

# LESOTHO

MULTIPLE INDICATOR CLUSTER SURVEY

GENERATING EVIDENCE TO DELIVER FOR CHILDREN



STATISTICAL SNAPSHOTS: KEY SURVEY FINDINGS

# 2018



 MICS



GENERATING EVIDENCE TO DELIVER FOR CHILDREN

# Lesotho MICS

## Multiple Indicator Cluster Survey 2018

### Statistical Snapshots: Key Survey Findings

*October 2019*



# BACKGROUND

The Lesotho Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Bureau of Statistics under the Ministry of Development Planning as part of the Global MICS Programme. Technical and financial supports were provided by the United Nations Children's Fund (UNICEF). Ministry of Health/World Bank, GAVI, UNDP, UNFPA and WFP also financially contributed to the survey.

The Global MICS Programme was developed by UNICEF in the 1990s as an international multi-purpose household survey programme to support countries in collecting internationally comparable data on a wide range of indicators on the situation of children and women. MICS surveys measure key indicators that allow countries to generate data for use in policies, programmes, and national development plans, and to monitor progress towards the Sustainable Development Goals (SDGs) and other internationally agreed upon commitments. The objectives for the 2018 Lesotho MICS are;

- To provide accurate and reliable information regarding the socio-economic and demographic situation of women and children in Lesotho.
- To provide indicators for measuring progress towards national development programmes such as NSDP in a timely and accurate manner.
- To serve as a key source of data on child protection, early childhood education, child health and nutrition.
- To serve as a benchmark for monitoring the international programmes such as SDG indicators.

The Statistical Snapshots: Key Survey Findings is published to provide policy makers, managers and other data users with a brief overview of the survey findings.

For more information on the Global MICS Programme, please go to [mics.unicef.org](https://mics.unicef.org).

Suggested citation:

Bureau of Statistics. 2019. Lesotho Multiple Indicator Cluster Survey 2018, Statistical Snapshots: Key Survey Findings. Maseru, Lesotho: Bureau of Statistics.

© Photographs sourced from UNICEF Lesotho.

# TABLE OF CONTENTS

Sample and Survey Characteristics.....	2
Mass Media, Communications and Internet.....	6
Child Mortality.....	11
Fertility and Family Planning.....	14
Maternal and Newborn Health.....	18
Child Health and Care of Illness.....	23
Infant and Young Child Feeding (IYCF).....	26
Nutritional Status of Children.....	29
Early Childhood Development (ECD).....	32
Education.....	35
Early Grade Learning and Parental Involvement.....	40
Birth Registration.....	45
Child Discipline.....	48
Child Labour.....	51
Child Marriage.....	54
Drinking Water, Sanitation and Hygiene - WASH.....	57
Gender Equality.....	64



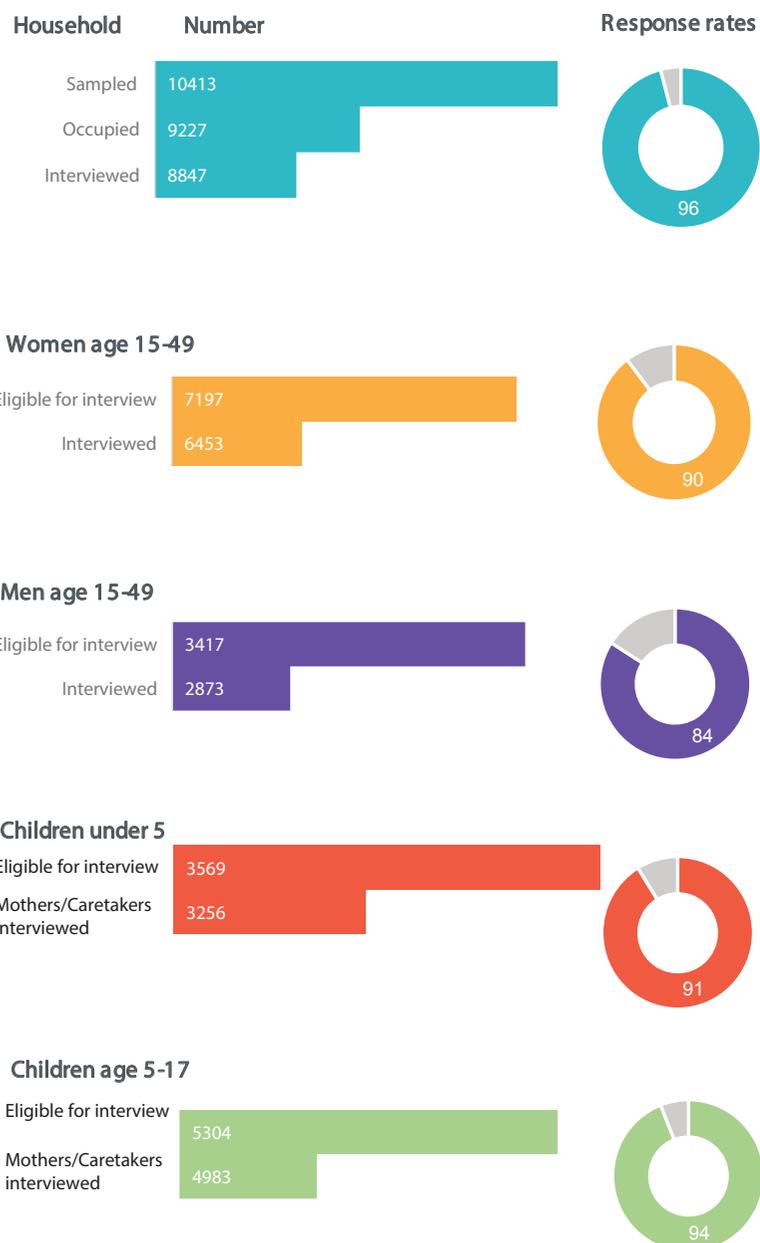
**SAMPLE & SURVEY  
CHARACTERISTICS**

# LESOTHO 2018

## SAMPLE & SURVEY CHARACTERISTICS



### Response Rates



### Survey Implementation

**Implementing agency:**  
Bureau of Statistics

**Sampling frame:**  
2016 Population and Housing Census

**Listing & mapping:**  
November 2017 to January 2018

**Interviewer training:**  
March to April 2018

**Fieldwork:**  
April to September 2018

**Questionnaires:**  
Household  
Women age 15-49  
Men age 15-49  
Children under 5  
Children age 5-17  
Water Quality  
Anthropometry

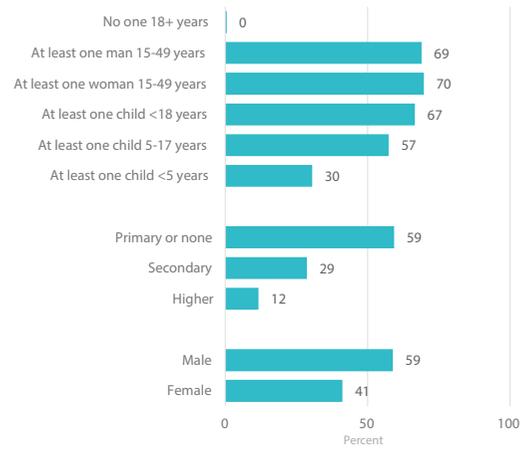
## Population Characteristics

### Household Population Age & Sex Distribution



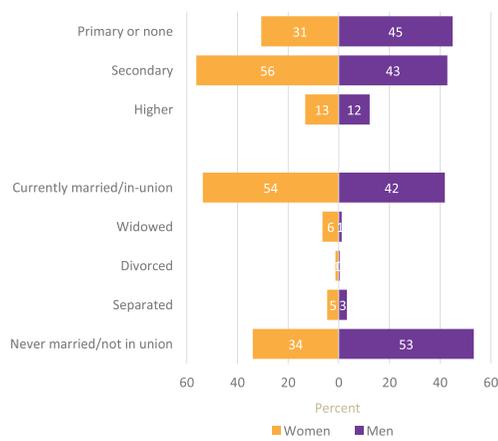
Percent distribution of household population by age group and sex

### Household Composition & Characteristics of Head of household



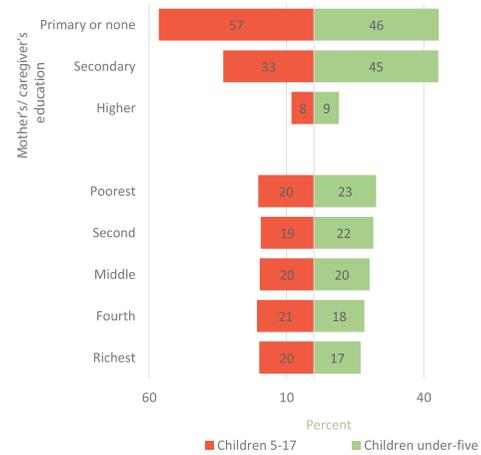
Percent of households by selected characteristics

### Women & Men's Profile



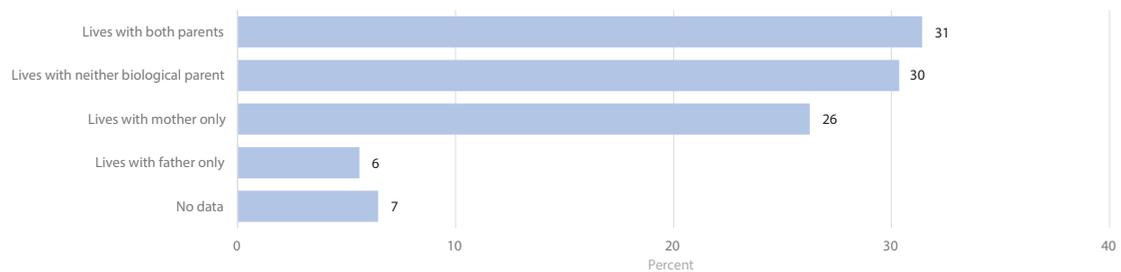
Percent distribution of women and men age 15-49 by background characteristics

### Children's Profile



Percent distribution of children age 5-17 and under-five by background characteristics

### Children's living arrangements\*



Percent distribution of children age 0-17 years according to living arrangements  
\*Children 0-17 years

### Regional distribution of population (percent)

Ecological Zone	Households	Women	Men	Children under 5	Children 5-17
<b>National</b>	100	100	100	100	100
Lowlands	68	71	67	62	65
Foothills	8	7	9	9	9
Mountains	17	16	19	21	19
Senqu river valley	7	6	6	8	8

## Key Messages

- The broad based population pyramid for Lesotho depicts a large young population relative to the older age groups.
- 3 out of 5 households were headed by a person with primary education.
- Nearly one third of children age 0-17 years were living with neither of their parents.
- Males were more likely to attend up to primary school while women were more likely to attend up to secondary school.
- Women were more likely to transition from primary to secondary school but less likely to transition from secondary to higher education in comparison to males.

The Lesotho Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF), GAVI, World Bank, UNFPA, WFP and UNDP provided financial support.

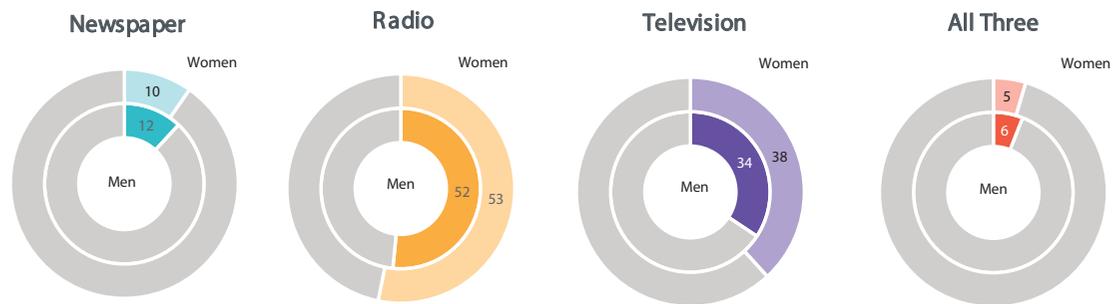
The objective of this snapshot is to disseminate selected findings from the Lesotho MICS 2018 related to Survey and Sample Characteristics. Data from this snapshot can be found in table SR. 1.1, SR. 5.1W, SR.5.1M, SR.5.2, SR.5.3 SR. 2.3 and SR.3.3 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).



# MASS MEDIA, COMMUNICATIONS & INTERNET

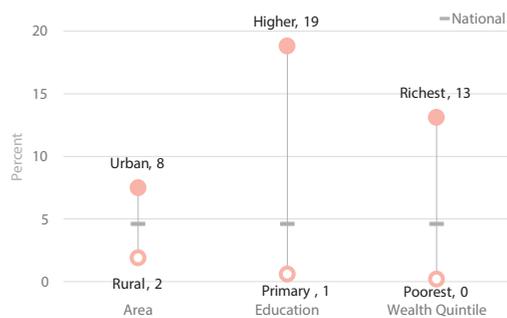
## Exposure to Mass Media



Percentage of women & men age 15-49 years who are exposed to specific mass media (newspaper, radio, television) on a weekly basis and percentage of women & men age 15-49 who are exposed to all three on a weekly basis

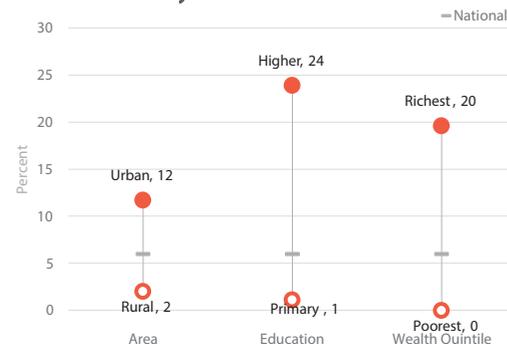
## Inequalities in Access to Mass Media

### Women with Access to Newspaper, Radio & Television Weekly



Percentage of women age 15-49 years who are exposed to newspaper, radio, and television on a weekly basis

### Men with Access to Radio, Newspapers & Television Weekly



Percentage of men age 15-49 years who are exposed to newspaper, radio, and television on a weekly basis

## Key Messages

- Radio was the most popular media source for both males and females. Half of the population age 15 to 49 listened to the radio at least once a week.
- 9 in 10 women and men used a mobile phone in the last three months.
- Less than half of both females and males used the internet in the last three months.
- There are wide gaps for internet use in the last three months by area of residence, education and wealth status for both women and men.
- Households of the richest quintile were fourteen times more likely to access internet at home than those of the poorest quintile.

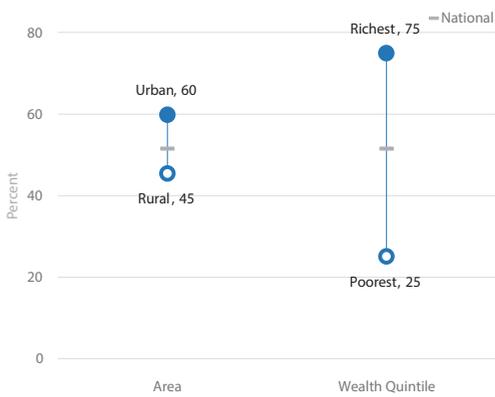
## Household Ownership of Information & Communication Technology (ICT) Equipment & Internet at Home

Ecological Zone	Radio	Television	Telephone-Fixed line	Telephone-Mobile	Computer	Internet at Home
<b>National</b>	<b>52</b>	<b>32</b>	<b>2</b>	<b>92</b>	<b>13</b>	<b>37</b>
Lowlands	58	42	2	95	18	45
Foothills	40	11	1	87	3	19
Mountains	35	12	1	84	4	21
Senqu river valley	41	12	0	87	6	19

Percentage of households which own a radio, television -fixed line, telephone- mobile, computer and that have access to the internet at home

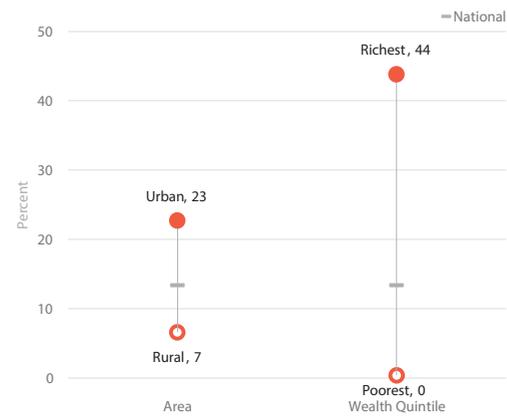
## Inequalities in Household Ownership of ICT Equipment & Internet at Home

### Household Ownership of a Radio



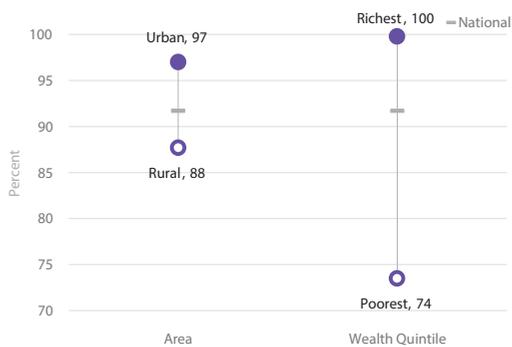
Percentage of households with a radio at home

### Household Ownership of a Computer



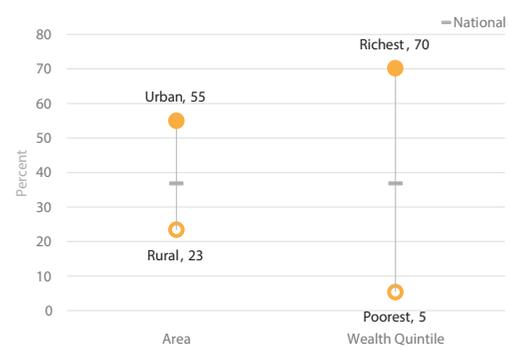
Percentage of households with a computer at home

### Household Ownership of a Mobile Telephone



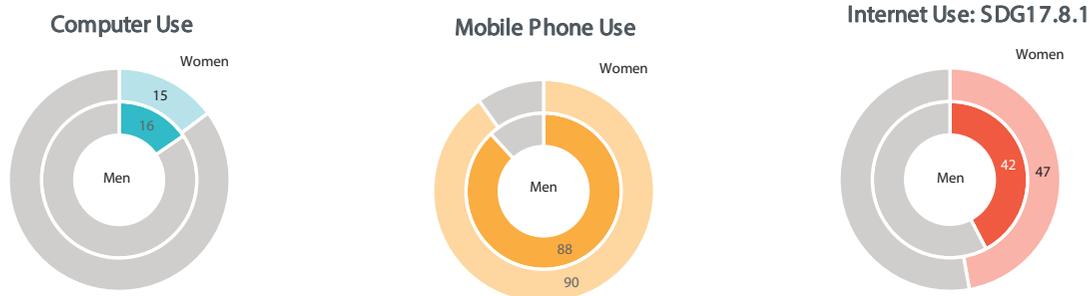
Percentage of households with mobile telephone

### Households with Internet



Percentage of households with access to the internet at home

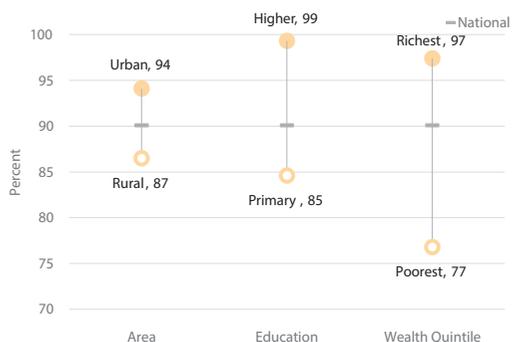
## Use of Information & Communication Technology



Percentage of women and men age 15 -49 years who during the last 3 months used a computer, used a mobile phone and used the internet

## Disparities in Use of Information & Communication Technology

### Disparities in Mobile Phone Use among Women



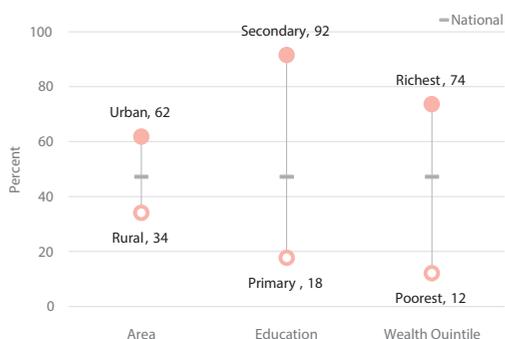
Percentage of women age 15 -49 years who during the last 3 months used a mobile phone

### Disparities in Mobile Phone Use among Men



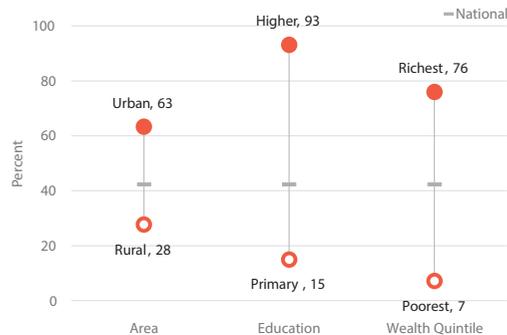
Percentage of men age 15 -49 years who during the last 3 months used a mobile phone

### Disparities in Internet Use among Women: SDG17.8.1



Percentage of women age 15 -49 years who used the internet in the last 3 months

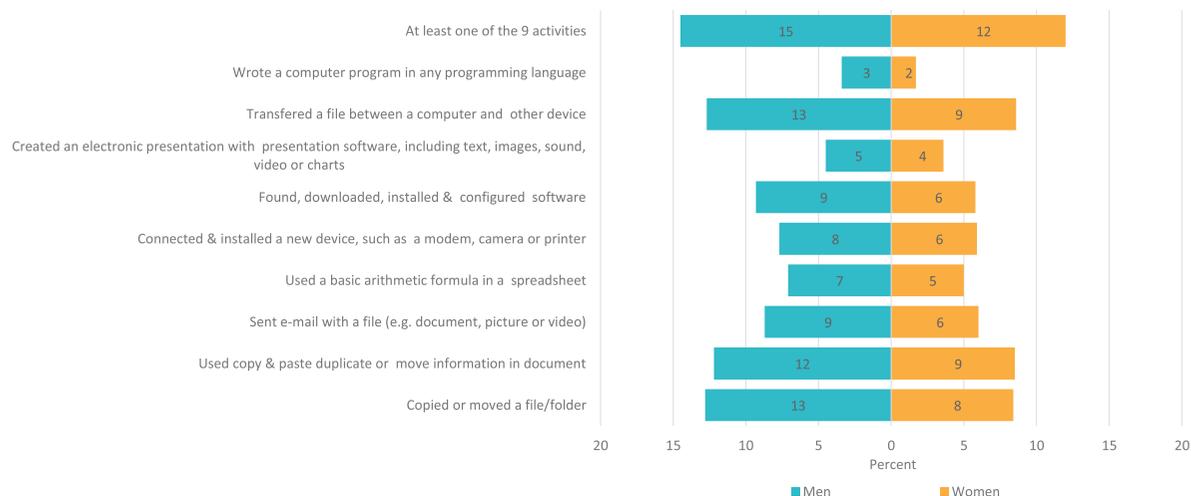
### Disparities in Internet Use among Men: SDG17.8.1



Percentage of men age 15 -49 years who used the internet in the last 3 months

## Information & Communication Technology (ICT) Skills

### Specific Computer Skills



Percentage of women and men age 15 -49 years who in the last 3 months have carried out specific computer related activities and the percentage who have carried out at least one of these activities

### Regional Data on ICT Use & Skills among Women

Ecological zone	Computer Use	Mobile Phone Use	Internet Use	Performed at Least 1 computer-related activity
<b>National</b>	<b>15</b>	<b>90</b>	<b>47</b>	<b>12</b>
Lowlands	18	93	54	15
Foothills	4	84	30	4
Mountains	7	83	30	5
Senqu river valley	7	86	33	6

Percentage of women age 15 -49 years who during the last 3 months used a computer, used a mobile phone and used the internet and percentage who performed at least 1 computer-related activity

The Lesotho Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). GAVI, World Bank UNFPA, WFP and UNDP provided financial support.

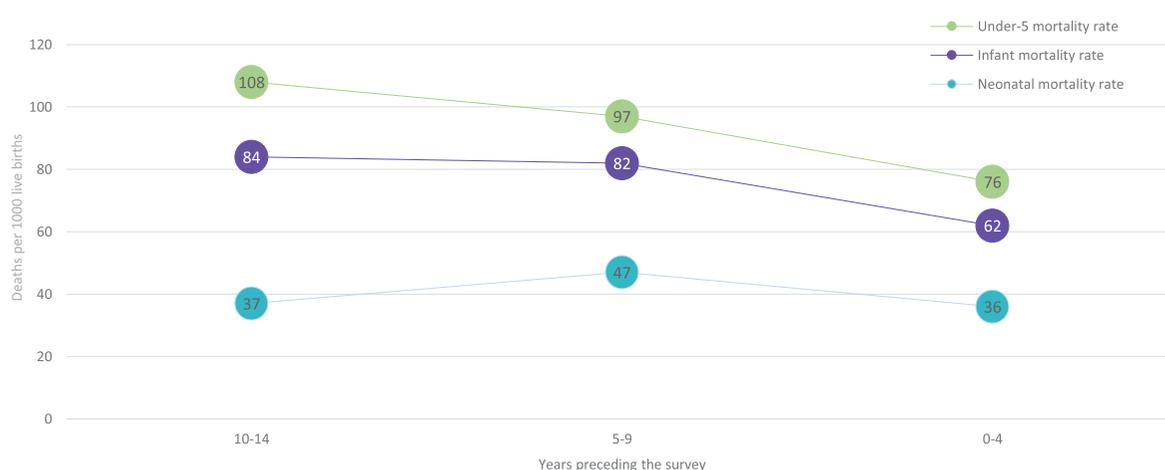
The objective of this snapshot is to disseminate selected findings from the Lesotho MICS 2018 related to Mass Media, Communications & Internet. Data from this snapshot can be found in table SR9.1W, SR9.1M, SR 9.2, SR9.3W, SR9.3M, SR9.4W and SR9.4M .

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

A close-up photograph of a newborn baby's face, partially covered by a hand, with the text "CHILD MORTALITY" overlaid in white. The image has a blue tint and a soft, ethereal quality. The baby's eyes are closed, and the hand is gently holding the baby's head. The background is dark and out of focus.

# CHILD MORTALITY

### Mortality Rates among Children Under-5



Years preceding the survey	Neonatal mortality rate: SDG 3.2.2	Post-neonatal mortality rate	Infant mortality rate	Child mortality rate	Under-5 mortality rate: SDG 3.2.1
0-4	36	26	62	15	76
5-9	47	35	82	17	97
10-14	37	48	84	25	108

**Neonatal mortality (NN):** probability of dying within the first month of life  
**Post-neonatal mortality:** calculated as difference between infant and neonatal mortality rates  
**Infant mortality ( ${}_1q_0$ ):** probability of dying between birth and first birthday  
**Child mortality ( ${}_4q_1$ ):** probability of dying between the first and fifth birthday  
**Under-5 mortality ( ${}_5q_0$ ):** probability of dying between birth and fifth birthday

MICS uses a **direct method for estimation of child mortality**. This involves collecting **full birth histories** whereby women are asked for the date of birth of each of their children, whether the child is still alive, and if not, the age at death.

### Key Messages

- There is a general decline in under -five mortality over the past 15 years.
- The probability of dying was estimated at 76 per 1000 live births for the 0- 4 year period preceding the survey.
- Neonatal mortality deaths contributed to half of all under -five deaths during the 0 -4 year period preceding the survey.
- Children from urban households were more likely to die before reaching age 5 compared to those from rural households.

## Child Mortality Disparities

### Under-5 mortality rate by socio-economic characteristics & area



Under-five mortality rates for the ten year period preceding the survey, by socio-economic characteristics, area and demographic risk factors

### Under-5 mortality rate by demographic risk factors

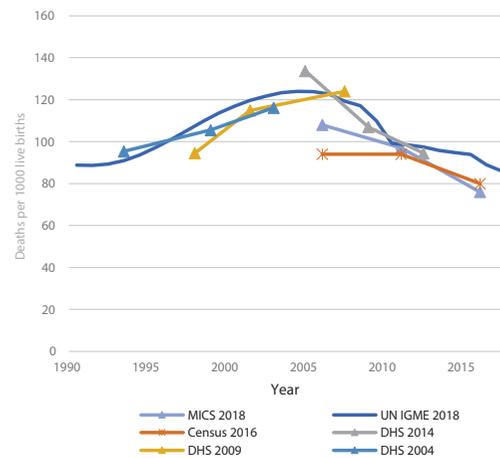


### Neonatal & under-5 mortality rates by region

Ecological Zone	Neonatal mortality	Under-5 mortality
<b>National</b>	<b>42</b>	<b>86</b>
Lowlands	44	90
Foothills	(38)	(73)
Mountains	42	84
Senqu river valley	22	73

Neonatal mortality and under-5 mortality rates (deaths per 1000 live births) for the ten year period preceding the survey, by region  
( ) Figures that are based on 250-499 unweighted cases

### Trends in under-5 mortality rates



The source data used in the above graph is taken from the final reports of 2018 Multiple Indicator Cluster Survey and the 2014, 2009 and 2004 Demographic and Health Surveys as published by IGME, as well as the 2016 Census whose mortality estimates were derived using indirect methods, unlike with the household surveys.

Child mortality source data and child mortality estimates are published on [www.childmortality.org](http://www.childmortality.org) the web portal of the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). Data from the same source may differ between a report and UN IGME web portal as UN IGME recalculates estimates using smaller intervals, longer reference periods and/or calendar years (if data are available).

UN IGME are estimates based on available survey, census and/or vital registration data. These may include both direct and indirect calculation methods. In order to reconcile differences between data sources a smooth trend line is fit through the different data sources.

## Key Messages

- The increase in under-five mortality during the 1990 to early 2000s can be partly attributed to the impact of the AIDS epidemic. Under-five mortality has declined since the mid-2000s.
- MICS 2018 results are consistent with the results of previous surveys collecting full birth histories.
- UN IGME adjusts survey data for mothers that could not report on their deceased children due to HIV/AIDS since they died themselves. This and other adjustments result in slightly higher child mortality estimates.

The Lesotho Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF), GAVI, WORLD BANK, UNFPA, WFP and UNDP provided financial support.

The objective of this snapshot is to disseminate selected findings from the Lesotho MICS 2018 related to Child Mortality. Data from this snapshot can be found in table CS.1, CS2, and CS3 in the Survey Findings Report.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](http://mics.unicef.org/surveys).

A photograph of a woman in a grey long-sleeved shirt and a red skirt with a fringe hem, holding a baby wrapped in a purple and white striped blanket. She is standing in a room with white walls. On the wall behind her, there are several educational posters, including one with a diagram of a human body. To the right, another person in a light blue sweater is seen from the back, standing near a doorway. In the foreground, a woman wearing a pink and white striped headwrap and a black top is sitting, holding a baby wrapped in a pink blanket. She is also holding a green and yellow patterned bag. The entire image has a blue tint.

# FERTILITY & FAMILY PLANNING

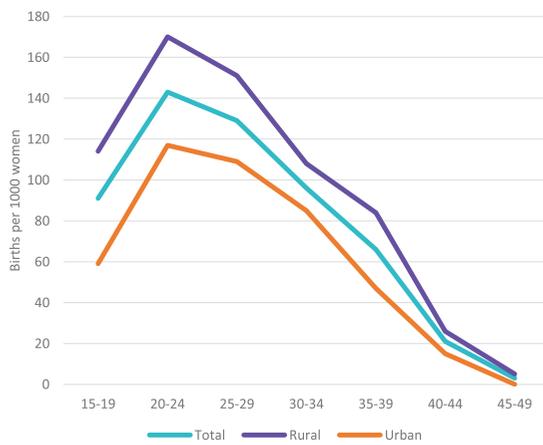
# LESOTHO 2018

## FERTILITY & FAMILY PLANNING



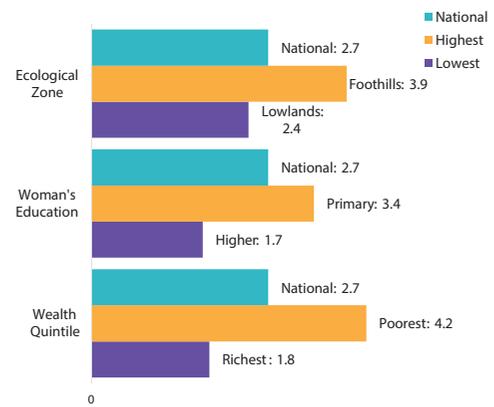
### Fertility

#### Age Specific Fertility Rates



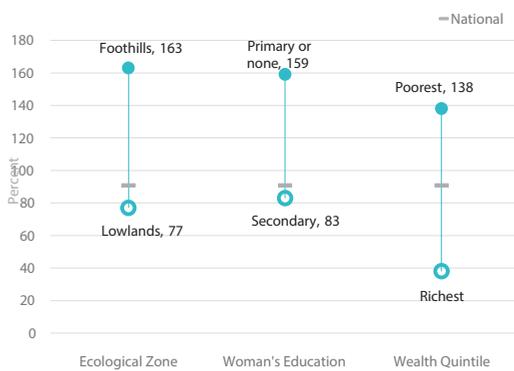
Agespecific fertility rates (ASFR) are the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

#### Total Fertility Rate



The total fertility rate (TFR) is calculated by summing the age-specific fertility rates (ASFRs) calculated for each of the five-year age groups of women, from age 15 through to age 49

#### Adolescent Birth Rate: SDG indicator 3.7.2



Agespecific fertility rate for girls age 15-19 years for the three-year period preceding the survey

Adolescent Birth rate SDG 3.7.2 indicator is under target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

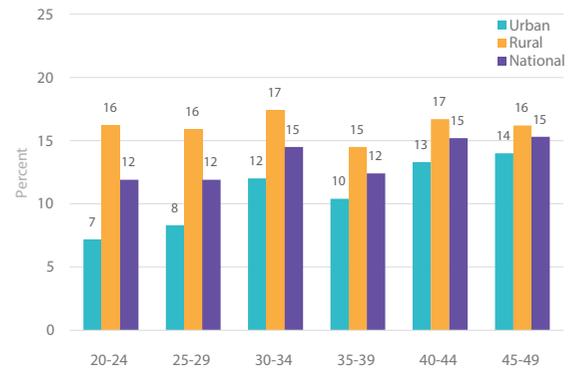
Reducing adolescent fertility and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents. Preventing births very early in a woman's life is an important measure to improve maternal health and reduce infant mortality.

## Early Child Bearing - by Age 18



Percentage of women age 20-24 years who have had a live birth before age 18, by background characteristics

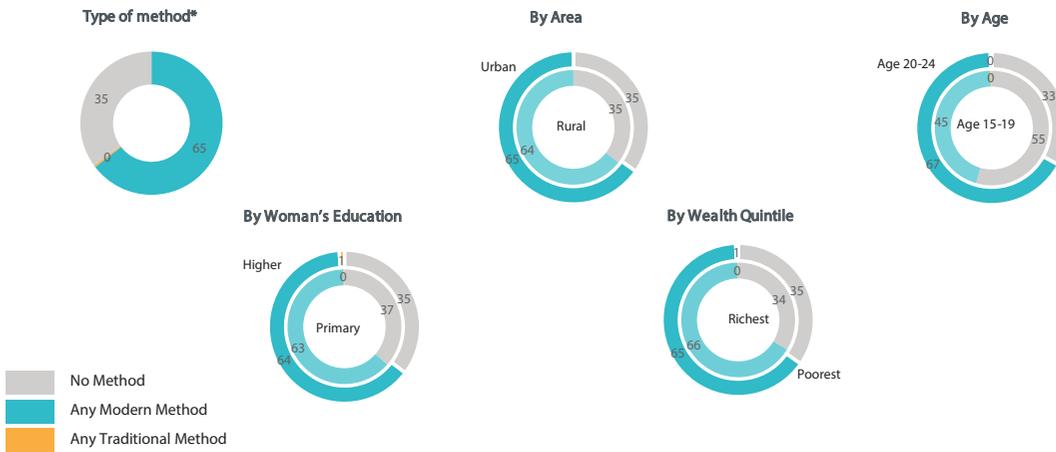
## Trends in Early Child Bearing - by Age 18



Percentage of women who have had a live birth by age 18 by age group

## Family Planning

### Method of Family Planning by Various Characteristics



Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method

\*Modern Methods include female sterilization, male sterilization, IUD, injectables, implants, pills, male condom, Female condom diaphragm, foam, jelly and contraceptive patch  
Traditional methods refer to periodic abstinence and withdrawal

## Met Need for Family Planning

### Met Need for Family Planning - Spacing



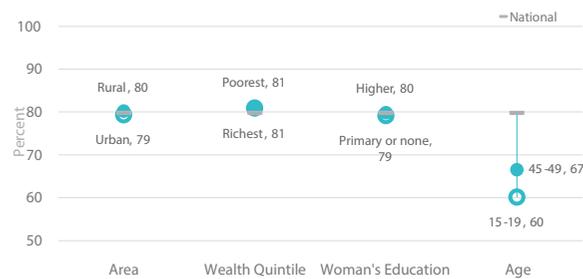
Percentage of women age 15-49 years currently married or in union with a met need for family planning for spacing, by background characteristics

### Met Need for Family Planning - Limiting



Percentage of women age 15-49 years currently married or in union with a met need for family planning for limiting, by background characteristics

## Percentage of Demand for Family Planning Satisfied with Modern Methods - SDG indicator 3.7.1



The proportion of demand for family planning satisfied with modern methods (SDG indicator 3.7.1) is useful in assessing overall levels of coverage for family planning programmes and services. Access to and use of an effective means to prevent pregnancy helps enable women and their partners to exercise their rights to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. Meeting demand for family planning with modern methods also contributes to maternal and child health by preventing unintended pregnancies and closely spaced pregnancies, which are at higher risk for poor obstetrical outcomes.

## Regional Data on Fertility & Family Planning

Ecological Zone	Adolescent Birth Rate	Total Fertility Rate	Child bearing before 15*	Child bearing before 18	Contraception Use of modern method among married / in-union women	Contraception Use of any method among married / in-union women	Demand for family planning satisfied with modern methods among married / in-union women
National	91	2.7	0.3	11.9	64.6	64.9	79.8
Lowlands	77	2.4	0.1	8.7	64.9	65.2	79.5
Foothills	163	3.9	0.0	30.3	63.3	63.3	80.0
Mountains	114	3.6	0.7	16.5	62.9	63.4	79.3
Senqu River valley	91	3.3	0.5	16.5	67.8	68.3	84.0

\*Percentage of women age 20 -24 years who have had a live birth before age 15

## Key Messages

- The current fertility shows that a woman in Lesotho will have an average of 2.7 children in her lifetime.
- The peak age group for child bearing is 20 - 24 years.
- Women are likely to have more births if they reside in the Foothills, have primary education or come from the poorest households. A similar pattern is observed for births among adolescents.
- Women are more likely to have a birth before the age 18 if they have only attended up to primary school.
- 2 out of 3 women age 15 -49 who are currently married or in union are using modern methods of contraception.
- Women age 25 -29 were most likely to have their demand for family planning satisfied using modern methods. There is no gap in demand satisfaction by area of residence, wealth status and level of education.
- Unlike in the other zones, the Foothills, experience the highest adolescent birth rates, highest total fertility rates, highest rate of early childbearing before age 18 and the lowest use of modern contraceptive methods.

The Lesotho Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). GAVI, World Bank, UNFPA, WFP and UNDP provided financial support.

The objective of this snapshot is to disseminate selected findings from the Lesotho MICS 2018 related to Fertility and Family Planning. Data from this snapshot can be found in table TM1.1, TM 2.1, TM2.2W, TM2.3W, TM3.1 and TM3.3.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

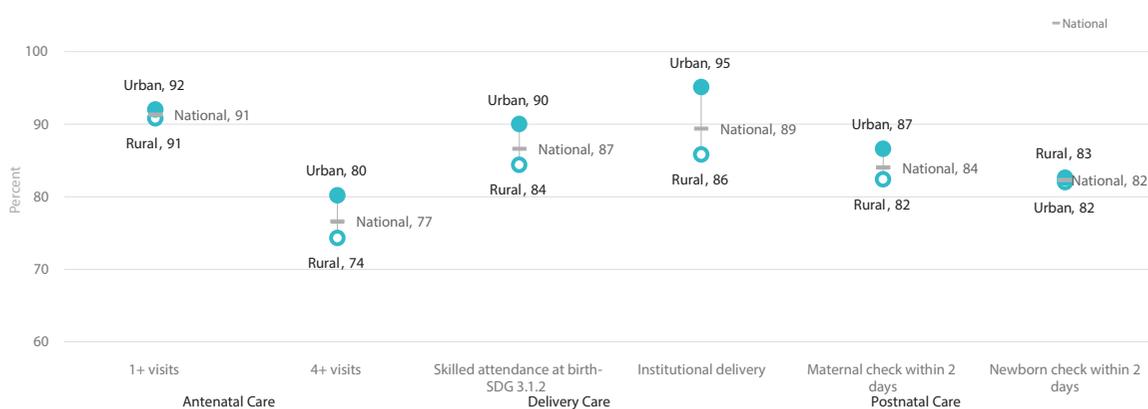


# MATERNAL & NEWBORN HEALTH

WELFARE  
LESOTHO  
(00266) 22226000  
BIO-HAZARDOUS  
FOR INCINERATION  
LITHOLE TSP

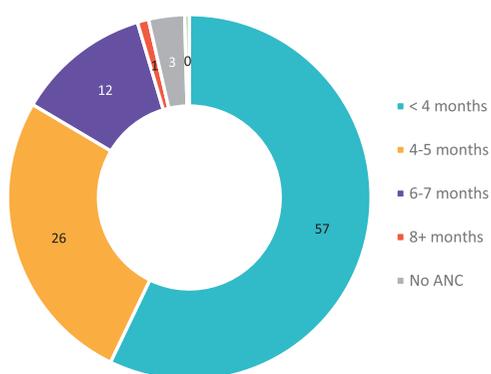
### Key Elements of Maternal & Newborn Health

#### Maternal & Newborn Health Cascade by Area



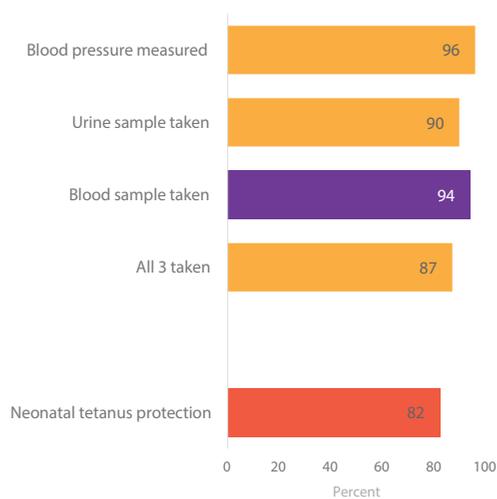
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider, who were attended by skilled health personnel during their most recent live birth (SDG 3.1.2), whose most recent live birth was delivered in a health facility, who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by area

#### Timing of First Antenatal Care Visit



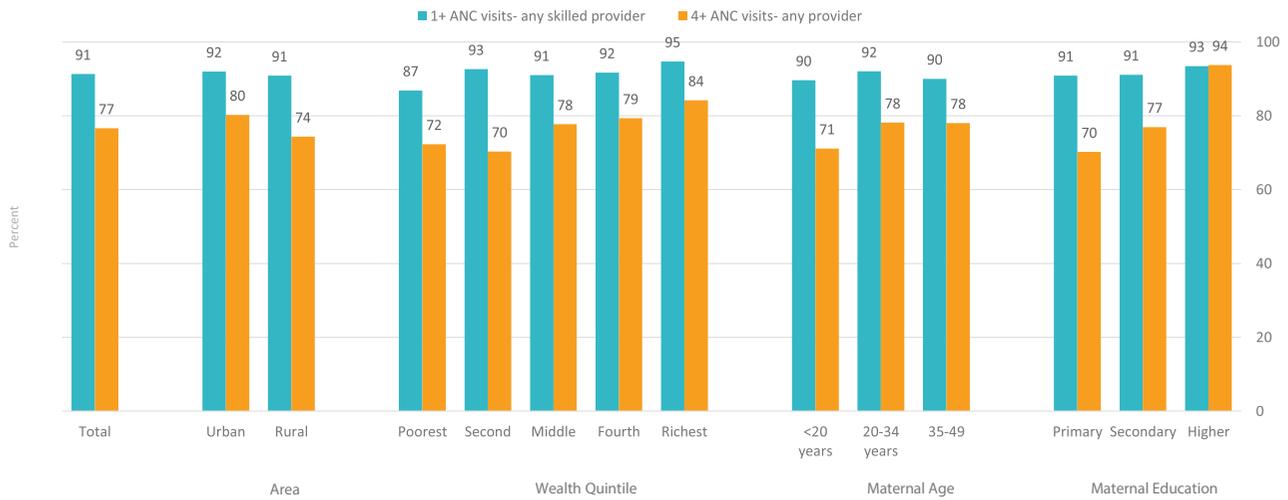
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel, by the timing of first ANC visit

#### Content & Coverage of Antenatal Care Services



Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples, were given at least two doses of tetanus toxoid vaccine within the appropriate interval, took three or more doses of SP/ Fansidar to prevent malaria, reported that during an ANC visit they received information or counselling on HIV, and reported that they were offered and accepted an HIV test during antenatal care and received their results during the last pregnancy that led to a live birth

## Coverage of Antenatal Care by Various Characteristics



Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider

## Coverage of Skilled Attendance at Birth & Institutional Delivery by Area

### Skilled Attendance at Birth

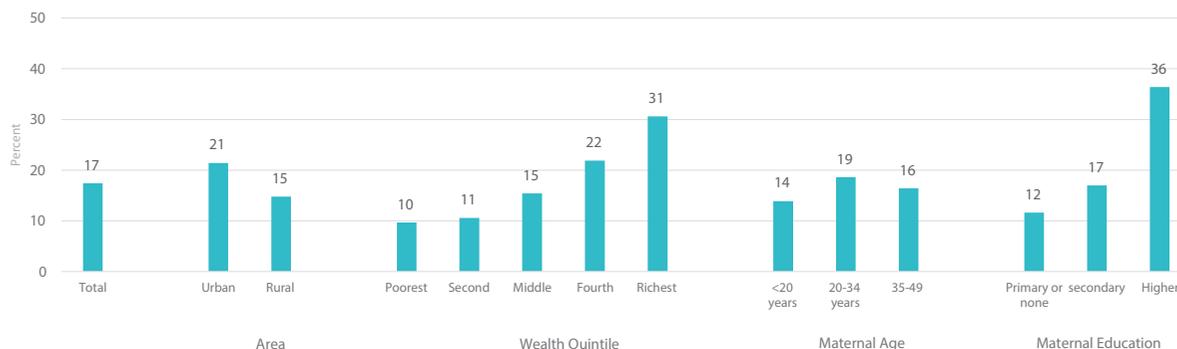


### Institutional Delivery



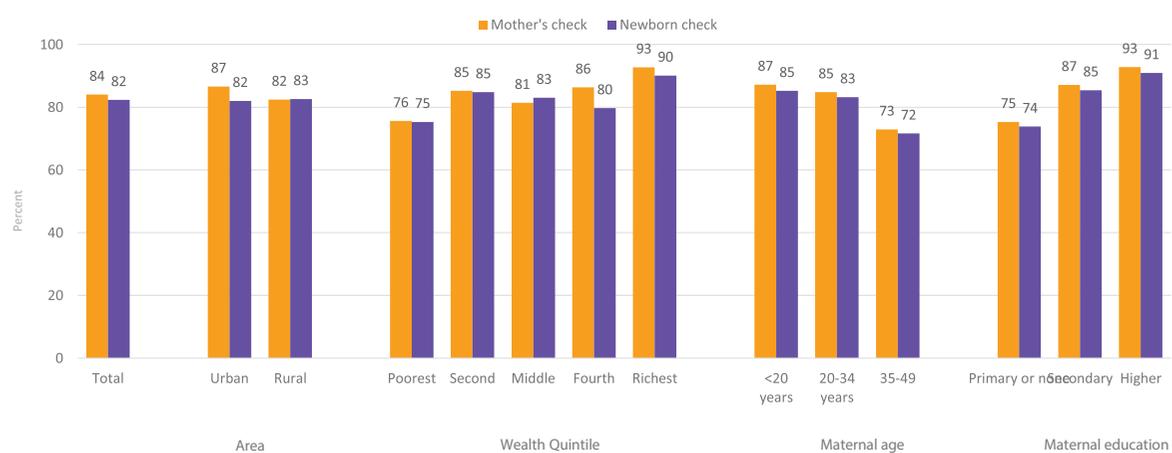
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth and percentage whose most recent live birth was delivered in a health facility (institutional delivery) by area

## Caesarian Section by Various Characteristics



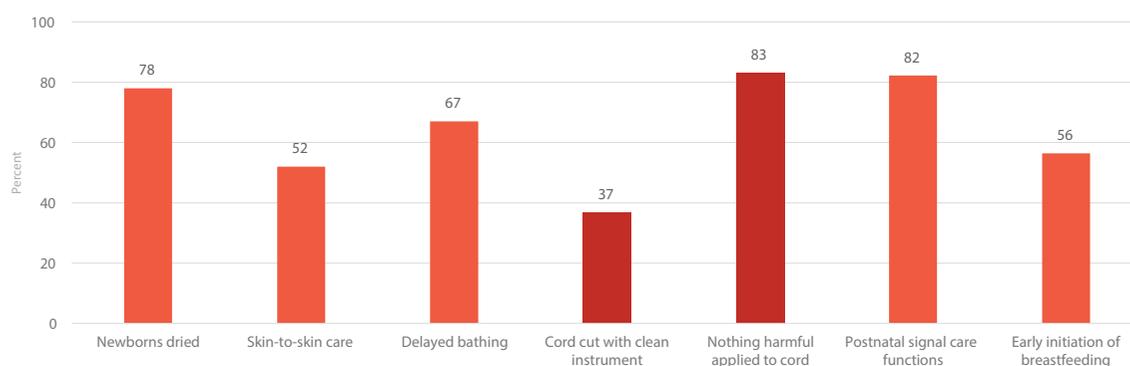
Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered by caesarian section by various characteristics

## Postnatal Care within 2 Days of Birth by Various Characteristics



Percentage of women age 15-49 years with a live birth in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by various characteristics

## Coverage of Newborn Care



Among the last live-birth in the last 2 years, percentage who were dried after birth; percentage who were given skin to skin contact; percentage who were bathed after 24 hours of birth; percentage where the umbilical cord was cut with a new blade or boiled instrument; percentage where nothing harmful was applied to the cord; percentage where the newborn received a least 2 postnatal signal care functions within 2 days after birth; and percentage of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth, by various characteristics

The indicators **Cord cut with a clean instrument** and **Nothing harmful applied to cord** are only for births that were delivered outside of a health facility

## Regional Data on Maternal and Newborn Cascade

Ecological Zone	ANC: At least 1 visit (skilled provider)	ANC: At least 4 visits (any provider)	Skilled Attendance at Birth	Institutional Delivery	Postnatal Care for Mother <2 days	Postnatal Care for Newborn <2 days
<b>National</b>	91	77	87	89	84	82
Lowlands	91	78	88	92	87	84
Foothills	90	73	86	87	81	81
Mountains	90	74	80	82	79	78
Senqu river valley	94	77	92	89	79	82

For indicator definitions, see earlier charts

### Key Messages

- Over half of women with a live birth in the last 2 years had their first ANC visit in the first trimester.
- 4 out of every 5 women who had a live birth in the last 2 years were protected against neonatal tetanus.
- 9 out of 10 women had at least one ANC visit during their pregnancy in the last 2 years.
- 87% of women were attended by a skilled provider during delivery.
- 9 out of 10 women delivered in health institutions.
- Women were likely to have a c-section if they reside in urban areas, come from the richest households or have higher education.
- About 2 out of every 5 children born outside a health facility had their cord cut with a clean instrument.
- Only half of the children born in the last 2 years were placed on their mother's chest immediately following delivery.
- One third of babies born in the last 2 years were bathed less than 24 hours following birth.

The Lesotho Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). GAVI, World Bank, UNFPA, WFP and UNDP provided financial support.

The objective of this snapshot is to disseminate selected findings from the Lesotho MICS 2016 related to Maternal and Newborn Health. Data from this snapshot can be found in table TM.4.1, TM.4.2, TM.4.3, TM.5.1, TM.6.1, TM.6.2, TM.8.2, TM.8.4, TM.8.5, TM.8.6, TM.8.7, TM.8.9, TM.11.5, TC.6.9 and TC.7.1.

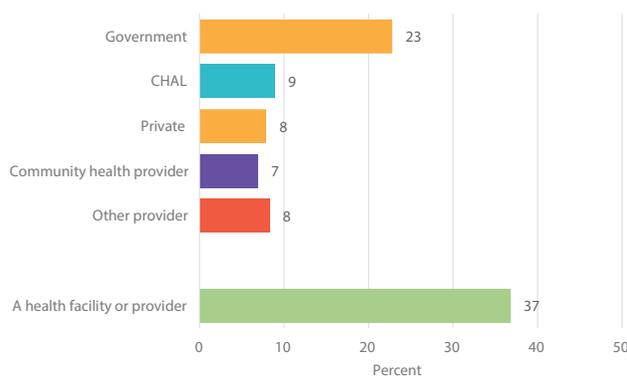
Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).



**CHILD HEALTH  
& CARE OF ILLNESS**

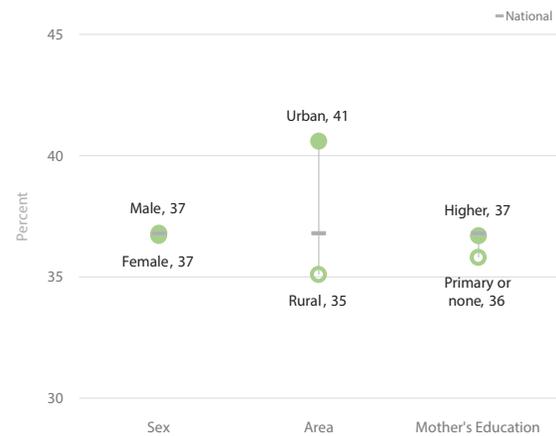
### Diarrhoea

#### Care-seeking for Diarrhoea



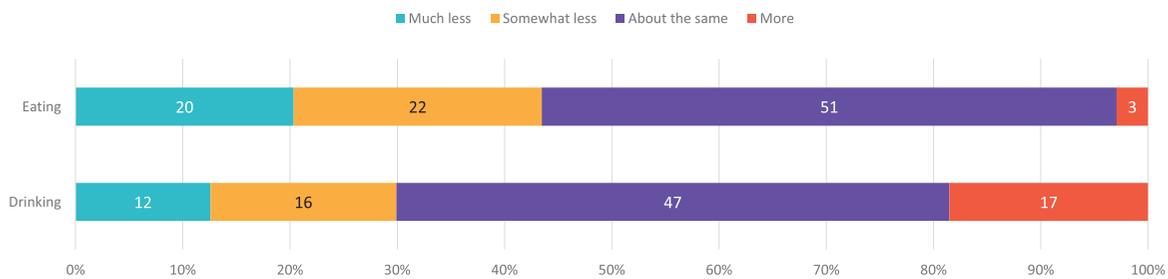
Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought by source of provider  
CHAL - Christian Health Association of Lesotho

#### Disparities in Care-seeking for Diarrhoea



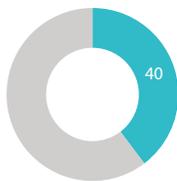
Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought at a health facility or provider

#### Feeding during Diarrhoea



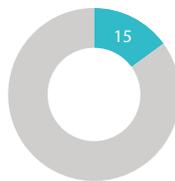
Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea

#### ORS Treatment for Diarrhoea



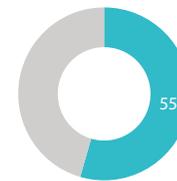
Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS)

#### ORS + Zinc Treatment for Diarrhoea



Percentage of children age 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS) and zinc

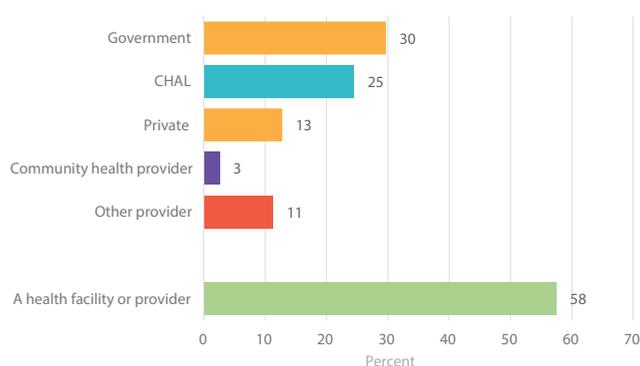
#### ORT + Continued Feeding for Diarrhoea



Percentage of children age 0-59 months with diarrhoea in the last two weeks who were given oral rehydration therapy (ORT) with continued feeding

## Symptoms of Acute Respiratory Infection (ARI)

### Care-seeking for Symptoms of ARI



Percentage of children age 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought, by source of advice or treatment  
CHAL - Christian Health Association of Lesotho

### Regional Data on Care-Seeking for Childhood Illness

Ecological Zone	Care-Seeking at a health facility or provider for:	
	Diarrhoea	Symptoms of ARI
<b>National</b>	<b>37</b>	<b>57</b>
Lowlands	36	(57)
Foothills	(*)	(*)
Mountains	43	(47)
Senqu river valley	(28)	(76)

( ) Figures that are based on 25-49 unweighted cases

(\*) Figures that are based on less than 25 unweighted cases

## Key Messages

- 1 out of every 3 children who had an episode of diarrhoea in the two weeks preceding the survey sought advice or treatment from a health facility or provider compared with nearly 3 out of 5 who sought similar advice for Acute Respiratory Infection (ARI).
- Only 1 out of every 5 children who had diarrhoea in the two weeks preceding the survey were given more fluids than usual. About half who were given the same amount to drink as usual.
- Less than 1 in 5 children received ORS with Zinc treatment during their last episode of diarrhea in the two weeks preceding the survey.

The Lesotho Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). GAVI, WORLD BANK, UNFPA, WFP and UNDP provided financial support.

The objective of this snapshot is to disseminate selected findings from the Lesotho MICS 2018 related to Child health & Care of Illness. Data from this snapshot can be found in table TC3.1, TC3.2 TC 3.3 and TC 5.1 .

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).



# **INFANT & YOUNG CHILD FEEDING (IYCF)**

# LESOTHO 2018

## INFANT & YOUNG CHILD FEEDING (IYCF)



### Infant & Young Child Feeding



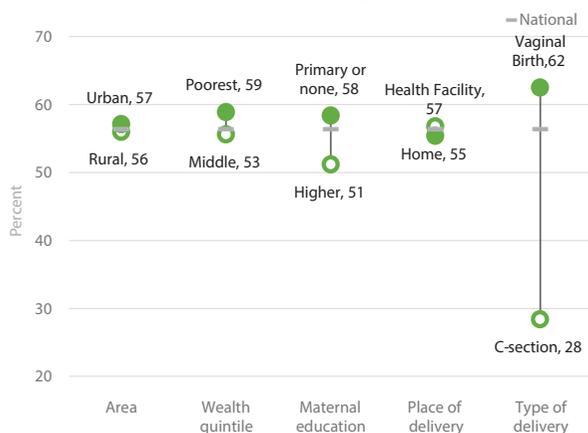
**Early initiation:** percentage of newborns put to breast within 1 hour of birth; **Exclusive breastfeeding:** percentage of infants aged 0-5 months receiving only breastmilk; **Introduction to solids:** percentage of infants aged 6-8 months receiving solid or semi-solid food; **Minimum diet diversity:** percentage of children aged 6-23 months receiving 5 of the 8 recommended food groups; **Minimum meal frequency:** percentage of children aged 6-23 months receiving the recommended minimum number of solid/liquid feeds as per the age of child; **Minimum acceptable diet:** percentage of children aged 6-23 months receiving the minimum diversity of foods and minimum number of feeds; **Continued breastfeeding at 1 year:** percentage of children aged 12-15 months who continue to receive breastmilk; **Continued breastfeeding at 2 years:** percentage of children aged 20-23 months who continue to receive breastmilk.

### Key Messages

- Just over half of children born in the last two years were breastfed within an hour following birth.
- About 3 out of every 5 children were exclusively breastfed during their first six months of life.
- Although 9 in every 10 children were introduced to solid foods at the recommended age, only 1 in 10 children received the minimum acceptable diet.
- Children born through vaginal birth were twice as likely to be breastfed within an hour following birth compared with children born through C-section.

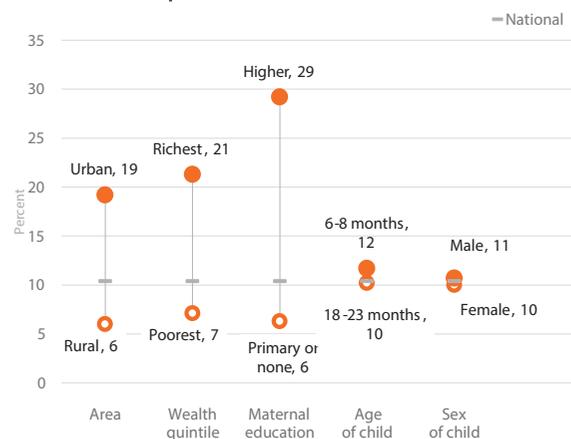
## IYCF: Equity

### Early Initiation of Breastfeeding



Percent of newborns put to the breast within one hour of birth, by background characteristics

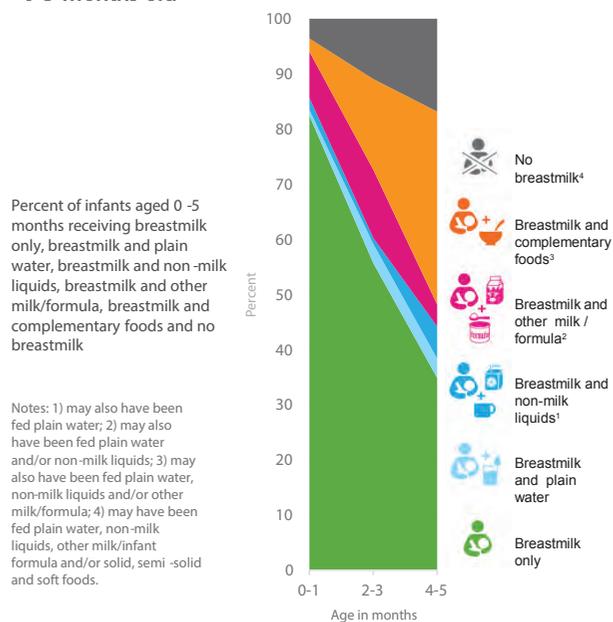
### Minimum Acceptable Diet



Percent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups, by background characteristics

## IYCF: What are the Youngest Infants Fed?

### Liquids or foods consumed by infants 0-5 months old



## Regional Data

Ecological Zone	Early Initiation of breastfeeding	Minimum Acceptable Diet
<b>National</b>	56	10
Lowlands	58	13
Foothills	59	4
Mountains	53	8
Senqu River Valley	52	9

Percent of newborns put to the breast within one hour of birth, and per cent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups by geographic region

The Lesotho Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). GAVI, World Bank, UNFPA, WFP and UNDP provided financial support.

The objective of this snapshot is to disseminate selected findings from the Lesotho MICS 2018 related to Infant & Young Child Feeding (IYCF). Data from this snapshot can be found in table TC.7.1, TC.7.2, TC.7.3, TC.7.5, TC.7.6, TC.7.7.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

A photograph of a woman smiling and holding a baby. The woman is wearing a grey beanie with a "BE ACTIVE" tag and a grey long-sleeved shirt. The baby is wrapped in a white cloth and is wearing a pink outfit. The background shows a thatched roof and a wooden structure. The entire image has a blue tint.

# **NUTRITIONAL STATUS OF CHILDREN**

# LESOTHO 2018

## NUTRITIONAL STATUS OF CHILDREN

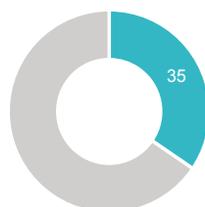


### Anthropometric Malnutrition Indicators

#### Stunting: SDG 2.2.1



**Stunting** refers to a child who is too short for his or her age. Stunting is the failure to grow both physically and cognitively and is the result of chronic or recurrent malnutrition.

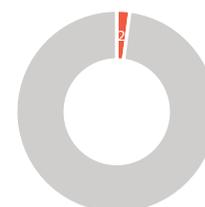


Percentage children under-5 who are stunted

#### Wasting: SDG 2.2.2



**Wasting** refers to a child who is too thin for his or her height. Wasting, or acute malnutrition, is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible.

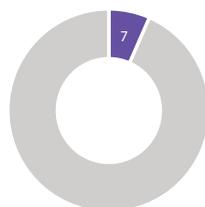


Percentage children under-5 who are wasted

#### Overweight: SDG 2.2.2



**Overweight** refers to a child who is too heavy for his or her height. This form of malnutrition results from expending too few calories for the amount consumed from food and drinks and increases the risk of noncommunicable diseases later in life.

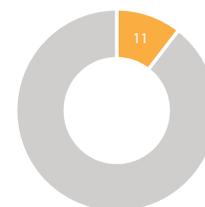


Percentage children under-5 who are overweight

#### Underweight

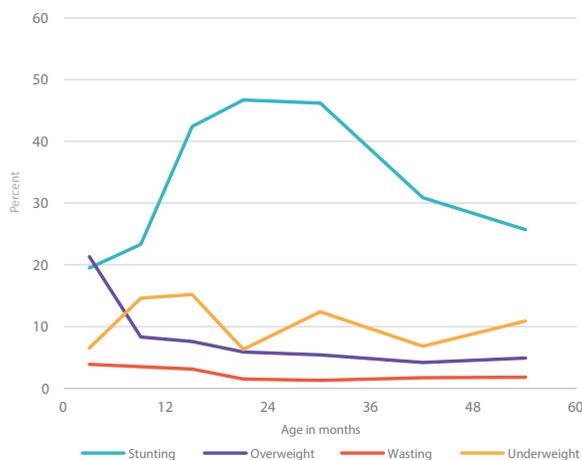


**Underweight** is a composite form of undernutrition that can include elements of stunting and wasting (i.e. an underweight child can have a reduced weight for their age due to being too short for their age and/or being too thin for their height).



Percentage children under-5 who are underweight

### Anthropometric Malnutrition Indicators by Age



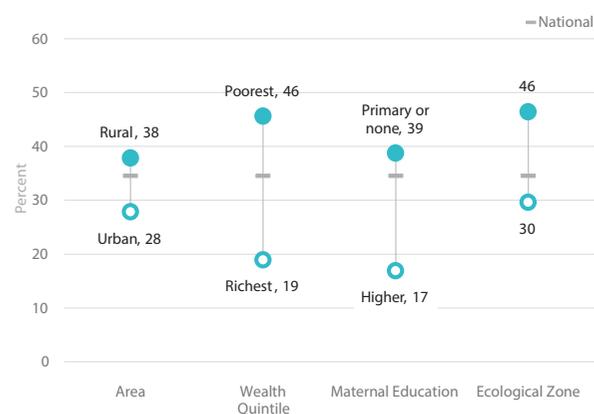
Percentage children who are underweight, stunted, wasted and overweight, by age in months

### Key Messages

- 1 in 3 under five children were too short for their age (stunted).
- Stunting was more prevalent for children age 12 -36 months.
- The widest gap for stunting was observed between children of the poorest and richest households.
- The Foothills and Mountains experienced the highest prevalence of stunting among children.

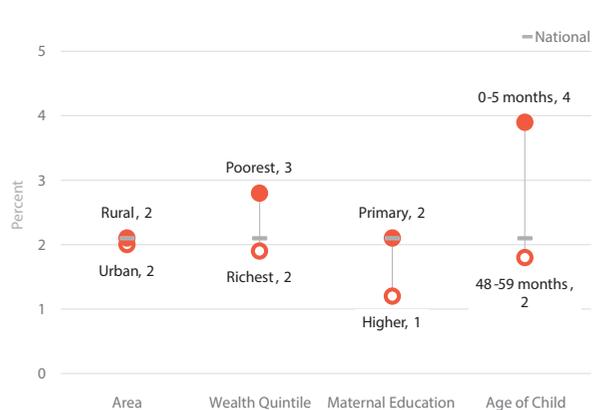
## Nutritional Status of Children: Disaggregates

### Stunting: SDG 2.2.1



Percentage of under 5 children who are stunted, by background characteristics

### Wasting: SDG 2.2.2



Percentage of under 5 children who are wasted, by background characteristics

## Regional Data on Stunting, Overweight & Wasting

Ecological Zone	Stunting: SDG 2.2.1	Overweight: SDG 2.2.2	Wasting	
	% stunted (moderate and severe)	% overweight (moderate and severe)	% wasted (moderate and severe, SDG 2.2.2)	% wasted (severe)
<b>National</b>	<b>35</b>	<b>7</b>	<b>2</b>	<b>1</b>
Lowlands	30	6	2	1
Foothills	46	9	2	1
Mountains	44	7	4	2
Senqu River Valley	34	8	2	1

The Lesotho Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). GAVI, World Bank, UNFPA, WFP and UNDP provided financial support.

The objective of this snapshot is to disseminate selected findings from the Lesotho MICS 2018 related to the Nutritional Status of Children. Data from this snapshot can be found in table TC. 8.1.

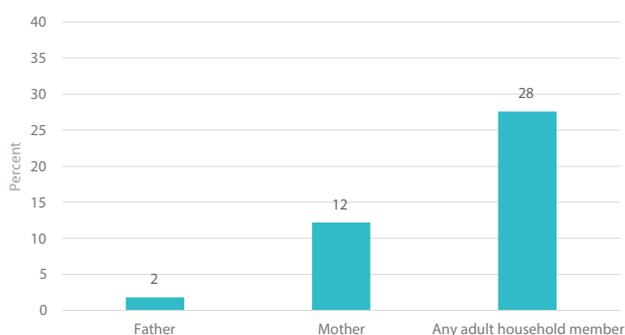
Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

A young child with short dark hair is focused on painting a drawing on a white sheet of paper. The child is wearing a red zip-up shirt. They are using a purple paintbrush to apply blue paint to a drawing of a bird. There are several paint containers on the table: a yellow one, a black one, a blue one, and a red one. The background is a pink wall with a large yellow and white circular graphic. The entire image has a blue tint.

# EARLY CHILDHOOD DEVELOPMENT

### Support for Learning

#### Early Stimulation & Responsive Care



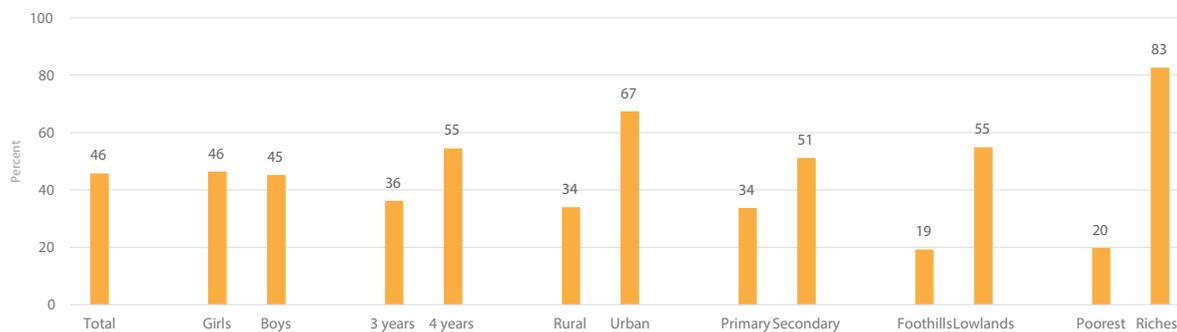
Percentage of children age 2-4 years with whom the father, mother or adult household members engaged in activities that promote learning and school readiness during the last three days

Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child

Early childhood, which spans the period up to 8 years of age, is critical for cognitive, social, emotional and physical development. During these years, a child's newly developing brain is highly plastic and responsive to change. Optimal early childhood development requires a stimulating and nurturing environment, access to books and learning materials, interactions with responsive and attentive caregivers, adequate nutrients, access to good quality early childhood education, and safety and protection. All these aspects of the environment contribute to developmental outcomes for children.

Children facing a broad range of risk factors including poverty; poor health; high levels of family and environmental stress and exposure to violence, abuse, neglect and exploitation; and inadequate care and learning opportunities face inequalities and may fail to reach their developmental potential. Investing in the early years is one of the most critical and cost-effective ways countries can reduce gaps that often place children with low social and economic status at a disadvantage.

#### Attendance at Early Childhood Education Programmes



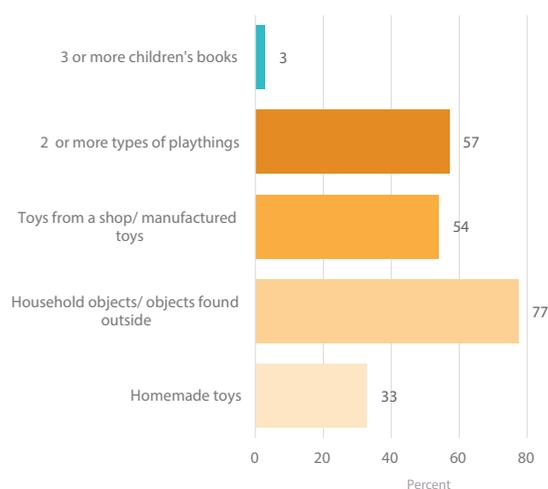
Percentage of children age 36-59 months attending an early childhood education programme, by background characteristics

### Key Messages

- Close to 1 in 4 children engaged in learning activities with an adult household member in the last 3 days.
- Children from the richest households were four times more likely to attend ECE than those from the poorest households.
- More than half of children age 2 to 4 years had 2 or more types of play objects.
- 7 in 10 children age 3-4 years were developmentally on track in at least three of the four component domains of the Early Childhood development Index (literacy-numeracy, physical, social-emotional and learning). The literacy-numeracy domain shows the lowest performance, with less than 2 in 10 children of the same age developmentally on track.

## Learning Materials & Child Supervision

### Access to Play & Learning Materials



Percentage of children under age five according to their access to play and learning materials

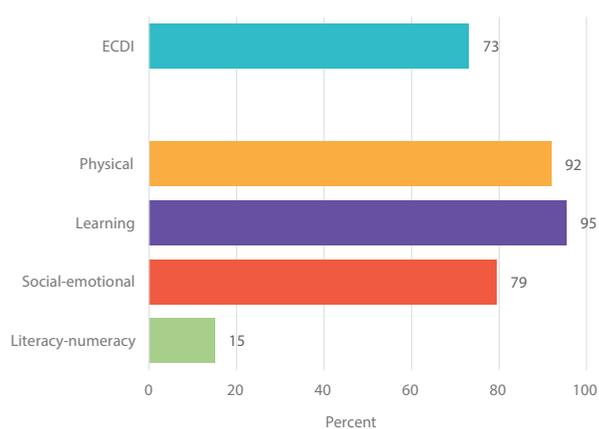
### Inadequate supervision of children

Ecological zones	Left in inadequate supervision
<b>National</b>	<b>17</b>
Lowlands	12
Foothills	26
Mountains	25
Senqu river valley	21

Percentage of children under age five left alone or under the supervision of another child younger than 10 years of age for more than one hour at least once in the last week, by Ecological zones

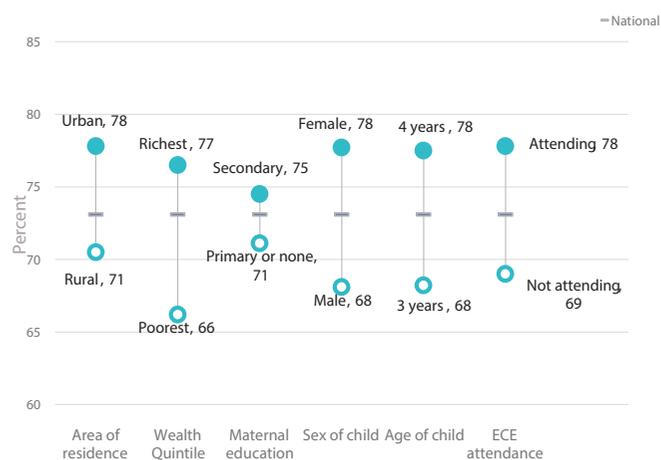
## Early Childhood Development Index (ECDI)

### ECDI: Total Score & Domains, SDG 4.2.1



ECDI: Early Childhood Development Index; And percentage of children age 3-4 years who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains

### ECDI: Disaggregates



ECDI by various characteristics  
ECE = early childhood education

The Lesotho Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). GAVI, World Bank, UNFPA, WFP and UNDP provided financial support.

The objective of this snapshot is to disseminate selected findings from the Lesotho MICS 2018 related to Early Childhood Development. Data from this snapshot can be found in tables TC10.1, LN1.1, TC10.2, TC10.3, and TC11.1.

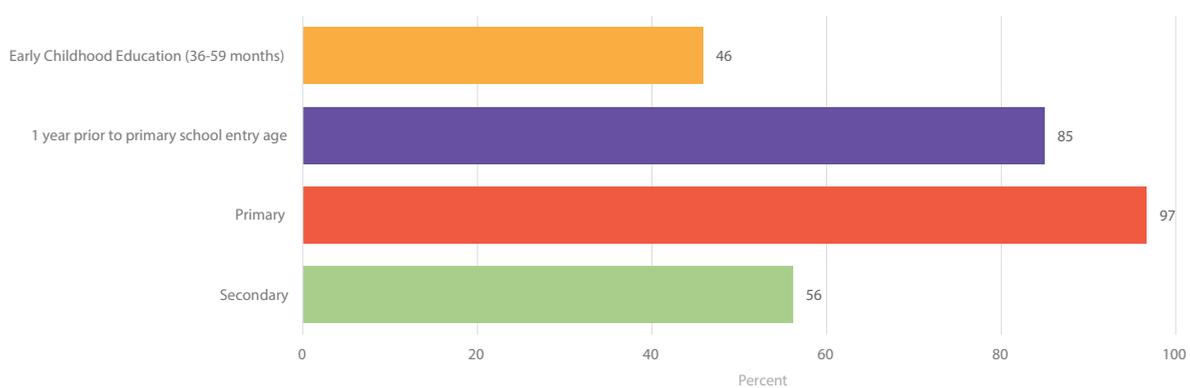
Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).



# EDUCATION

## Attendance Rates & Inequalities

### School Net Attendance Rates (adjusted)



### Inequalities in Attendance in Early Childhood Education & Participation in Organized Learning

#### Net Attendance Rate for Early Childhood Education



Percentage of children age 36 -59 months who are attending early childhood education

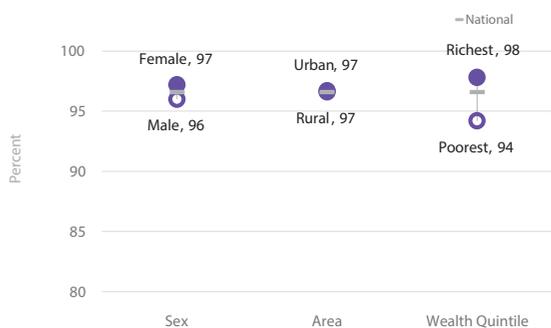
#### Participation Rate in Organized Learning (1 Year Prior to Primary Entry Age): SDG 4.2.2



Percentage of children attending an early childhood education programme, or primary education (adjusted net attendance ratio), who are one year younger than the official primary school entry age at the beginning of the school year

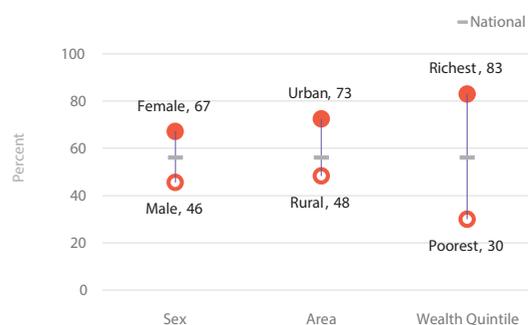
## Inequalities in Attendance Rates

### Adjusted Primary School Net Attendance Rate



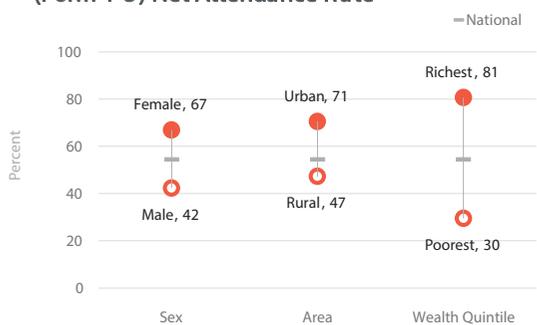
Percentage of children of primary school age (as of the beginning of school year) who are attending primary or secondary school

### Adjusted Secondary School Net Attendance Rate



Percentage of children of lower secondary school age (as of the beginning of the current or most recent school year) who are attending lower secondary school or higher

### Adjusted Lower Secondary School (Form 1-3) Net Attendance Rate



Percentage of children of lower secondary school age (as of the beginning of the current or most recent school year) who are attending lower secondary school or higher

### Adjusted Upper Secondary School (Form 4-5) Net Attendance Rate



Percentage of children of lower secondary school age (as of the beginning of the current or most recent school year) who are attending lower secondary school or higher

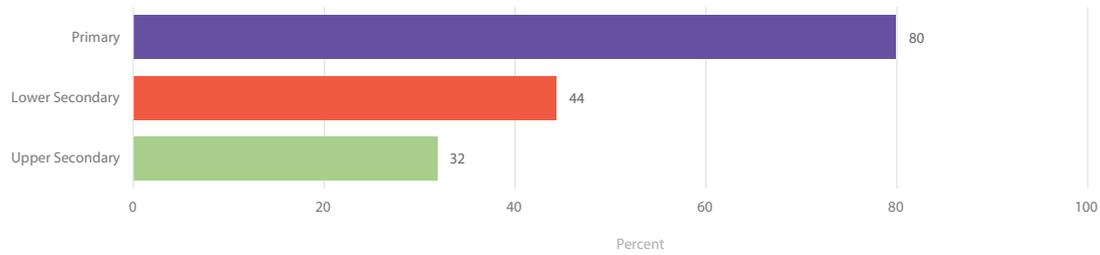
## Regional Data for Net Attendance Rates (adjusted)

Ecological Zone	Early Childhood Education	Participation rate in organized learning	Primary	Secondary
<b>National</b>	<b>46</b>	<b>85</b>	<b>97</b>	<b>56</b>
Lowlands	55	87	97	67
Foothills	19	83	96	41
Mountains	31	79	95	37
Senqu river valley	39	86	97	43

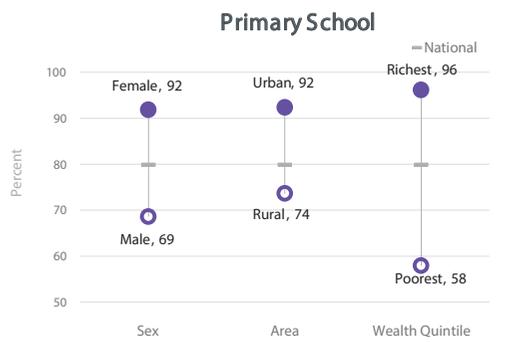
## Key Messages

- Almost half of children age 36 to 59 months were attending Early Childhood Education.
- Just over half of children of secondary school going age attended secondary.
- Net attendance rates show wider gaps in secondary school than in primary school according to sex, area of residence and wealth status.
- There were twice as many girls of upper secondary school going age attending upper secondary school than boys of the same age.
- The widest gap for participating in organized learning was observed between children of the poorest and richest households.

## Completion Rates



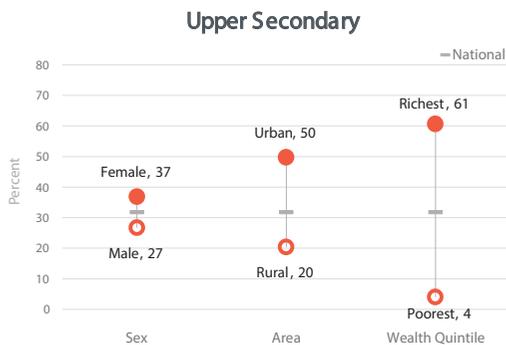
## Inequalities in Completion Rates



Percentage of children who age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education



Percentage of children who age 3 to 5 years above the intended age for the last grade of lower secondary school who have completed lower secondary education



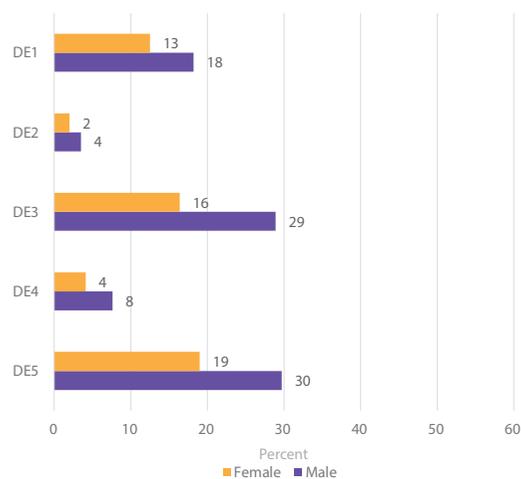
Percentage of children who age 3 to 5 years above the intended age for the last grade of upper secondary school who have completed upper secondary education

## Regional Data in Completion Rates

Ecological Zone	Primary	Lower Secondary	Upper Secondary
<b>National</b>	<b>80</b>	<b>44</b>	<b>32</b>
Lowlands	89	55	41
Foothills	68	19	10
Mountains	62	24	15
Senqu river valley	73	30	21

## Out of School Rates

### Out of School Dimensions for Levels of Education



**Dimension 1:** Children not attending an early childhood education programme or primary education

**Dimension 2:** Children of primary school age who are not in primary or secondary school

**Dimension 3:** Children of secondary school age who are not in primary or secondary school

**Dimension 4:** Children who are in primary school but at risk of dropping out (overage by 2 or more years)

**Dimension 5:** Children who are in lower secondary school but at risk of dropping out (overage by 2 or more years)

### SDG Summary for Education

SDG	MICS Indicator	Definition & Notes	Value
4.1.4	LN.8 a,b,c	Completion rate (primary education, lower secondary education, upper secondary education)	80% / 44% / 32%
4.1.5	LN.6 a,b,c	Out-of-school rate (primary education, lower secondary education, upper secondary education)	3% / 14% / 36%
4.1.6	LN.10 a,b,	Percentage of children over-age for grade (primary education, lower secondary education)	6% / 24%
4.2.2	LN.2	Participation rate in organized learning (one year before the official primary entry age), by sex	M: 82% / F: 88%
4.5.1	LN.5 a	Gender Parity Indices (female/male for primary, lower and upper secondary school adjusted net attendance rates)	1.01 / 1.58 / 1.36
4.5.1	LN.5 b	Wealth Parity Indices (bottom/top for primary, lower and upper secondary school adjusted net attendance rates)	0.96 / 0.37 / 0.36
4.5.1	LN.5 c	Area Parity Indices (rural/urban for primary, lower and upper secondary school adjusted net attendance rates)	1.00 / 0.67 / 0.66
	LN.5 cs	Orphan hood Parity Indices (orphan/non-orphan for primary, lower and upper secondary school adjusted net attendance rates)	0.98 / 0.72 / 0.78

- While 4 out of 5 children completed primary school, about 1 in 3 children completed upper secondary school.
- About 1 in 3 children of upper secondary school going age were out of school.
- There were twice as many boys of secondary school going age who were out of school as there were girls.

The Lesotho Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund ( UNICEF). GAVI, World Bank, UNFPA, WFP and UNDP provided financial support.

The objective of this snapshot is to disseminate selected findings from the Lesotho MICS 2018 related to Education. Data from this snapshot can be found in table LN.1.1, LN.1.2, LN.2.3, LN.2.4, LN.2.5 , LN.2.6, LN.2.7 and LN 2.8.

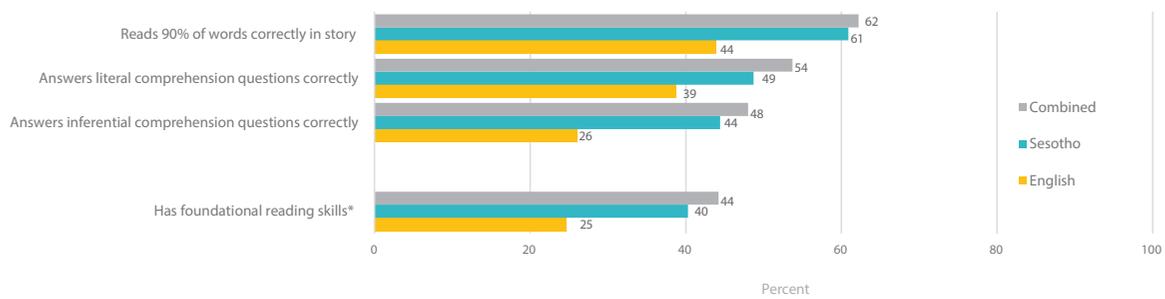
Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

A group of young children, likely in a classroom, are shown from the chest up. They are wearing school uniforms, including grey sweaters with white stripes at the neck and cuffs, and light blue polo shirts. Several children have their hands raised, suggesting an interactive learning environment. The background is a plain, light-colored wall. The entire image has a blue color overlay.

# **EARLY GRADE LEARNING & PARENTAL INVOLVEMENT**

## Early Grade Learning

### Foundational Reading Skills: SDG 4.1.1.(a) (i: reading)



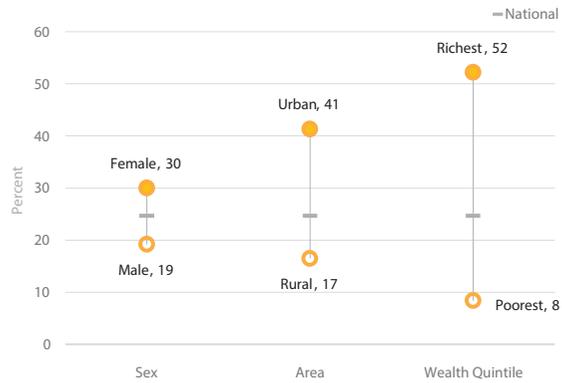
\*Percentage of children age 7 -14 who can 1) read 90% of words in a story correctly, 2) Answer three literal comprehension questions, 3) Answer two inferential comprehension questions

### Disaggregates in Foundational Reading Skills

#### Sesotho



#### English

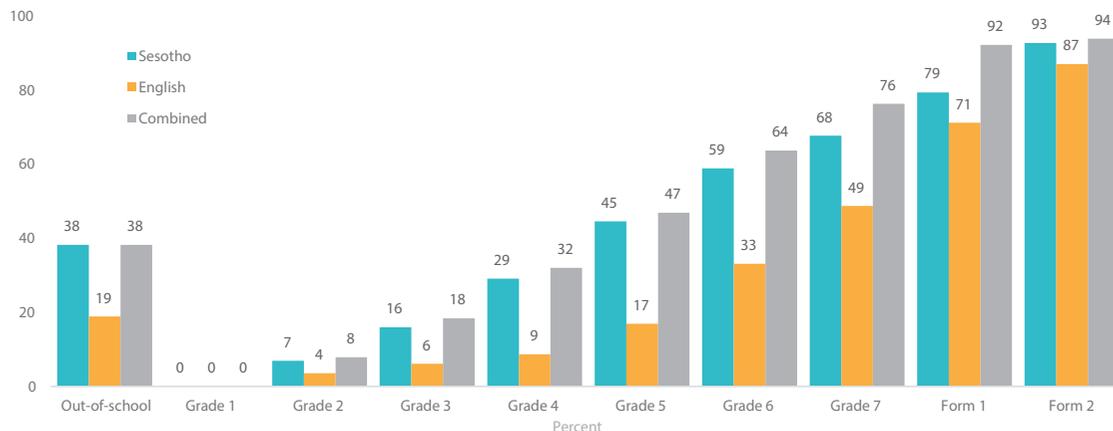


## Key Messages

- Less than half of the children age 7 to 14 showed foundational reading skills in either English or Sesotho.
- While 3 out of 5 children read 90% of words correctly, about half were able to answer inferential questions correctly either in English or Sesotho.
- Barely 1 in 10 children in grade 2 demonstrated foundational reading skills.
- In grade 7, the last class of primary school, 1 in 4 children still could not demonstrate foundational reading skills in either English or Sesotho.
- More female children demonstrated foundation reading skills than males for both English and Sesotho.

## Early Grade Learning

### Disaggregates in Foundational Reading Skills (school attendance)



\*Percentage of children age 7 -14 who can 1) read 90% of words in a story correctly, 2) Answer three literal comprehension questions, 3) Answer two inferential comprehension questions, by schooling status and grade attended

### Regional Data on Foundational Reading Skills

#### Sesotho

Ecological Zone	Boys	Girls	Total
<b>National</b>	<b>32</b>	<b>49</b>	<b>40</b>
Lowlands	36	53	45
Foothills	22	38	30
Mountains	20	40	30
Senqu River Valley	37	46	41

#### English

Ecological Zone	Boys	Girls	Total
<b>National</b>	<b>19</b>	<b>30</b>	<b>25</b>
Lowlands	25	38	32
Foothills	8	13	11
Mountains	8	17	13
Senqu River Valley	13	18	16

#### English or Sesotho

Ecological Zone	Boys	Girls	Total
<b>National</b>	<b>35</b>	<b>54</b>	<b>44</b>
Lowlands	40	60	50
Foothills	22	39	30
Mountains	22	41	31
Senqu River Valley	39	48	43

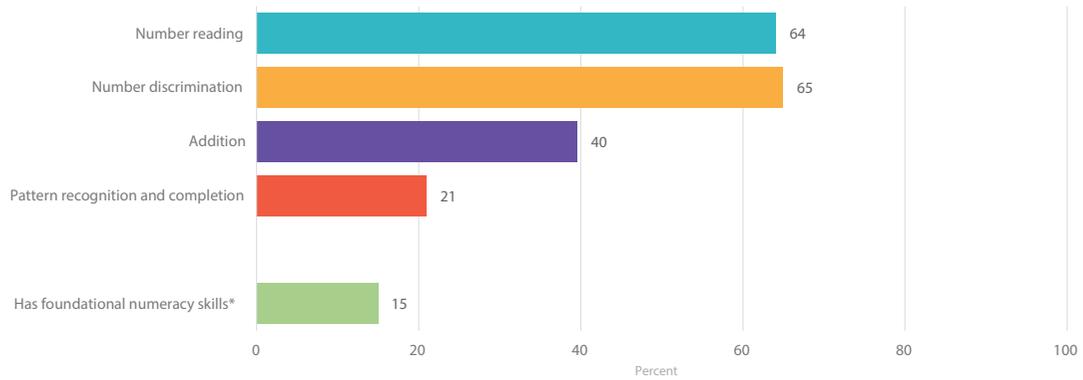
\*Percentage of children age 7 -14 who can 1) read 90% of words in a story correctly, 2) Answer three literal comprehension questions, 3) Answer two inferential comprehension questions, by region and sex

## Key Messages

- 15% of children age 7 -14 years in Lesotho demonstrated foundational numeracy skills.
- Only 1 in 3 children in their last primary class, grade 7 demonstrated foundational numeracy skills.
- About 2 out of 3 children age 7 -14 years successfully performed number discrimination and number reading, while only 2 in 5 children could perform number addition.
- While 4 out of 5 children had an adult household member receive their report card, just over half had an adult discuss their progress with teachers.

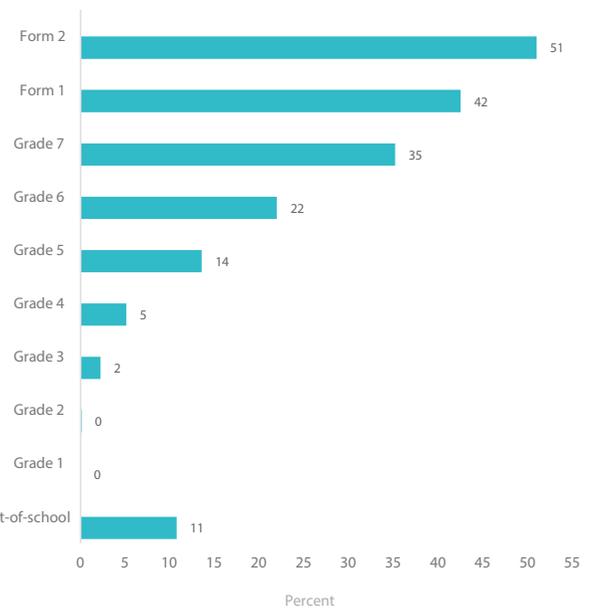
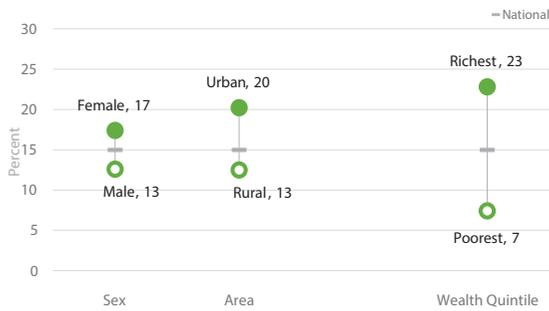
## Early Grade Learning

### Foundational Numeracy Skills: SDG 4.1.1.(a) (ii: numeracy)



\*Percentage of children age 7-14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

### Disaggregates in Foundational Numeracy Skills



### Regional Data on Foundational Numeracy Skills

Region	Boys	Girls	Total
<b>National</b>	<b>13</b>	<b>17</b>	<b>15</b>
Lowlands	15	19	17
Foothills	7	17	12
Mountains	7	13	10
Senqu River Valley	14	18	16

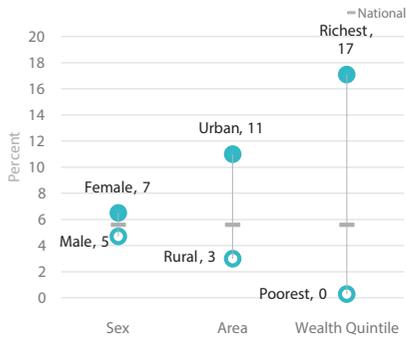
\*Percentage of children age 7 -14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task, by schooling status and grade attended

## Reading & Numeracy Skills Data in MICS

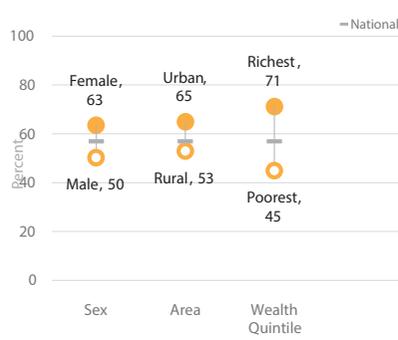
- The Foundational Learning module adopts a direct assessment method for children's early learning in reading and mathematics at the level of Grade 2 in primary education. This contributes to SDG4.1.1.(a) Global Indicator.
- For the Foundational Learning module, one child age 7 to 14 (inclusively) is randomly selected in each household.
- The content of reading assessment is customized in each country, ensuring that the vocabulary used are part of the Grade 2 reading textbook. This ensures national question relevance in terms of vocabulary and cultural appropriateness). The questions on mathematics are based on universal skills needed for that grade level.
- As MICS also collects data on school attendance and numerous individual and household characteristics, such as location, household socio-economic status, and ethnicity, the most marginalized sub-populations of children can be identified for support to improve learning outcomes.

## Parental Involvement: Learning Environment at Home

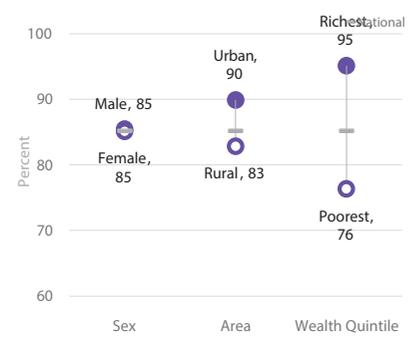
Children with 3 or more books to read at home



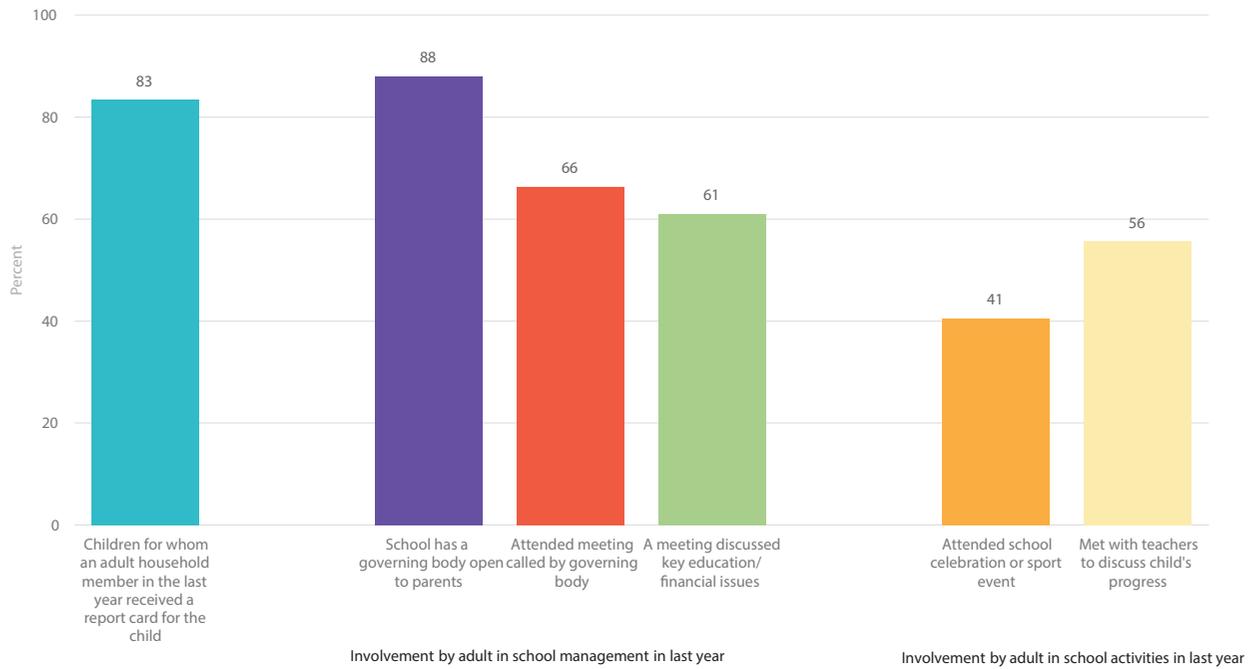
Children who read books or are read to at home



Children who receive help with homework



## Parental Involvement: Support for learning at School



The Lesotho Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). GAVI, WORLD BANK, UNFPA, WFP and UNDP provided financial support.

The objective of this snapshot is to disseminate selected findings from the Lesotho MICS 2018 related to Birth Registration. Data from this snapshot can be found in table LN.3.1, LN.3.3, LN.4.1 and LN.4.2.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

# BIRTH REGISTRATION

Official Number: LB01013857155/2017

## BIRTH CERTIFICATE

0123207928

NTSOAKI  
KHASANE  
FEMALE  
18 JANUARY 2017  
ST THERESA CLINIC, BELLA-BELLA, BEEBA, LESOTHO

MAHA KHASANE  
MOSOTHO  
MAFERETE JUSTINA KHASANE  
MONKI  
MOSOTHO  
LEKHALONG HA RATOMO, BEEBA, LESOTHO  
MAHA KHASANE  
FATHER  
LEKHALONG HA RATOMO, BEEBA, LESOTHO  
21 JULY 2017

IN RESIDENCE OF REGISTRAR:  
15, DATE OF REGISTRATION

I hereby certify that the above individual is a true copy of the information recorded in relation to the birth of the child stated in the General Registry  
after due and normal enquiry has been made in accordance with the provisions of the Births and Deaths Registration Act, 1997.

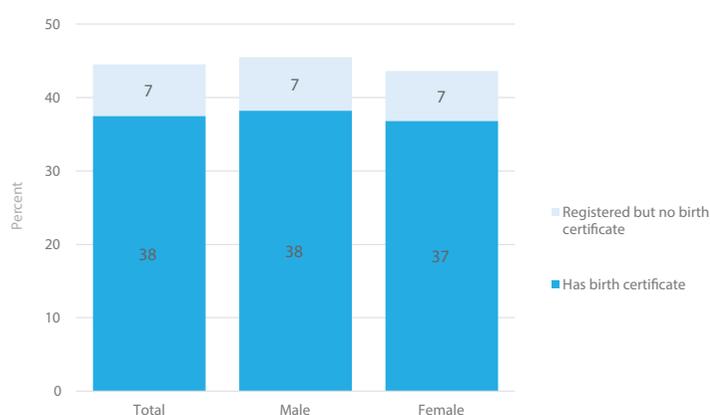
Dated this 23rd day of July 2017

MINISTRY OF HOME AFFAIRS  
NATIONAL IDENTITY AND  
CIVIL REGISTRY  
2017-07-24  
MANAGER  
BEEBA, LESOTHO

*M. Mofe*  
GENERAL MANAGER  
Civil Registry

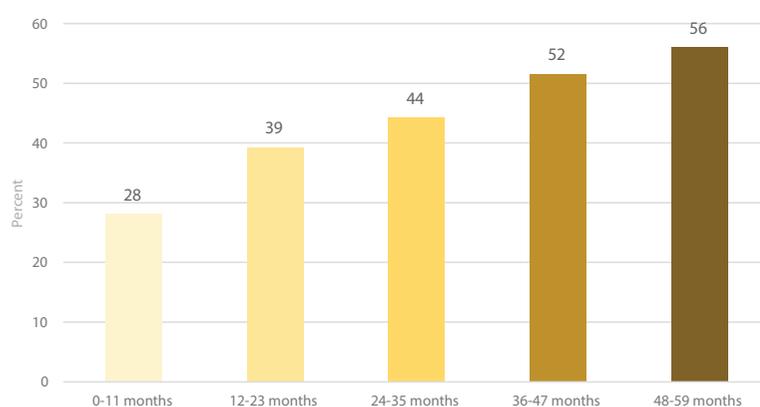
### Birth Registration Levels

#### Birth registration for Children Under-Five: SDG 16.9.1



Percentage of children under age 5 whose births are registered, by whether or not they have a birth certificate and by sex

#### Birth registration by Age



Percentage of children under age 5 whose births are registered, by age in months

### Key Messages

- Less than half of children age under five were registered.
- Just over one quarter of children were registered before their first birthday (early registration) compared to just over half who registered between their fourth and fifth birthday (late registration).
- Children from the lowlands were more likely to be registered compared to other ecological zones.
- Mothers of unregistered children from the richest households were most likely to know how to register their children.

## Birth Registration: Inequalities



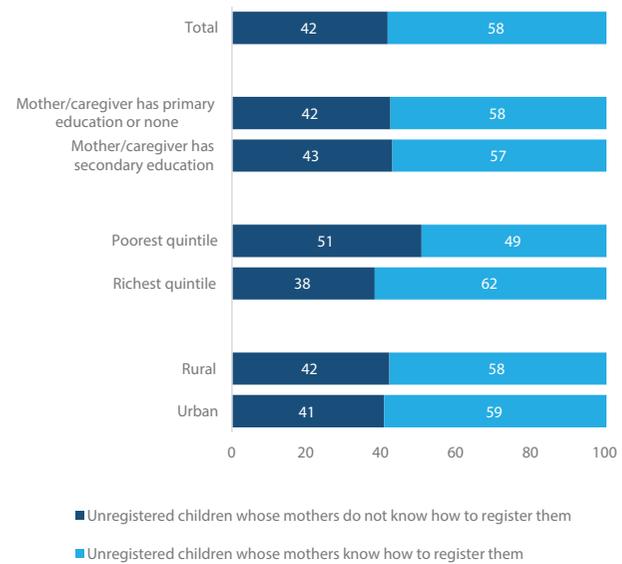
Percentage of children under age 5 whose births are registered, by background characteristics

## Regional Data on Birth Registration

Ecological Zone	Total registered
<b>National</b>	<b>45</b>
Lowlands	50
Foothills	44
Mountains	33
Senqu River Valley	37

Percentage of children under age 5 whose births are registered, by ecological zone

## Mother's (or Caregiver's) Knowledge of How to Register



Percentage of children under age 5 whose births are not registered, by mother's (or caregiver's) knowledge of how to register a child

The Lesotho Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). GAVI, World Bank, UNFPA, WFP and UNDP provided financial support.

The objective of this snapshot is to disseminate selected findings from the Lesotho MICS 2018 related to Birth Registration. Data from this snapshot can be found in table PR1.1.

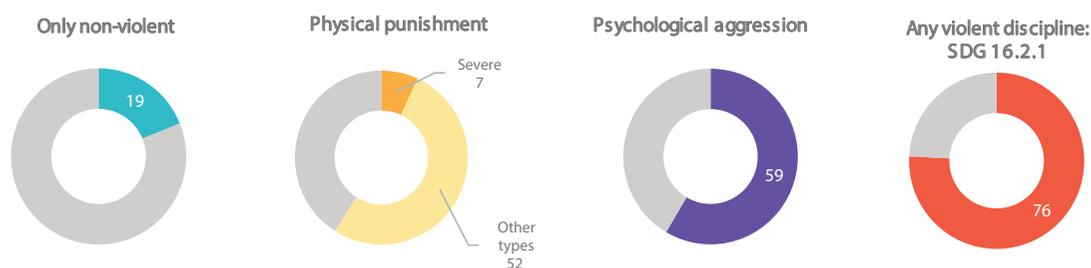
Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

A young child is sitting on a large rock in a rural, hilly landscape. The child is wearing a light-colored, patterned blanket draped over their shoulders and dark boots with white socks. The background shows a valley with small houses and rolling hills under a cloudy sky. The text "CHILD DISCIPLINE" is overlaid in the center of the image.

# CHILD DISCIPLINE

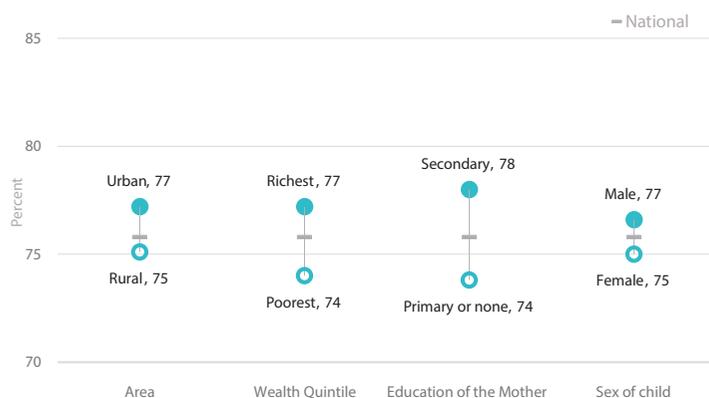
### Child Discipline

#### Types of Child Discipline



Percentage of children age 1 to 14 years who experienced any discipline in the past month, by type

#### Violent Discipline: Inequalities



Percentage of children aged 1 to 14 years who experienced any violent discipline in the past month, by background characteristics

**Physical punishment:** Shaking, hitting or slapping a child on the hand/arm/leg, hitting on the bottom or elsewhere on the body with a hard object, spanking or hitting on the bottom with a bare hand, hitting or slapping on the face, head or ears, and hitting or beating hard and repeatedly.

**Severe physical punishment:** Hitting or slapping a child on the face, head or ears, and hitting or beating a child hard and repeatedly.

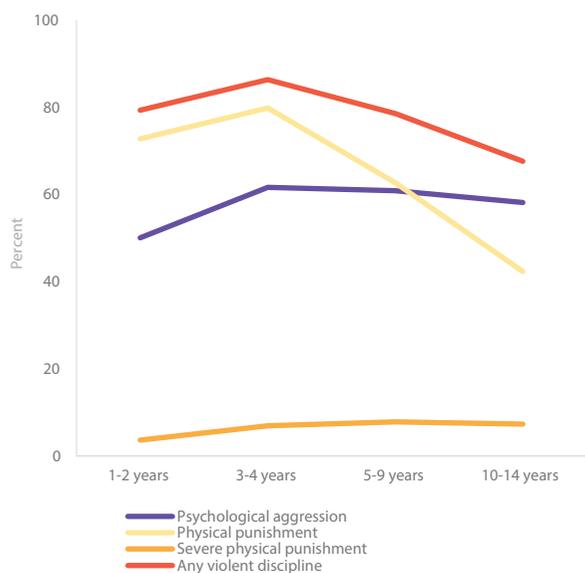
**Psychological aggression:** Shouting, yelling or screaming at a child, as well as calling a child offensive names such as 'dumb' or 'lazy'.

**Violent discipline:** Any physical punishment and/or psychological aggression.

#### Key Messages

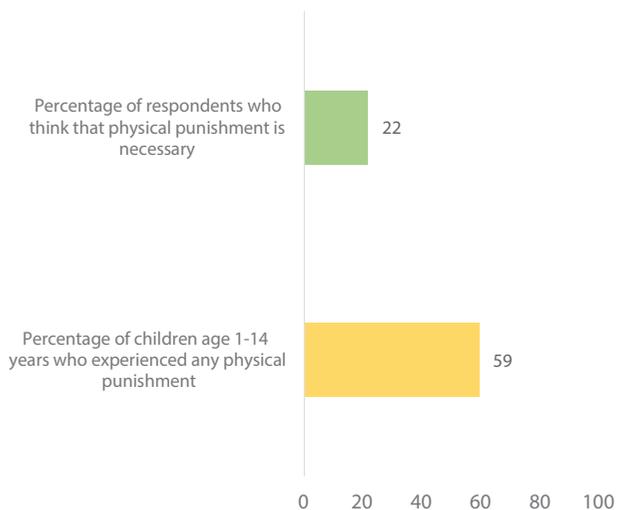
- 3 out of 4 children age 1 -14 years had experienced violent discipline while 7% experienced severe physical punishment in the month prior to the interview.
- 1 in 5 respondents reported that physical punishment was necessary to raise or educate the child.
- Violent discipline does not reflect marked differences irrespective of place of residence, wealth status, mothers education and sex of the child.
- There was a considerable gap between older and younger generations of women in their attitudes towards physical punishment. 28% of mothers or caretakers in the oldest age group (>50 years) reported that physical punishment was necessary to raise a child compared with 15% of women of the youngest age group (<20 years).
- Violent forms of discipline peak at age 3 -4 years.

### Violent Discipline: Age Patterns

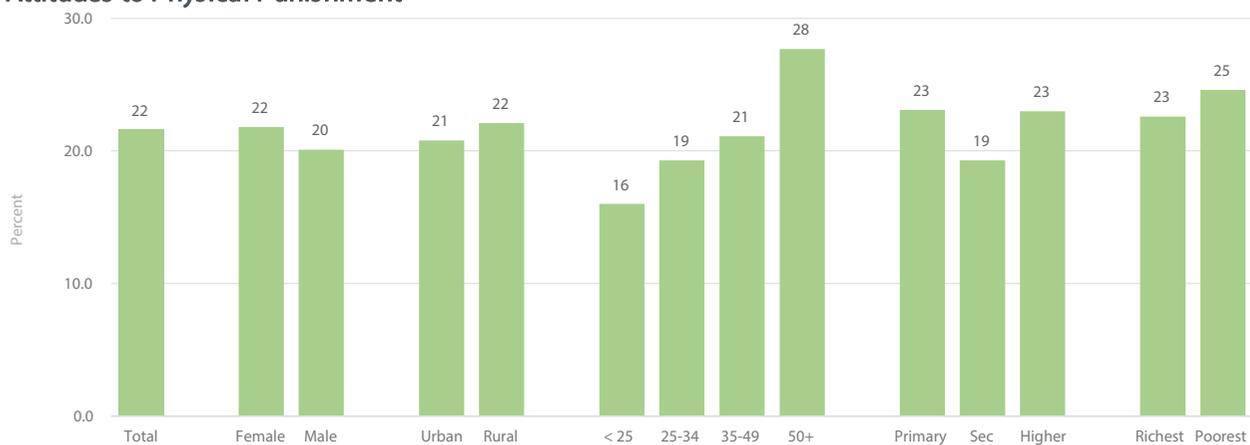


Percentage of children age 1 to 14 years who experienced any violent discipline in the past month, by type and by age

### Physical Punishment: Attitudes & Experiences



### Attitudes to Physical Punishment



Percentage of respondents to the child discipline module who think that physical punishment is necessary to raise or educate children, by their background characteristics

The Lesotho Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children’s Fund (UNICEF). GAVI, World Bank, UNFPA WFP, and UNDP provided financial support.

The objective of this snapshot is to disseminate selected findings from the Lesotho MICS 2018 related to Child Discipline. Data from this snapshot can be found in tables PR2.1 and PR2.2.

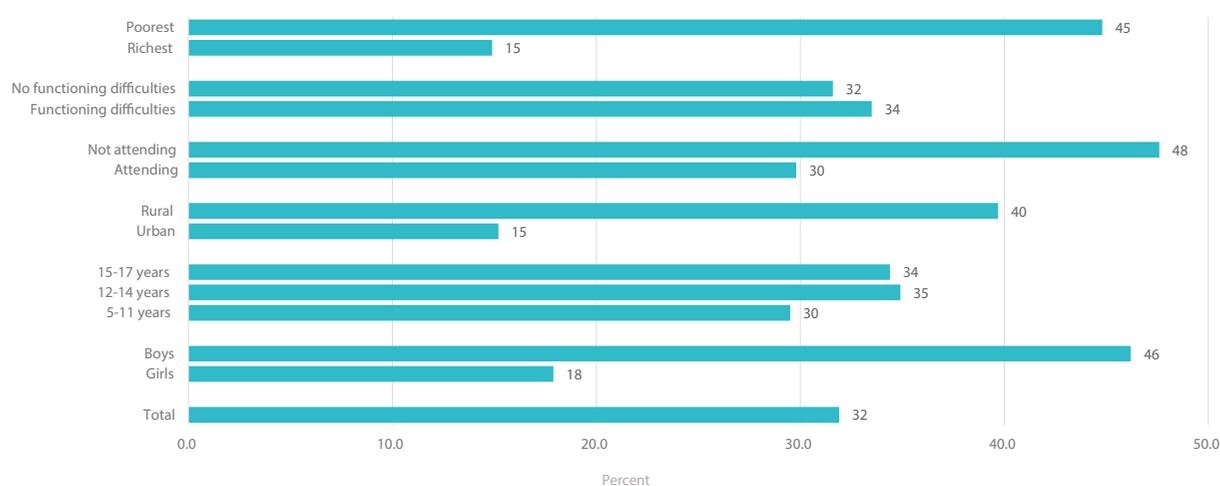
Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).



# **CHILD LABOUR**

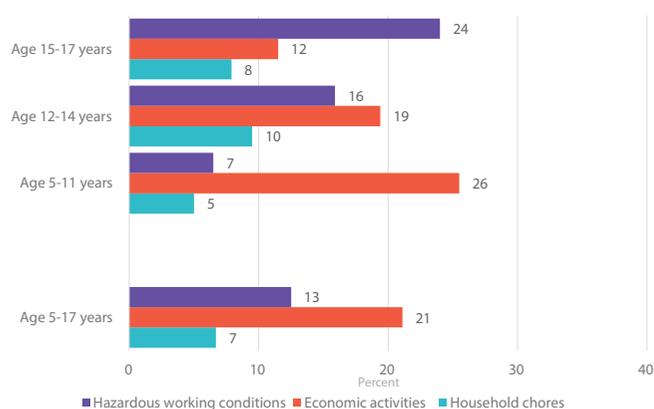
### Child Labour: Levels & Dissaggregates

#### Child Labour for Age 5-17 years: SDG 8.7.1\*



Percentage of children age 5 to 17 years engaged in child labour, by background characteristics  
 \*Estimates from MICS of child labour are different from those in the SDG database for indicator 8.7.1, as the database excludes the hazardous work component and applied a threshold of 21 hours for household chores for children age 5 -14 and no threshold for household chores for children age 15 -17

#### Types of Child Labour



Percentage of children age 5 to 17 years engaged in child labour, by type of activity and by age

Note: These data reflect the proportions of children engaged in the activities at or above the age specific thresholds outlined in the definitions box.

#### Definition of Child Labour

Age 5 to 11 years: At least 1 hour of economic work, 28 hours of unpaid household services per week or hazardous working conditions.

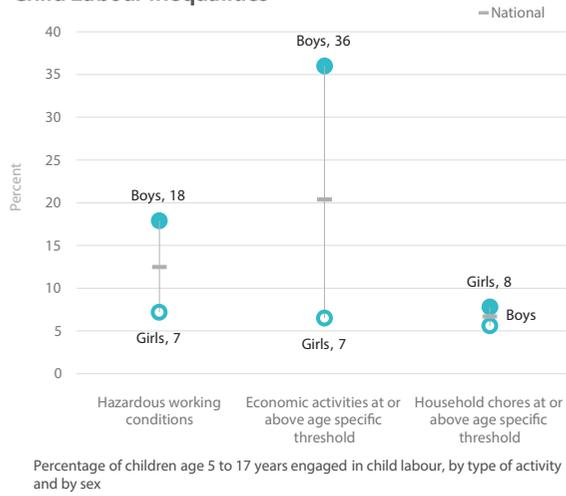
Age 12 to 14 years: At least 14 hours of economic work, 28 hours of unpaid household services per week or hazardous working conditions.

Age 15 to 17 years: At least 43 hours of economic or unpaid household services per week or hazardous working conditions.

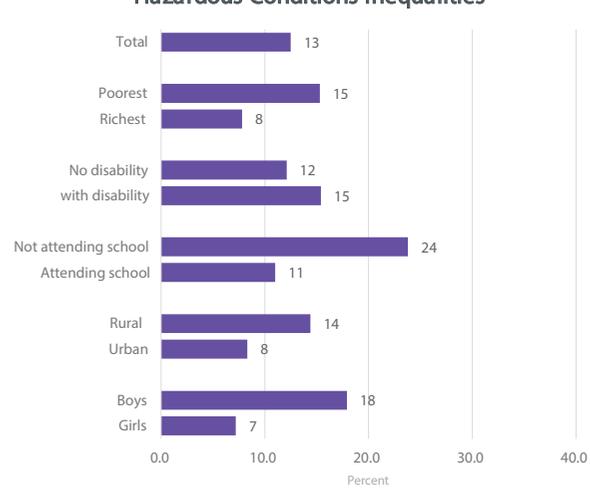
Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children, as well as collecting firewood or fetching water.

## Inequalities in Child Labour & Hazardous Conditions

### Child Labour Inequalities



### Hazardous Conditions Inequalities

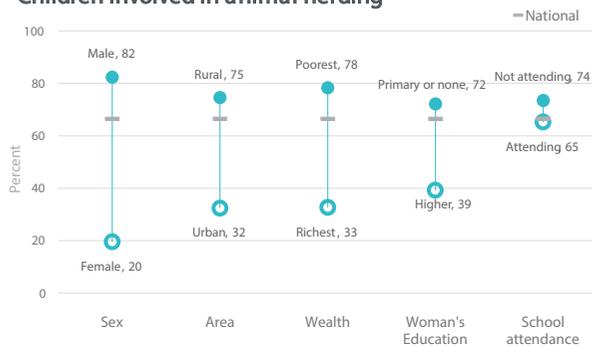


### Ecological zone Data on Child Labour

Ecological Zone	Total Child Labour
<b>National</b>	<b>32</b>
Lowlands	26
Foothills	35
Mountains	44
Senqu River Valley	40

Percentage of children age 5 to 17 years engaged in child labour, by region

### Children involved in animal herding



Percentage of children age 5-17 years involved in animal herding, by background characteristics

### Key Messages

- Nearly 1 in 3 children age 5 -17 years were engaged in child labour. About half of boys were engaged in child labour compared with nearly 1 in 5 girls.
- Children from the poorest households were 3 times more likely to be engaged in child labour than those from the wealthiest households.
- Boys were 5 times more likely to be engaged in economic activities at or above the age specific threshold compared with girls.
- Of those working under hazardous conditions, majority were from the poorest households, not attending school or residing in rural areas.
- Children residing in the Mountains were more likely to be engaged in child labour than children from other ecological zones.
- Two thirds of children involved in economic activities herded animals.
- 8 in every 10 boys age 5 -17 years were involved in herding animals compared to only 2 in every 10 girls.

The Lesotho Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). GAVI, World Bank, UNFPA, WFP and UNDP provided financial support.

The objective of this snapshot is to disseminate selected findings from the Country MICS 2014 related to Child Labour. Data from this snapshot can be found in tables PR3.1, PR 3.2, PR3.3 and PR3.4CS.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).

I commit to #EndChildMarriage



# CHILD MARRIAGE

Connect with GIRL4ce!

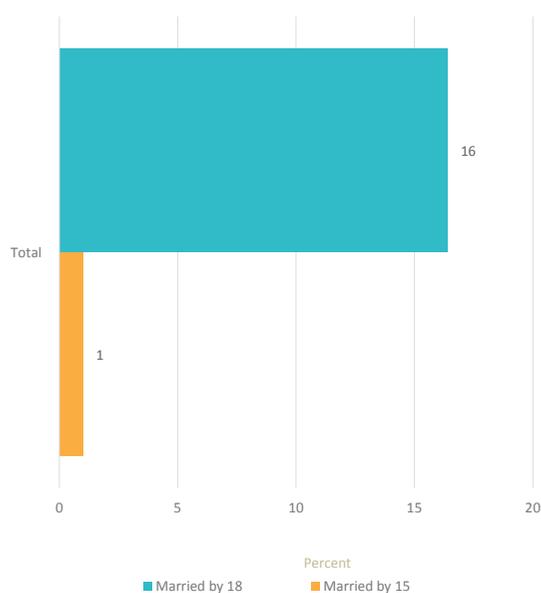
GIRL4ce.org



An initiative of:  
Help Lesotho

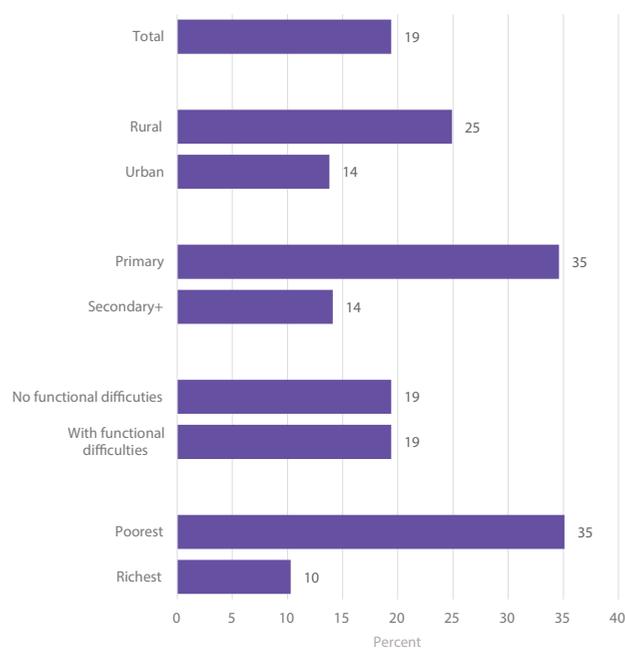
### Child Marriage: Levels & Disaggregates

Marriage before Age 15 & Age 18: SDG 5.3.1



Percentage of women age 20-24 years who were first married or in union before age 15 and before age 18  
 The above chart refers to women age 20 to 24 years, as this youngest cohort most recently completed exposure to the risk of marrying in childhood, thus giving a closer approximation of the current prevalence of child marriage. The following charts, which show disaggregation by background characteristics, refer to the full cohort of women age 20 to 49 years.

Disaggregates in Marriage before Age 18



Percentage of women age 20-49 years who were first married or in union before age 18, by wealth quintile and education

### Key Messages

- 16% of women age 20 to 24 years were first married or in union before age 18.
- Child marriage was prevalent amongst women from poorest households or those with primary level of education.
- Child marriage was more common in the mountains and foothills than other ecological zones.
- Child marriage by age 18 has declined over time from 26 percent amongst the 45 to 49 age cohort to 16 percent among the 20 to 24 cohort.

## Regional Data on Child Marriage

Ecological Zone	Marriage by age 18
<b>National</b>	<b>19</b>
Lowlands	16
Foothills	29
Mountains	29
Senqu River Valley	24

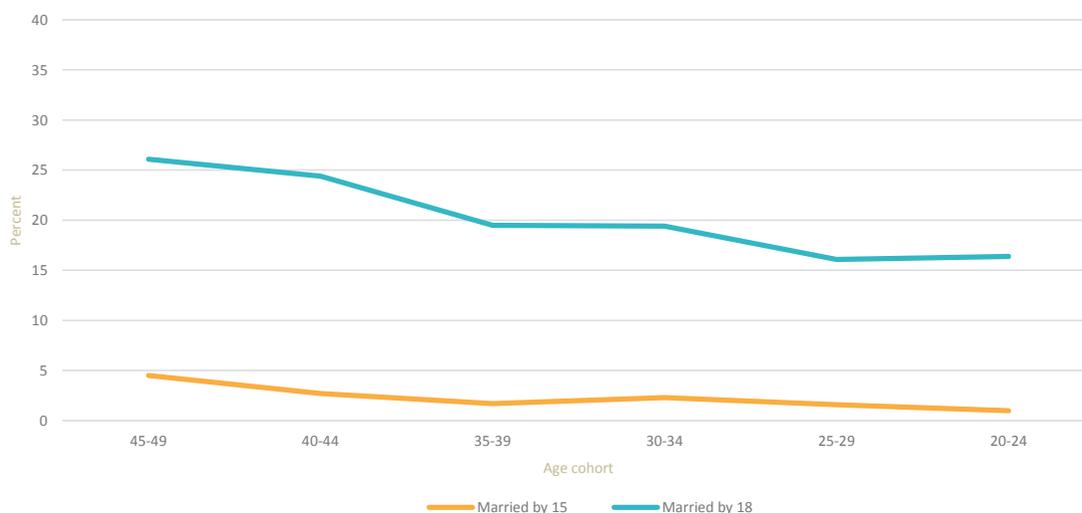
Percentage of women aged 20 to 49 years who were first married or in union before age 18, by region

### Regional Data on Currently Married Age 15 - 19

Ecological Zone	Currently in Union 15 - 19
<b>National</b>	<b>14</b>
Lowlands	11
Foothills	25
Mountains	22
Senqu River Valley	12

Marriage before the age of 18 is a reality for many young girls. In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner.

## Trends in Child Marriage



Percentage of women age 20-49 years who were first married or in union before age 15 and before age 18, by age cohort

The Lesotho Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). GAVI, World Bank, UNFPA, WFP and UNDP provided financial support.

The objective of this snapshot is to disseminate selected findings from the Lesotho MICS 2018 related to Child Marriage. Data from this snapshot can be found in tables PR4.1W .

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).



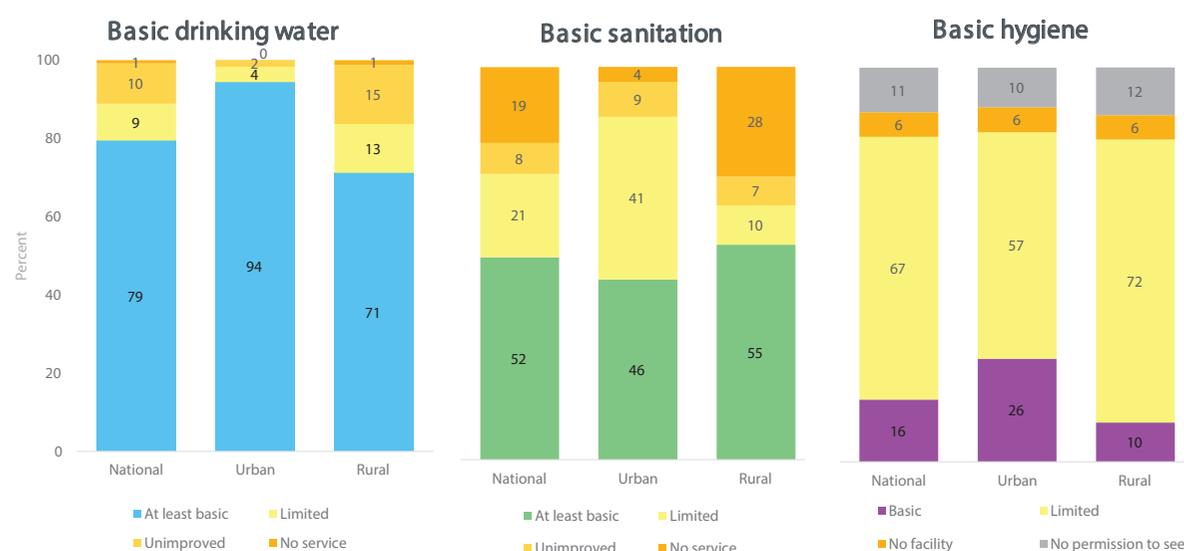
**DRINKING WATER, SANITATION  
& HYGIENE - WASH**

# LESOTHO 2018

DRINKING WATER , SANITATION & HYGIENE - WASH



## Basic Drinking Water, Sanitation & Hygiene Services



Percent of population by drinking water, sanitation and hygiene coverage

**Drinking water ladder:** **At least basic** drinking water services (SDG 1.4.1) refer to an improved source, provided collection time is not more than 30 minutes for a round trip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water. **Limited** refers to an improved source more than 30 minutes roundtrip. **Unimproved** sources include unprotected dug wells and unprotected springs. **No service** refers to the direct collection of water from surface waters such as rivers, lakes or irrigation channels.

**Sanitation ladder:** **At least basic** sanitation services (SDG 1.4.1) refer to the use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs. **Limited** sanitation service refers to an improved facility shared with other households. Unimproved sanitation facilities include flush/pour flush to an open drain, pit latrines without a slab, hanging latrines and bucket latrines. **No service** refers to the practice of open defecation.

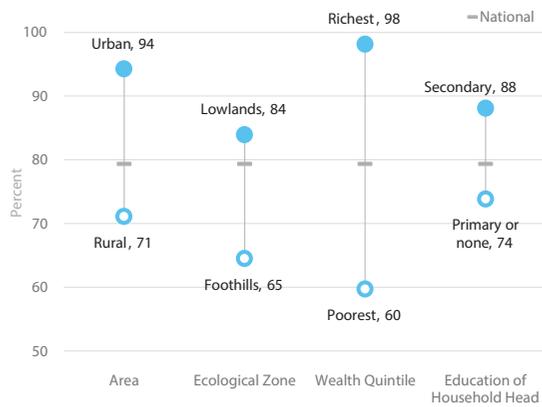
**Hygiene ladder:** A **basic** hygiene service (SDG 1.4.1 & SDG 6.2.1) refers to the availability of a handwashing facility on premises with soap and water. Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents. **Limited** hygiene service refers to a facility lacking water and/or soap. **No facility** means there is no handwashing facility on the household's premises.

## Key Messages

- Nearly 80 percent of the population in Lesotho had access to basic drinking water while only half had access to basic sanitation
- Nearly 20 percent of the population in Lesotho practiced open defecation. The practice was more prevalent in rural areas where nearly one third of the population did not have access to basic sanitation services.
- One quarter of the population in urban areas had access to basic hygiene compared with 1 in 10 in rural areas.
- Access to basic hygiene services was found to be very limited in Lesotho. Only 1 in every 10 rural dwellers and 1 in every 4 urban dwellers had a handwashing facility with soap and water available on their household's premises.

## WASH: Inequalities in Basic Services

### Basic Drinking Water



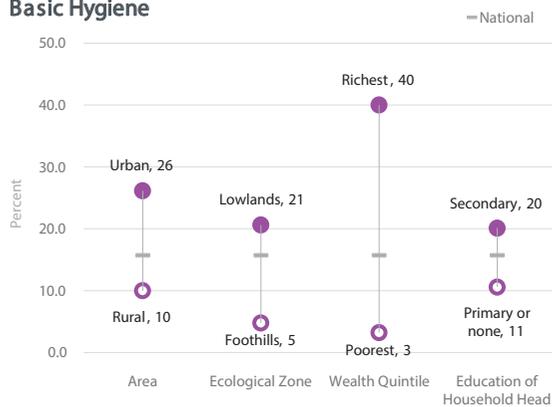
Percent of population using basic drinking water services by background characteristics

### Basic Sanitation



Percent of population using basic sanitation services by background characteristics

### Basic Hygiene



Percent of population using basic hygiene services by background characteristics

### Regional Data on Basic Services

Ecological Zone	Basic Drinking Water	Basic Sanitation	Basic Hygiene
<b>National</b>	<b>79</b>	<b>52</b>	<b>16</b>
Lowlands	84	54	21
Foothills	65	45	5
Mountains	70	44	8
Senqu River Valley	82	54	9

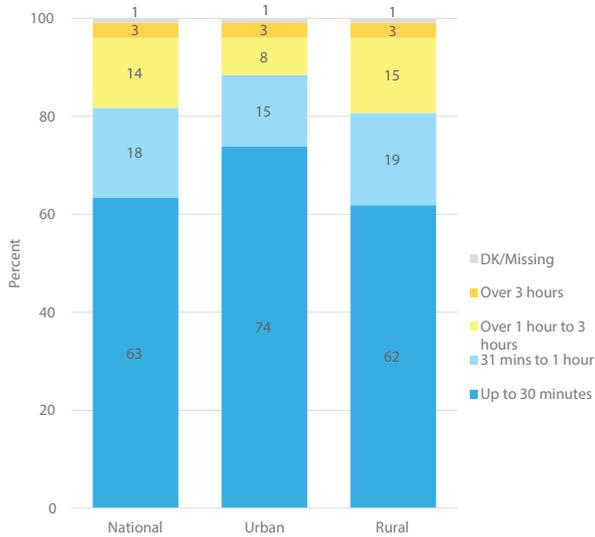
Percent of population using basic drinking water, sanitation and hygiene services by region

## Key Messages

- 1 in every 5 people using improved sanitation facilities was sharing among several households. (Page 3)
- Of those using improved facilities located elsewhere, over half shared their facility with up to 5 households. (Page 3)
- Of those without drinking water on premises, nearly 2 out of 10 (18 percent) spent between 30 minutes and one hour a day collecting water, and nearly 2 out of 10 (17 percent) spent more than one hour a day. (Page 3)
- While 79 percent of the population had access to basic drinking water services (an improved water source within 30 minutes of collection time for a roundtrip including queuing), only 27 percent had access to safely managed drinking water (improved sources that are accessible on premises, available when needed and free from contamination). (Page 4)
- E. Coli contamination in drinking water was higher in the household than at the source: While a third of the population lived in households using drinking water from contaminated sources, half of the population lived in households where E. Coli contamination was found in a glass of drinking water. (Page 4)
- The widest gap in exclusion from social activities was observed between women from the foothills and women from the mountains. (Page 6)

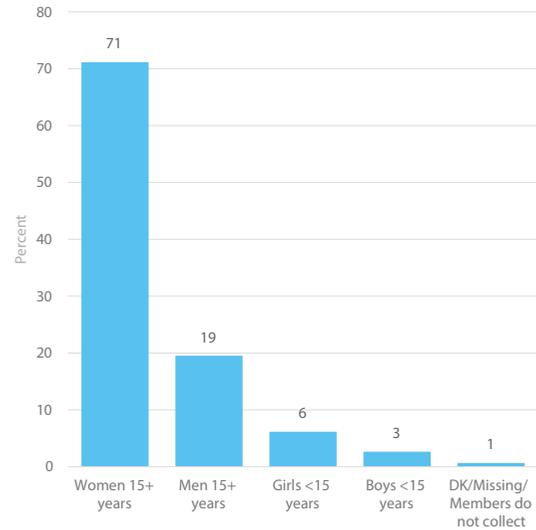
## Accessibility of Water & Sanitation Facilities

### Time Spent Each Day Collecting Water



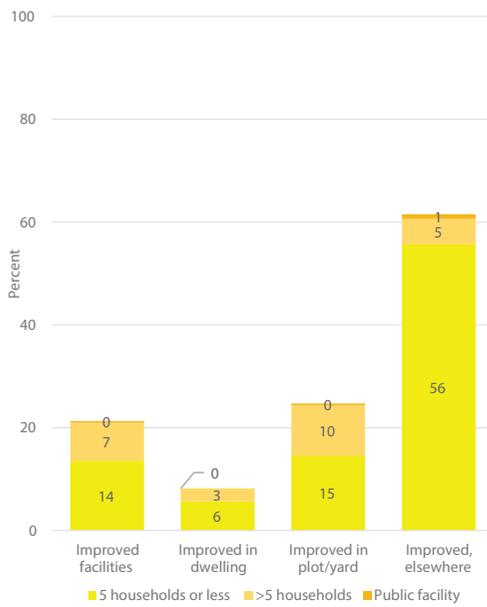
Percent of population by mean time person primarily responsible for water collection spends collecting water each day in households without water on premises

### Who Primarily Collects Water for the Household



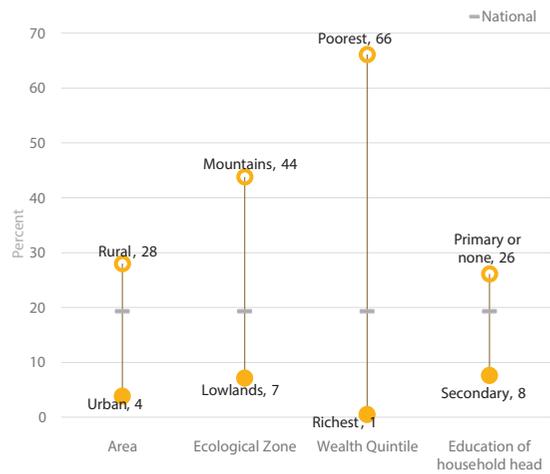
Percent of population by gender and age of person primarily responsible for collecting drinking water in households without water on premises

### Sanitation Accessibility & Privacy



Percent of the population sharing improved sanitation facilities, by location of sanitation facility

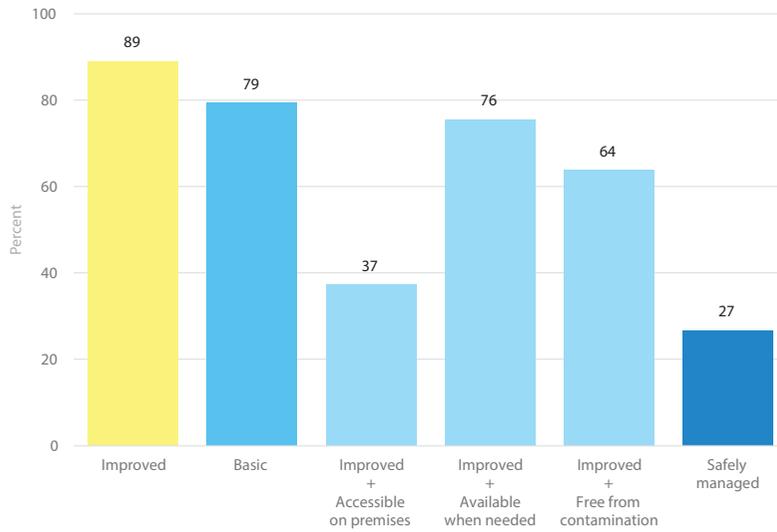
### Open Defecation



Percent of the population practising open defecation, by background characteristics

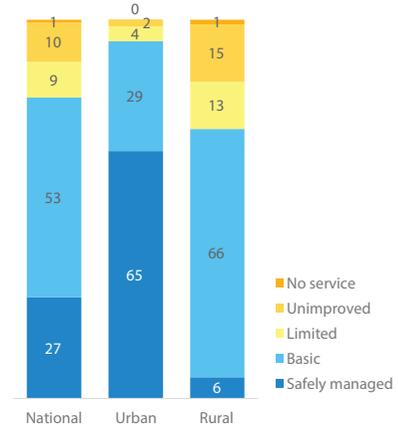
## Safely Managed Drinking Water Services: SDG 6.1.1

### Improved, basic & safely managed drinking water



Percent of population using improved, basic and safely managed drinking water services

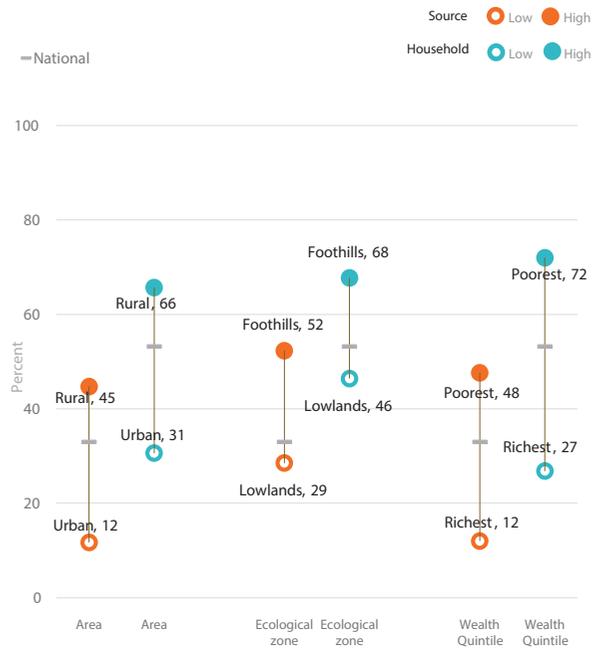
### Drinking water coverage: National, urban & rural



Percent of population by drinking water coverage

**Safely managed** (SDG 6.1) are improved sources: accessible on premises, available when needed, free from contamination

### Drinking Water Quality at Source & Home



Percent of population using drinking water sources with E. coli (orange) and proportion with E. coli in glass of drinking water in household drinking water (teal). Water Quality Testing response rates for Household and Source testing are 99.8% and 97.3%, respectively.

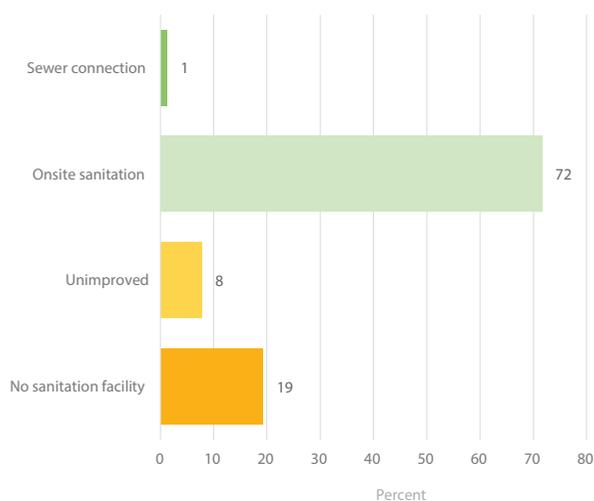
### Availability of Drinking Water



Percent of population using drinking water sources with sufficient drinking water in the last month

## Safely Managed Sanitation Services: SDG 6.2.1

### Types of Sanitation Facility



Percent of population by type of sanitation facility, grouped by type of disposal

### Types of Sanitation Facility by Region

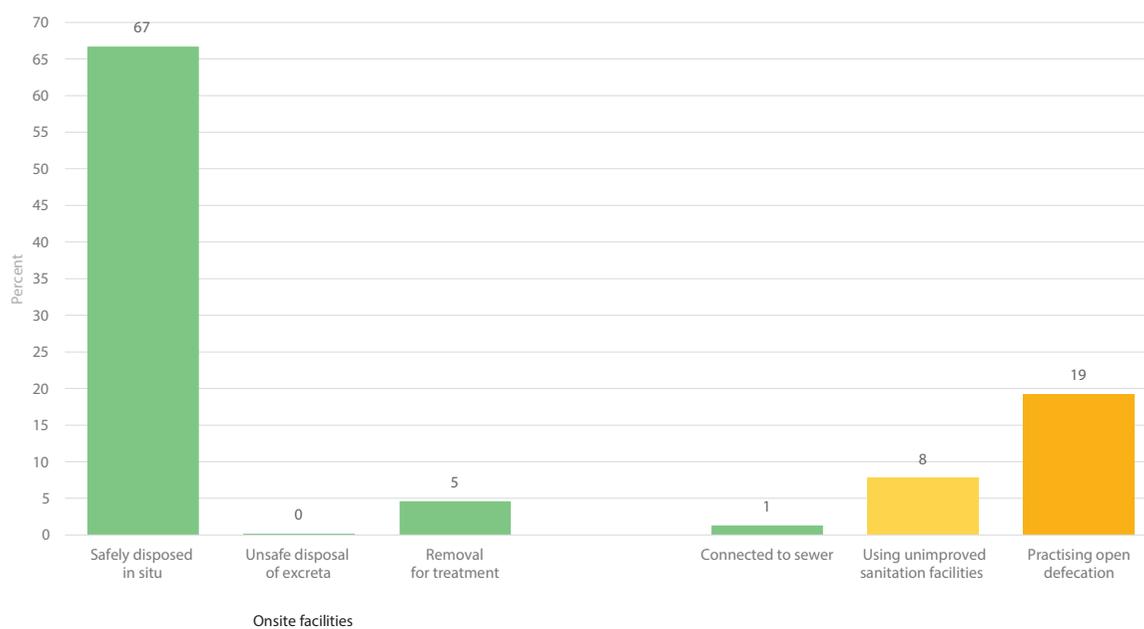
Ecological Zone	Sewer connection	Onsite sanitation
<b>National</b>	<b>1.3</b>	<b>72</b>
Lowlands	2.0	81
Foothills	0.0	53
Mountains	0.3	53
Senqu River Valley	0.2	62

Percent of population using sewer connections and onsite sanitation, by region

**Sewer connection** includes “flush/pour flush to piped sewer system” and it is assumed that households reporting “flush/pour flush to DK where” are connected to sewer networks. **Onsite sanitation** includes flush/pour flush to septic tank, flush/pour flush to latrine, Ventilated Improved Pit latrines, pit latrine with a slab and composting toilet.

## Management of Sanitation Services

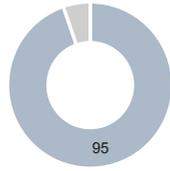
### Disposal of excreta



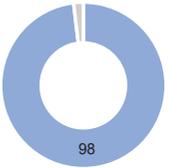
Percent of population using onsite improved sanitation facilities, by final disposal of excreta

**Safely managed sanitation services** represents an ambitious new level of service during the SDGs and is the indicator for target 6.2. Safely managed sanitation services are improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite. The MICS survey collected information on the management of excreta from onsite facilities. For households where excreta are transported offsite (sewer connection, removal for treatment), further information is needed on the transport and treatment of excreta to calculate the proportion that are safely managed.

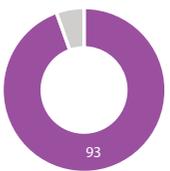
## Menstrual Hygiene Management



Women with a private place to wash & change at home



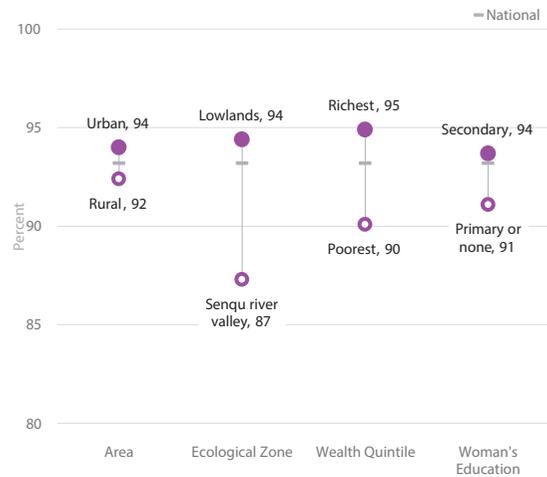
Women with appropriate materials



Women with appropriate materials & a private place to wash & change at home

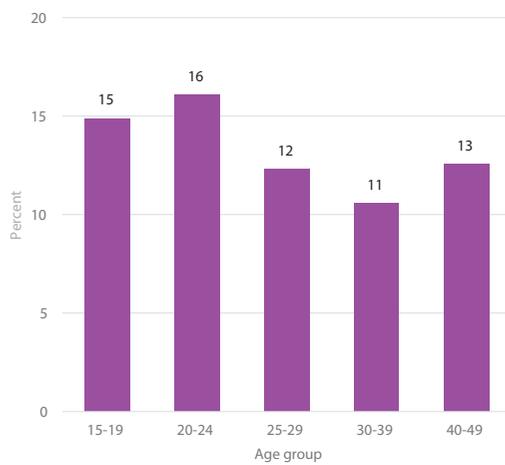
Denominator for all 3 indicators: women age 15 -49 who reported menstruating in the last 12 months

## Inequities in Access to Appropriate Materials & Private Place to Wash & Change at Home



Percent of women age 15 -49 using appropriate menstrual hygiene materials with a private place to wash and change while at home, among women reporting menstruating in the last 12 months

## Exclusion from Activities during Menstruation



Percent of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by age, among women reporting menstruating in the last 12 months

## Exclusion from Activities during Menstruation by Various Characteristics



Percent of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by residence, wealth quintile, education and region, among women reporting menstruating in the last 12 months

The Lesotho Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). GAVI, UNFPA, World Bank, UNFPA, WFP and UNDP provided financial support.

The objective of this snapshot is to disseminate selected findings from the Country MICS 2018 related to Drinking Water, Sanitation & Hygiene - WASH. Data from this snapshot can be found in tables WS1.1 to WS4.2.

Further statistical snapshots and the Survey Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).



# GENDER EQUALITY

# LESOTHO 2018

## GENDER EQUALITY

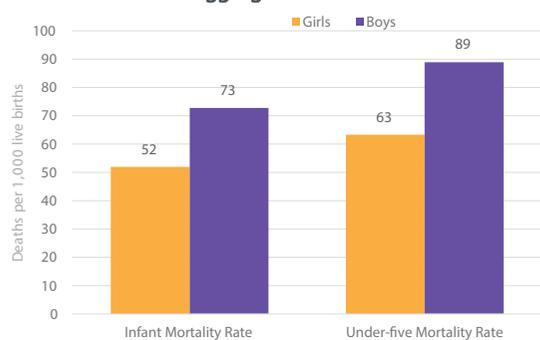


Gender equality means that girls and boys, women and men, enjoy the same rights, resources, opportunities and protections. Investments in gender equality contribute to lifelong positive outcomes for children and their communities and have considerable inter-generational payoffs because children's rights and well-being often depend on women's rights and well-being. This snapshot shows key dimensions of gender equality during the lifecycle. It is organized around: 1) the first decade of life (0-9 years of age) when gender disparities are often small, particularly in early childhood; 2) the second decade of childhood (10-19 years of age) when gender disparities become more pronounced with the onset of puberty and the consolidation of gender norms; and 3) adulthood, when gender disparities impacts both the wellbeing of women and girls and boys.

### Every Girl & Boy Survives & Thrives: The First Decade of Life

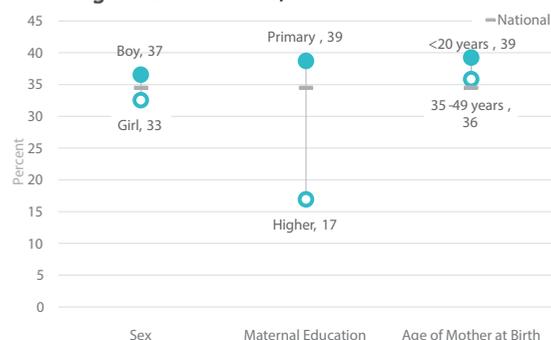
Nutrition and a supportive environment in early childhood are among the key determinants of the health and survival of children and their physical and cognitive development. Generally, girls tend to have better biological endowments than boys for survival to age five, and thus higher survival chances under natural circumstances. However, gender discrimination against girls can affect survival, resulting in higher than expected female mortality. Similarly, stunting rates are typically lower among girls than boys, potentially due to the higher risk for preterm birth among boys, which is inextricably linked with lower birth weight. However, children with mothers who gave birth at a young age or who have no education may be more likely to be malnourished. Children with restricted cognitive development during early life are at risk for later neuropsychological problems, poor school achievement, early school drop-out, low-skilled employment, and poor care of their own children. Stimulation and interaction with parents and caregivers can jumpstart brain development and promote well-being in early childhood. This is also the period of development when gender socialization, or the process of learning cultural roles according to one's sex, manifests. Caregivers, particularly fathers, may respond to, and interact with, sons and daughters differently.

#### Mortality Rates among Children Under-5, SDG 3.2.1 Sex Disaggregate



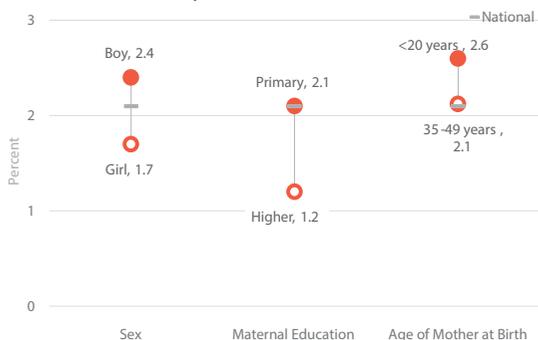
Infant mortality: probability of dying between birth and the first birthday  
Under-five mortality: the probability of dying between birth and the fifth birthday

#### Malnutrition: Stunting (Moderate & Severe) among Children Under-5, SDG 2.2.1



Stunting refers to a child too short for his or her age

#### Malnutrition: Wasting (Moderate & Severe) among Children Under-5, SDG 2.2.2



Wasting refers to a child who is too thin for his or her height

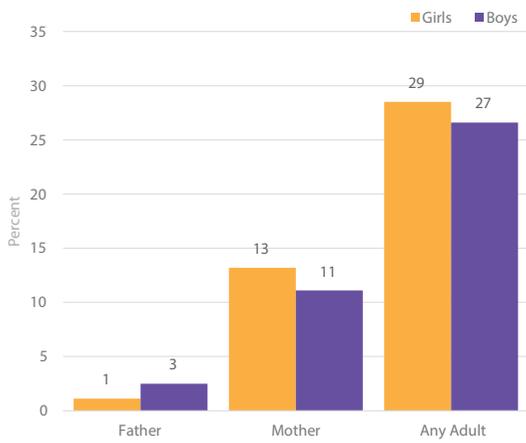
#### Malnutrition: Overweight (Moderate & Severe) among Children Under-5, SDG 2.2.2



Overweight refers to a child who is too heavy for his or her height

## Every Girl & Boy Survives & Thrives: The First Decade of Life

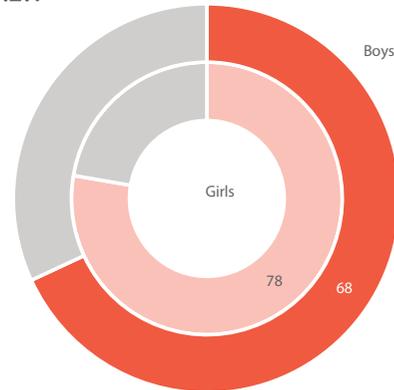
### Early Stimulation & Responsive Care by Adults



Percentage of children age 2-4 years with whom adult household members engaged in activities that promote learning and school readiness during the last three days, by person interacting with child and sex of child.

Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child

### Early Childhood Development Index, SDG 4.2.1

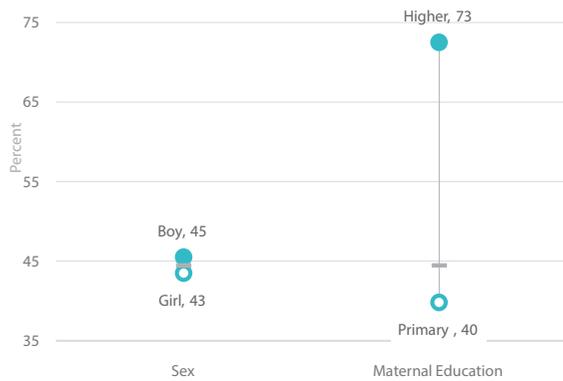


Percentage of children age 3-4 years who are developmentally on track in at least 3 of the following 4 domains: literacy - numeracy, physical, social - emotional, and learning domains, by sex

## Every Girl & Boy Is Protected From Violence & Exploitation: The First Decade of Life

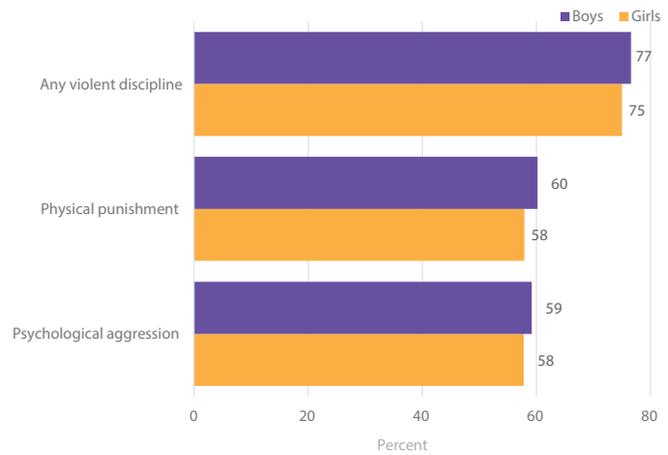
Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed. While vitally important for both girls and boys, the implications of low birth registration rates for girls are significant, rendering them more vulnerable to certain forms of exploitation they are at greater risk of, including child marriage and international trafficking. Although average birth registration rates are similar for girls and boys, children with mothers who have no education may be less likely to have their births registered. While girls and boys face similar risks of experiencing violent discipline -which includes physical punishment and psychological aggression- by caregivers in the home, gender inequality and domestic violence are among the factors associated with an elevated risk of violence against both girls and boys.

### Birth Registration, SDG 16.9.1 Sex Disaggregate



Percentage of children under age 5 whose births are registered, by sex and maternal education level

### Violent Discipline, SDG 16.2.1 Sex & Age Disaggregate



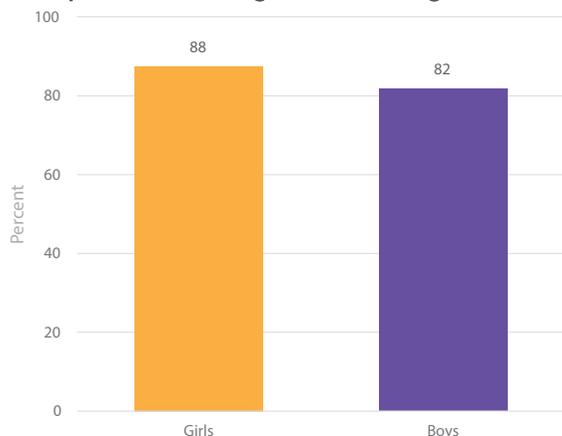
Percentage of children age 1-14 years who experienced violent discipline in the past month, by sex

Note: The age group 1-14 spans the first and second decades of life.

## Every Girl & Boy Learns: The First Decade of Life

Investment in good quality early childhood education services prior to entering school improves learning outcomes for children. It also enhances the efficiency of the school system by reducing repetition and dropout and improving achievement, especially among girls and marginalized groups. Primary education provides the foundation for a lifetime of learning. Considerable progress has been made in achieving universal education and closing the gender gap but gender disparities to the disadvantage of girls still exist in some countries. Further, girls still comprise the majority of the world's out-of-school population. **Note:** Because children of primary school age range from 6-14 years, these indicators include some children in their second decade of life.

### Participation Rate in Organized Learning, SDG 4.2.2



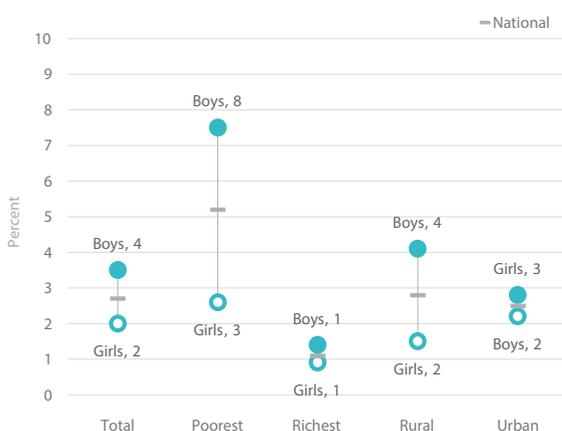
Percent distribution of children age one year younger than the official primary school entry age at the beginning of the school year, by attendance to education, and attendance to an early childhood education programme or primary education (adjusted net attendance ratio), by sex

### Primary School Attendance



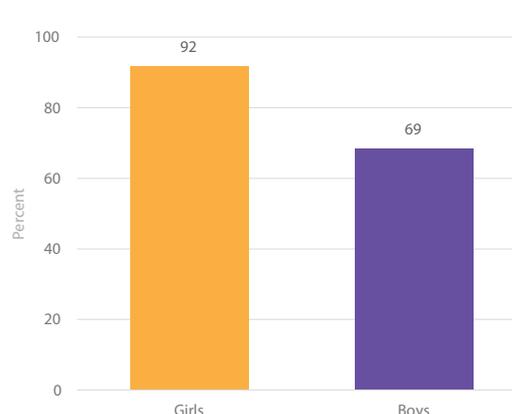
Percentage of children of primary school age attending primary or secondary school (adjusted net attendance ratio), by wealth quintile and urban/rural residence

### Children of Primary School Age Out of School



Percentage of children of primary school age not attending either primary or secondary school, by wealth quintile and area

### Primary Completion



Percentage of children who are age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education, by sex

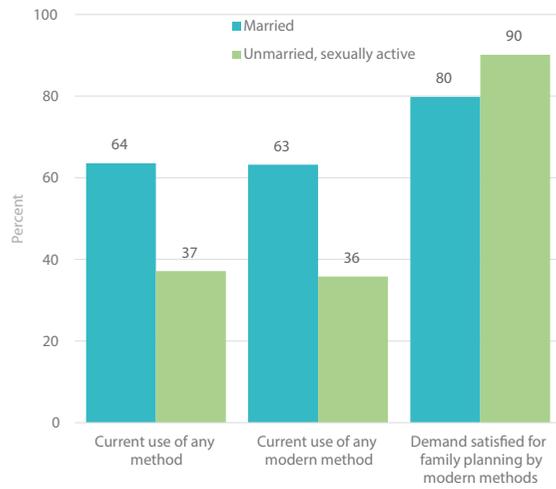
## Key Messages

- Boys were more likely to die before reaching the age of five compared with girls.
- For malnutrition indicators, the widest gap was observed in stunting by maternal education. Children whose mothers had primary education were twice as likely to be stunted compared to those whose mothers had higher than secondary education.
- On early stimulation for children age 2-4 years, mothers were more likely to interact with children compared with fathers.
- 73% of children whose mothers had higher than secondary education had their births registered compared with 40% whose mothers had primary or no education.
- 78% of girls were developmentally on track compared with 68% of boys.
- 8% of boys of primary school age were out of school compared with 3% of girls.
- 92% of girls completed primary school compared with 69% of boys.

## Every Adolescent Girl & Boy Survives & Thrives: The Second Decade of Life

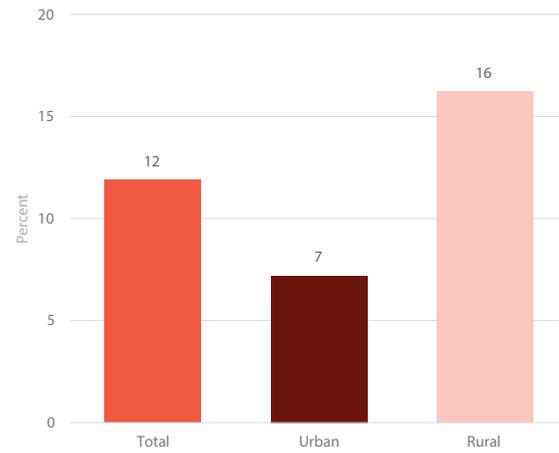
While adolescence carries new health risks for both girls and boys, girls often face gender-specific vulnerabilities, with life long consequences. Complications related to pregnancy and childbirth are among the leading causes of death worldwide for adolescent girls age 15 to 19. Preventing adolescent pregnancy not only improves the health of adolescent girls, but also provides them with opportunities to continue their education, preparing them for jobs and livelihoods, increasing their self-esteem and giving them more say in decisions that affect their lives. Yet, too often, adolescent girls lack access to appropriate sexual and reproductive health services, including modern methods of contraception. Additionally, despite having a higher risk of contracting HIV due to both greater physiological vulnerabilities and gender inequalities, adolescent girls are often less knowledgeable than adolescent boys about how HIV is transmitted. However, gender norms adversely impact adolescent boys as well. For example, norms around masculinity that encourage risk taking may heighten adolescent boys' use of alcohol and tobacco, increasing their likelihood of developing noncommunicable diseases later in life.

### Contraceptive Use & Demand Satisfied



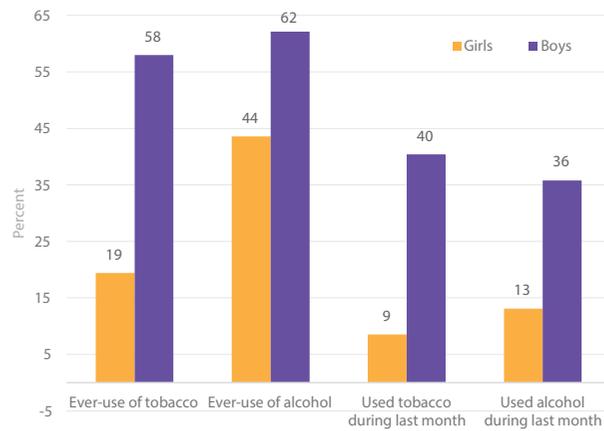
Contraceptive use and demand for family planning satisfied by modern methods among adolescent girls age 15 -19, by marital status

### Early Childbearing - by Age 18



Percentage of women age 20 -24 years who had a live birth by age 18, by urban/rural residence

### Tobacco\* & Alcohol Use

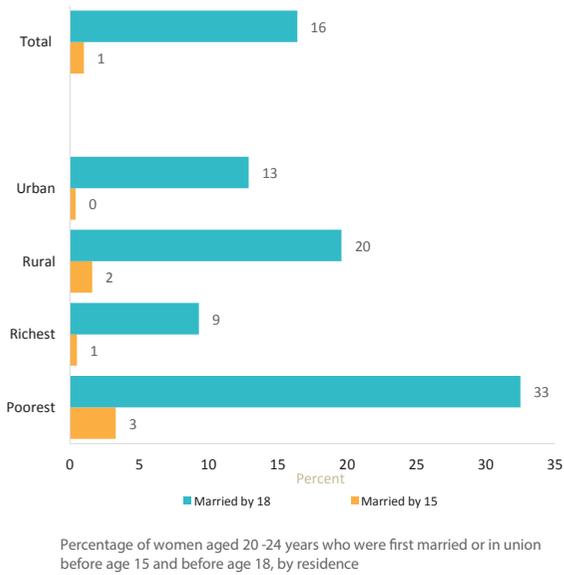


Tobacco and alcohol use among adolescents age 15 -19, by sex  
\*Includes an age and sex disaggregate of SDG 3.a.1: use of tobacco

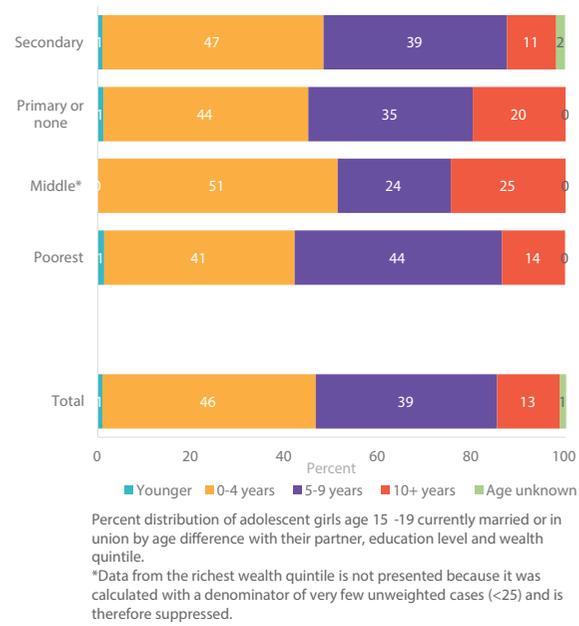
# Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

Adolescence presents unique vulnerabilities to violence and exploitation for girls. In many countries, marriage before the age of 18 is a reality for girls due to the interaction of several factors that place a girl at risk, including poverty, social norms, customary or religious laws that condone the practice, an inadequate legislative framework and the state of a country's civil registration system. Child marriage often compromises a girl's development by resulting in early pregnancy and social isolation, interrupting her schooling, and limiting her opportunities for career and vocational advancement. It also often involves a substantial age difference between the girl and her partner, thus further disempowering her and putting her at greater risk of partner violence, sexually transmitted diseases and lack of agency. Attitudes about wife beating serve as a marker for the social acceptability of intimate partner violence. Acceptance of wife beating among adolescent girls and boys suggests that it can be difficult for married girls who experience violence to seek assistance and for unmarried girls to identify and negotiate healthy and equitable relationships. Female genital mutilation is a human rights issue that also affects girls and women. Adolescence, in particular, is a vulnerable period for girls who have undergone FGM because they may experience heightened consequences of the procedure as they become sexually active and begin childbearing. Gender-based discrimination may be one of the most ubiquitous forms of discrimination adolescent girls face, and it has long-lasting and far-reaching effects on their personal trajectories as well as on all aspects of social and economic development. While in most regions, girls and boys are equally likely to be involved in child labour, gender is a determinant of the types of activities boys and girls engage in, with girls more likely to be involved in domestic work.

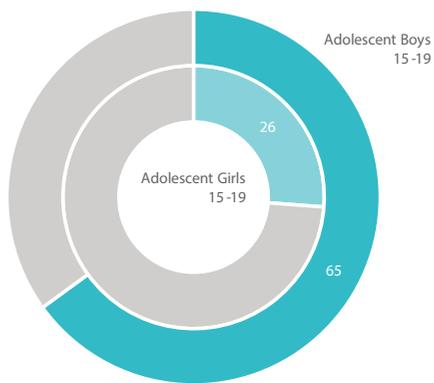
## Child Marriage, SDG 5.3.1



## Spousal Age Difference

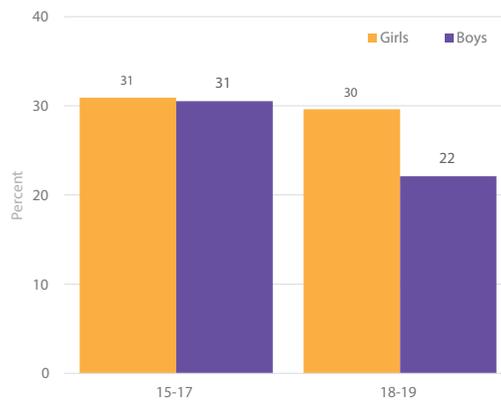


## Feelings of Safety, SDG 16.1.4 Age & Sex Disaggregate



Percentage of adolescents age 15-19 who feel safe walking alone in their neighbourhood after dark, by sex

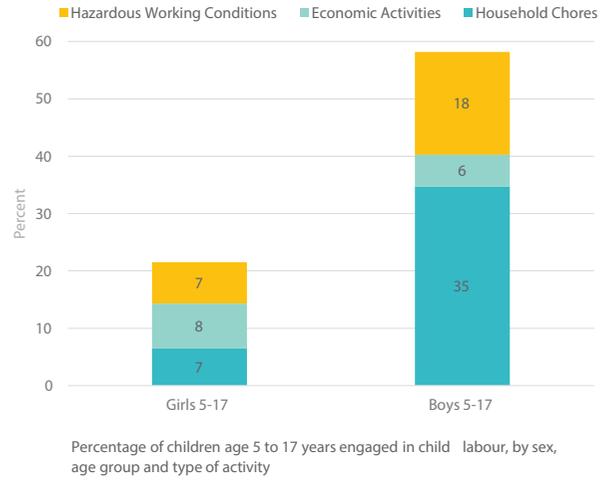
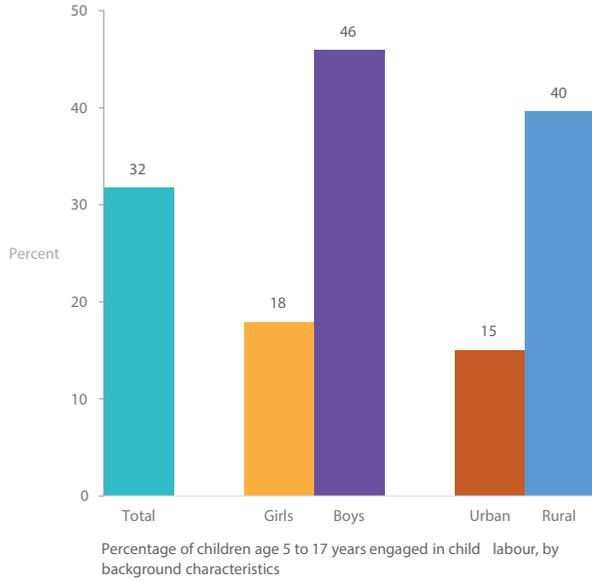
## Attitudes toward Domestic Violence



Percentage of adolescents age 15-19 years who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex and age group

# Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

## Child Labour, SDG 8.7.1



\* Note: Indicator includes children in the first & second decade of life  
 \*\*Estimates from MICS of child labour are different from those in the SDG database for indicator 8.7.1, as the database excludes the hazardous work component and applies a threshold of 21 hours for household chores for children aged 5-14 and no threshold for household chores for children aged 15-17

# Every Adolescent Girl & Boy has an Equitable Chance in Life: The Second Decade of Life

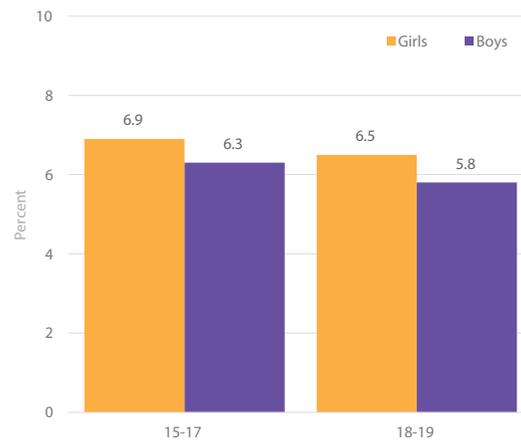
To become empowered, adolescent girls and boys need to be engaged as civic participants in the decisions affecting their lives and communities. People's sense of security and freedom from the fear of crime influences how they move about those communities, access services and economic opportunities and participate in public life. Adolescent girls and boys are likely to have different perceptions of personal safety due to different gender-based vulnerabilities to sexual violence and other crimes. Life satisfaction measures an individual's perceived level of well-being or how an individual feels about their life as a whole. Measuring adolescent girls' and boy's satisfaction with their lives can provide important insights into their mental health during a stage of life when gender norms consolidate and girls and boys experience different risk factors for mental health disorders.

## Discrimination & Harassment



Percentage of adolescent girls and boys age 15-19 years who have ever felt discriminated or harassed based on their gender

## Life Satisfaction

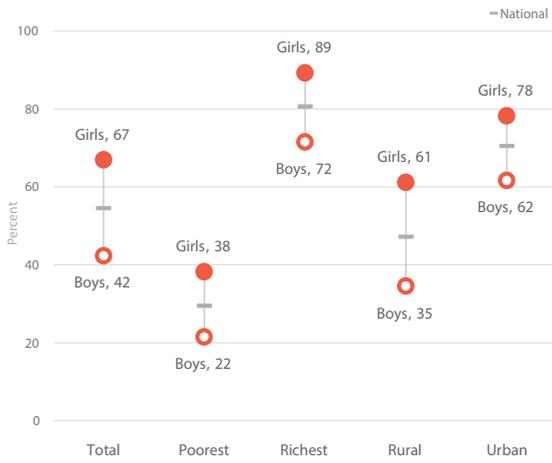


Among adolescents age 15-19, average life satisfaction score on a scale of 0 to 10, by sex and age group

## Every Adolescent Girl & Boy Learns: The Second Decade of Life

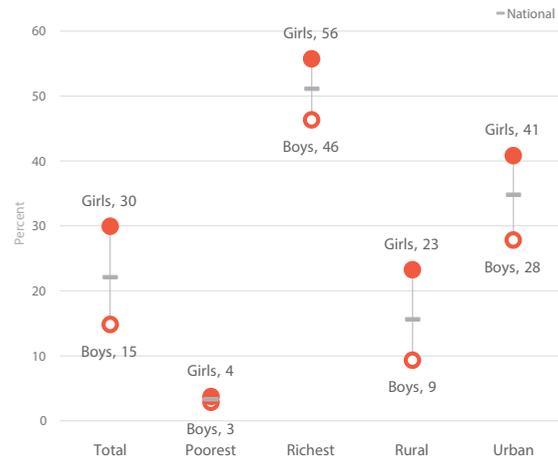
While participation in secondary education is expanding, progress lags behind primary education. Gender disparities disadvantaging girls are also wider and occur in more countries at the secondary level than at the primary level. Yet, advancing girls' secondary education is one of the most transformative development strategies countries can invest in. Completion of secondary education brings significant positive benefits to girls and societies—from increased lifetime earnings and national growth rates, to reductions in child marriage, stunting, and child and maternal mortality.

### Lower Secondary Attendance Net Attendance Rate (Form 1 – 3)



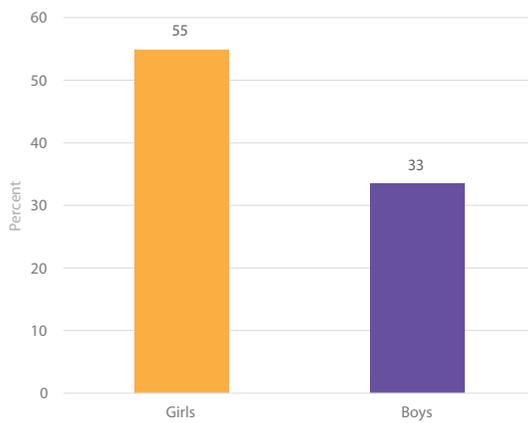
Percentage of children of lower secondary school age attending lower secondary school or higher (adjusted net attendance ratio), by sex, wealth quintile and area

### Upper Secondary Attendance Net Attendance Rate (Form 4 – 5)



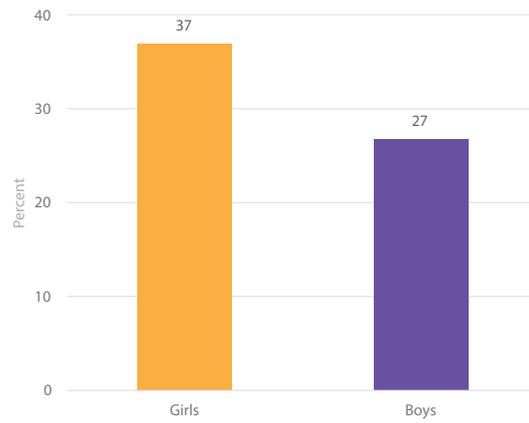
Percentage of children of upper secondary school age attending upper secondary school or higher (adjusted net attendance ratio), by sex, wealth quintile and area

### Lower Secondary Completion



Percentage of children who age 3 to 5 years above the intended age for the last grade of lower secondary school who have completed lower secondary education, by sex

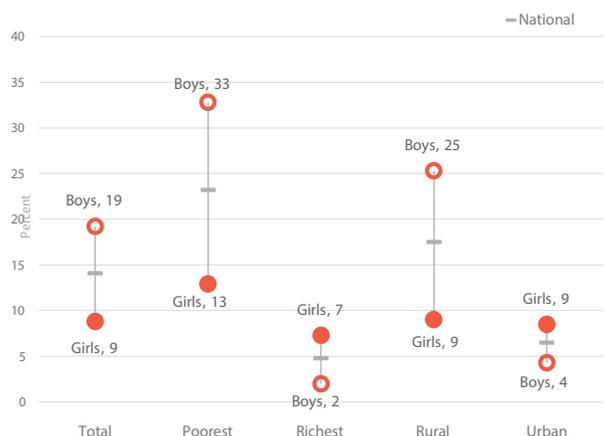
### Upper Secondary Completion



Percentage of children or youth who age 3 to 5 years above the intended age for the last grade of upper secondary school who have completed upper secondary education, by sex

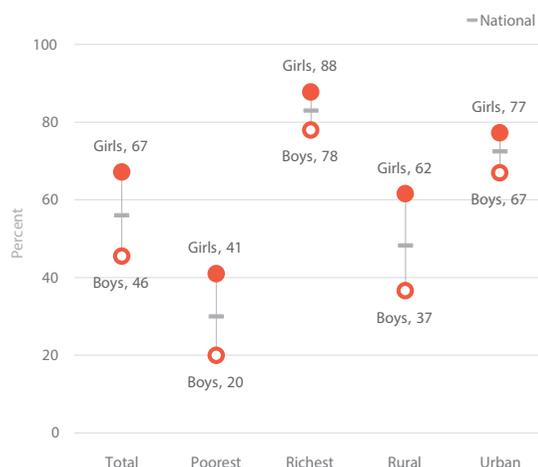
## Every Adolescent Girl & Boy Learns: The Second Decade of Life

### Children of Lower Secondary School Age Out of School



Percentage of children of lower secondary age not attending either primary or secondary school, by wealth quintile and area

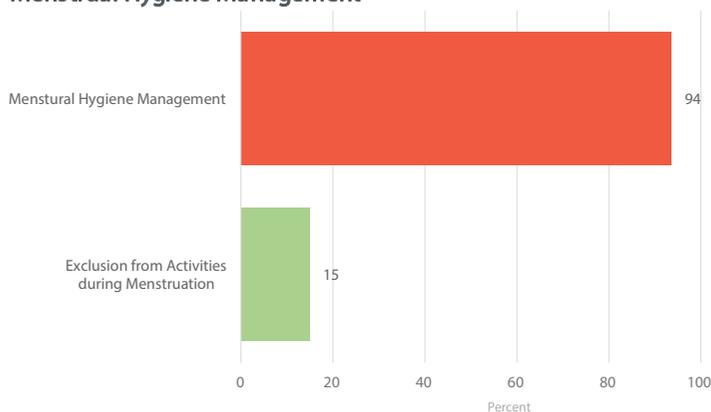
### Secondary Net Attendance Rate



Percentage of children of secondary school age attending secondary school or higher (adjusted net attendance ratio), by sex, wealth quintile and area

## Every Adolescent Girl & Boy Lives in a Safe & Clean Environment: The Second Decade of Life

### Menstrual Hygiene Management



The ability of adolescent girls to safely manage their monthly menstrual cycle in privacy and with dignity is fundamental to their health, psychosocial well-being and mobility. Girls in low-resource and emergency contexts without access to adequate menstrual hygiene management facilities and supplies experience stigma and social exclusion while also forgoing important educational, social and economic opportunities.

**Menstrual Hygiene Management:** Among adolescent girls age 15-19 who reported menstruating in the last 12 months, percentage using appropriate menstrual hygiene materials with a private place to wash and change while at home

**Exclusion from Activities during Menstruation:** Among adolescent girls age 15-19 who reported menstruating in the last 12 months, percentage of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months

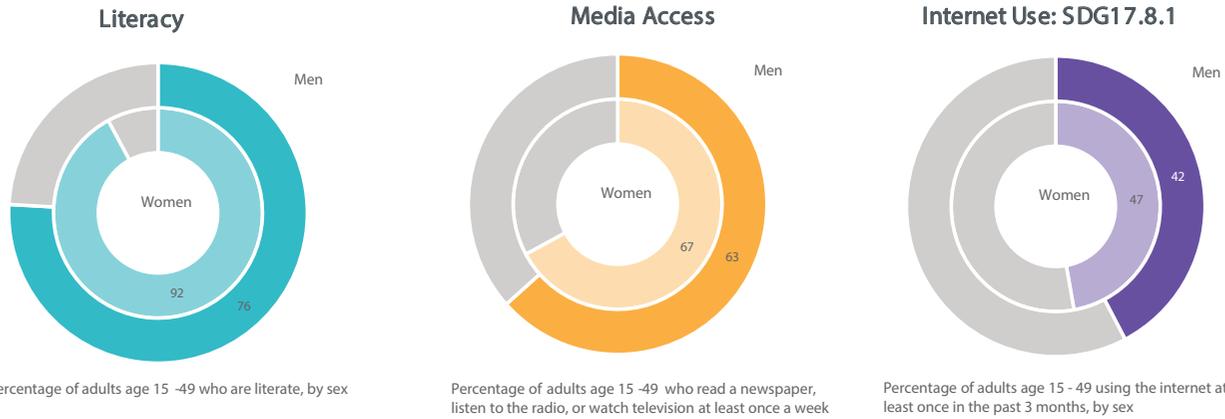
## Key Messages

- 2 in 3 girls of secondary school age were attending secondary school compared with less than half of boys. In households of the poorest wealth quintile, girls were twice as likely to attend secondary school than boys.
- Over half of girls completed secondary school compared to one third of boys.
- Nearly 1 in 3 children age 5-17 years were engaged in child labour. About half of boys were engaged in child labour compared with nearly 1 in 5 girls.
- Among the population age 20 to 24 years, women were 8 times more likely to be married by age 18 compared with men.
- Among women age 20 to 24 years, those in rural areas were twice as likely to have a live birth by age 18 than women in urban areas.
- Among the population age 15-19, boys were 3 times more likely to have ever used tobacco products than girls.
- One quarter of girls age 15-19 years reported that they feel safe walking around in their neighborhood after dark compared with about two thirds of boys.
- Among adolescent girls age 15-19 who reported menstruating in the last 12 months, 15% reported not being able to participate in social activities because of menstruation.

## Gender Equality in Adulthood

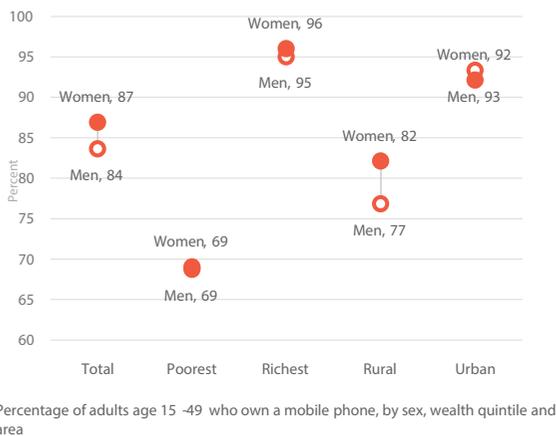
To survive and thrive, all children require care and support from women and men. Care and support can be substantially improved by fostering gender equality, an important goal in its own right, and by reducing the gender-related barriers. Gender-related barriers include women's and girls' disproportionate lack of information, knowledge and technology, resources, and safety and mobility, as well as the gender division of labour and gender norms. For example, a mother's lack of mobility, due to prohibitive norms or lack of transportation, may impede birth registration, nutrition, and other child outcomes. The internalization of gender norms around masculine and feminine expectations and behaviours may influence women's and men's attitudes toward intimate partner violence and physical punishment of children as well as self-perceptions of well-being, including life satisfaction and expectations for the future.

### Access to Knowledge, Information & Technology

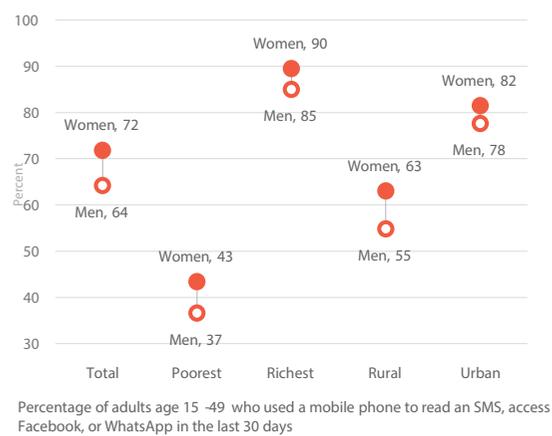


### Access to Resources

#### Mobile Phone Ownership, SDG 5.b.1

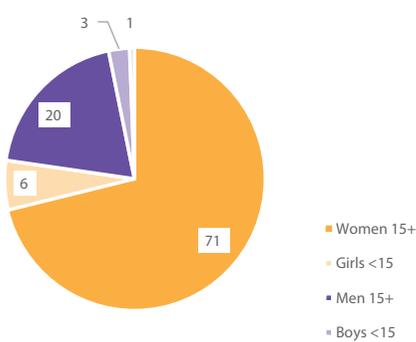


#### Used Mobile Phone to read SMS, access Facebook, or WhatsApp

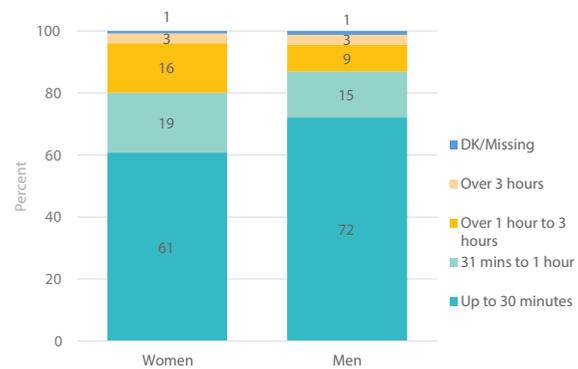


### Time on Household Chores: Water Collection

#### Who collects water?



#### Time spent on water collection



## Gender Equality in Adulthood

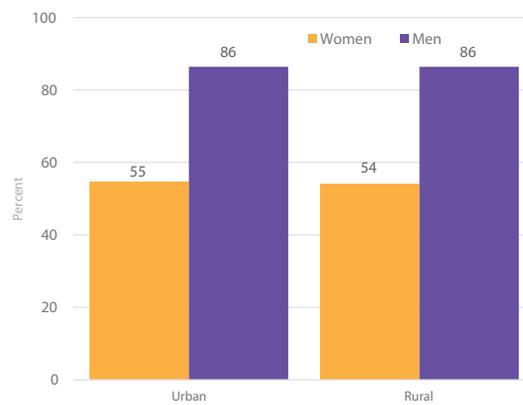
### Safety & Security

#### Feeling safe while walking alone, SDG 16.1.4 sex disaggregate



Percentage of adults (age 15 -49) who feel safe walking alone in their neighborhood after dark, by sex and area

#### Feeling safe while being at home alone



Percentage of adults (age 15 -49) who feel safe being home alone after dark, by sex and area

### Victimisation



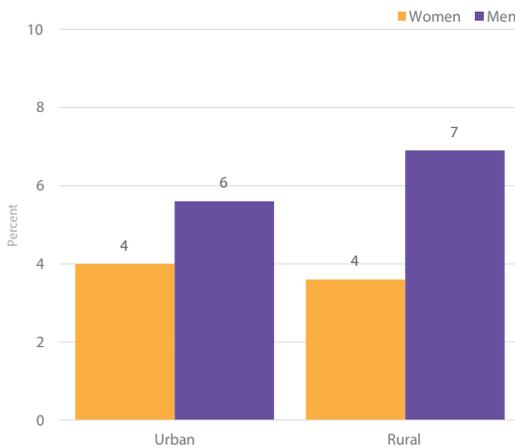
Percentage of adults age 15 -49 who experienced physical violence of robbery or assault in the last year, by sex, wealth quintile and area

### Reporting of victimisation to police, SDG 16.3.1



Percentage of adults age 15 -49 for whom the last incident of physical violence of robbery and/or assault in the last year was reported to the police, by sex, wealth quintile and area

### Discrimination & harassment



Percentage of adults age 15 -49 who have ever personally felt discriminated or harassed based on their gender, by sex and area

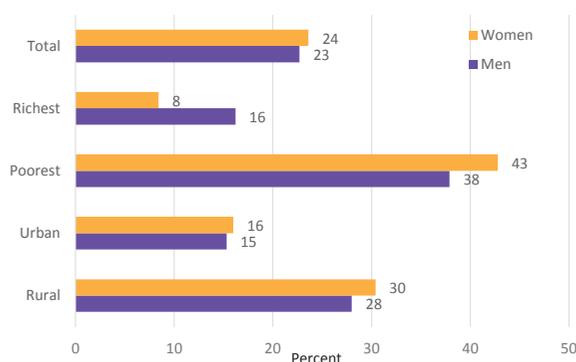
## Key Messages

- In Lesotho, 92% of women are literate compared with 76% of men.
- More than half of adults age 15 -49 did not use the internet in the past three months.
- 3 out of 10 women in rural areas reported feeling safe to walk alone after dark compared with 7 out of 10 men.
- Among the population age 15-49, men were twice as likely to report experiencing physical violence or robbery or assault in the last year compared with women.

## Gender Equality in Adulthood

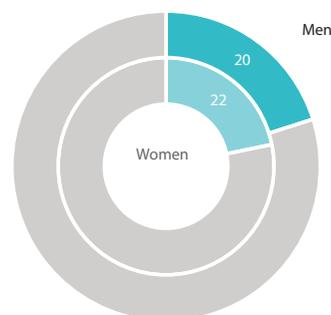
### Feminine & masculine attitudes & expectations

#### Attitudes toward domestic violence



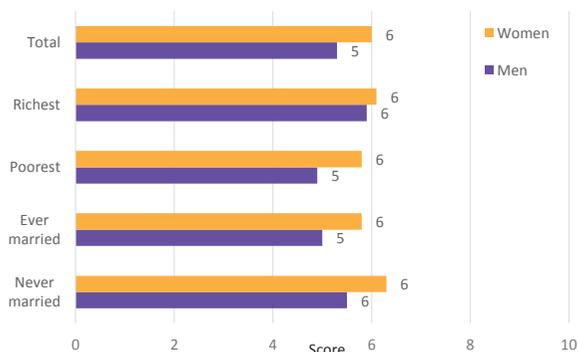
Percentage of adults age 15-49 who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex, wealth quintile and area

#### Attitudes toward physical punishment



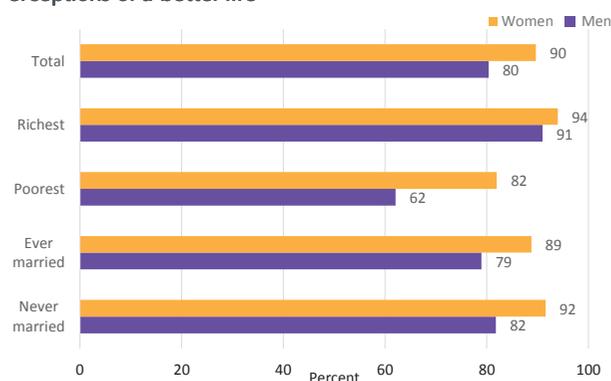
Percentage of caretakers who believe that physical punishment is needed to bring up, raise, or educate a child properly, by sex of caretaker

#### Life satisfaction



Among adults age 15-49, average life satisfaction score on a scale of 0 to 10, by sex, wealth quintile and marital status. Higher scores indicate higher satisfaction levels.

#### Perceptions of a better life



Percentage of adults age 15-49 who expect that their lives will get better in one year, by sex, wealth quintile and marital status

## Key Messages

- Women in the poorest households were more likely to justify wife beating than their male counterparts (43 percent compared to 38 percent). However, in the richest households, men were more likely to justify wife beating than women (16 percent compared to 8 percent)
- In the poorest households, 4 in 5 women were expecting their lives to be better in one year compared with 3 in 5 men

The Lesotho Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). GAVI, World Bank, UNFPA, WFP and UNDP provided financial support provided financial support.

The objective of this snapshot is to disseminate selected findings from the Lesotho MICS 2018 related to Gender Equality. Data from this snapshot can be found in table CS.3, TC.8.1, TC.10.1, TC.11.1, PR.1.1, PR.2.1, LN.1.2, LN.2.3, LN.2.4, LN.2.4CS, LN.2.6, LN.2.7, TM.3.1, TM.3.2, TM.3.3, TM.3.4, TM.2.3W, TM.11.1W, TM.11.1M, SR.10.1W, SR.10.1M, SR.4.1W, SR.4.3, SR.6.1W, SR.6.1M, PR.8.1W, PR.8.1M, 5.1W, PR.2.2, PR.5.1, PR.5.3, EQ.3.1W, EQ.3.1M, PR.7.1W, PR.7.1M, EQ.5.1W, EQ.5.1M, SR.9.3.W, SR.9.3M, EQ.2.1W, EQ.2.1M, WS.4.1, WS.4.2, WS 1.3 and WS 1.4.

Further statistical snapshots and the Summary Findings Report for this and other surveys are available on [mics.unicef.org/surveys](https://mics.unicef.org/surveys).



