	93.5	62.6	34.1	0.0	166	61.5	62.4	39.7	145
Mafeteng	(100.0)	(100.0)	(97.6)	(91.5)	(89.6)	(96.6)	(85.4)	(76.1)	(78.8)	(86.6)	(81.0)	(81.0)	(88.8)	(83.1)	(88.1)	(64.2)	(42.9)	(0.0)	24	(61.6)	(81.7)	(47.0)	22
Mohale's Hoek	96.0	98.5	96.9	92.1	90.4	98.5	88.9	71.4	96.2	98.5	95.7	93.7	94.7	91.8	85.2	60.9	55.2	1.5	28	(76.8)	(73.7)	(34.0)	16
Quthing	(100.0)	(97.0)	(97.0)	(85.2)	(92.9)	(100.0)	(86.1)	(73.6)	(81.4)	(95.3)	(91.0)	(66.8)	(95.3)	(88.6)	(86.8)	(69.1)	(53.2)	(0.0)	17	(50.2)	(64.8)	(18.3)	20
Qacha's Nek	(94.9)	(97.6)	(95.7)	(72.3)	(75.0)	(95.1)	(77.5)	(68.0)	(84.8)	(87.7)	(71.8)	(51.8)	(87.0)	(66.7)	(81.6)	(51.8)	(23.2)	(0.0)	17	(55.6)	(68.2)	(29.1)	14
Mokhotlong	100.0	100.0	100.0	87.1	67.3	99.2	84.1	73.4	98.2	97.6	96.7	85.3	97.6	88.5	82.3	55.1	40.4	0.0	23	(65.9)	(68.2)	(40.2)	17
Thaba-Tseka	97.2	97.7	97.7	88.1	69.3	96.5	89.8	74.3	82.5	94.5	87.5	80.4	87.3	75.3	81.4	60.2	30.0	1.3	45	44.3	75.0	25.0	31
Mother's education																							
No education	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	4	*	*	*	2
Primary incomplete	98.9	97.3	96.4	83.9	72.9	96.9	91.1	64.2	87.7	94.3	90.5	78.4	88.3	82.8	80.9	50.7	36.9	0.0	47	52.9	65.5	36.7	36
Primary complete	98.3	94.7	92.7	84.7	68.2	92.3	83.8	72.8	85.4	93.6	86.4	78.5	90.1	82.2	82.8	65.9	42.4	0.6	91	64.5	67.9	33.3	79
Secondary	99.2	98.7	94.4	86.9	77.2	96.4	89.0	74.5	89.4	94.1	88.9	80.1	93.6	86.8	87.3	68.1	46.9	0.1	290	60.4	74.3	42.1	260
More than secondary	(100.0)	(97.2)	(95.0)	(72.1)	(77.5)	(86.9)	(67.8)	(53.8)	(92.1)	(96.5)	(88.1)	(68.2)	(94.7)	(76.8)	(92.2)	(48.7)	(27.6)	(0.0)	59	(74.4)	(75.6)	(34.3)	66
Wealth quintile																							
Lowest	97.9	97.9	96.3	81.7	77.1	95.6	85.9	73.3	88.7	94.2	87.7	76.8	91.9	83.4	77.3	55.7	35.9	0.5	108	53.3	67.9	30.0	93
Second	98.8	97.2	92.5	82.5	73.1	95.7	88.1	74.9	88.0	96.2	87.8	75.8	95.5	88.4	77.6	60.5	39.9	0.4	93	70.2	73.7	47.0	104
Middle	99.4	97.0	94.5	83.4	70.4	90.0	82.6	68.4	86.3	93.9	88.2	80.6	92.1	84.6	90.0	63.7	44.2	0.0	95	66.1	76.0	47.7	83
Fourth	99.6	96.4	93.4	86.5	72.4	94.7	80.9	66.0	85.4	91.6	88.0	76.5	87.2	79.4	92.8	65.1	44.3	0.0	102	53.3	68.5	34.5	96
Highest	100.0	100.0	95.2	88.3	83.8	96.7	91.2	69.1	96.4	95.8	90.7	82.0	96.9	86.5	95.7	72.9	49.6	0.0	93	(71.8)	(78.1)	(33.7)	68
Total	99.1	97.7	94.4	84.4	75.3	94.5	85.7	70.4	88.9	94.3	88.5	78.3	92.6	84.3	86.5	63.4	42.6	0.2	490	62.5	72.5	38.9	443

Note: Children are considered to have received the vaccine if it was either written on the child's vaccination card or reported by the mother. For children whose vaccination information is based on the mother's report, date of vaccination is not collected. The proportions of vaccinations given during the first and second years of life are assumed to be the same as for children with a written record of vaccination. 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.
BCG = bacille Calmette-Guérin
DPT = diphtheria-pertussis-tetanus
HepB = hepatitis B
Hib = *Haemophilus influenzae* type b
OPV = oral polio vaccine
IPV = inactivated polio vaccine
DT = diphtheria-tetanus
RSA = Republic of South Africa
[1] Children with vaccination cards from RSA received acellular pertussis instead of pertussis.
[2] OPV 0 is the polio vaccination given at birth.
[3] BCG, three doses of DPT-HepB-Hib, three doses of polio vaccine (excluding polio vaccine given at birth), and one dose of measles or measles/rubella vaccine
[4] BCG, three doses of DPT-HepB-Hib, four doses of OPV, one dose of IPV, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, and one dose of measles or measles/rubella vaccine
[5] BCG, three doses of DPT-HepB-Hib, one dose of DT, four doses of OPV, one dose of IPV, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, and two doses of measles or measles/rubella vaccine
[6] Vaccination card, booklet, or other home-based record
[7] Restricted to children whose vaccination cards were seen

3.10 CARE SEEKING FOR AND TREATMENT OF CHILD ILLNESS

Acute respiratory infection (ARI), fever, and dehydration from diarrhoea are important contributing causes of childhood morbidity and mortality in developing countries (WHO 2003). Prompt medical attention when a child has symptoms of these illnesses is, therefore, crucial in reducing child deaths. **Table 11** presents information on care seeking for ill children in Lesotho. Overall, 3% of children under age 5 showed symptoms of an ARI, 17% had a fever, and 18% experienced diarrhoea in the 2 weeks preceding the survey (data not shown).

- Advice or treatment was sought for 70% of children with symptoms of ARI in the 2 weeks before the survey.
- Advice or treatment was sought for 54% of children with a fever in the 2 weeks before the survey.
- Advice or treatment was sought for 35% of children with diarrhoea in the 2 weeks before the survey.
- Thirty-six percent of children with diarrhoea received oral rehydration salts (ORS), 13% received zinc supplements, 10% were given ORS and zinc supplements, and 6% received ORS, zinc supplements, and continued feeding.

Table 11 Treatment for acute respiratory infection, fever, and diarrhoea

Among children under age 5 who had symptoms of acute respiratory infection (ARI) or had a fever during the 2 weeks preceding the survey, percentage for whom advice or treatment was sought, and among children under age 5 who had diarrhoea during the 2 weeks preceding the survey, percentage for whom advice or treatment was sought, percentage given fluid from an oral rehydration salt (ORS) packet or prepackaged ORS fluid, percentage given zinc, percentage given ORS and zinc, and percentage given ORS, zinc, and continued feeding, according to background characteristics, Lesotho DHS 2023–24

	Children with symptoms of ARI[1]		Children with fever		Children with diarrhoea					
Background characteristic	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Percentage given fluid from ORS packet	Percentage given zinc	Percentage given ORS and zinc	Percentage given ORS, zinc, and continued feeding[3]	Number of children
Age in months										
<6	*	4	(50.4)	28	(35.2)	(15.4)	(1.8)	(1.8)	(0.0)	24
6–11	*	4	(42.8)	31	40.6	27.3	12.8	7.5	4.0	51
12–23	*	15	53.9	118	35.8	35.9	11.2	9.7	6.0	169
24–35	*	22	54.4	90	26.7	39.4	15.6	13.9	10.2	94
36–47	*	14	49.3	60	(37.0)	(46.0)	(19.3)	(15.1)	(5.6)	47
48–59	*	14	65.0	57	(41.2)	(34.8)	(11.4)	(7.3)	(4.7)	23
Sex										
Male	(81.4)	45	60.5	212	34.6	33.4	14.1	11.2	6.3	212
Female	(51.7)	29	45.5	172	34.7	37.8	11.3	9.5	6.2	196
Residence										
Urban	*	25	52.9	172	36.4	44.3	14.8	11.6	6.3	177
Rural	61.4	49	54.5	212	33.4	28.8	11.2	9.5	6.2	231
Ecological zone										
Lowlands	(74.6)	51	53.1	282	34.2	37.4	12.6	9.9	5.7	279
Foothills	*	6	(45.5)	33	34.3	20.9	5.5	5.5	3.1	54
Mountains	(54.7)	12	58.3	51	34.0	37.0	15.0	13.2	6.4	48
Senqu River Valley	*	5	(66.9)	19	42.1	43.0	25.5	20.5	18.0	26
District										
Butha-Buthe	*	5	(53.1)	22	40.2	34.7	16.4	16.4	10.3	29
Leribe	*	12	(53.8)	60	37.5	40.5	9.9	7.5	7.5	70
Berea	*	12	54.3	59	25.5	37.5	10.3	8.8	3.0	64
Maseru	*	25	50.4	152	31.2	31.7	10.8	8.0	3.7	145
Mafeteng	*	3	(46.5)	18	(48.4)	(28.3)	(16.5)	(12.7)	(8.6)	25
Mohale's Hoek	*	4	(79.7)	17	(52.7)	(30.3)	(17.2)	(11.2)	(8.7)	18
Quthing	*	4	(56.3)	11	(34.5)	(35.1)	(20.9)	(20.9)	(16.4)	13
Qacha's Nek	*	4	(55.8)	11	(35.1)	(29.8)	(28.9)	(18.6)	(15.2)	11
Mokhotlong	*	4	(63.3)	12	(28.4)	(31.5)	(9.4)	(9.4)	(4.8)	14
Thaba-Tseka	*	3	(54.7)	23	(43.0)	(59.8)	(20.9)	(20.9)	(9.1)	20

Continued…

Table 11—*Continued*

Background characteristic	Children with symptoms of ARI[1]		Children with fever		Children with diarrhoea					
	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Percentage given fluid from ORS packet	Percentage given zinc	Percentage given ORS and zinc	Percentage given ORS, zinc, and continued feeding[3]	Number of children
Mother's education										
No education	*	0	*	0	*	*	*	*	*	3
Primary incomplete	*	5	(26.9)	32	(26.4)	(29.1)	(12.3)	(9.3)	(8.0)	36
Primary complete	*	13	49.2	48	31.5	30.6	10.4	10.4	4.0	61
Secondary	(67.3)	39	54.2	248	37.6	38.2	14.4	11.2	6.5	270
More than secondary	*	17	(71.4)	56	(29.6)	(27.0)	(6.8)	(6.8)	(6.8)	38
Wealth quintile										
Lowest	(43.4)	13	53.4	70	27.3	31.2	9.5	8.6	3.6	75
Second	*	13	49.0	59	46.3	38.9	13.7	12.1	8.1	84
Middle	*	12	38.1	83	39.8	35.0	13.2	10.0	6.4	89
Fourth	*	13	62.1	86	31.1	43.7	19.0	15.8	10.2	78
Highest	*	24	64.2	86	27.4	28.7	8.5	5.6	2.9	82
Total	69.8	74	53.8	384	34.7	35.5	12.8	10.4	6.2	408

Note: 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] Symptoms of ARI include short, rapid breathing that is chest-related and/or difficult breathing that is chest-related.
[2] Includes advice or treatment from the following sources: public sector, private medical sector, nongovernmental organisation medical sector, shop, and facility outside Lesotho. Excludes advice or treatment from a traditional healer.
[3] Continued feeding includes children who were given more, the same as usual, or somewhat less food during the diarrhoea episode.

3.11 CHILD NUTRITIONAL STATUS

Anthropometry is commonly used to measure child nutritional status. Anthropometric measurements are used to report on child growth indicators. The distribution of height and weight among children under age 5 was compared with the WHO Child Growth Standards reference population (WHO 2006b). The distribution of a well-nourished population will be similar to that of the reference population, while the distribution of a poorly nourished population will not. The indices height-for-age, weight-for-height, and weight-for-age can be expressed in standard deviation units (*z* scores) from the median of the reference population. Values that are greater than two standard deviations below the median of the WHO Child Growth Standards are used to define malnutrition.

Stunting (assessed via height-for-age)

Height-for-age is a measure of growth faltering. Children whose height-for-age *z* score is below minus two standard deviations (−2 SD) from the median of the reference population are considered short for their age (stunted). Children whose *z* score is below minus three standard deviations (−3 SD) from the median are considered severely stunted.

Sample: Children under age 5

Wasting (assessed via weight-for-height)

The weight-for-height index measures body mass in relation to body height or length and describes acute undernutrition. Children whose weight-for-height *z* score is below minus two standard deviations (−2 SD) from the median of the reference population are considered thin (wasted). Children whose *z* score is below minus three standard deviations (−3 SD) from the median are considered severely wasted.

Sample: Children under age 5

Underweight (assessed via weight-for-age)

Weight-for-age is a composite index of height-for-age and weight-for-height that takes into account both wasting and stunting. Children whose weight-for-age *z* score is below minus two standard deviations (−2 SD) from the median of the reference population are classified as underweight. Children whose *z* score is below minus three standard deviations (−3 SD) from the median are considered severely underweight.

Sample: Children under age 5

Overweight (assessed via weight-for-height)

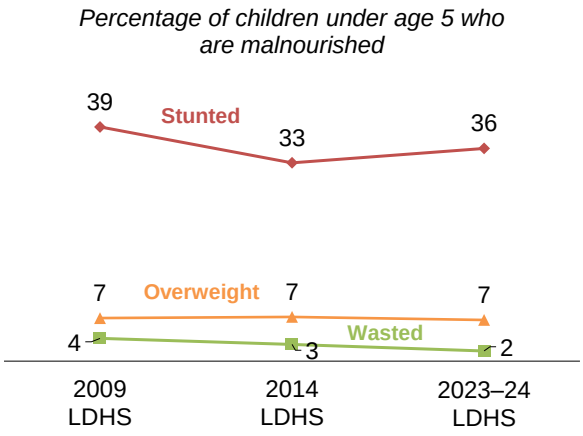
Children whose weight-for-height *z* score is more than two standard deviations (+2 SD) above the median of the reference population are considered overweight.

Sample: Children under age 5

The 2023–24 LDHS identified a total of 1,632 children under age 5 who were eligible for height and weight measurements. The percentages with valid data for height-for-age, weight-for-height, and weight-for-age were 96%, 97%, and 97%, respectively.

- Thirty-six percent of children under age 5 are stunted (too short for their age) (**Table 12**).
- Two percent of children under age 5 are wasted (too thin for their height).
- Seven percent of children under age 5 are overweight, and 13% are underweight.

Figure 6 **Trends in nutritional status of children**



Trends: The prevalence of stunting decreased from 39% in 2009 to 33% in 2014 before increasing slightly to 36% in 2023–24. The prevalence of wasting decreased from 4% in 2009 to 2% in 2023–24, while overweight has remained steady at 7% since 2009 (**Figure 6**).

Table 12 Nutritional status of children

Percentage of children under age 5 classified as malnourished according to three anthropometric indices of child growth: height-for-age, weight-for-height, and weight-for-age, according to background characteristics, Lesotho DHS 2023–24

	Height-for-age[1]				Weight-for-height					Weight-for-age			
Background characteristic	Percentage below −3 SD	Percentage below −2 SD[2]	Mean *z* score (SD)	Number of children	Percentage below −3 SD	Percentage below −2 SD[2]	Percentage above +2 SD	Mean *z* score (SD)	Number of children	Percentage below −3 SD	Percentage below −2 SD[2]	Mean *z* score (SD)	Number of children
Age in months													
<6	4.1	22.2	−1.3	142	0.0	0.9	24.1	1.0	141	1.2	8.2	−0.3	143
6–11	9.0	24.8	−1.2	120	0.0	4.3	11.4	0.5	121	1.7	10.0	−0.3	120
12–23	8.6	37.0	−1.6	295	0.6	2.9	6.1	0.1	294	1.7	13.8	−0.7	297
24–35	15.4	50.3	−2.0	313	0.4	0.6	7.4	0.3	313	3.0	15.6	−0.9	312
36–47	11.6	37.3	−1.7	312	0.1	1.7	3.0	0.0	318	1.1	15.3	−0.9	315
48–59	6.3	27.8	−1.4	307	0.2	1.0	1.4	−0.0	311	1.2	9.2	−0.9	307
0–23	7.5	30.6	−1.4	556	0.3	2.7	11.8	0.4	557	1.6	11.5	−0.5	560
24–59	11.1	38.6	−1.7	931	0.2	1.1	3.9	0.1	942	1.8	13.4	−0.9	934
Sex													
Male	12.1	38.3	−1.6	786	0.5	2.9	7.1	0.2	795	2.3	13.6	−0.8	791
Female	7.2	32.6	−1.5	702	0.1	0.4	6.6	0.2	704	1.0	11.7	−0.7	703
Mother's interview status													
Interviewed	7.8	33.1	−1.5	1,025	0.4	2.1	7.9	0.3	1,025	1.5	11.1	−0.7	1,030
Not interviewed but in household	7.3	37.6	−1.5	129	0.0	0.0	5.4	0.1	133	3.3	11.0	−0.8	130
Not interviewed, not in household[3]	16.8	42.6	−1.7	333	0.0	1.2	4.4	0.1	341	1.6	18.4	−0.9	334
Residence													
Urban	8.9	29.1	−1.4	491	0.2	1.6	6.5	0.3	497	0.8	8.4	−0.6	495
Rural	10.2	38.8	−1.7	997	0.3	1.8	7.0	0.2	1,002	2.1	14.8	−0.8	1,000
Ecological zone													
Lowlands	7.9	31.0	−1.4	926	0.1	1.6	7.7	0.2	933	1.0	10.9	−0.6	930
Foothills	11.7	40.7	−1.8	165	0.3	1.8	6.5	0.2	165	1.9	16.0	−0.9	165
Mountains	12.4	44.6	−1.8	284	1.0	2.2	4.3	0.1	286	3.8	16.3	−1.0	286
Senqu River Valley	15.5	42.7	−1.8	112	0.0	1.0	6.7	0.3	114	1.7	13.6	−0.9	113
District													
Butha-Buthe	10.9	31.5	−1.6	90	1.5	2.3	6.7	0.3	89	3.0	10.5	−0.7	90
Leribe	7.9	25.5	−1.3	276	0.0	1.4	7.4	0.3	277	1.3	9.9	−0.6	277
Berea	6.1	30.5	−1.5	229	0.0	2.0	6.4	0.1	229	0.8	12.7	−0.7	230
Maseru	10.8	38.5	−1.6	397	0.0	1.5	8.8	0.3	404	1.1	14.1	−0.7	399
Mafeteng	8.8	35.6	−1.6	92	0.0	1.1	5.7	0.1	94	2.0	10.8	−0.8	92
Mohale's Hoek	11.1	44.7	−1.8	88	0.0	2.0	5.6	0.2	88	1.8	13.6	−0.9	88
Quthing	13.3	38.8	−1.7	67	1.2	1.2	4.5	0.2	68	2.9	13.8	−0.8	68
Qacha's Nek	15.5	47.9	−1.9	56	0.0	0.0	12.4	0.5	56	3.1	10.1	−0.8	56
Mokhotlong	10.1	37.8	−1.7	71	2.9	4.3	5.3	0.2	71	3.4	13.6	−0.8	71
Thaba-Tseka	11.8	46.3	−1.8	122	0.0	1.9	1.8	−0.1	124	2.9	17.0	−1.2	124
Mother's education[4]													
No education	*	*	*	4	*	*	*	*	4	*	*	*	4
Primary incomplete	11.7	36.7	−1.6	120	0.9	3.9	2.5	0.0	121	3.6	8.4	−0.9	120
Primary complete	13.7	46.8	−1.9	187	0.6	1.0	7.4	0.2	190	2.6	20.4	−1.0	192
Secondary	6.5	32.3	−1.5	714	0.3	1.9	7.4	0.2	713	1.5	10.2	−0.7	714
More than secondary	2.4	18.6	−1.0	125	0.0	0.8	14.4	0.6	126	0.0	4.5	−0.2	125
Wealth quintile													
Lowest	14.0	46.1	−1.9	324	0.6	1.9	5.1	0.2	327	4.0	16.1	−1.0	326
Second	10.8	40.6	−1.7	339	0.7	2.4	4.4	0.1	340	1.4	18.3	−1.0	341
Middle	9.1	34.2	−1.5	307	0.0	1.2	7.1	0.2	312	0.8	12.3	−0.7	308
Fourth	6.3	28.5	−1.4	278	0.0	0.9	6.8	0.3	277	0.3	6.8	−0.6	278
Highest	7.7	24.2	−1.2	240	0.0	2.0	12.5	0.5	242	1.8	7.6	−0.3	241
Total	9.8	35.6	−1.6	1,488	0.3	1.7	6.9	0.2	1,499	1.7	12.7	−0.8	1,494

Note: Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Recumbent length is measured for children under age 2; standing height is measured for all other children.

[2] Includes children who are below −3 SD from the WHO Child Growth Standards population median

[3] Includes children whose mothers are deceased

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

3.12 INFANT AND YOUNG CHILD FEEDING

Optimal infant and young child feeding (IYCF) practices are critical to the health and survival of young children. Recommended IYCF practices include early initiation of breastfeeding (within the first hour of life), exclusive breastfeeding for the first 6 months of life, and feeding children a diet that meets a minimum diversity standard (WHO and UNICEF 2021).

Early initiation of breastfeeding

Percentage of children born in the past 2 years who were put to the breast within 1 hour of birth.

Sample: Children born in the past 2 years

Exclusive breastfeeding under 6 months

Percentage of children age 0–5 months who were fed exclusively with breast milk during the previous day.

Sample: Youngest children age 0–5 months living with their mother

Minimum dietary diversity

Percentage of children age 6–23 months who were fed a minimum of five out of eight defined food groups during the previous day. The eight food groups are as follows: breast milk; grains, roots, and tubers; legumes and nuts; dairy products (milk, yogurt, and cheese); flesh foods (meat, fish, poultry, and organ meat); eggs; vitamin A-rich fruits and vegetables; and other fruits and vegetables.

Sample: Youngest children age 6–23 months living with their mother

Key IYCF indicators are presented in **Table 13**.

- Sixty-seven percent of children age 0–23 months were breastfed within 1 hour of birth.
- Fifteen percent of children age 6–23 months are fed with a minimum dietary diversity.
- Sixty-one percent of children under age 6 months are exclusively breastfed.

Table 13 Infant and young child feeding (IYCF) indicators

Percentage of children fed according to various IYCF practices, Lesotho DHS 2023–24

Indicator numerator and denominator	Value
Percentage of children born in the past 2 years who were put to the breast within 1 hour of birth	67.1
Number of children born in the past 2 years	998
Percentage of children age 0–5 months who were fed exclusively with breast milk during the previous day	60.7
Number of youngest children age 0–5 months living with their mother	256
Percentage of children age 6–23 months who were fed foods and beverages from at least 5 out of 8 defined food groups during the previous day	15.0
Number of youngest children age 6–23 months living with their mother	654
Percentage of children age 6–23 months who were given a sweet beverage during the previous day	36.3
Number of youngest children age 6–23 months living with their mother	654
Percentage of children age 6–23 months fed unhealthy foods during the previous day	21.9
Number of youngest children age 6–23 months living with their mother	654

Note: Table includes children born in the 2 years preceding the survey regardless of whether the children were living or dead at the time of the interview.

Unhealthy infant and young child feeding practices should be avoided because they can promote unhealthy weight gain and replace nutritious foods that provide important nutrients for children. For infants and young children, consumption of sweet foods and beverages increases the risk of dental caries and childhood obesity. The indicator definition below for unhealthy food consumption describes sentinel unhealthy foods, foods high in sugar, salt, or unhealthy fats that are commonly consumed by infants and young children (WHO and UNICEF 2021).

Sweet beverage consumption

Percentage of children age 6–23 months who were given a sweet beverage during the previous day.

Unhealthy food consumption

Percentage of children age 6–23 months who were fed sentinel unhealthy foods during the previous day.

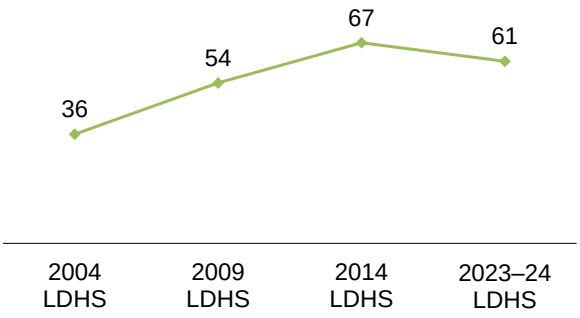
Sample: Youngest children age 6–23 months living with their mother

- Thirty-six percent of children age 6–23 months were fed a sweet beverage during the previous day.
- Twenty-two percent of children age 6–23 months consumed unhealthy foods during the previous day.

Trends: Exclusive breastfeeding among children under age 6 months increased from 36% in 2004 to 67% in 2014 but then decreased to 61% in 2023–24 (**Figure 7**).

Figure 7 **Trends in exclusive breastfeeding**

Percentage of children age 0–5 months who are exclusively breastfed



3.13 HIV

3.13.1 Prevention Knowledge among Young People

Knowledge about HIV prevention

Knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chances of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting two major misconceptions about HIV transmission: HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV.

Sample: Women and men age 15–24

Knowledge of how HIV is transmitted is crucial in enabling people to avoid HIV infection, and this is especially true for young people, who are often at greater risk because they may have shorter relationships with more partners or engage in other risky behaviours.

- In Lesotho, 46% of women and 28% of men age 15–24 have comprehensive knowledge of HIV prevention (**Table 14**).

Table 14 Knowledge about HIV prevention methods among young people

Percentage of young women and young men age 15–24 with knowledge about HIV prevention, according to background characteristics, Lesotho DHS 2023–24

Background characteristic	Women age 15–24		Men age 15–24	
	Percentage with knowledge about HIV prevention[1]	Number of women	Percentage with knowledge about HIV prevention[1]	Number of men
Age				
15–19	41.6	1,240	24.7	616
15–17	40.1	699	21.2	367
18–19	43.6	541	29.8	250
20–24	50.7	1,119	32.8	511
20–22	48.7	658	35.4	300
23–24	53.5	461	29.1	210
Marital status				
Never married	47.9	1,677	28.5	1,034
Ever had sex	50.5	983	31.6	800
Never had sex	44.1	694	18.0	234
Ever married	41.2	682	26.9	93
Residence				
Urban	48.2	989	32.3	416
Rural	44.3	1,370	26.1	711
Ecological zone				
Lowlands	49.0	1,625	28.2	827
Foothills	42.4	214	23.4	84
Mountains	37.9	361	30.0	153
Senqu River Valley	37.4	159	33.3	63
District				
Butha-Buthe	38.7	159	26.1	64
Leribe	45.2	410	20.5	228
Berea	50.4	330	32.2	160
Maseru	51.5	772	27.4	379
Mafeteng	48.0	145	33.4	81
Mohale's Hoek	35.7	131	25.4	54
Quthing	39.6	100	33.7	44
Qacha's Nek	29.5	69	25.7	31
Mokhotlong	46.8	100	35.7	34
Thaba-Tseka	34.8	143	49.5	52
Education				
No education	*	5	*	17
Primary incomplete	21.6	81	17.6	157
Primary complete	31.6	265	18.5	198
Secondary	46.1	1,767	31.7	656
More than secondary	68.4	242	40.6	99
Wealth quintile				
Lowest	33.8	382	26.4	159
Second	44.5	450	26.4	209
Middle	46.2	495	26.7	297
Fourth	43.0	531	22.0	252
Highest	59.4	501	41.9	209
Total	45.9	2,359	28.4	1,127

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Knowledge about HIV prevention means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting two common misconceptions about transmission or prevention of HIV: HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV.

3.13.2 Sexual Behaviour

Information on sexual behaviour is important in designing and monitoring intervention programmes to control the spread of HIV.

- Eleven percent of women and 32% of men age 15–49 reported that they had two or more sexual partners in the 12 months before the survey (**Tables 15.1** and **15.2**).
- Among women and men who had two or more partners in the preceding year, 40% and 57%, respectively, reported using a condom during their most recent sexual intercourse.
- On average, women have had 4.4 lifetime sexual partners, while men have had 14.2.

Table 15.1 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: Women

Among all women age 15–49, percentage who had sexual intercourse with more than one sexual partner in the past 12 months and percentage who had intercourse in the past 12 months with a person who neither was their husband nor lived with them; among women having more than one partner in the past 12 months, percentage reporting that a condom was used during most recent intercourse; among women who had sexual intercourse in the past 12 months with a person who neither was their husband nor lived with them, percentage who used a condom during most recent sexual intercourse with such a partner; and among women who ever had sexual intercourse, mean number of sexual partners during their lifetime, according to background characteristics, Lesotho DHS 2023–24

	All women			Women who had 2+ partners in the past 12 months		Women who had intercourse in the past 12 months with a person who neither was their husband nor lived with them		Women who ever had sexual intercourse[1]	
Background characteristic	Percentage who had 2+ partners in the past 12 months	Percentage who had intercourse in the past 12 months with a person who neither was their husband nor lived with them	Number of women	Percentage who reported using a condom during most recent sexual intercourse	Number of women	Percentage who reported using a condom during most recent sexual intercourse with such a partner	Number of women	Mean number of sexual partners in lifetime	Number of women
Age									
15–24	9.1	40.9	2,359	53.9	214	62.8	964	3.6	1,657
15–19	5.2	33.7	1,240	64.8	64	67.2	418	2.4	611
20–24	13.4	48.8	1,119	49.2	150	59.4	546	4.3	1,046
25–29	15.0	39.7	920	33.5	138	51.2	365	5.5	891
30–39	11.6	35.6	1,688	29.2	196	58.5	601	4.8	1,638
40–49	10.6	34.8	1,445	41.5	153	60.8	503	4.1	1,395
Marital status									
Never married	11.5	57.0	2,304	56.1	264	60.6	1,314	5.3	1,559
Married/living together	10.7	13.3	3,184	25.8	341	64.8	423	3.6	3,127
Divorced/separated/ widowed	10.4	75.2	925	48.1	96	54.4	696	5.5	895
Residence									
Urban	12.4	41.1	2,918	41.2	361	61.3	1,201	4.7	2,512
Rural	9.7	35.3	3,495	39.3	340	57.9	1,232	4.1	3,070
Ecological zone									
Lowlands	11.4	39.6	4,644	43.6	528	61.1	1,837	4.7	4,028
Foothills	10.3	33.3	489	(40.9)	50	66.8	163	4.2	423
Mountains	9.5	30.8	898	23.7	85	49.2	277	3.1	792
Senqu River Valley	9.9	40.7	382	30.1	38	52.9	155	3.8	339
District									
Butha-Buthe	9.6	34.6	399	28.8	38	59.8	138	3.9	341
Leribe	11.5	36.7	1,162	44.1	133	62.7	426	4.4	1,034
Berea	12.1	35.2	956	54.3	116	64.7	336	4.0	839
Maseru	11.7	42.1	2,162	39.1	254	63.3	910	5.0	1,850
Mafeteng	6.9	37.4	394	(37.3)	27	48.5	147	4.2	335
Mohale's Hoek	9.3	40.4	305	(40.5)	28	53.4	123	4.3	272
Quthing	8.6	46.3	230	(36.3)	20	50.9	106	4.4	198
Qacha's Nek	7.8	32.5	178	(24.7)	14	52.4	58	3.5	155
Mokhotlong	11.0	34.9	254	27.1	28	54.1	88	3.7	220
Thaba-Tseka	11.5	26.4	374	24.7	43	36.3	99	2.9	337
Education									
No education	2.3	25.6	39	*	1	*	10	3.1	34
Primary incomplete	12.0	34.3	538	23.8	64	51.6	185	5.1	503
Primary complete	11.1	34.7	1,057	34.4	117	50.9	367	3.9	992
Secondary	10.1	37.8	3,682	41.7	372	63.1	1,392	3.9	3,041
More than secondary	13.4	43.7	1,097	48.7	147	60.0	479	5.7	1,011

Continued…

Table 15.1—*Continued*

Background characteristic	All women			Women who had 2+ partners in the past 12 months		Women who had intercourse in the past 12 months with a person who neither was their husband nor lived with them		Women who ever had sexual intercourse[1]	
	Percentage who had 2+ partners in the past 12 months	Percentage who had intercourse in the past 12 months with a person who neither was their husband nor lived with them	Number of women	Percentage who reported using a condom during most recent sexual intercourse	Number of women	Percentage who reported using a condom during most recent sexual intercourse with such a partner	Number of women	Mean number of sexual partners in lifetime	Number of women
Wealth quintile									
Lowest	8.9	30.9	894	30.5	79	50.7	276	2.8	803
Second	9.9	37.7	1,055	33.4	105	58.1	398	4.5	936
Middle	10.3	40.6	1,253	38.1	129	56.4	509	4.5	1,079
Fourth	13.3	41.7	1,564	46.8	207	64.6	653	4.7	1,374
Highest	11.0	36.2	1,647	42.6	181	61.9	597	4.7	1,390
Total	10.9	37.9	6,413	40.3	701	59.6	2,433	4.4	5,582

Note: 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] Means are calculated excluding respondents who gave non-numeric responses.

Table 15.2 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: Men

Among all men age 15–49, percentage who had sexual intercourse with more than one sexual partner in the past 12 months and percentage who had intercourse in the past 12 months with a person who neither was their wife nor lived with them; among men having more than one partner in the past 12 months, percentage reporting that a condom was used during most recent intercourse; among men who had sexual intercourse in the past 12 months with a person who neither was their wife nor lived with them, percentage who used a condom during most recent sexual intercourse with such a partner; and among men who ever had sexual intercourse, mean number of sexual partners during their lifetime, according to background characteristics, Lesotho DHS 2023–24

	All men			Men who had 2+ partners in the past 12 months		Men who had intercourse in the past 12 months with a person who neither was their wife nor lived with them		Men who ever had sexual intercourse[1]	
Background characteristic	Percentage who had 2+ partners in the past 12 months	Percentage who had intercourse in the past 12 months with a person who neither was their wife nor lived with them	Number of men	Percentage who reported using a condom during most recent sexual intercourse	Number of men	Percentage who reported using a condom during most recent sexual intercourse with such a partner	Number of men	Mean number of sexual partners in lifetime	Number of men
Age									
15–24	28.6	65.3	1,127	72.3	322	79.4	736	9.1	835
15–19	17.9	52.0	616	82.4	110	85.2	321	5.6	381
20–24	41.5	81.3	511	67.0	212	75.0	415	12.2	454
25–29	46.5	72.6	380	60.9	176	70.9	275	16.4	332
30–39	33.4	51.3	721	44.9	240	68.8	370	18.0	614
40–49	29.0	48.6	626	42.9	181	65.5	304	16.8	506
Marital status									
Never married	31.2	70.8	1,490	69.8	465	74.4	1,055	10.9	1,141
Married/living together	32.9	39.5	1,181	42.0	389	72.6	467	17.1	994
Divorced/separated/ widowed	36.4	89.3	183	57.8	67	67.2	163	21.2	151
Residence									
Urban	35.1	57.9	1,179	56.1	414	72.3	683	16.3	923
Rural	30.2	59.8	1,675	58.0	506	73.8	1,002	12.8	1,364
Ecological zone									
Lowlands	33.2	58.7	2,019	59.4	671	74.6	1,184	14.8	1,561
Foothills	30.3	62.8	230	61.6	70	79.0	144	14.9	196
Mountains	30.1	57.6	427	41.5	128	64.7	246	12.2	370
Senqu River Valley	29.0	62.2	177	61.0	51	69.4	110	12.8	159
District									
Butha-Buthe	26.1	56.5	171	53.2	45	74.9	97	13.6	152
Leribe	29.6	56.5	544	53.0	161	74.0	307	11.2	384
Berea	35.6	60.3	417	63.5	149	76.0	252	15.1	310
Maseru	35.7	60.0	928	59.7	332	75.8	557	18.5	746
Mafeteng	29.6	60.5	194	57.3	58	68.4	118	12.1	169
Mohale's Hoek	32.2	68.9	134	46.1	43	60.8	92	10.8	125
Quthing	31.2	64.9	105	69.9	33	71.8	68	14.4	96
Qacha's Nek	23.9	51.4	80	66.3	19	80.0	41	9.2	65
Mokhotlong	36.9	59.3	111	53.8	41	62.5	66	9.6	95
Thaba-Tseka	24.3	51.7	168	34.3	41	69.0	87	9.6	143
Education									
No education	22.9	49.5	148	(39.9)	34	60.4	73	9.7	133
Primary incomplete	28.4	53.8	606	50.7	172	71.1	326	13.6	509
Primary complete	28.2	58.9	421	49.9	119	77.9	248	15.5	334
Secondary	34.3	61.3	1,274	65.9	436	75.5	781	13.3	987
More than secondary	39.2	63.3	406	49.2	159	67.7	257	18.7	323
Wealth quintile									
Lowest	27.6	55.2	465	42.9	128	64.5	257	10.4	400
Second	30.4	61.9	541	60.7	164	71.2	335	12.6	456
Middle	30.8	62.8	650	71.9	200	82.2	408	13.4	513
Fourth	33.2	56.9	644	51.1	214	70.3	367	17.0	502
Highest	38.6	57.5	554	55.2	214	74.1	318	17.4	415
Total 15–49	32.3	59.0	2,854	57.2	920	73.2	1,685	14.2	2,286
50–59	20.7	44.1	361	41.5	75	57.0	159	20.4	298
Total 15–59	31.0	57.4	3,215	56.0	995	71.8	1,844	15.0	2,585

Note: Figures in parentheses are based on 25–49 unweighted cases.
[1] Means are calculated excluding respondents who gave non-numeric responses.

3.13.3 Prior HIV Testing

HIV testing programmes diagnose people living with HIV so that they can be linked to care and access antiretroviral therapy (ART). Knowledge of HIV status helps HIV-negative individuals reduce risk and remain negative.

- Overall, 94% of women and 88% of men age 15–49 have ever been tested for HIV and have received the result of the most recent test (**Tables 16.1** and **16.2**).
- Fifty-six percent of women and 49% of men were tested for HIV in the past year and received the results of the test.
- Six percent of women and 11% of men have never been tested for HIV.

Table 16.1 Coverage of prior HIV testing: Women

Percent distribution of women age 15–49 by HIV testing status and by whether they received the results of the most recent test, percentage of women ever tested, and percentage of women who were tested in the past 12 months and received the results of the most recent test, according to background characteristics, Lesotho DHS 2023–24

Background characteristic	Percent distribution of women by testing status and by whether they received the results of the most recent test			Total	Percentage ever tested	Percentage who have been tested for HIV in the past 12 months and received the results of the most recent test	Number of women
	Ever tested and received results	Ever tested, did not receive results	Never tested[1]				
Age							
15–24	86.3	0.7	12.9	100.0	87.1	61.1	2,359
15–19	77.8	1.1	21.1	100.0	78.9	50.4	1,240
20–24	95.8	0.3	3.9	100.0	96.1	73.0	1,119
25–29	99.0	0.2	0.8	100.0	99.2	70.8	920
30–39	97.8	0.6	1.6	100.0	98.4	54.7	1,688
40–49	98.1	0.7	1.2	100.0	98.8	41.6	1,445
Marital status							
Never married	85.6	0.8	13.6	100.0	86.4	52.5	2,304
Ever had sex	93.1	0.5	6.4	100.0	93.6	61.4	1,577
Never had sex	69.5	1.4	29.1	100.0	70.9	33.2	726
Married or living together	98.3	0.5	1.2	100.0	98.8	60.6	3,184
Divorced/separated/ widowed	98.7	0.6	0.7	100.0	99.3	51.9	925
Residence							
Urban	93.5	0.5	6.0	100.0	94.0	52.2	2,918
Rural	94.1	0.7	5.1	100.0	94.9	60.0	3,495
Ecological zone							
Lowlands	93.8	0.5	5.6	100.0	94.4	54.7	4,644
Foothills	94.0	0.5	5.6	100.0	94.4	59.9	489
Mountains	93.8	1.1	5.2	100.0	94.8	61.2	898
Senqu River Valley	93.5	1.0	5.5	100.0	94.5	62.0	382
District							
Butha-Buthe	94.8	0.9	4.3	100.0	95.7	65.7	399
Leribe	94.8	0.6	4.6	100.0	95.4	59.9	1,162
Berea	93.2	0.7	6.1	100.0	93.9	57.0	956
Maseru	93.0	0.4	6.6	100.0	93.4	50.0	2,162
Mafeteng	94.9	0.5	4.6	100.0	95.4	52.5	394
Mohale's Hoek	95.9	1.0	3.2	100.0	96.8	60.7	305
Quthing	94.0	0.7	5.2	100.0	94.8	55.9	230
Qacha's Nek	94.4	1.4	4.2	100.0	95.8	69.3	178
Mokhotlong	91.5	1.1	7.4	100.0	92.6	59.1	254
Thaba-Tseka	94.6	0.9	4.5	100.0	95.5	64.7	374
Education							
No education	81.4	4.7	13.9	100.0	86.1	38.6	39
Primary incomplete	93.1	2.4	4.5	100.0	95.5	50.9	538
Primary complete	94.2	0.7	5.1	100.0	94.9	50.6	1,057
Secondary	92.8	0.5	6.7	100.0	93.3	58.1	3,682
More than secondary	97.7	0.0	2.3	100.0	97.7	59.7	1,097

Continued…

Table 16.1—*Continued*

Background characteristic	Percent distribution of women by testing status and by whether they received the results of the most recent test: Ever tested and received results	Ever tested, did not receive results	Never tested[1]	Total	Percentage ever tested	Percentage who have been tested for HIV in the past 12 months and received the results of the most recent test	Number of women
Wealth quintile							
Lowest	93.3	0.6	6.0	100.0	94.0	62.8	894
Second	94.0	1.5	4.5	100.0	95.5	57.9	1,055
Middle	94.2	0.2	5.6	100.0	94.4	59.8	1,253
Fourth	93.5	0.7	5.9	100.0	94.1	52.7	1,564
Highest	94.0	0.3	5.6	100.0	94.4	53.0	1,647
Total	93.8	0.6	5.5	100.0	94.5	56.4	6,413

[1] Includes respondents who have not heard of HIV or who refused to answer questions on testing

Table 16.2 Coverage of prior HIV testing: Men

Percent distribution of men age 15–49 by HIV testing status and by whether they received the results of the most recent test, percentage of men ever tested, and percentage of men who were tested in the past 12 months and received the results of the most recent test, according to background characteristics, Lesotho DHS 2023–24

Background characteristic	Percent distribution of men by testing status and by whether they received the results of the most recent test			Total	Percentage ever tested	Percentage who have been tested for HIV in the past 12 months and received the results of the most recent test	Number of men
	Ever tested and received results	Ever tested, did not receive results	Never tested[1]				
Age							
15–24	79.6	1.4	19.0	100.0	81.0	43.1	1,127
15–19	67.9	2.1	30.0	100.0	70.0	29.0	616
20–24	93.9	0.5	5.6	100.0	94.4	60.0	511
25–29	93.8	1.5	4.6	100.0	95.4	58.0	380
30–39	93.0	1.3	5.6	100.0	94.4	53.8	721
40–49	91.9	2.8	5.3	100.0	94.7	47.4	626
Marital status							
Never married	81.5	1.4	17.1	100.0	82.9	43.7	1,490
Ever had sex	87.9	1.4	10.7	100.0	89.3	49.3	1,239
Never had sex	49.8	1.6	48.6	100.0	51.4	16.2	251
Married or living together	94.9	1.8	3.4	100.0	96.6	54.8	1,181
Divorced/separated/ widowed	90.6	3.5	5.8	100.0	94.2	49.9	183
Residence							
Urban	88.6	1.4	9.9	100.0	90.1	48.5	1,179
Rural	86.9	1.9	11.2	100.0	88.8	48.9	1,675
Ecological zone							
Lowlands	89.1	1.4	9.5	100.0	90.5	48.9	2,019
Foothills	80.0	2.6	17.5	100.0	82.5	39.8	230
Mountains	85.0	1.6	13.4	100.0	86.6	53.5	427
Senqu River Valley	86.8	4.2	8.9	100.0	91.1	46.4	177
District							
Butha-Buthe	87.1	3.8	9.1	100.0	90.9	52.5	171
Leribe	86.4	0.7	12.9	100.0	87.1	48.4	544
Berea	88.9	0.4	10.7	100.0	89.3	49.5	417
Maseru	88.8	2.1	9.1	100.0	90.9	46.5	928
Mafeteng	87.2	2.1	10.7	100.0	89.3	46.9	194
Mohale's Hoek	87.4	1.2	11.4	100.0	88.6	52.7	134
Quthing	79.4	6.6	14.0	100.0	86.0	48.6	105
Qacha's Nek	86.4	0.9	12.7	100.0	87.3	54.2	80
Mokhotlong	87.5	1.4	11.2	100.0	88.8	48.6	111
Thaba-Tseka	88.6	1.3	10.2	100.0	89.8	52.9	168
Education							
No education	84.0	4.4	11.6	100.0	88.4	43.0	148
Primary incomplete	83.0	3.8	13.2	100.0	86.8	41.9	606
Primary complete	80.6	1.6	17.8	100.0	82.2	40.2	421
Secondary	89.3	0.8	9.9	100.0	90.1	50.8	1,274
More than secondary	97.6	0.5	1.8	100.0	98.2	63.3	406
Wealth quintile							
Lowest	81.0	3.9	15.1	100.0	84.9	41.1	465
Second	86.2	1.9	11.8	100.0	88.2	44.3	541
Middle	88.3	1.4	10.3	100.0	89.7	51.6	650
Fourth	91.2	0.4	8.4	100.0	91.6	51.4	644
Highest	89.5	1.5	9.0	100.0	91.0	52.9	554
Total 15–49	87.6	1.7	10.7	100.0	89.3	48.7	2,854
50–59	88.2	3.6	8.2	100.0	91.8	34.0	361
Total 15–59	87.7	1.9	10.4	100.0	89.6	47.1	3,215

[1] Includes respondents who have not heard of HIV or who refused to answer questions on testing

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