Lesotho

Demographic and Health Survey

2004

Millennium Development Goal Indicators, Lesotho 2004		
Goal	**Indicator**	**Value**
1. Eradicate extreme poverty and hunger	Prevalence of underweight children under five years of age	Male: 18.9% Female: 20.8% Total: 19.8%
2. Achieve universal primary education	Net enrolment ratio in primary education[1]	Male: 81.4% Female: 87.7% Total: 84.5%
	Proportion of pupils starting grade 1 who reach grade 5[1]	Male: 33.9% Female: 51.1% Total: 42.6%
	Literacy rate of 15-24-year olds[2]	Male: 75.2% Female: 91.9% Total: 87.2%
3. Promote gender equality and empower women	Ratio of girls to boys in primary and secondary education	Primary education: 0.97 Secondary education: 1.32
	Ratio of literate women to men, 15-24 years old	1.22
	Share of women in wage employment in the non-agricultural sector[3]	27.0%
4. Reduce child mortality	Under-five mortality rate (per 1,000 live births)	113 per 1,000
	Infant mortality rate (per 1,000 live births)	91 per 1,000
	Proportion of 1-year-old children immunised against measles	Male: 85.5% Female: 84.3% Total: 84.9%
5. Improve maternal health	Maternal Mortality Ratio (per 100,000 live births)	762 per 100,000
	Proportion of births attended by skilled health personnel	55.4%
6. Combat HIV/AIDS, malaria, and other diseases	Condom use rate of the contraceptive prevalence rate (any modern method, currently married women 15-49)	14.5%
	Condom use at last high-risk sex (population age 15-24)[4]	Male: 47.6% Female: 50.1%
	Percentage of population age 15-24 years with comprehensive correct knowledge of HIV/AIDS[5]	Male: 18.4% Female: 25.8%
	Contraceptive prevalence rate (any modern method, currently married women 15-49)	35.2%
	Ratio of school attendance of orphans to school attendance of non-orphans age 10-14 years	1.0
7. Ensure environmental sustainability	Proportion of population using solid fuels[6]	Urban: 9.9% Rural: 80.2% Total: 67.8%
	Proportion of population with sustainable access to an improved water source, urban and rural[7]	Urban: 90.1% Rural: 57.3% Total: 50.9%
	Proportion of population with access to improved sanitation, urban and rural[8]	Urban: 92.3% Rural: 48.0% Total: 55.8%

[1] Excludes children with parental status missing
[2] Refers to respondents who attended secondary school or higher and women who can read a whole sentence
[3] Wage employment includes respondents who receive wages in cash or in cash and kind.
[4] High risk refers to sexual intercourse with a partner who neither was a spouse nor who lived with the respondent; time frame is 12 months preceding the survey.
[5] A person is considered to have a comprehensive knowledge about AIDS when they say that use of condoms for every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus, that a healthy-looking person can have the AIDS virus, and when they reject the two most common local misconceptions. The most common misconceptions in Lesotho are that AIDS can be transmitted through mosquito bites and that a person can become infected with the AIDS virus by sharing food or utensils with someone who is infected.
[6] Charcoal, firewood, straw, dung, or crop waste
[7] Improved water sources are: household connection (piped), public standpipe, borehole, protected dug well, protected spring, or rainwater collection.
[8] Improved sanitation technologies are: connection to a public sewer, connection to septic system, pour-flush latrine, simple pit latrine, or ventilated improved pit latrine.

Lesotho Demographic and Health Survey 2004

Ministry of Health and Social Welfare
Maseru, Lesotho

Bureau of Statistics
Maseru, Lesotho

ORC Macro
Calverton, Maryland, USA

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FOREWORD

The 2004 Lesotho Demographic and Health Survey (LDHS) was commissioned by the Ministry of Health and Social Welfare to provide countrywide population-based information on maternal and child mortality, nutrition, fertility levels, family planning, sexually transmitted infections (STIs), HIV/AIDS and tuberculosis (TB). The findings from the survey will provide data to benchmark progress on the ongoing Health Sector Reforms and at the same time complement information needs for defining global targets such as the Millennium Development Goals (MDGs) and the United Nations General Assembly Special Summit on HIV/AIDS (UNGASS).

The mainstay of the survey was a structured interview with a nationally representative sample of residents of more than 9,000 households on their health status, knowledge, attitudes, and behaviour. Selected biomarkers including anaemia and HIV testing as well as a number of anthropometric indices were also measured.

The main findings of the survey included relatively high coverage for basic childhood immunisations, increasing contraceptive prevalence, relatively low fertility levels and high levels of ANC attendance. An important aspect of the survey was the large amount of information obtained on HIV/AIDS, STIs, and TB knowledge and behaviour. The survey findings indicated high levels of infant mortality and maternal mortality and high prevalence of HIV.

The Ministry of Health and Social Welfare (MOHSW) wishes to applaud the technical partnership between the Lesotho Bureau of Statistics (BOS) and the MOHSW during the implementation of the survey. The arrangement highlighted synergies between the two sister institutions that should be strengthened. Among others, the joint implementation of the survey by the MOHSW and BOS ensured maximum utilisation of the resources and skills in field surveys and bio-surveys of both these institutions.

The success of this survey would not have been possible without the additional financial support received from Development Cooperation of Ireland (DCI), The World Bank and United Nations Children's Fund (UNICEF). Other supporting partners were the United Kingdom Department for International Development (DFID), the World Health Organisation (WHO) and the United States Agency for International Development (USAID).

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The MOHSW also wishes to express its appreciation for the professional guidance received from ORC Macro, from preparation to completion of the survey. The staff from the MOHSW and BOS who worked closely with ORC Macro, for almost two years, benefited from their integrity and work ethics. They were able to pick up some best practices that will be of use in future surveys.

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SUMMARY OF FINDINGS

The 2004 Lesotho Demographic and Health Survey (2004 LDHS) is a nationally representative survey of 7,095 women age 15-49 and 2,797 men age 15-59 from 8,592 households covering 405 sample points (enumeration areas) throughout Lesotho. This survey is the first national-level population and health survey conducted as part of the global Demographic and Health Surveys (DHS) programme and is designed to provide data to monitor the population and health situation in Lesotho. The survey utilised a two-stage sample based on the 1996 Population Census and was designed to produce separate estimates for key indicators for each of the ten districts in Lesotho. Data collection took place over a three-month period, from late September 2004 to mid-January 2005.

The survey obtained detailed information on fertility levels, marriage, sexual activity, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutritional status of women and young children, childhood mortality, maternal and child health, awareness and behaviour regarding HIV/AIDS, other sexually transmitted infections (STIs), and tuberculosis. In addition, the 2004 LDHS carried out anaemia testing in children and adults and HIV testing in adults.

The 2004 LDHS was implemented by the Lesotho Ministry of Health and Social Welfare (MOHSW) in collaboration with the Lesotho Bureau of Statistics (BOS). Technical assistance was provided by ORC Macro through the MEASURE DHS programme. Financial support for the survey was provided by the Government of Lesotho and a number of donor agencies namely, Development Cooperation of Ireland (DCI), the World Bank, the United Nations Children's Fund (UNICEF), the British Department for International Development (DFID), the World Health Organisation (WHO, and the United States Agency for International Development (USAID).

FERTILITY

Fertility Levels and Trends. Lesotho has a wealth of demographic data. Changes in fertility levels over time can be tracked by examining fertility estimates from various surveys and censuses, spanning the last three decades. Comparing data from the 2004 LDHS with that of previous censuses and surveys indicates that the total fertility rate (TFR) declined significantly over the last three decades of the 20th century, going from a high of 5.4 children per woman in the mid-1970s and 5.3 in the mid-1980s to 4.1 in the mid-1990s, 4.2 children in 2001, and 3.5 children per woman in 2004. With a current TFR of 3.5, Lesotho's fertility rate is one of the lowest in sub-Saharan Africa.

Fertility Differentials. Differentials by background characteristics are marked. Rural women have more than twice as many children (4.1 children per woman) as urban women (1.9 children per woman). The total fertility rate is highest in the Mountains zone (4.9 children per woman) and lowest in the Lowlands (2.9 children per woman). As expected, a woman's education is strongly associated with fertility. For example, the TFR decreases from 4.2 children for women with some primary education to 2.8 children for women with at least some secondary education. Fertility is also very closely related to household economic status. Women who live in households in the lowest wealth quintile have high fertility (5.2 children) while those in households in the highest wealth quintile have low fertility (2.0 children).

Unplanned Fertility. Despite a steady rise in the level of contraceptive use over the last fifteen years, the 2004 LDHS data indicate that unplanned pregnancies are common in Lesotho. Overall, 38 percent of births in Lesotho are unwanted, while 12 percent are mistimed (wanted later).

Fertility Preferences. There is considerable desireon the part of currently married women in Lesotho to control the timing and number of births. More than

half of married women (54 percent) either do not want a/nother child or are sterilised. Nationally, 43 percent of married women want to have another child—26 percent want a child later and 17 percent want a child soon (within two years). The 2004 LDHS results show that the mean ideal family size among women in Lesotho is 3.5 children.

FAMILY PLANNING

Knowledge of Contraception. Knowledge of family planning is nearly universal, with 97 percent of all women age 15-49 and 96 percent of all men age 15-59 knowing at least one modern method of family planning. Among women, the most widely known methods of family planning are the male condom (94 percent), injectables (86 percent), the pill (85 percent), and the female condom (72 percent). Sixty-two of women have heard of the IUCD, while 52 percent have heard of female sterilisation.

Use of Contraception. The contraceptive prevalence rate among married women is 37 percent. More than one-third of currently married women use a modern method (35 percent), while 2 percent use a traditional method. Injection, the pill, and the male condom are the most commonly used contraceptive methods, and are currently used by 15, 11, and 5 percent of currently married women, respectively.

Trends in Contraceptive Use. Current use of contraception by married women decreased between the 2001 Lesotho Demographic Survey (41 percent) and the 2004 LDHS survey (37 percent). However, it is difficult to interpret this trend because the two surveys differed considerably in their approach to data collection regarding contraceptive knowledge and use, as well as sample size.

Differentials in Contraceptive Use. Currently married women in urban areas are more likely to use contraception (50 percent) than those in rural areas (34 percent). Considering ecological zones, married women in the Lowlands (46 percent) are more than twice as likely to be using contraception as women in the Mountains (22 percent). Current contraceptive use also varies markedly by district; it is highest among married women in Mafeteng (49 percent) and lowest in Mokhotlong (15 percent). With the exception of Mafeteng, for all residential categories, injectables are generally the most widely used method, followed by the pill.

Contraceptive use increases with level of education, from 9 percent among currently married women with no education to 49 percent among currently married women who have at least some secondary education.

Source of Modern Methods. In Lesotho, public (government) facilities provide contraceptive methods to 57 percent of users, while 12 percent are supplied through CHAL, 19 percent through the private medical sector, and 10 percent through other private sources (e.g., shops). Most users obtain methods at fixed sites; less than 2 percent say they got their method through community-based distribution or a community health worker.

The most common source of contraceptive methods in Lesotho is government health centres, which supply just over one-fourth of all users of modern methods. Government hospitals supply about one-fifth of users. Somewhat surprisingly, government sources supply a larger proportion of users of pills and injections than users of long-term methods like the IUCD. Public sector providers are the most common source for male condoms followed by other sources such as shops, friends, or relatives (42, 26, and 11 percent, respectively).

Unmet Need for Family Planning. Almost one-third of married women in Lesotho have an unmet need for family planning. Unmet need for limiting births (20 percent) is higher than unmet need for spacing births (11 percent). Only 55 percent of the demand for family planning is currently being met, implying that the needs of about one in two women in Lesotho are not being met.

MATERNAL HEALTH

Antenatal Care. A relatively high percentage of women, 90 percent, receive antenatal care from a medical professional, either from doctors (7 percent) or nurses or midwives (83 percent). One percent of women receive antenatal care from traditional birth attendants, while 9 percent do not receive any antenatal care. The 2004 LDHS data indicate an improvement since the 2000 End of Decade Multiple Cluster Survey (EMICS), which reported 53 percent coverage for antenatal care from a health professional.

Sixty percent of women received at least two doses of tetanus toxoid for their most recent birth in the five years preceding the survey, 19 percent received one tetanus toxoid injection and 18 percent received none.

Delivery Care. Nationally, more than half of births in the five years preceding the survey (52 percent) were delivered in health facilities: 38 percent in public health facilities, 2 percent in private health facilities, and 13 in CHAL facilities. Forty-five percent of births occurred at home. The data also show that medically trained providers assisted with 55 percent of deliveries, TBAs assisted with 13 percent of deliveries, and relatives or friends attended 30 percent of deliveries.

Postnatal Care. About one in four women (23 percent) who had a live birth in the five years preceding the survey received postnatal care within two days of delivery, 3 percent received postnatal care 3-6 days after delivery, and 2 percent received postnatal care 7-41 days after delivery. About three-fourths of women who had a live birth in the five years preceding the survey did not receive any postnatal care.

CHILD HEALTH

Childhood Mortality. Data from the 2004 LDHS show an upward trend in the early childhood mortality rates over time. Data for the most recent five-year period suggests that one of every nine children dies before reaching age five—under-five mortality is 113 deaths per 1,000 live births. About eight in ten of these deaths occur in the first year of life—infant mortality is 91 deaths per 1,000 live births and child mortality is 24 deaths per 1,000 children age one. Neonatal and postneonatal mortality each accounted for 46 deaths per 1,000 live births in the most recent five-year period. The pattern shows that deaths occurring during the neonatal and postneonatal periods account for 81 percent of all deaths under the age of five years.

Childhood Vaccination Coverage. Nationally, 68 percent of children age 12-23 months are fully immunised, while 2 percent have received no vaccinations. Ninety-five percent of children have received BCG and the first dose of polio vaccine, while 94 percent have received the first dose of DPT. While coverage for the first dose of DPT and polio is high, the proportion of children receiving the recommended third dose of DPT and polio is lower (83 percent and 80 percent, respectively), as is the proportion receiving a measles vaccination (85 percent). Hepatitis B1, B2, and B3 have recently been added to the Lesotho immunisation schedule for children. Overall, 31 percent of children age 12-23 months received Hepatitis B1 vaccine, 22 percent received Hepatitis B2, and 14 percent received Hepatitis B3.

Child Illness and Treatment. Among children under five years of age, 19 percent were reported to have had symptoms of acute respiratory illness in the two weeks preceding the survey and 26 percent were reported to have had fever during the same period. Of these, 54 percent were taken to a health facility or provider for treatment. Fourteen percent of children under five years had diarrhoea in the two weeks preceding the survey. Thirty-one percent of children with diarrhoea were taken to a health provider. Forty-one percent of children with diarrhoea were given a solution made from oral rehydration salts (ORS), 55 percent received recommended home fluids (RHF) and 32 percent were given increased fluids. Overall, eight in ten children received ORS, RHF, or increased fluids.

NUTRITION

Breastfeeding Practices. The data indicate that the majority (95 percent) of children in Lesotho are breastfed for some period of time. Sixty-three percent of infants were put to the breast within one hour of birth, and 85 percent started breastfeeding within the first day. The 2004 LDHS data indicate that supplementary feeding of children begins early. Among newborns less than two months of age, 27 percent are receiving supplementary foods or liquids other than water. The median duration of breastfeeding in Lesotho is 21 months. The median duration of exclusive breastfeeding is at less than one month.

One in three children under six months in Lesotho is given a feeding bottle with a nipple.

Iodisation of household salt. Ninety-three percent of the households interviewed in the 2004 LDHS had their salt tested for iodine, while 5 percent had no salt available in the household. Only 2 percent of households are consuming salt that is not iodised,

7 percent of households are consuming inadequately iodised salt (<15 ppm) and 91 percent are consuming adequately iodised salt (15+ ppm).

Intake of Vitamin A. Ensuring that children between six months and 59 months receive enough vitamin A may be the single most effective child survival intervention. Deficiencies in this micronutrient can cause blindness and can increase the severity of infections such as measles and diarrhoea. Fifty-five percent of children age 6-59 months are reported to have received a vitamin A supplement in the 6 months preceding the survey. Forty-nine percent of children under age three who live with their mothers consume fruits and vegetables rich in vitamin A.

Seventeen percent of mothers with a birth in the past five years reported receiving a vitamin A dose postpartum. Four percent of interviewed women reported night blindness during pregnancy. When this figure was adjusted for blindness not attributed to vitamin A deficiency during pregnancy, the data showed that only 1 percent of women experienced night blindness during their last pregnancy.

Prevalence of Anaemia. Iron-deficiency anaemia is a major threat to maternal health and child health. Overall, about half of children age 6-59 months in Lesotho (49 percent) have some level of anaemia, including 22 percent of children who are mildly anaemic, 25 percent who are moderately anaemic, and 1 percent who are severely anaemic.

The prevalence of anaemia is less pronounced among women than among children. Twenty-seven percent of women age 15-49 are anaemic, with 19 percent mildly anaemic, 8 percent moderately anaemic, and about 1 percent severely anaemic.

Nutritional Status of Children. According to the 2004 LDHS, 38 percent of children under five are stunted and 15 percent are severely stunted. Four percent of children under five are wasted and 1 percent are severely wasted. Weight-for-age results show that 20 percent of children under five are underweight, with 4 percent severely underweight. Children whose biological mothers were not in the household are more likely to be malnourished than children whose mothers were interviewed.

The proportion of children under five who are stunted has decreased from 45 percent in 2000 to 38 percent in 2004. The proportion underweight increased slightly from 18 percent in 2000 to 20 percent in 2004.

Nutritional Status of Women. The mean height of women in Lesotho is 157 centimetres, which is above the critical height of 145 centimetres. Only 2 percent are below 145 centimetres. Six percent of women were found to be chronically malnourished (BMI less than 18.5), while 42 percent are overweight or obese.

Awareness of AIDS. Almost all (94 percent) women and men (93 percent) have heard of AIDS, indicating that awareness of AIDS in Lesotho is universal. Almost eight in ten women (78 percent) and seven in ten men age 15-49 (70 percent) know that condom use is an important method of AIDS-prevention. Eighty-two percent of women and 76 percent of men said that the chances of getting the AIDS virus (HIV) can be reduced by limiting sex to one faithful uninfected partner. Knowledge of both of these ways of avoiding HIV transmission is high, with 71 percent of women and 60 percent of men citing both as ways of reducing the risk of contracting HIV/AIDS. Three-fourths of women (78 percent) and men (75 percent) know that abstaining from sex reduces the chances of getting AIDS.

Knowledge that a healthy-looking person can have the AIDS virus is widespread. Three-fourths of women (75 percent) and about seven in ten men (69 percent) are aware that a healthy-looking person can have the AIDS virus. The two most common misconceptions about the transmission of the AIDS virus are that HIV can be transmitted by mosquito bites and that a person can become infected with the AIDS virus by sharing food or utensils with someone who is infected with HIV/AIDS. Forty-four percent of women and 43 percent of men know that HIV cannot be transmited by mosquito bites, while 58 percent of women and 49 percent of men know that a person cannot become infected with the AIDS virus by sharing food or utensils with someone who has AIDS.

A person is considered to have a comprehensive knowledge about AIDS when they report that 1) using

a condom every time sexual intercourse occurs and having just one uninfected and faithful partner can reduce the chances of contracting HIV/AIDS, 2) a healthy-looking person can have the AIDS virus, and 3) that they reject the two most common local misconceptions about how HIV/AIDS is transmitted. In Lesotho, only 24 percent of women and 19 percent of men age 15-49 have comprehensive knowledge of HIV/AIDS transmission and prevention methods.

HIV-Related Behavioural Indicators. One of the strategies for reducing the risk of contracting a sexually transmitted infection (STI) is for young persons to delay the age at which they become sexually active. Fifteen percent of young women and 27 percent of young men have had sex by age 15. Forty-seven percent of women and 52 percent of men reported they had first sexual intercourse by age 18.

Sexual intercourse with a non-marital or non-cohabiting partner is associated with an increased risk of contracting sexually transmitted infections. Thirty-six percent of women and 63 percent of men age 15-49 reported engaging in higher-risk sexual behaviour in the 12 months preceding the survey. Even more disturbing is the fact that four in ten (42 percent) women age 15-24 and half of men in the same age cohort reported engaging in higher-risk sexual behaviour during the past year.

Sexual intercourse with more than one partner is associated with a high risk of exposure to sexually transmitted infections. Eleven percent of women and 30 percent of men age 15-49 reported having sexual intercourse with more than one partner in the 12 months preceding the survey.

Promoting the use of condoms is an important strategy in the fight against HIV/AIDS transmission. Overall, 42 percent of women and 49 percent of men age 15-49 used a condom during the time they had higher-risk sex.

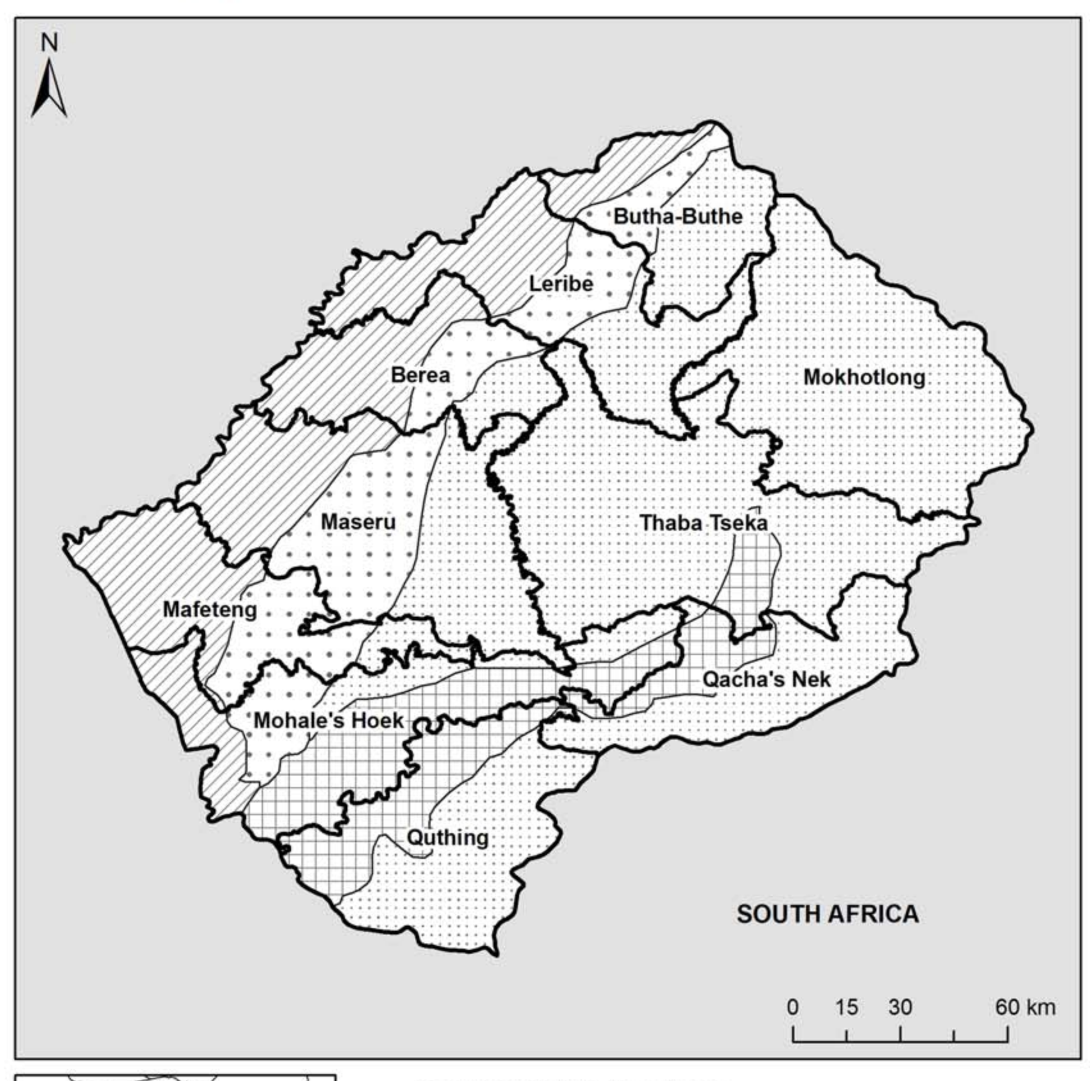
HIV Prevalence. HIV tests were conducted for 81 percent of the 3,758 eligible women and 68 percent of the 3,305 eligible men. Results from the 2004 LDHS indicate that 24 percent of adults in Lesotho are HIV positive. HIV prevalence in women age 15-49 is 26 percent, while for men age 15-59, it is 19 percent. This female-to-male ratio is found in most population-based studies in Africa and implies that young women are particularly vulnerable to HIV infection compared with young men. For both sexes, rates of infection rise with age, peaking at 43 percent among women in their late 30s and 41 percent among men age 30-34. HIV prevalence is substantially higher among women than men under age 30 while, at ages 40-49, the pattern reverses and prevalence among men exceeds that among women.

Patterns of HIV Prevalence. Urban residents are more likely to be HIV positive than rural residents (29 and 22 percent, respectively), with the urban-rural differential for women being higher than that for men. Among the four ecological zones, Lowlands has the highest rates of infection for both females and males (28 and 20 percent, respectively). Looking at the districts, Leribe has the highest infection rate for both women and men, while Thaba-Tseka and Mokhotlong have the lowest rate for women, and Mokhotlong and Qacha's Nek have the lowest rate for men.

Differences in infection levels across education categories are not large, although having attended school is related to somewhat lower infection levels among both women and men. One-third of employed women and one-fourth of employed men are HIV positive, compared with 23 percent of unemployed women and 16 percent of unemployed men. The relationship between HIV status and economic level (wealth quintile) is not uniform; however, the lowest HIV rates are found among women and men in the lowest wealth quintile.

Results from the 2004 LDHS indicate that for 66 percent of cohabiting couples, both partners are HIV negative, while in 20 percent of couples, both partners are HIV positive. In 13 percent of couples, there is discordance in HIV-positive status, i.e., one partner is infected and the other is not.

LESOTHO



Topographic Regions

Foothills
Mountains
Lowlands
Senqu River Valley