



# Lesotho

**2023-24 Demographic and Health Survey**

**Summary Report**



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](mailto:info.health@gov.ls); internet: [www.health.gov.ls](http://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](mailto:info@DHSprogram.com); internet: [www.DHSprogram.com](http://www.DHSprogram.com).

Cover photo of at Thaba Bosiu Cultural Village in Maseru district, Lesotho, is provided courtesy of Boaz Anglade, ICF International.

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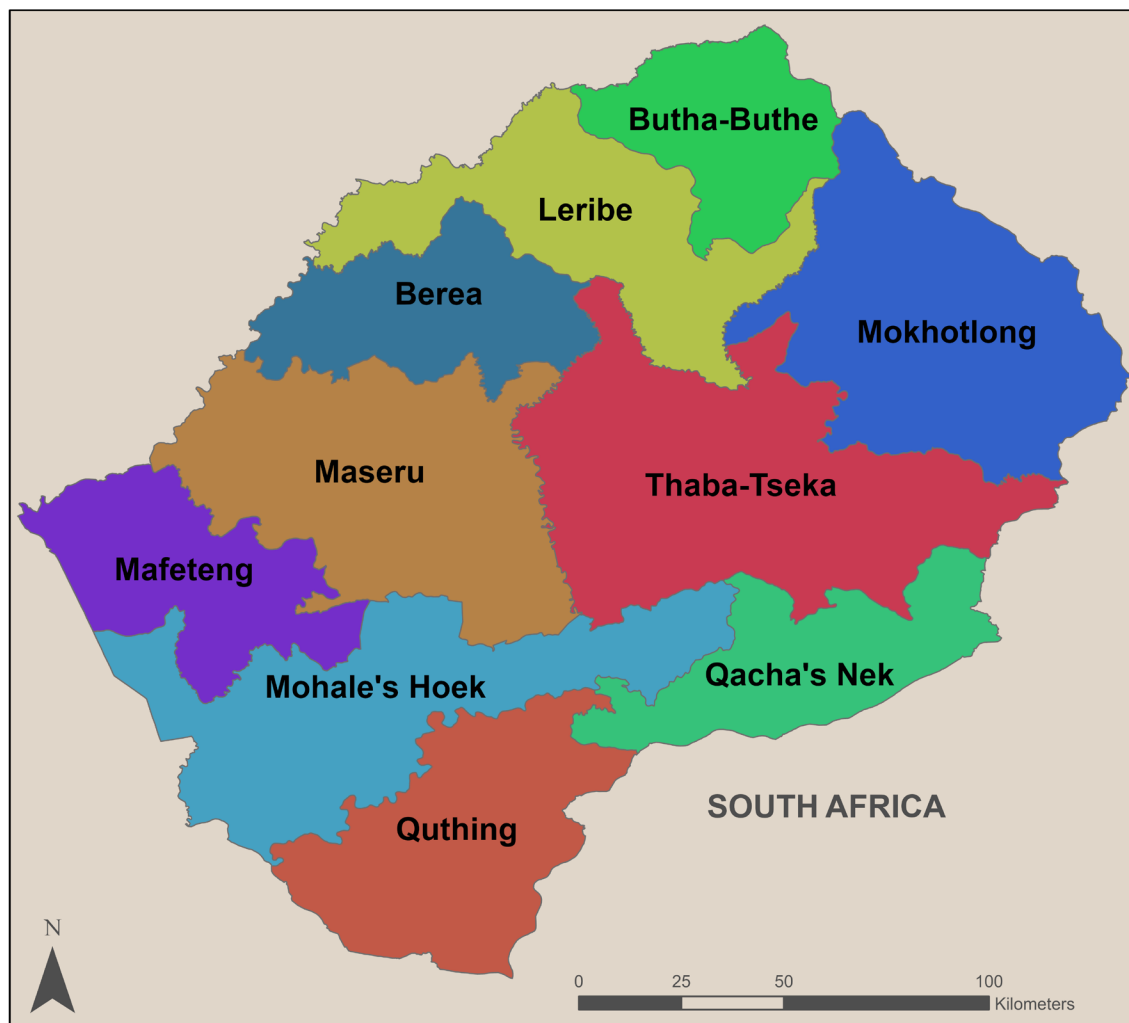
# ABOUT THE 2023-24 LDHS

The 2023-24 Lesotho Demographic and Health Survey (2023-24 LDHS) is designed to provide data for monitoring the population and health situation in Lesotho. The 2023-24 LDHS is the 4<sup>th</sup> Demographic and Health Survey conducted in Lesotho since 2004. The objective of the survey is to provide reliable estimates of fertility levels and preferences, contraceptive use, antenatal and delivery care, maternal and child health, childhood mortality, childhood immunisation, breastfeeding and young child feeding practices, women's dietary diversity, violence against women, gender, nutritional status of adults and children, awareness regarding HIV/AIDS and other sexually transmitted infections, chronic diseases, knowledge of tuberculosis, and other indicators relevant for the Sustainable Development Goals. This information is intended for use by programme managers and policymakers to evaluate and improve existing programmes.

## Who participated in the survey?

A nationally representative sample of 6,413 women age 15–49 in 9,810 households and 3,215 men age 15–59 in half of the selected households were interviewed. This represents a response rate of 98% of women and 97% of men. The sample design for the 2023-24 LDHS provides estimates at the national level, for urban and rural areas, and for the country's 10 districts.

## LESOTHO



# CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

## Household Composition

Households in Lesotho have an average of 2.9 members. Women head 39% of Basotho households. Thirty-four percent of the household population in Lesotho is under age 15.

## Cooking and Lighting

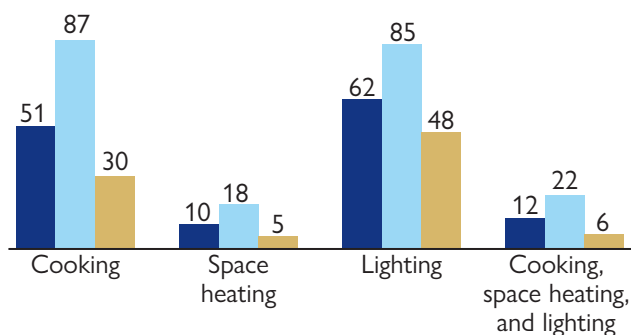
Slightly over half (51%) of the household population in Lesotho has access to clean fuels and technologies for cooking, including stoves/cookers using electricity, liquefied petroleum gas/natural gas/biogas, solar, and alcohol/ethanol. Less than half (46%) of the household population uses solid fuels and technologies, such as coal/lignite, charcoal, wood, straw/shrubs/grass, agricultural crops, animal waste, processed biomass (pellets) or woodchips, garbage/plastic, and sawdust.

Over half (58%) of the Basotho household population has electricity, including 85% in urban and 42% in rural areas. The majority (62%) of the household population uses clean fuels and technologies for lighting, including electricity, solar lanterns, rechargeable flashlights/torches/lanterns, and biogas lamps. Ten percent of the household population uses clean fuels and technologies for heating, including central heating, electricity, LPG/natural gas/biogas, solar air heater, and alcohol/ethanol.

### Primary Reliance on Clean Fuels and Technologies by Residence

Percent of population relying on clean fuels and technologies for:

■ Lesotho ■ Urban ■ Rural



## Household Durable Goods

Fewer than one in five households (17%) in Lesotho own a car or truck, compared to 8% of households that own an animal drawn cart and 5% owning a bicycle. Over one-third of Basotho households own agricultural land (36%) and 45% of households own farm animals.

## Information Communication Technology (ICT) and Internet Use

In Lesotho, 89% of households own a mobile phone, 45% own a radio, 39% own a refrigerator, 38% own a television, and 13% own a computer. ICT ownership is generally higher in urban areas, relative to rural areas.

Radio is the most frequently accessed form of media, with 44% of women and 42% of men age 15–49 listening to the radio weekly. Forty-one percent of women and 32% of men watch television at least once a week. Only 11% of women and 13% of men read the newspaper on a weekly basis. Overall, 35% of women and 44% of men access none of these three media at least once a week.

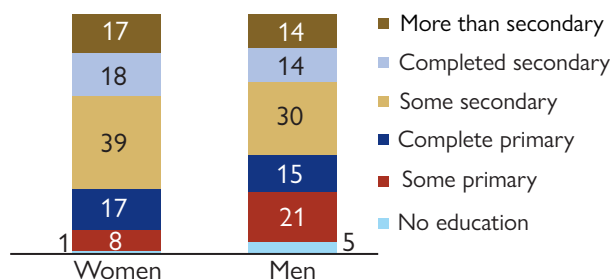
The majority (83%) of women and 72% of men in Lesotho have ever used the internet, with 80% of women and 69% of men reporting they used the internet in the last 12 months.

## Education and Literacy

In Lesotho, 1% of women and 5% of men 15–49 have no education. Seventy-five percent of women and 59% of men have completed secondary education or higher. Nearly all (98%) women and 89% of men are literate.

### Education

Percent distribution of women and men age 15–49 by level of education



Figures ≠ 100% due to rounding.

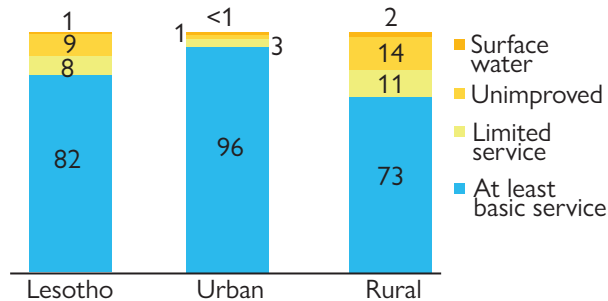
# HOUSEHOLD WATER AND SANITATION

## Drinking Water

The majority (82%) of the household population in Lesotho has access to at least basic drinking water service. At least basic drinking water service includes: drinking water from an improved source, either on the premises or with a round-trip collection time of less than 30 minutes. In Lesotho, nearly all (96%) of the urban household population has access to at least basic drinking water service, compared to 73% of the rural household population. By district, at least basic service for drinking water ranges from 91% in Maseru to 56% in Thaba-Tseka.

### Drinking Water Service Ladder by Residence

Percent distribution of household population by drinking water service ladder

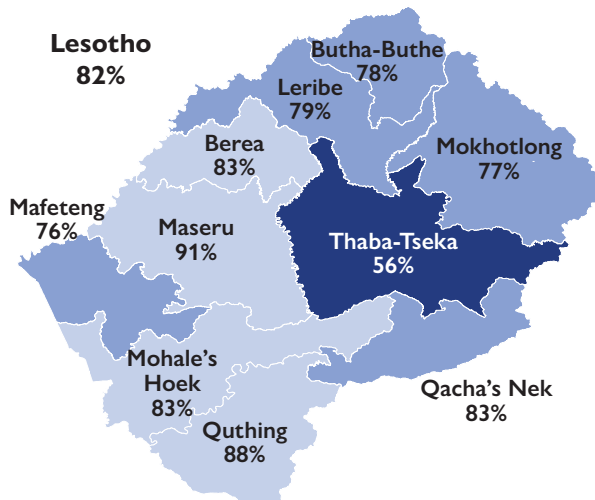


Figures ≠ 100% due to rounding.

Overall, 65% of the household population has sufficient quantities of drinking water. By district, the availability of sufficient quantities of drinking water is lowest in Mokhotlong (52%) and highest in Thaba-Tseka (78%).

### Basic Drinking Water Service by District

Percent distribution of household population with at least basic drinking water

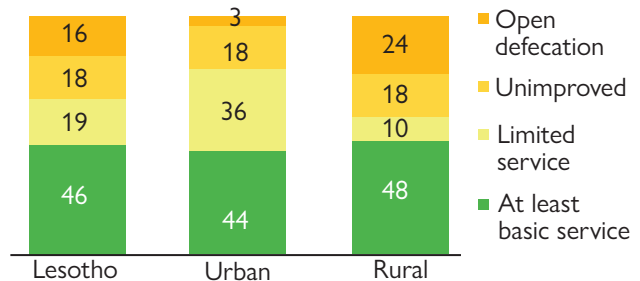


## Sanitation

Slightly less a half (46%) of Basotho have at least basic sanitation service, meaning they have access to improved facilities that are not shared with other households or have safely managed sanitation service where excreta are safely disposed of in situ or transported and treated off-site. For the urban population, 44% have at least basic service, compared to 48% in rural areas. Nineteen percent of the population has access to limited service and 18% have unimproved sanitation service. Still, 16% of the population practice open defecation. Open defecation varies greatly by district and is lowest in Leribe and Maseru, both at 7% and highest in Thaba-Tseka at 54%.

### Sanitation Service Ladder by Residence

Percent distribution of household population by type of sanitation service



## Menstrual Hygiene

Of women age 15–49 with a menstrual period in the year before the survey, the vast majority used disposable sanitary pads (94%) and 4% used cloth to collect or absorb blood. A small percent used reusable sanitary pads or tampons (2% each), fewer (1%) used another product and toilet paper, and fewer than one percent used tampons, menstrual cups, cotton wool, underwear only, or nothing. Nearly all (98%) women whose most recent menstrual period was in the last year and who were at home during their last menstrual period were able to wash and change in privacy and used appropriate materials during their last menstruation.

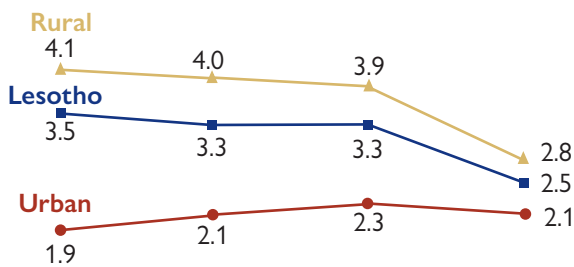
# FERTILITY AND ITS DETERMINANTS

## Total Fertility Rate

Currently, women in Lesotho have an average of 2.5 children. Fertility in Lesotho has declined from 3.5 children per woman in 2004 to 2.5 children per woman in 2023-24. Rural women have more children than urban women (2.8 children versus 2.1 children). By district, fertility ranges from 2.2 children per woman in Mafeteng to 3.6 children per woman in Thaba-Tseka.

### Trends in Total Fertility Rate by Residence

*Births per woman for the three-year period before the survey*

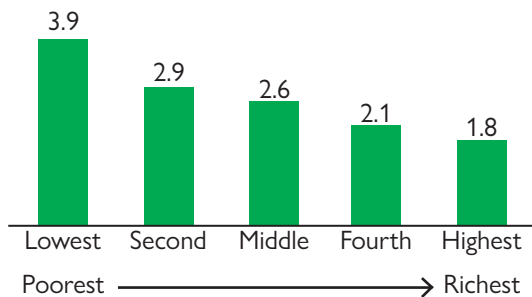


Year	2004 LDHS	2009 LDHS	2014 LDHS	2023-24 LDHS
Rural	4.1	4.0	3.9	2.8
Lesotho	3.5	3.3	3.3	2.5
Urban	1.9	2.1	2.3	2.1

As wealth increases, fertility declines, with women in the lowest quintile having 3.9 children, compared to 1.8 children per woman in the highest quintile. Similarly, as a woman's education increases, fertility decreases, with 4.0 children per woman among those who have not complete primary education versus 1.7 children for children with more than secondary education.

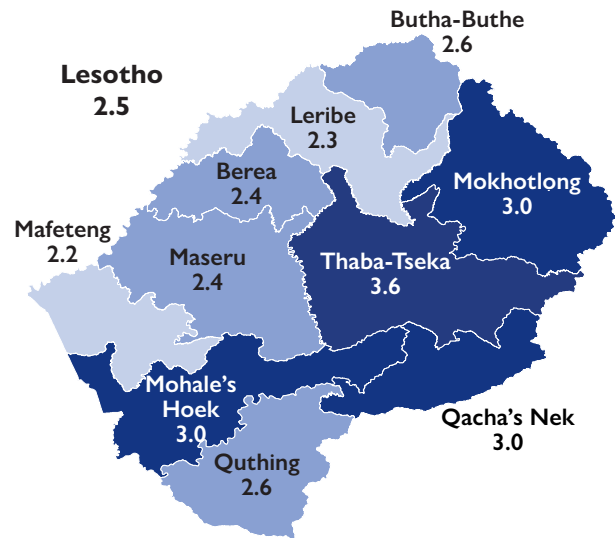
### Fertility by Household Wealth

*Births per woman for the three-year period before the survey*



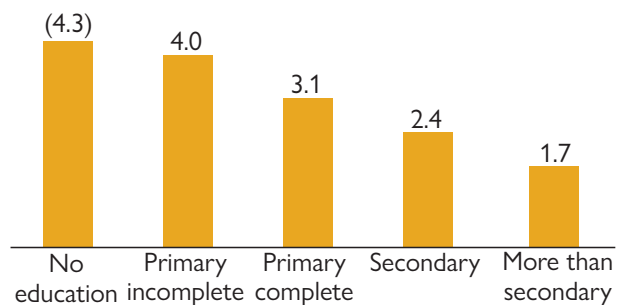
### Total Fertility Rate by District

*Births per woman for the three-year period before the survey*



### Fertility by Education

*Births per woman for the three-year period before the survey*



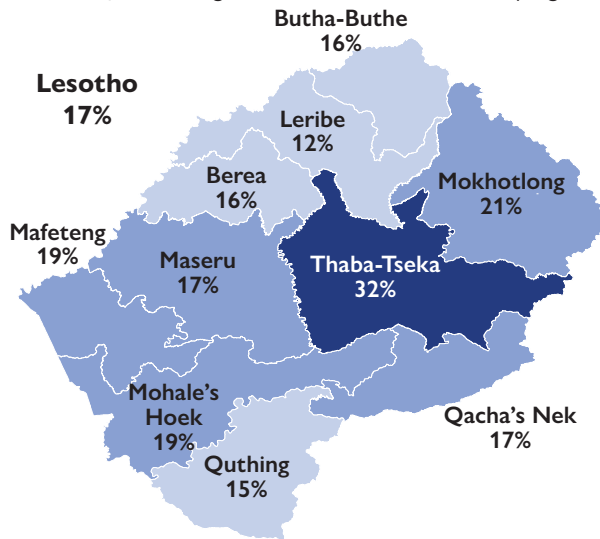
Note: Figures in parentheses are based on 25-49 unweighted cases.

## Teenage Pregnancy

In Lesotho, 17% of adolescent women age 15–19 have ever been pregnant: 14% have given birth, 3% were pregnant at the time of the survey, and 1% have ever had a pregnancy loss. By district, teen pregnancy ranges from 12% of young women in Leribe to 32% of young women in Thaba-Tseka. Young women in the lowest, second, and middle wealth quintiles account for the majority (71%) of those who have ever been pregnant.

### Teenage Pregnancy by District

Percent of women age 15-19 who have ever been pregnant



## Pregnancy Outcomes and Induced Abortion

Of all pregnancies to women age 15–49 ending in the three years before the survey, 86% resulted in live births and 14% resulted in pregnancy losses. Eleven percent were miscarriages of all pregnancies, 2% were stillbirths, and 1% were induced abortions. The districts with the highest proportions of miscarriages are Leribe (14%) and Maseru (12%).

### Pregnancy Outcomes

Percent distribution of pregnancies ending in the three years before the survey

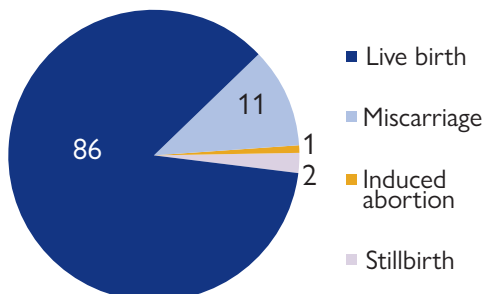


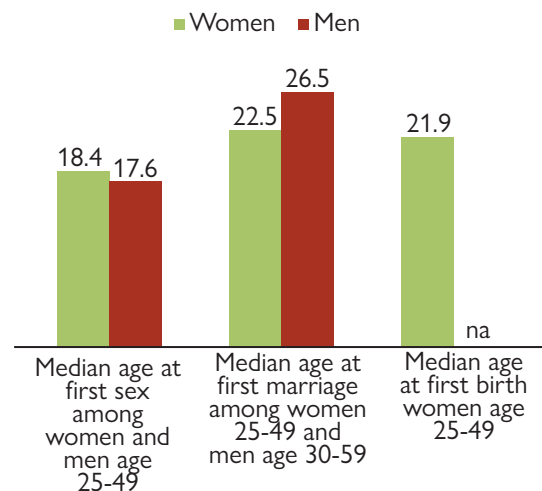
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## Age at First Marriage, Sexual Intercourse, and Birth

Overall, 50% of women and 41% of men age 15–49 are married or living together with a partner. Sixteen percent of women age 25–49 were married by age 18, compared to just 3% of men the same age. Among young people age 20–24, 13% of women and 3% of men were married by age 18.

Half of Basotho women age 25–49 are married by age 22.5 years, the median age at first marriage. Rural women marry at a younger age than urban women (21.7 years compared to 23.6 years). The median age at first marriage for Basotho men age 30–59 is 26.5 years.

### Median Age at First Sex, Marriage, and Birth



The median age at first sexual intercourse is 18.4 years among women age 25–49 and 17.6 years among men the same age. Less than half (43%) of women and 57% of men had sex by age 18, and 7% of women and 15% of men had sex by age 15.

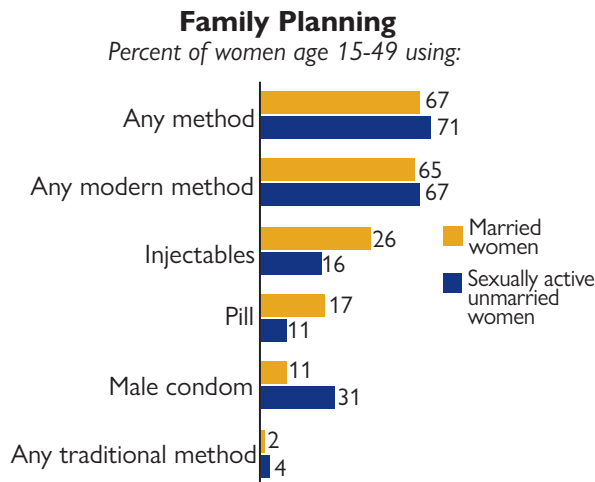
In Lesotho the median age at first birth for women age 25–49 is 21.9 years. This means that half of women age 25–49 give birth for the first time before this age. On average, urban women give birth for the first time one year later than rural women (22.4 years compared to 21.4 years).

# FAMILY PLANNING

## Current Use of Family Planning

In Lesotho, 67% of married women age 15–49 use any method of family planning, with 65% using any modern method and 2% using a traditional method of family planning. The most commonly used modern methods among married women are injectables (26%) and the pill (17%). By district, modern method use ranges from 59% in Qacha's Nek to 75% in Butha-Buthe.

Family planning use among sexually active unmarried women is 71%, with 67% using modern methods and 4% using traditional methods. Male condoms (31%) and injectables (16%) are the most commonly used modern family planning method.

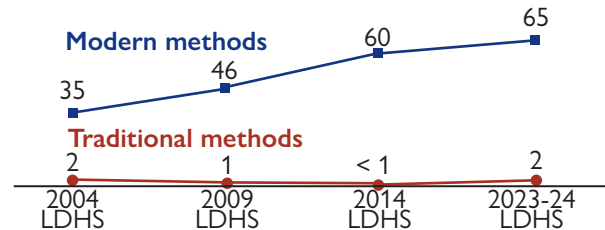


## Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods. In Lesotho, 42% of women age 15–49 using modern methods were informed about side effects, 44% were informed what to do if they experience side effects, and 54% were informed about other family planning methods that were available. Overall, 32% of women using modern methods received all three types of information, and 57% were informed that they could switch to another method if they wanted or needed to.

## Trends in Family Planning Use

Percent of married women age 15-49 using:



## Trends in Family Planning Use

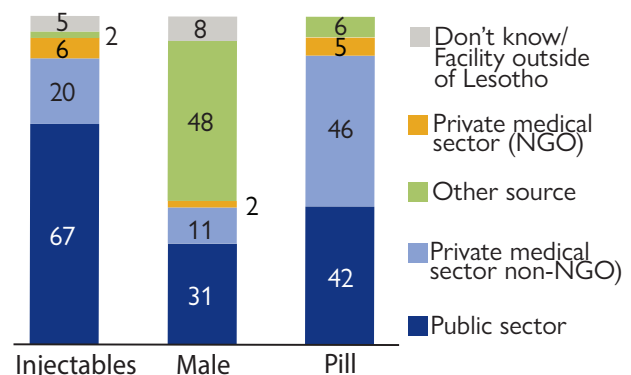
The use of modern methods of family planning among married women has increased steadily from 35% in 2004 to 65% in 2023-24. The use of traditional methods has remained steady since 2004, at 2% in 2023-24.

## Source of Modern Family Planning

About half (52%) of all modern family planning users obtain their methods from the public sector, the most common sources being government health centres (23%) and government hospitals (13%). The majority of women using implants (82%), female sterilisation (69%), and injectables (67%) obtain these methods from the public sector. Women acquire the pill through the private medical sector (non-NGO) (46%) and public medical sector (NGO) (42%). Close to half (44%) of those using male condoms get them at shops.

## Source of Family Planning Methods

Percent distribution of family planning users age 15-49 by most recent source of method



Figures ≠ 100% due to rounding.

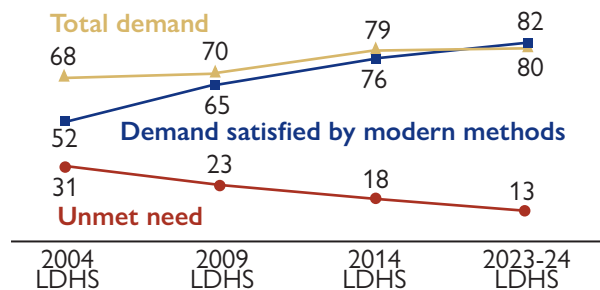


## Demand for Family Planning

Women who want to stop or delay childbearing are said to have a demand for family planning. The total demand for family planning includes both met need and unmet need. Met need is the percent of women who are currently using family planning. Unmet need for family planning is the proportion of women who want to stop or delay childbearing but who are not using family planning.

### Trends in Demand for Family Planning

Percent of married women age 15-49

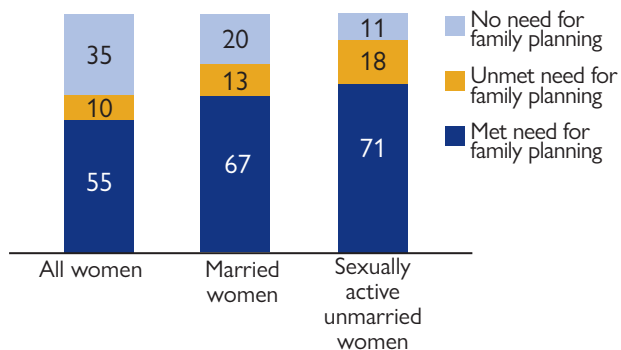


In Lesotho, 80% of all married women have a demand for family planning, which includes 13% of women with an unmet need for family planning and 67% of women with a met need. Total demand has increased modestly, from 68% in 2001 to 80% in 2023-24.

Sexually active unmarried women have a higher demand for family planning, at 89%. This includes 18% of women with an unmet need for family planning and 71% with a met need.

### Need for Family Planning

Percent distribution of women age 15-49 with a need for family planning



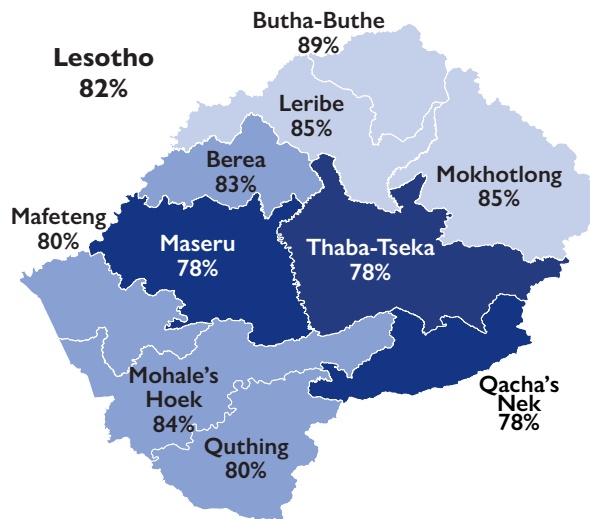
Figures ≠ 100% due to rounding.

## Demand for Family Planning Satisfied by Modern Methods

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are using modern family planning methods. In Lesotho, demand satisfied by modern methods is 82%, an increase from 52% in 2004. By district, this ranges from 78% in Thaba-Tseka, Qacha's Nek, and Maseru to 89% in Butha-Buthe. Three-quarters of sexually active unmarried Basotho women have their demand for family planning satisfied by modern methods.

### Demand for Family Planning Satisfied by Modern Methods by District

Percent of women age 15-49 whose demand for family planning is satisfied by modern methods



## Decision Making about Family Planning

Overall, 94% of married women make the decision to use or not use family planning. This includes those who decide alone (46%) and those who decide jointly with their husband or partner (47%).

## Exposure to Family Planning Messages

In the 12 months before the survey, 35% of women and 29% of men saw family planning messages via social media and 21% of women and 30% of men heard family planning messages on the radio. Thirty-one percent of women and 22% of men saw family planning messages on a poster, leaflet, or brochure. Still, 40% of women and 39% of men were not exposed to family planning messages in the 12 months before the survey.

# INFANT AND CHILD MORTALITY

## Rates and Trends

Infant and under-5 mortality rates in Lesotho are 39 and 54 deaths per 1,000 live births, respectively, for the five-year period before the survey. The neonatal mortality rate is 26 deaths per 1,000 live births. At these mortality levels, 1 in 19 children in Lesotho does not survive to their fifth birthday.

Childhood mortality rates have declined over time. Under-5 mortality has declined from 117 deaths per 1,000 live births in 2009 to the current rate of 54 deaths per 1,000 live births.

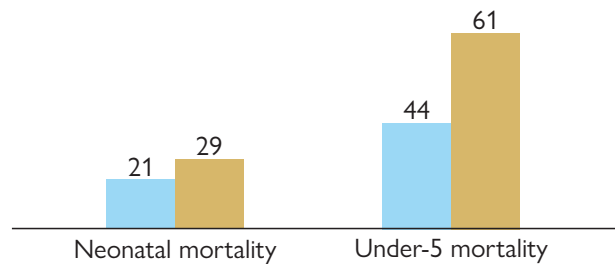
## Mortality Rates by Background Characteristics

The under-5 and neonatal mortality rates are higher in rural areas than urban areas for the five-year period before the survey. Childhood mortality is considerably higher for boys than girls, at 69 deaths per 1,000 live births compared to 39 deaths per 1,000 live births.

### Childhood Mortality by Residence

Deaths per 1,000 live births for the five-year period before the survey

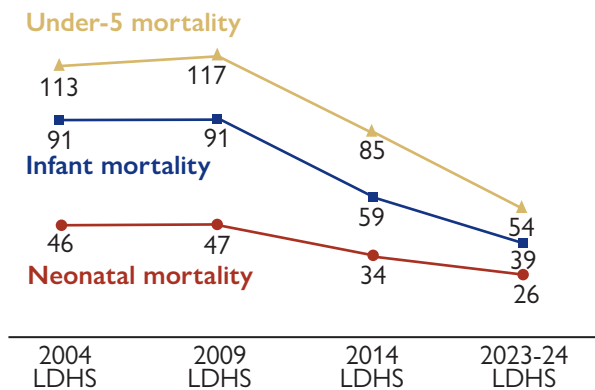
Urban Rural



Childhood mortality varies by birth order. Infants born as the fourth to sixth birth have higher under-5 mortality rates than first to third births, at 85 deaths per 1,000 live births for the ten-year period before the survey.

### Trends in Childhood Mortality

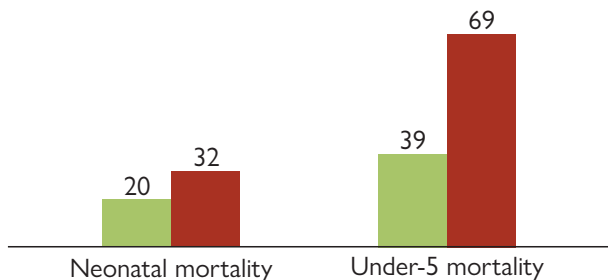
Deaths per 1,000 live births for the five-year period before the survey



### Childhood Mortality by Sex

Deaths per 1,000 live births for the five-year period before the survey

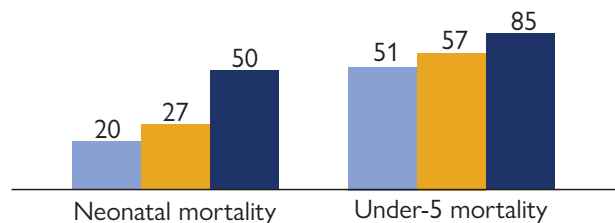
Female Male



### Childhood Mortality by Birth Order

Deaths per 1,000 live births for the 10-year period before the survey

1 2-3 4-6



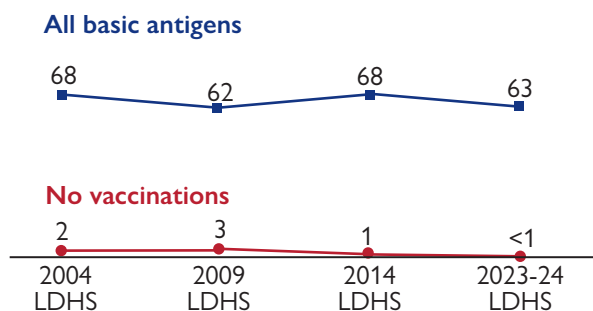
# CHILD HEALTH

## Vaccination Coverage: Basic Antigens

In Lesotho, about six in ten (63%) children age 12–23 months are fully vaccinated against all basic antigens—one dose each of Bacille Calmette-Guérin (BCG) and measles, and rubella vaccine (MR), and three doses each of polio vaccine (excluding polio vaccine given at birth) and a vaccine containing diphtheria, hepatitis B, and Haemophilus influenzae type b (DPT-HepB-Hib) vaccine. Basic antigen vaccination coverage has remained steady since 2004 and has slightly declined since 2014, from 68% to 63%. Overall, fewer than 1% of children age 12–23 months have received no vaccinations.

### Trends in Childhood Vaccinations

Percent of children age 12-23 months who received:



## Vaccination Coverage: National Schedule

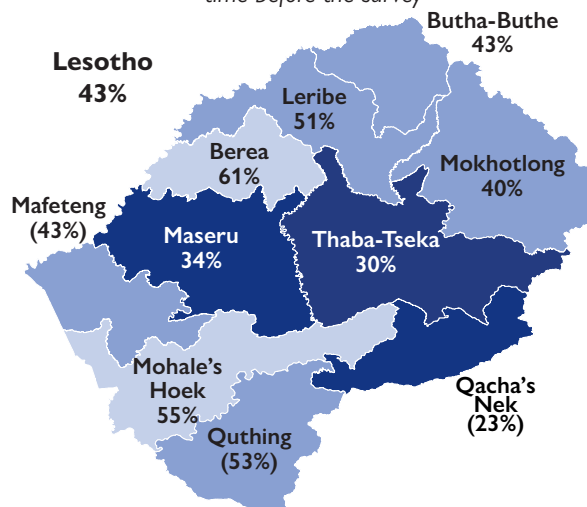
To be fully vaccinated according to the national schedule, children age 12–23 months must be vaccinated against all basic antigens, as well as a birth dose of the oral polio vaccine, a birth dose of the HepB vaccine, a dose of the inactivated polio vaccine, three doses of the pneumococcal vaccine, and two doses of the rotavirus vaccine. In Lesotho, 43% of children age 12–23 months are fully vaccinated according to the national schedule. By district, vaccination coverage according to the national schedule ranges from 23% in the Qacha's Nek to 61% in Berea.

Children age 24–35 months should also receive all age appropriate vaccinations. These include the vaccinations according to the national schedule for children age 12–23 months, a second dose of the measles vaccine, and a dose of the diphtheria-tetanus vaccine. In Lesotho, 63% of children age 24–35 months have received the second

dose of the measles vaccine and 73% have received a dose of the diphtheria-tetanus vaccine. Overall, 39% of children age 24–35 months are fully vaccinated according to the national schedule.

## National Schedule Vaccination Coverage by District

Percent of children age 12-23 months who are fully vaccinated according to the national schedule at any time before the survey



Figures in parentheses are based on 25-49 unweighted cases.

## Childhood Illnesses

In Lesotho, 3% of children under age 5 had symptoms of acute respiratory infection (ARI) in the two weeks before the survey, and 70% of children with symptoms of ARI were taken to a health facility or provider.

Overall, 17% of children under age 5 had fever in the two weeks before the survey. Over half (54%) of children with fever were taken to a health facility or provider.

Among children under age 5, 18% had diarrhoea in the two weeks before the survey. Among these children, 35% were taken to a health facility or provider.

Children with diarrhoea should drink more fluids, particularly through oral rehydration therapy (ORT). Three-quarters of children under age 5 with diarrhoea received ORT, however 21% of children with diarrhoea received no treatment.

# MATERNAL AND NEWBORN HEALTH CARE

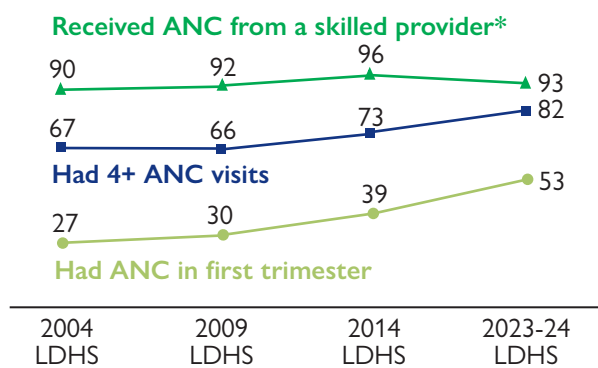
## Antenatal Care

In Lesotho, 94% of women age 15–49 with a live birth or stillbirth in the two years before the survey received antenatal care (ANC) from a skilled provider. A skilled provider includes a doctor or nurse/midwife. Among the districts, 85% of women in Mafeteng with a live birth or still birth received ANC from a skilled provider, while 99% of women in Mofale's Hoek did the same.

The timing and quality of ANC are also important. Overall, 82% of women age 15–49 made four or more ANC visits and 53% of women had their first ANC visit for their most recent birth in the first trimester. Among women with a live birth or stillbirth in the two years before the survey, 85% took iron-containing supplements. Overall, 80% of women's most recent live births were protected against neonatal tetanus.

### Trends in Antenatal Care Coverage

Percent of women age 15-49 who had a live birth in the two years before the survey for the most recent birth



\*A skilled provider includes a doctor or nurse/midwife.

## Caesarean Sections

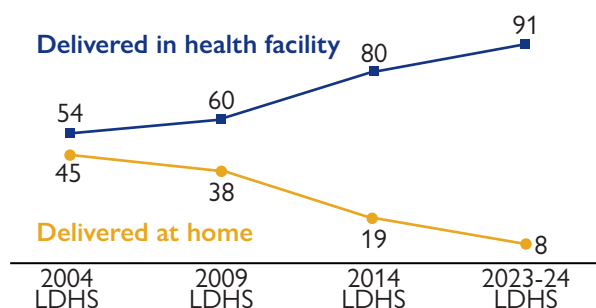
Almost a quarter (24%) of live births in the two years before the survey were delivered via Caesarean section (C-section). A higher proportion of C-sections take place in urban areas relative to rural areas (28% versus 21%). In Leribe, one-third of births were delivered via C-Section, compared to 13% in Quthing.

## Delivery Care

In Lesotho, 91% of live births are delivered in a health facility and the majority (82%) are delivered in a public sector facility. Still, 8% of births are delivered at home. Overall, health facility deliveries have increased over the last two decades, from 54% in 2004 to 91%, and home deliveries declined from 45% to 8%. By district, live births delivered in health facilities is ranges from 86% in Mokhotlong to 97% in Leribe.

### Trends in Place of Birth

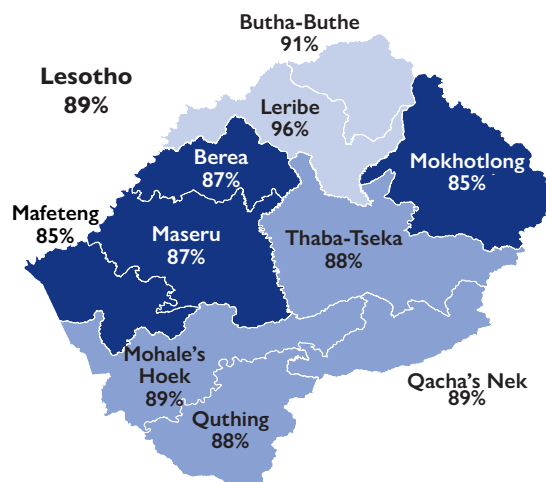
Percent of live births in the two years before the survey



Most (89%) live births are delivered by a skilled provider. Over half (59%) were delivered by a nurse/midwife. By district, Mafeteng and Mokhotlong have the lowest percent of live births delivered by a skilled provider (85% each) and Leribe has the highest percent of births delivered by a skilled provider (96%).

### Assistance during Delivery by District

Percent of live births in the two years before the survey assisted by a skilled provider\*



\*A skilled provider includes a doctor or nurse/midwife.

## Postnatal Care for Mothers

Postnatal care (PNC) helps prevent complications after childbirth. Overall, 84% of women age 15–49 with a live birth in the two years before the survey received a postnatal check within two days of delivery, with 40% of mothers receiving a postnatal check within four hours of giving birth. Still, 7% of mothers received no PNC within 41 days of delivery.

Among women who received PNC for their most recent live birth from a health care provider, 74% had their blood pressure measured, 65% discussed vaginal bleeding with a health care provider and 65% discussed family planning. Over half (54%) of mothers received all three components of PNC.

## Postnatal Care for Newborns

Among newborns, 82% of most recent live births received the first postnatal check within two days of birth, and 34% had the check between one and

three hours after delivery. However, 15% of newborns received no PNC within the first week of life.

Most newborns (93%) were weighed during the postnatal assessment. The majority of newborns had their umbilical cord examined (78%) and their temperature measured (78%). Sixty-eight percent of newborns' mothers were counselled on and observed breastfeeding and 59% were told of signs indicating the baby needs immediate attention. More than five in ten (52%) newborns received all five components of PNC.

## Men's Involvement in Maternal Health Care

Among men age 15–49 with a child age 0–2 years, 61% reported that the child's mother made prenatal visits, and of these men, 62% of fathers were present at some of these prenatal visits. Nearly all (96%) of the men reported that their child was born in a health facility. Of these fathers, 22% went with the child's mother to the health facility for the birth.

## Maternal Mortality

Maternal mortality includes deaths of women during pregnancy, delivery, and within 42 days of delivery excluding deaths that were due to accidents or violence. The maternal mortality ratio (MMR) for Lesotho is 530 maternal deaths per 100,000 live births for the seven-year period before the survey. The confidence interval for the MMR ranges from 217 to 844 deaths per 100,000 live births.

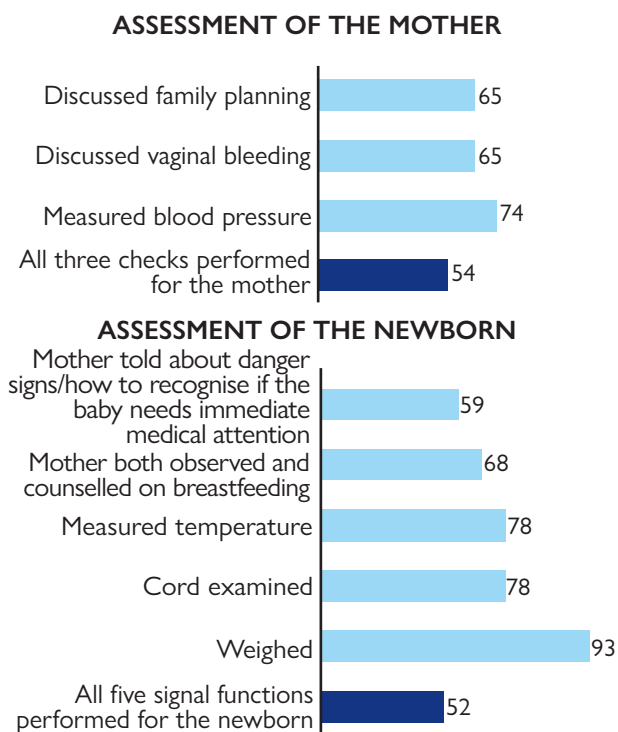
The pregnancy-related mortality ratio (PRMR) includes all deaths of women during pregnancy or childbirth up to two months after birth, regardless of the cause of death. The PRMR for Lesotho is 545 per 100,000 live births, which is a considerable decrease since 2009, where the PRMR was 1,243 per 100,000 live births.

## Problems in Accessing Health Care

Over a third (37%) of women age 15–49 had at least one problem accessing health care when they were sick. The most common issues were distance to the health facility (24%) and getting money for treatment (21%). Nearly half of women in rural areas (45%) had at least one problem accessing health care compared to those in urban areas (28%).

### Content of Postnatal Care for Mothers and Newborns

*Percent of women age 15–49 with a live birth in the two years before the survey and percent of newborns in the two years before the survey for whom selected checks were performed during the first two days after birth by any health care provider:*



# NUTRITIONAL STATUS

## Children’s Nutritional Status

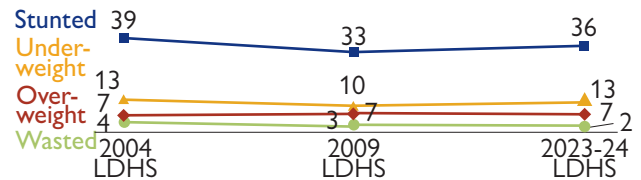
The 2023-24 LDHS measured children’s nutritional status by comparing height and weight measurements against an international reference standard. Overall, 36% of children under age 5 are stunted. Stunting is an indication of chronic undernutrition. Stunting is higher among children in rural areas (39%) than urban areas (29%). Stunting is highest in Qacha's Nek (48%) and lowest in Leribe (26%).

Two percent of children under age 5 are wasted. Wasting is an indication of acute malnutrition. Thirteen percent of children under age 5 are underweight and 7% of children under age 5 in Lesotho are overweight.

Overall, child growth measures have remained stagnant over time. However, wasting declined from 4% in 2009 to 2% in 2023-24.

## Trends in Child Growth Measures

Percent of children under age 5 who are malnourished, based on 2006 WHO Child Growth Standards



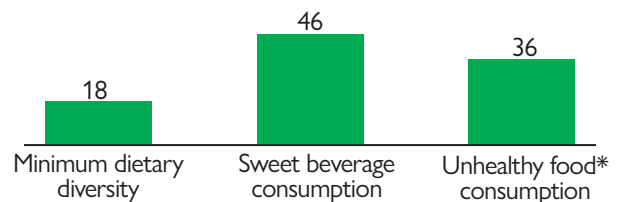
## Women’s Nutritional Status

The 2023-24 LDHS also took weight and height measurements of women age 15–49. Among adolescent women age 15–19, 12% are thin according to the body mass index for age (BMI-for-age) and 21% are overweight or obese. Among women age 20–49, 4% are thin according to the BMI and 62% are overweight or obese.

The 2023-24 LDHS collected data on food and liquids consumed by women the day before the survey. Overall, 18% of women consumed foods from at least five of the possible 10 food groups, achieving minimum dietary diversity. Over a third (36%) of women consumed unhealthy food and 46% had sweet beverages the day before the survey.

## Dietary Practices among Women

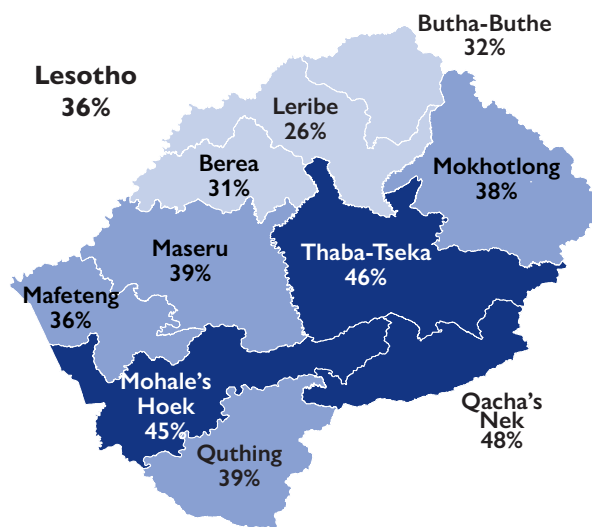
Percent of women age 15-49 consuming sweet beverages, unhealthy foods, and achieving minimum dietary diversity



\*Unhealthy food examples: Chocolates, candies, fried and/or salty foods

## Stunting by District

Percent of children under age 5 who are stunted



# FEEDING PRACTICES AND SUPPLEMENTATION

## Prevalence of Anaemia in Women

Anaemia among adults has several negative health consequences, such as fatigue and lethargy. It is a major concern for pregnant women because it can lead to increased maternal mortality and poor birth outcomes. Over half (54%) of women age 15–49 have anaemia. A higher proportion (54%) of non-pregnant women are anaemic, compared to 51% of pregnant women.

## Breastfeeding and the Introduction of Complementary Foods

In Lesotho, 95% of children under age 2 were ever breastfed. Over three-fourths (78%) of children were exclusively breastfed for the first two days after birth, and 67% were breastfed in the first hour of life.

The WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first 6 months of life. Six in ten (61%) of children under age 6 months living with their mother are exclusively breastfed, while 5% of children under age 6 months are not breastfed.

Complementary foods should be introduced when a child is 6 months old to reduce the risk of malnutrition. In Lesotho, 88% of children age 6–8 months were fed solid, semi-solid, or soft foods the day before the survey.

## Vitamin A and Deworming Medication

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. Seven in ten children age 6–59 months were given vitamin A supplements in the last six months.

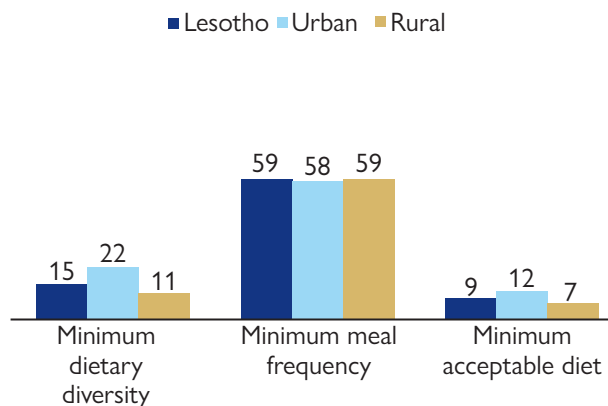
Deworming medication reduces the burden of infections that affect child nutrition and development. Over half (57%) of children age 12–59 months received deworming medication in the last six months.

## Minimum Acceptable Diet and Unhealthy Feeding Practices

Children age 6–23 months have a minimum acceptable diet when they are fed from at least five of eight defined food groups the minimum number of times or more during the day before the survey. Nonbreastfed children must also receive at least two milk feeds for a minimum acceptable diet. In Lesotho, 9% of children age 6–23 months were fed a minimum acceptable diet the day before the survey, 15% of children received the minimum number of food groups during the previous day or night, and 59% were fed the minimum number of times. Among nonbreastfed children, 28% received the minimum number of milk feeds.

### Minimum Acceptable Diet by Residence

Percent of youngest children age 6–23 months living with their mother who received minimum dietary diversity, minimum meal frequency, and minimum acceptable diet



More breastfed children achieved minimum acceptable diet than nonbreastfed children (11% versus 6%). By age, minimum acceptable diet is lowest among children 18–23 months (5%) and children 6–8 months have the lowest minimum dietary diversity.

For infants and young children, unhealthy feeding practices should be avoided and replaced with nutritious foods that provide important nutrients. Over a third (36%) of children age 6–23 months were given a sweet beverage, 22% were fed unhealthy foods, and 38% did not consume any vegetables or fruits during the previous day.

# HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

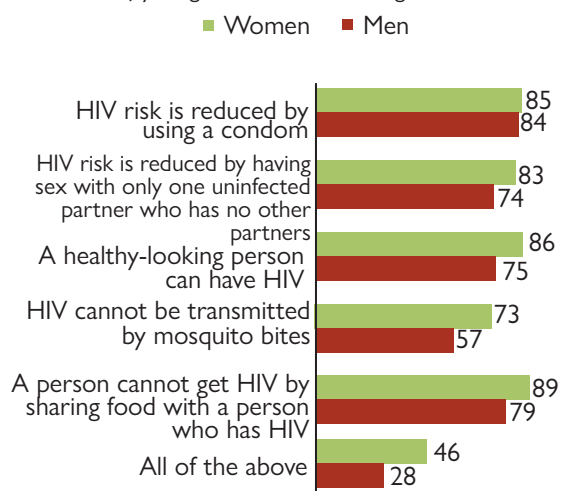
## Knowledge of HIV and HIV Prevention Methods

In Lesotho, nearly all (95%) women and most (85%) men age 15–49 have heard that antiretroviral medicines (ARVs) treat HIV. A higher proportion of women (74%) know that the risk of mother-to-child transmission (MTCT) can be reduced by the mother taking special drugs, compared to men (60%). Relatively fewer men have heard of pre-exposure prophylaxis (PrEP) compared to women (58% versus 84%, respectively). Overall, 88% of women and 79% of men approve of people who take PrEP to prevent getting HIV.

Among young women and men age 15–24, 46% and 28%, respectively, have knowledge about HIV prevention. 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 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. Of specific prevention methods, 85% of women and 84% of men know that using condoms during sexual intercourse can reduce the chances of getting HIV, and 83% of women and 74% of men know that having just one uninfected faithful partner can also reduce the chances of HIV infection. Most young women (89%) and young men (79%) know that a person cannot get HIV by sharing food with a

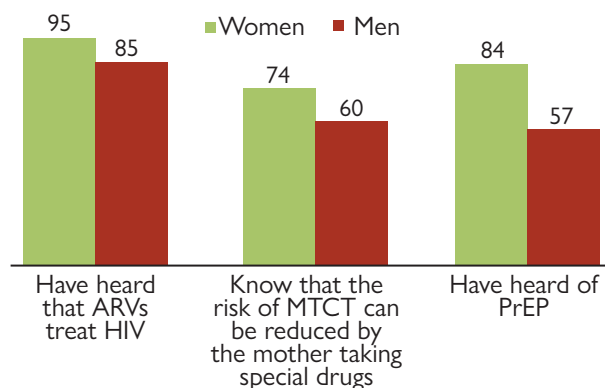
### Knowledge of HIV Prevention among Young People

Percent of young women and men age 15-24 who know:



### Knowledge of Medicines to Treat or Prevent HIV

Percent of women and men age 15-49 who:



person who has HIV. Almost six in ten (57%) young men know that HIV cannot be spread by mosquitoes, while 73% of young women know this.

## Multiple Sexual Partners and Higher-Risk Sexual Behaviour

About one in ten (11%) women age 15–49 had sex with more than one partner in the last 12 months. Of these women, 40% used a condom during their last sexual intercourse.

Almost a third (32%) of men age 15–49 had sex with more than one partner in the last 12 months. Among these men, 57% used a condom during their last sexual intercourse.

## HIV Testing

Almost all (94%) women age 15–49 have ever been tested for HIV and received the results of their last test. Only 6% have never been tested for HIV. The majority of men (88%) have ever been tested for HIV and received the results of their last test. About one in ten of men (11%) have never been tested for HIV.

In the 12 months preceding the survey, 56% of women and 49% of men were tested for HIV and received the results of their last test. A higher proportion of women (77%) have heard of HIV self-test kits than men (60%) and 49% of women and 37% of men have used them. Nine of ten (91%) pregnant women had an HIV test during ANC or labour and received results.

The proportion of women and men who have ever been tested for HIV and received their results has increased since 2004, from 12% and 9%, respectively, to 94% and 88%, respectively, in 2023-24.



# WOMEN'S EMPOWERMENT

## Employment

In Lesotho, slightly more than half (52%) of married women age 15–49 and most (80%) married men were employed in the last 12 months. Of these people, 88% of women and 81% of men earned cash, while 6% of women and 13% of men were not paid for their work.

The vast majority (98%) of married women who were employed in the last 12 months and earned cash made decisions on how to spend their earnings either alone or jointly with their husband/partner. Among married women who received cash earnings, 17% earn more than their husband/partner, 55% earn less, and 12% earn about the same as their husband/partner.

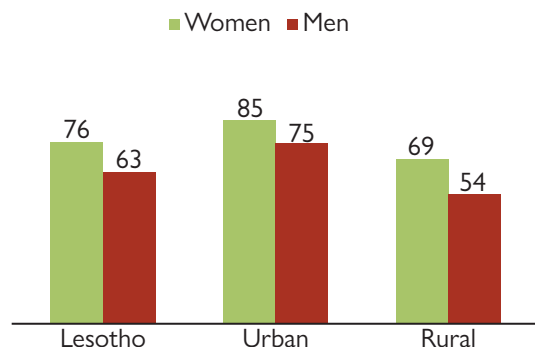
## Ownership of Assets

In Lesotho, 28% of women and 23% of men age 15–49 own a house (alone or jointly with their spouse). Eleven percent of women and 12% of men own land (alone or jointly with their spouse).

More women than men own a mobile phone (86% versus 80%). A smaller proportion of men (63%) have and used a bank account or mobile phone for financial transactions in the last 12 months, compared to women (76%). Use of banks or mobile phones for financial transactions is higher in urban areas than in rural areas among men and women.

### Use of Banks or Mobile Phones for Financial Transactions by Residence

Percent of women and men age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months



## Participation in Household Decisions

The 2023-24 LDHS asked married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to her family or relatives.

In Lesotho, 94% of married women have sole or joint decision making power in their own health care, 93% make decisions about major household purchases, and 89% make decisions about visits to their family or relatives. Overall, 82% of married women participate in all three above decisions, while 2% of married women participate in none of the three decisions.

For married men, the majority make decisions alone or jointly with their wife about their own health care (86%) and decisions about major household purchases (81%). Overall, 76% of married men participate in both decisions either alone or jointly with their wife, and 9% participate in neither of these decisions.

## Women's Participation in Decision Making in Sexual and Reproductive Health

More than two-thirds (69%) of married women age 15–49 make their own decisions related to sexual and reproductive health, including family planning. Participation in decision making about sexual and reproductive health is highest among women living Mafeteng (80%) and lowest in Thaba-Tseka (43%).

## Attitudes toward Wife Beating

Fewer than one in five women (19%) and 25% of men believe a husband is justified in hitting or beating his wife/partner for at least one of the following reasons: if she neglects the children, goes out without telling him, argues with him, refuses to have sexual intercourse, or burns the food. The most common justification for wife beating is if she argues with him among both women (13%) and men (17%).

# DOMESTIC VIOLENCE

## Experience of Physical Violence

Four in ten Basotho women (41%) age 15–49 have ever experienced physical violence since age 15. In the last 12 months, 20% of women experienced physical violence. Forty-five percent of women who are married or living with an intimate partner have ever experienced physical violence, as have 31% of never-married women and 53% of women who are divorced, separated, or widowed. Six percent of women experienced physical violence during pregnancy.

The districts with the highest proportion of women experiencing physical violence in the last 12 months are Thaba-Tseka (26%) and Mokhotlong (24%), compared to Butha-Buthe and Quthing, which have the lowest proportion of women experiencing physical violence, at 13%. Among women who have ever been married or had an intimate partner, the most common perpetrators of physical violence are their current and former husbands/intimate partners.

## Experience of Sexual Violence

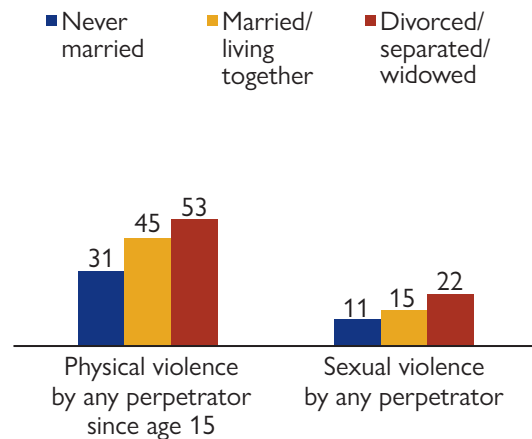
In Lesotho, 15% of women age 15–49 have ever experienced sexual violence by any perpetrator, including 7% of women who have experienced sexual violence in the last 12 months. Twenty-two percent of women who are divorced, separated, or widowed have ever experienced sexual violence. Current and former husbands/intimate partners are the most common perpetrators committing sexual violence against women who have ever been married or partnered.

## Help-seeking to Stop Violence

Among women who have ever experienced physical or sexual violence, 26% sought help to stop violence and 29% did not seek help but did tell someone about the violence. Nearly half of women (45%) who experienced physical or sexual violence, never sought help and never told anyone. The most common sources of help women seek are their own family and their husband's or intimate partner's family.

## Experience of Violence by Marital Status

Percent of women age 15–49 who have ever experienced:



## Intimate Partner Violence

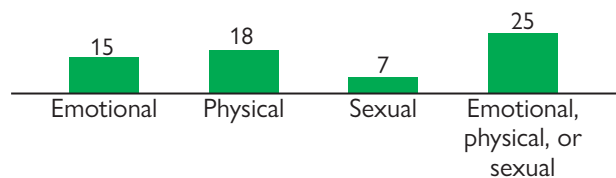
Over one-third (36%) of ever-partnered women have experienced violence committed by their current or most recent husband/intimate partner, whether physical, sexual, or emotional.

In the last 12 months, 25% of ever-partnered women experienced violence by any husband/intimate partner. This includes 15% who experienced emotional violence, 18% experiencing physical violence, and 7% experiencing sexual violence.

By district, recent experience of violence by any husband or intimate partner is as high as 40% among ever-partnered women in Mokhotlong and is lowest in Mafeteng, at 19%.

## Recent Violence by any Husband/Intimate Partner

Percent of women age 15–49 who have ever had a husband or intimate partner who have experienced violence by any husband/intimate partner in the last 12 months



# TUBERCULOSIS KNOWLEDGE AND TREATMENT

## Tuberculosis (TB) Knowledge

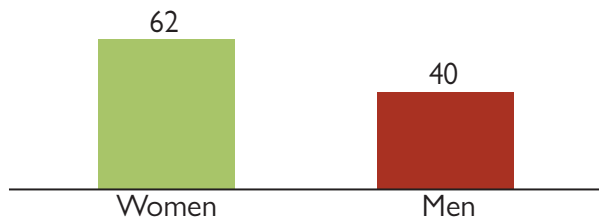
The vast majority of Basotho women and men age 15–49 have heard of TB (96% and 90%, respectively), and most women (81%) and men (69%) know that TB can be cured. Fewer women (13%) and men (18%) know that TB is caused by microbes, germs, and bacteria, however most know that TB is spread through the air when coughing or sneezing (81% of women and 77% of men).

## Seeking Treatment for TB Symptoms

Sixty-two percent of women and 40% of men who have had TB symptoms since age 15 sought consultation or treatment. Over seven in ten women and men who did not seek treatment or consultation for their symptoms cited harmless symptoms as the most common reason, 72% and 74%, respectively.

### Tuberculosis Treatment by Sex

Percent of women and men age 15-49 who have had symptoms associated with tuberculosis since age 15 and sought consultation or treatment for the symptoms



Among those with TB symptoms who sought consultation and treatment, 11% of women and 7% of men were diagnosed with TB. Nearly all of those diagnosed with TB received medicine.

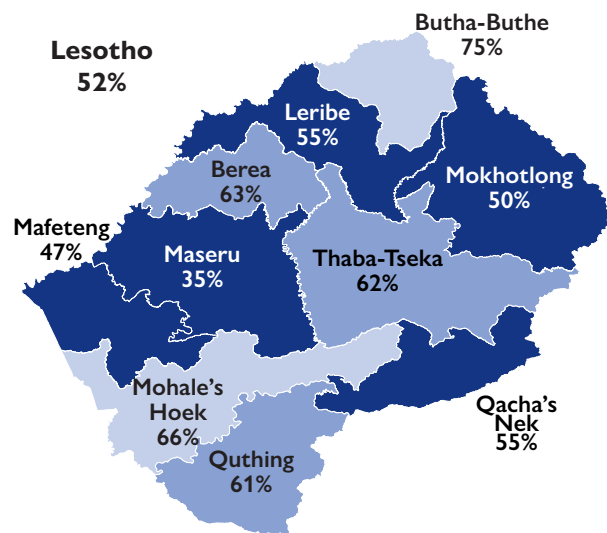
# HPV VACCINATION AND CERVICAL CANCER

## Knowledge of Human Papillomavirus (HPV)

HPV is responsible for the majority of cervical cancer diagnoses and is one of the few cancers with an effective vaccine. In Lesotho, over half (52%) of women age 15–17 have received at least one dose of the HPV vaccine, with 30% of these young women receiving two doses and 22% receiving one dose. By district, young women with at least one dose of the HPV vaccine ranges from 35% in Maseru to 75% in Butha-Buthe. Almost all young vaccinated women received their most recent HPV vaccine at school, at 94%.

### HPV Vaccination Coverage by District

Percent of women age 15-17 who received at least one dose of the HPV vaccination



## Cervical Cancer Knowledge and Testing

About four in ten women (41%) age 15–49 know of cervical cancer. Only about a quarter of women (28%) have heard of a test for cervical cancer. Overall, 21% of women have been tested for cervical cancer, with the majority of these women having been tested within the last three years. Nearly all women (95%) who were tested for cervical cancer received a normal/negative result.

# BLOOD PRESSURE

## Measurement

The 2023-24 LDHS collected blood pressure measurements for consenting women and men age 15 and above in half the total number of households selected. Three blood pressure measurements were taken, and the average of the second and third measurements was used to classify hypertension results according to internationally recommended categories. Written results were immediately provided to respondents and those found to have high blood pressure were referred to a local health facility.

## History of High Blood Pressure or Hypertension

In Lesotho, 77% of women and 58% of men age 15–49 have ever had their blood pressure measured by a health worker, and 14% of women and 6% of men were ever told they have high blood pressure or hypertension by a health worker. Among those who were told they have hypertension, 10% of women and 4% of men were prescribed medication to control their blood pressure. Overall, 7% of women and 2% of men who were told they have high blood pressure or hypertension report taking medication to control their blood pressure.

## Blood Pressure Status

In Lesotho, 15% of women and 10% of men age 15–49 have hypertension—an average systolic blood pressure (SBP) level of 140 mmHG or above or an average diastolic blood pressure (DBP) level of 90 mmHG or above. Among those with hypertension, 33% of women and 15% of men have controlled hypertension, or SBP less than 140 and DBP less than 90 mmHg and are taking antihypertensive medication.

Hypertension is higher in urban areas for both women and men (17% and 15%, respectively) versus rural (14% and 7%, respectively). Hypertension by district is highest in Berea among women (20%) and in Quthing and Berea among men (14% in each district). Hypertension prevalence increases with age for both women and men. It is also consistently higher among women and men categorized as overweight/obese, according to the BMI.

# BLOOD GLUCOSE

## Measurement

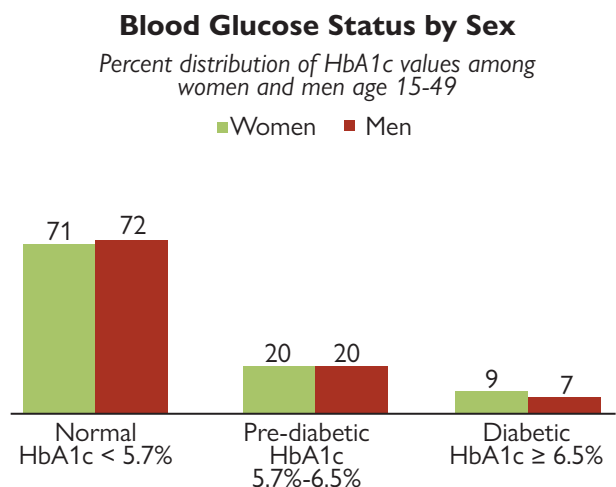
Diabetes can be diagnosed through various tests, one of which is a glycated haemoglobin (HbA1c) test. Women and men age 15–49 in half of interviewed households were eligible to have their HbA1c tested.

## History of High Blood Sugar or Diabetes

In Lesotho, 16% of women and 19% of men have ever had their blood sugar measured by a health worker, and 1% of both women and men were ever told they have high blood sugar or diabetes. Among urban and rural women, there is not much difference between blood sugar measurement, however, 23% of urban men have had their blood sugar measured, in comparison with 16% of rural men.

## Blood Glucose Status

An HbA1c level of 6.5% or more indicates diabetes, an HbA1c level between 5.7% and 6.5% indicates pre-diabetes, and a level less than 5.7% is in the normal range. Overall, 9% of women and 7% of men have an HbA1c level of 6.5% or more, and 20% of both women and men are in the pre-diabetes range. The majority of women (71%) and men (73%) have a normal blood glucose level. Women and men who are categorized as being overweight or obese have higher rates of HbA1c levels of 6.5% or more, compared to those with a BMI that is thin or normal.



# MENTAL HEALTH

The 2023-24 LDHS asked questions related to mental health. Women and men age 15–49 in half of households were screened for symptoms of depression using the Patient Health Questionnaire (PHQ-9). The PHQ-9 is a nine item scale that measures the severity of depression. For the purposes of international comparison, respondents are considered to have symptoms of depression if their PHQ-9 score is 10 or higher on a scale of 0-27.

Respondents with moderate or severe symptoms of depression or who had thoughts of hurting themselves or that they would be better off dead in the two weeks before the survey were referred for mental health services.

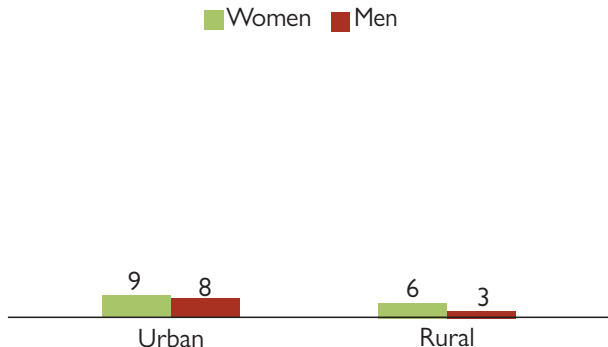
## Symptoms of Depression

According to the PHQ-9, 7% of women and 5% of men experienced symptoms of depression in the two weeks before the survey. Symptoms of depression are higher for women and men living in urban areas (9% and 8%, respectively), compared to their rural peers (6% and 3%, respectively).

A higher proportion of women and men (12% and 7%, respectively) have ever been told they have depression by a health care provider. Consistently, more urban women and men have been told they have depression, relative to their rural counterparts. Additionally, both women and men with more than secondary education have been told they have depression at a higher rate than those with less education.

### Symptoms of Depression by Sex and Residence

Percent of women and men age 15-49 with symptoms of depression



## Symptoms of Anxiety

Ten percent of Basotho women and 7% of Basotho men have ever been told they have anxiety by a health care provider. A higher proportion of women living in urban areas have received an anxiety diagnosis, compared to rural women, 12% versus 9%. Urban and rural men have received anxiety diagnoses at similar rates, at 7%.

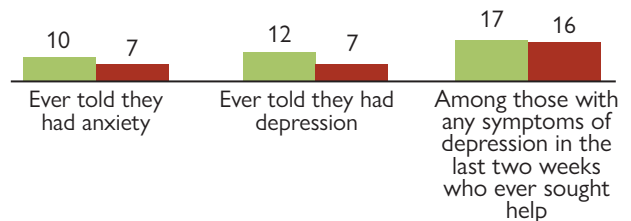
## Treatment and Care Seeking

Few women (3%) and men (2%) took medicine prescribed by a health care provider for depression or anxiety in the last two weeks. Of those with symptoms of depression in the two weeks before the survey, 17% of women and 16% of men have ever sought help. A quarter of women with a PHQ-9 score of 10 or higher, classified as having depression, have ever sought help. Among men with a PHQ-9 score of 10 or higher, 21% have ever sought help.

### Depression and Anxiety Diagnosis and Careseeking by Sex

Percent of women and men age 15-49 who were:

■ Women ■ Men



# INDICATORS

Fertility	Lesotho	Residence	
		Urban	Rural
Total Fertility Rate (number of children per woman)	2.5	2.1	2.8
Median age at first birth for women age 25–49 (years)	21.9	22.4	21.4
Women age 15–19 who have ever been pregnant <sup>1</sup> (%)	17	12	20
<b>Family Planning (among married women age 15–49)</b>			
Current use of any method of family planning (%)	67	68	67
Current use of a modern method of family planning (%)	65	65	66
Demand satisfied by modern methods of family planning (%)	82	82	81
<b>Maternal and Newborn Health Care</b>			
Pregnant women age 15–49 who had 4+ ANC visits <sup>2</sup> (%)	82	86	79
Births delivered in a health facility (%)	91	96	89
Births delivered by a skilled provider <sup>3</sup> (%)	89	92	87
<b>Child Health (among children age 12–23 months)</b>			
Children who are fully vaccinated against all basic antigens <sup>4</sup> (%)	63	68	60
Children who are fully vaccinated according to the national schedule <sup>5</sup> (%)	43	45	41
<b>Household Water, Sanitation, and Hygiene</b>			
Household population with access to at least basic drinking water service (%)	82	96	73
Household population with access to at least basic sanitation service <sup>6</sup> (%)	46	44	48
<b>Nutrition</b>			
Children under age 5 who are stunted (%)	36	29	39
Children born in the last two years who were ever breastfed (%)	95	93	96
<b>Childhood Mortality (deaths per 1,000 live births for the five-year period before the survey)</b>			
Neonatal mortality	26	21	29
Under-five mortality	54	44	61
<b>HIV/AIDS</b>			
Women age 15–49 who have ever been tested for HIV and received the results (%)	94	94	94
Men age 15–49 who have ever been tested for HIV and received the results (%)	88	89	87
<b>Women's Empowerment</b>			
Women age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	76	85	69
Men age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	63	75	54
<b>Domestic Violence</b>			
Women age 15–49 who have experienced physical violence since age 15 (%)	41	41	41
Ever-partnered women age 15–49 who have ever experienced emotional, physical, or sexual violence by their current or most recent husband/intimate partner (%)	36	35	37
<b>Blood Pressure and Hypertension</b>			
Women age 15–49 who have ever been told they have high blood pressure or hypertension (%)	14	14	13
Men age 15–49 who have ever been told they have high blood pressure or hypertension (%)	6	6	6
<b>Mental Health</b>			
Women age 15–49 with symptoms of depression <sup>7</sup> (%)	7	9	6
Men age 15–49 with symptoms of depression (%)	5	8	3

Note: <sup>1</sup>Women age 15–19 who have ever had a live birth, pregnancy loss (stillbirth, miscarriage, abortion), or are currently pregnant. <sup>2</sup>Pregnant women age 15–49 with a live birth in the two years preceding the survey. <sup>3</sup>Skilled provider includes doctor, nurse/midwife, and auxiliary midwife. <sup>4</sup>Fully vaccinated against basic antigens includes BCG, three doses of DPT-containing vaccine, three doses polio vaccine (excluding polio vaccine given at birth), and one dose of measles-rubella vaccine. <sup>5</sup>Fully vaccinated according to the national schedule includes 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/rubella. <sup>6</sup>At least basic sanitation service: safely managed and basic sanitation services. <sup>7</sup>Respondents with a score of 10 or higher on PHQ-9



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