Statistical Report
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2022 Vital Statistics Report

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Mission: To coordinate the National Statistical System (NSS) and produce accurate, timely and reliable culturally relevant and internationally comparable statistical data for evidence-based planning, decision making, research, policy, program formulation and monitoring and evaluation to satisfy the needs of users and producers.

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Preface

Statistics are important for the national development processes in designing, managing, evaluating policies and informing national dialogues. Consequently civil registration system is the basis for the documentation of facts associated with vital events, such as births, deaths, marriages and divorces. Each stated vital event is significant to the individuals' involvement as well as to their Governments and other organisations in any country. In addition, various health, demographic and social phenomena occurring in populations and subgroups of the population are provided for through vital statistics derived from the aggregation of individual records.

The Bureau of Statistics (BOS) through the Population Statistics Division (PSD) is responsible for processing, analyzing and disseminating vital statistics in collaboration with the Ministry of Health (MOH) and Ministry of Home Affairs (MOHA). The data is routinely collected by MOHA staff from all districts of Lesotho and compilation is done at MOHA`s headquarters. The vital statistics report is prepared by PSD for decision makers regarding planning purposes as well as to monitor and evaluate government processes. The report is disseminated on the BOS website and on MOHA`s dashboard for public consumption.

Acknowledgements

The report was prepared by the PSD staff of the Bureau of Statistics. Therefore, the BOS wishes to acknowledge the efforts of the National Identity and Civil Registry department of the Ministry of Home Affairs staff in one way or another for the successful production of this report. An appreciation is also extended to the contribution of Vital Statistics Section (VSS) staff who worked tirelessly towards the finalization of this report. The Head of PSD staff is gratefully acknowledged for providing leadership in improving and coordinating the production of this report.

The BOS is highly indebted to the Bloomberg Philanthropies Data for Health Initiative Global Grants Programme for their financial and technical backstopping in preparing the first report of 2021. The authors of the report also wish to acknowledge the Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics Systems (APAI-CRVS) core group namely ECA, UNFPA, UNICEF, WHO and Vital Strategies for the trainings they provided in making this report a success. Last but not least, to all PSD and National Identity and Civil Registry (NRCS) staff for the effort they applied in making this report a success, thank you all.

Acronyms and abbreviations

ASFR	Age-specific fertility rate
ASMR	Age-specific mortality rate
BOS	Bureau of Statistics
CBR	Crude birth rate
CDR	Crude death rate
CR	Civil Registration
CRO	Civil Registration Officer
CRVS	Civil registration and vital statistics
CAPI	Computer-Assisted Personal Interviews
DM	District Manager
D4H	Bloomberg Philanthropies Data for Health Initiative
DHS	Demographic and Health Survey
DPOs	Data Processing Officers
ECA	(United Nations) Economic Commission for Africa
ESCAP	(United Nations) Economic and Social Commission for Asia and the Pacific
IMR	Infant mortality rate
IQA	Integrity and Quality Assurance
LDS	Lesotho Demographic Survey
MDAs	Ministries, Departments or Agencies
MICS	Multiple Indicator Cluster Survey
MMR	Maternal mortality ratio
MOET	Ministry of Education and Training
MOFDP	Ministry of Finance and Development Planning
MOH	Ministry of Health
MOHA	Ministry of Home Affairs
MOJLPA	Ministry of Justice, Law and Parliamentary Affairs
MOLGA	Ministry of Local Government Affairs
MOLGC	Ministry of Local Government and Chieftainship
MOLGCHAP	Ministry of Local Government, Chieftainship, Home Affairs and Police
NIR	National Identity Register
NMR	Neonatal mortality rate
NICR	National Identity and Civil Registry
NSO	National Statistics Office
PAPI	Paper-Assisted Personal Interviews
PHC	Population and Housing Census
PS	Principal Secretary
PSD	Population Statistics Division
RSA	Republic of South Africa
SSA	Sub-Saharan Africa
TFR	Total fertility rate
UN	United Nations
US CDC	United States Centers for Disease Control and Prevention
U5MR	Under-5 mortality rate
VA	Verbal autopsy
VS	Vital statistics
WHO	World Health Organization

Definitions

Age-specific fertility rate (ASFR): The annual number of births to women of a particular age group per 1,000 women in that age group.

Age-specific mortality rate (ASMR): A mortality rate limited to a particular age group. The numerator is the number of deaths in that age group; the denominator is the number of persons in that age group in the population.

Civil Registration: UN defines civil registration as "the continuous, permanent, compulsory and universal recording of the occurrence and characteristics of vital events pertaining to the population as provided through decree or regulation in accordance with the legal requirements of a country. This process establishes and provides legal documentation for such events.

Completeness of registration: The proportion of vital events that are registered. It is the number of registered vital events divided by an estimate of the actual number of vital events that occurred in the same population during a specific period of time.

Crude birth rate (CBR): The number of live births relative to the size of that population during a given period, usually one year. It is expressed as the number of live births per 1,000 population per year.

Crude marriage rate: The crude marriage rate is the ratio of the number of marriages in a population during a reference period over the person-years lived by the population during the same period. It is expressed as marriages per 1,000 population.

Crude death rate (CDR): The number of deaths relative to the size of that population during a given period, usually one year. It is expressed as the number of deaths per 1,000 population per year.

Death: The permanent disappearance of all evidence of life at any time after live birth has taken place (postnatal cessation of vital functions without capability of resuscitation). This definition excludes foetal deaths, which are defined separately.

Infant mortality rate (IMR): Probability (expressed as a rate per 1,000 live births) of a child born in a specific year or period dying before reaching the age of 1, if subject to age-specific mortality rates of that period.

Life expectancy at birth: The average number of years that a newborn could be expected to live, if he or she were to pass through life exposed to the sex- and age-specific death rates prevailing at the time of his or her birth, for a specific year, in a given country, territory, or geographic area.

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[1] United Nations (2014). Principles and recommendations for a vital statistics system. Revision 2. Department of Economic and Social Affairs, Statistics Division Statistical Papers, Series M No. 19/Rev.3, New York.

[3] United Nations (2014). Principles and recommendations for a vital statistics system. Revision 3. Department of Economic and Social Affairs, Statistics Division Statistical Papers, Series M No.19/Rev 3, New York.

Live birth: 'The complete expulsion or extraction from the mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live born (all live-born infants should be registered and counted as such, irrespective of gestational age or whether alive or dead at the time of registration, and if they die at any time following birth, they should also be registered and counted as deaths).'[4]

Marriage: is a special contract of permanent union between a man and a woman entered into in accordance with law for the establishment of conjugal and family life.

Maternal death: 'The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.'[5]

Maternal mortality ratio (MMR): The number of maternal deaths during a given time period per 100,000 live births during the same time period.

Population Pyramid: This is the distribution of a population by age groups and sex.

Sex ratio at birth: The number of male births for a specific area and during a specified period divided by the number of female births for the same area and period. The sex ratio is an important demographic indicator of the distribution of boys and girls at birth.

Total fertility rate (TFR): The sum of age-specific fertility rates for females aged between 15 and 49 years during a specified period, usually one year. It is an estimate of the average number of children a cohort of women would bear if they went through their childbearing years experiencing the same age-specific fertility rates.

Under-5 mortality rate (U5MR): The probability of a child born in a specific year or period dying before reaching the age of 5, if subject to age-specific mortality rates of that period. The under-5 mortality rate as defined here is strictly speaking not a rate (i.e. the number of deaths divided by the number of population at risk during a certain period of time) but a probability of death derived from a life table and expressed as rate per 1,000 live births.

Vital statistics system: A vital statistics system is defined as the total process of (a) collecting information by civil registration or enumeration on the frequency of occurrence of specified and defined vital events, as well as relevant characteristics of the events themselves and the person or persons concerned, and (b) compiling, processing, analyzing, evaluating, presenting, and disseminating theses data in statistical form.

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[4] United Nations (2014). Principles and recommendations for a vital statistics system. Revision 3. Department of Economic and Social Affairs, Statistics Division Statistical Papers, Series M No. 19/Rev.3, New York.

[5] World Health Organisation (2004). ICD-10. International Statistical Classification of Diseases and Related Health Problems., Tenth revision, second edition. Geneva.

Executive summary

The 2022 Lesotho Vital Statistics Report presents information on vital events comprising of births, deaths, marriages and divorces for the years 2018 to 2022. It provides highlights on birth and death registration completeness which shows that the number of live births has been increasing over time reflected in the upsurge in birth completeness rate. The number of reported deaths showed an increase over the years except for the minimal decline that was noticed in 2020 and 2022. Mortality seemed to affect more males than females except for the year 2021. For infant, under 5 and maternal mortality, there has been a notable decline. According to the calculations, the life expectancy at birth for males was estimated at 69.1 while females was 66.7 and the overall was estimated at 62.9 years in 2022. The level of births and deaths completeness is increasing even though it seems to be higher for deaths.

The number of registered marriages indicated a decline in marriage patterns from 2019 to 2022. Alternatively, the crude marriage rates do not show much difference over time though declining. Both average age at first marriage and average age at divorce were increasing irrespective of sex; the general average age at first marriage was 37.3 while for divorce it was 37.4 years in 2022. The number of registered divorces presented a decreasing pattern from 2018 to 2021 and an upsurge was observed in 2022. The information presented in the report is useful for planning and evidence-based decision making at all levels of government.

Births

The summary table for births shows registration of births, sex-ratio at birth, CBR, TFR and birth registration completeness by year of occurrence. Birth registration completeness increased from 21.1 percent in 2019 to 74.7 percent in 2021 before declining to 66.1 percent in 2022. The registration completeness by sex was almost constant for the years 2018 to 2020.

Summary Statistics on Fertility by Year of Occurrence

Indicator	2018	2019	2020	2021	2022
Registered live births (number)	7902	7515	9047	30494	30756
Males	4008	3813	4480	15615	15690
Females	3894	3702	4567	14879	15066
Registration completeness (%)	21.8	21.1	26.0	74.7	66.1
Males	16.6	15.8	18.7	65.3	66.2
Females	16.7	15.9	19.7	64.6	66.0
Sex ratio at birth	103	103	98	105	104
Crude birth rate (per 1,000 population)	3.9	3.7	4.4	14.7	14.7
Total fertility rate (births per woman)	0.46	0.44	0.52	1.66	1.7

Deaths

The deaths summary table presents the number of registered deaths, CDR and death registration completeness by year of occurrence. Vital statistics on deaths show a total of 15,631 deaths registered in 2022 of which 51.8 percent were males. The U5MR, MMR and registration completeness were computed using the 2016 Population and Housing Census (PHC) and the 2021 LDS results whereby the years in between were linearly interpolated. Likewise, the life expectancy considered in the summary table was extracted from 2021 LDS and extrapolation was applied to provide for 2022 estimates.

Summary Statistics on Mortality by Year of Occurrence

Indicator	2018	2019	2020	2021	2022
Registered deaths (number)	13,406	13,494	13,268	17,482	15,631
Males	6,924	6,991	6,715	8,569	8,094
Females	6,482	6,503	6,553	8,913	7,537
Registration completeness (%)	53.6	54.8	62.1	96.7	86.4
Crude death rate (per 1,000 population)	6.6	6.6	6.4	8.4	7.5
Life expectancy at birth (years)	56.3	56.7	57.3	61.6	62.9
Males	52.5	52.8	53.2	57.9	59.1
Females	60.1	60.6	61.3	65.3	66.7
Under-5 mortality rate (per 1,000 live births)	76	70	65	59	60
Maternal mortality ratio (per 100,000 live births)	587	571	556	540	541

Marriages and Divorces

The summary statistics on marriages and divorces by year of occurrence recorded the number of registered marriages and divorces together with their crude rates. Age at first marriage was recorded for both males and females during 2021 LDS. It was 41 years for males and 34 years for females in 2022. In the same year, the average age at divorce for males was estimated at 35 years while that of females was at 40 years.

Summary Statistics on Marriages and Divorces by Year of Occurrence

Indicator	2018	2019	2020	2021	2022
Number of registered marriages	2,288	2,316	1,736	1,694	1,425
Crude marriage rate (per 1,000 population)	1.1	1.1	0.8	0.8	0.7
Average age at first marriage	-	-	-	26.8	37.3
Males	-	-	-	28.7	41.0
Females	-	-	-	24.8	33.9
Number of registered divorces	187	149	171	148	238
Crude divorce rate (per 1,000 population)	0.09	0.07	0.08	0.07	0.11
Average age at divorce	28.0	26.9	27.0	27.0	37.4
Males	29.0	28.8	29.0	29.0	34.9
Females	25.0	24.9	24.0	25.0	39.8

Chapter 1. Introduction and Methodology

1.1 Introduction

1.1.1 Background

The United Nations (2014) defines vital statistics system as the collection of statistics on vital events in a lifetime of a person as well as relevant characteristics of the events themselves and of the person and persons concerned. Vital statistics provide crucial and critical information on the population in a country and for statistical purposes, vital events are events concerning life and death of individuals, as well as their family and civil status. In Lesotho, the main source of vital statistics are records of vital events from the custodians of civil registration who are the MOHA and Ministry of Justice, Law and Parliamentary Affairs (MOJLPA). The BOS compiles, analyses and disseminates vital events such as births, deaths, marriages and divorces.

Civil registration is the system developed by countries in which a continuous and complete record of vital events such as births and deaths are reserved. Civil registration plays a vital role in monitoring the number of births that occur. It also ensures the legal protection to the people of any country together with the social and economic development of the nation through creation of a permanent demographic database (UN Principles and Recommendations, Rev2:2005).

The Births and Deaths registration Act of 1973 stipulates that every person is enforced and obliged to register a birth or a death at the earliest time possible which is within a year of its occurrence. This will ensure meeting the requirements and objectives of the vital events data collection. However, there are other vital events that are still not reported hence the report reflects only reported events.

Following an initiative by the Government of Lesotho to reallocate the task of civil registration from the Ministry of Local Government, Chieftainship, Home Affairs and Police (MOLGCHAP) to the MOHA leading to the introduction of the department of NICR in 2011, there have been some commendable improvements. The vital statistics report currently reflects information generated in the new system where data is readily available for extraction in electronic format as opposed to what used to be the case where information was extracted from the forms by BOS data entry clerks and captured into the pre-designed application system.

The report presents the trend analysis of births, deaths, marriages and divorces from 2018 to 2022 with more focus on the year 2022. The production and compilation of this report is guided by the two documents which are: the UN Principles and Recommendations for a Vital Statistics System-Revision 3 and the Production of Vital Statistics Report: Guide (UN Principles and Recommendation for a Vital Statistics System Revision 3 (Vital Strategies, 2020).

1.1.2 Objective of the Report

Vital statistics from civil registration records serves various needs which include recording of the facts associated with births, deaths, marriages, divorces and related occurrences. The basic facts about registration of vital events are of pivotal role to the individuals' involvement as well as to their governments and other organisations in their society. Vital statistics requires to be categorized according to international standards in order to support strategic planning by government hence the need for timely analysis and production of statistics. In addition, vital events are of great value both to government and its citizens and non-citizen residents for the form the basis for both assessing eligibility for and monitoring performance of targeted public health. For individuals, vital records provide legal proof of identity, civil status, age and citizenship, upon which a variety of rights depend. Vital records can be an excellent source of population-based data for assessing risks and quality outcomes. Alternatives are taken into consideration in order to contribute to the improvement of the lives of Basotho through timely provision of reliable data for development planning and programming.

1.1.3 Scope of the Report

The United Nations (2014) recommends that countries should register and collect information on vital events (birth; death; foetal death; marriage; divorce; annulment; judicial separation; adoption; legitimization (acknowledgment); and recognition (judicial declarations of paternity) for civil registration and vital statistics purposes. Nevertheless, Lesotho is compiling vital report on births, deaths, marriages and divorces as recommended by the African Ministers responsible for civil registration and vital statistics. Therefore, in line with these recommendations, the content of this report is limited to the registration of these four vital events that occurred in 2022.

1.1.4 Organization of the Report

The report is organised in the following main chapters:

- **Chapter 1**: **Introduction and methodology** – describes the background and sources of data
- **Chapter 2: The civil registration system** – describes the history, legal background, administrative structure, local and regional systems, data flows, relationship between the civil registration and vital statistics authorities and agencies
- **Chapter 3: Data Quality, Coverage, Completeness and Definitions** – covers the quality and completeness of the civil registration data in the form of tables and graphs
- **Chapter 4: Births** - the analysis of registered live births and the most essential fertility indicators
- **Chapter 5: Deaths** - covers analysis of registered deaths and the most essential mortality indicators
- **Chapter 6: Marriages and Divorces** – covers registered marriages and divorces
- **Chapter 7: Summary Tables** - key summary tables and graphs generated from the civil registration data

1.2 Data Sources and Methodology

The main sources of data for this report (births, deaths, marriages and divorces) were

derived from the administrative records of MOJLPA and MOHA for the years 2018 to 2022. The supplementary sources were surveys and census reports for 2021 LDS, 2018 MICS and 2016 PHC for other important indicators. The softwares that were used to process the data included Statistical Package for Social Sciences (SPSS), R studio and Microsoft Excel. For analysis, cross-tabulations, frequency tabulations and custom tables were done using SPSS and R packages. All graphical presentation in the report was done using Microsoft Excel.

Data limitations

- For all administrative records there is no provision for distribution by urban and rural areas
- Births – for births records, there is a data gap as demonstrated by the completeness rate
- Deaths – Records on deaths display insufficient data for causes of death

1.2.1 Country Profile

Lesotho is located in Southern Africa and it is a small mountainous country covering around 30,000 square kilometers. It is also completely landlocked by South Africa. It is divided into four agro-ecological zones and it has ten administrative districts. Citizens of Lesotho are called Basotho and its main languages are Sesotho and English.

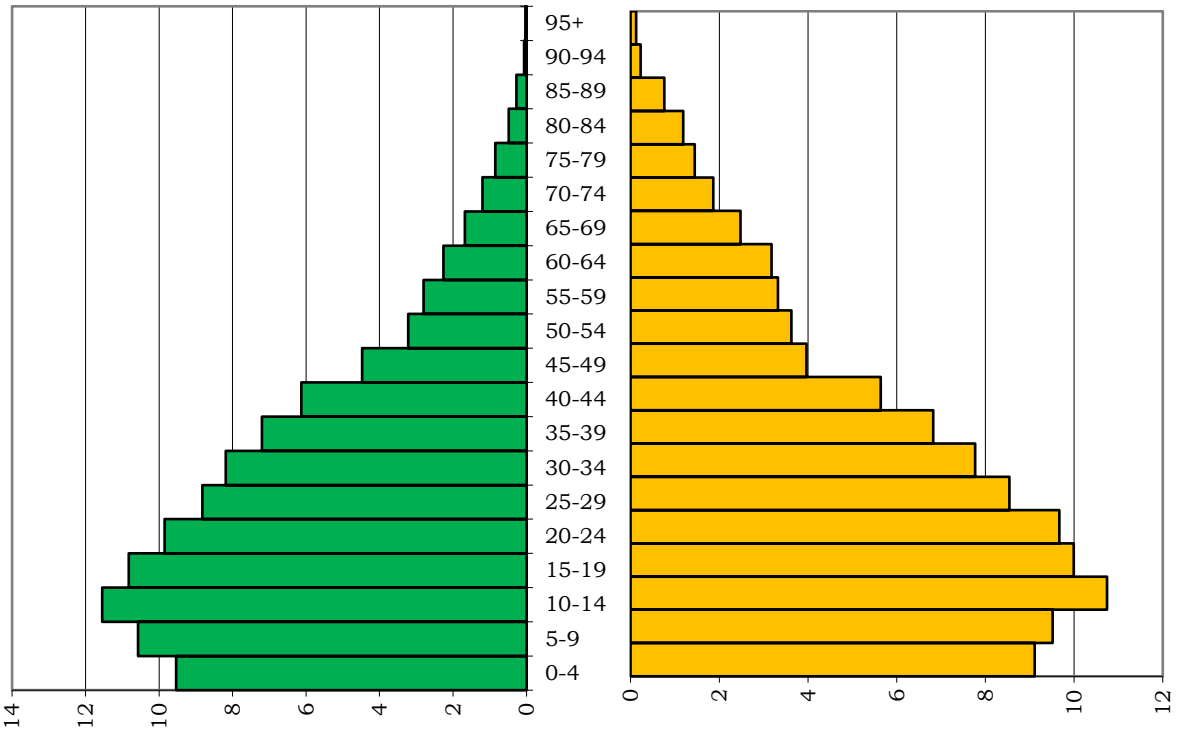
Figure 1.1: Map of Lesotho

1.2.2 Demographic Profile of the Country

According to the 2021, Population and Housing Census of Lesotho (PHC), Lesotho`s population was estimated to be 2,076,669 with female population constituting 51.3 percent. The population age structure is generally young, the base is wide and tapers at the apex even though in recent times it is getting narrower from age 0 to 9 years due to declining fertility and high infant deaths. Age 10 to 14 years contain more population than any other age group reflecting a high influx into the population about ten years prior to this survey, and as age

increases the population declines due to several factors but mostly mortality.
The country's population is mostly residing in rural areas with 48.8 percent representation; 41.7 percent in urban while 9.9 percent reside in peri-urban as estimated in 2021. Maseru, the capital city of Lesotho increased throughout the years and in 2021 LDS the proportion of the population accounted for 27.3 percent of the total population.

Figure 1.2: Population Pyramid of Lesotho, 2021



(Source: 2021 Lesotho Demographic Survey)

Chapter 2. The Civil Registration System

2.1 History

The history of civil registration and vital statistics (CRVS) in Lesotho dates as far back as the colonial era and was guided by among others the Laws of Lerotholi. A development of births and deaths registration proclamation was done in 1947, which was subsequently repealed by the 1973 Registration of Births and Deaths Act. The Act introduced mandatory registration of births and deaths occurring within the country and births of citizens outside Lesotho. Registration was done at the district offices in all ten districts of the country. The functions of Civil Registration were administered under different departments namely, Interior, Local Government and Chieftainship and Home Affairs.

In 2011 civil registration services were relocated from Ministry of Local Government and Chieftainship (MOLGC) to the MOHA. The department of NICR regulated by the National Identity Cards Act of 2011 established the National Identity Register (NIR) and conferring to the Director of this department powers to compile and maintain register of all births, deaths, marriages and divorces. These led to the introduction of an Automated and Integrated Civil Registration and Vital Statistics (CRVS) system which generates Vital Statistics (VS). The first data generated by the CRVS system was used to produce the 2015 VS report and ever since the country has been routinely producing the report every year. The CRVS system has visible improvements in the quality and completeness of data collected.

2.1 Legal and Administrative Issues

The CRVS system is supported by a robust and comprehensive legal framework which includes definitions of relevant terms and concepts including the vital events. In Lesotho the legal framework provides for collection and transmission of data as well as on data protection. The births and deaths registration is governed by the Registration of Births and Deaths Act of 1973, Registration of Births and Deaths regulations of 1974, Children's Protection and Welfare Act of 2011 which requires that all children born in Lesotho should be registered and the National Identity Cards Act of 2011. These legislations provide among others compulsory registration of births and deaths, and it further provides guidance on how the registration should be done. Lesotho has policies and strategic plan that regulates registration of vital events.

The civil registration of the vital events (births, deaths, marriages and divorces) in Lesotho is governed by legal instruments and policies. Apart from marriages being included in the Laws of Lerotholi, there is a Marriage Act of 1974 which only covers registration of the first customary marriage not marriages under civil law. Regarding divorce, it is merely under the Laws of Lerotholi. The Others include the Constitution of Lesotho of 1993 and Lesotho Passport and Travel Documents Act of 1998.

The legislation gives authority to the Registrar, District Registrars and Assistant Registrars to register births and deaths upon receipt of notice of such from the informer. In terms of the law, births of citizens of Lesotho occurring outside Lesotho, the informant (person desiring to register such a birth) makes a written application to the diplomatic or other representative of Lesotho as the Minister may designate in the country in which the child was born. The application containing the prescribed information shall be transmitted to the Registrar who shall enter the

information in the births register. In practice though, the informant brings evidence from the country where the child was born and submit to the Registrar for registration. There is no guidance in the law on registration of deaths of citizens of Lesotho occurring outside Lesotho as is the case with births and therefore the practice is that the informant submits to the Registrar evidence from the country where the death occurred for registration.

The BOS under the Statistics Act of 2001, is mandated to compile data and analyse for decision making hence MOHA transfers data to this department. Moreover, one of the major functions of the BOS as articulated in section 4 (2) (b) is that the Bureau shall be responsible for "establishing, harmonizing and standardizing definitions, classifications and statistical methods used in production and dissemination of official statistics to ensure uniformity in quality, adequacy of coverage and reliability of statistical information". In order to fulfil its mandate, BOS in collaboration with Ministries, Departments and Agencies (MDAs) within the NSS designed and developed the National Strategy for Development of Statistics (NSDS II) 2022/2023 – 2026/2027, whose role is to amongst others, strengthen and enhance the quality of statistics in Lesotho. BOS also compiled the Compendium of Concepts and Definitions document which is an instrument that is meant to guide data collection, analysis and dissemination across the entire NSS.

2.3 Organizational Structure, Registration Processes and Information Flows

The Principal Secretary (PS) of MOHA is the chief accounting officer of the Ministry. Under the PS there is a Director who heads the Department of NICR. The Director is based at the Ministry Headquarters and oversees ten (10) districts with each headed by a District Manager (DM). The DMs are responsible for the main offices at district level and satellite offices located at community councils. They also supervise the Civil Registration Officers (CROs) and the Data Processing Officers (DPOs) as the entry point of notifications. The automation of community council offices is not complete yet, such that data entry, processing and printing of certificates is done at the main district office or at any of the automated satellite offices. Parallel to the district offices there is a centrally managed Integrity and Quality Assurance (IQA) Officer reporting to the Director and with unrestricted access to the office of the PS. It has officers deployed at district level with the main integrity office located at the Data Centre. (See Figure 1 below). The Civil Registration office registers vital events and upon request transmits data to National Statistics office (BOS) for analysis, production and dissemination of Vital Statistics report every year.

Figure 2.1: Organogram of NICR Department

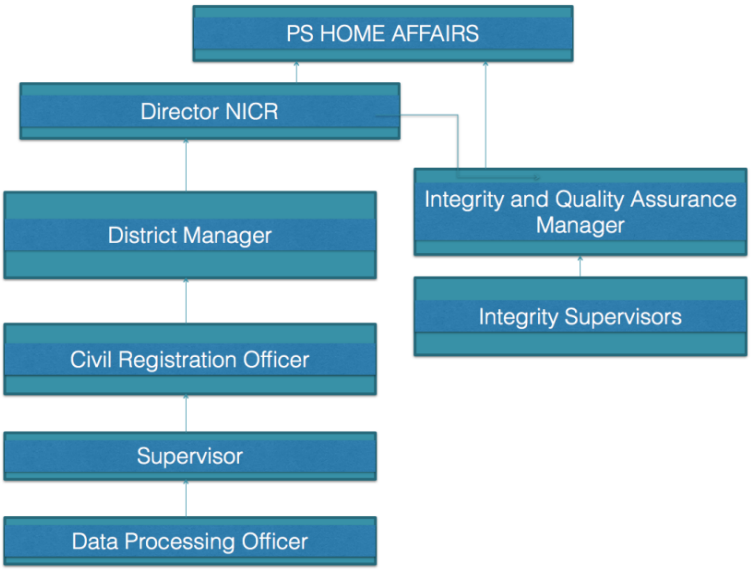


Figure 2.2: CRVS Organisational Structure

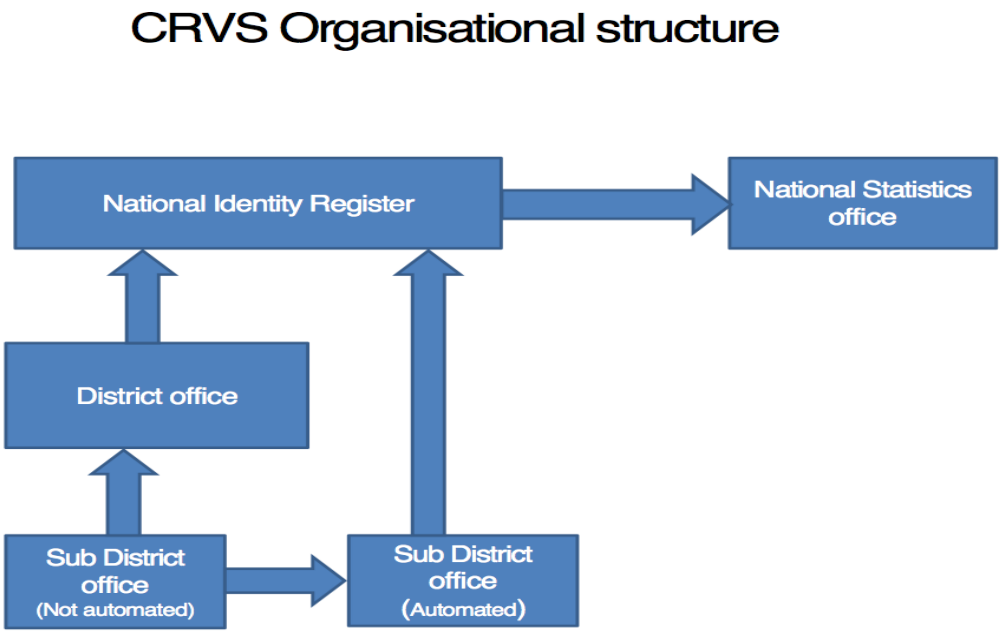
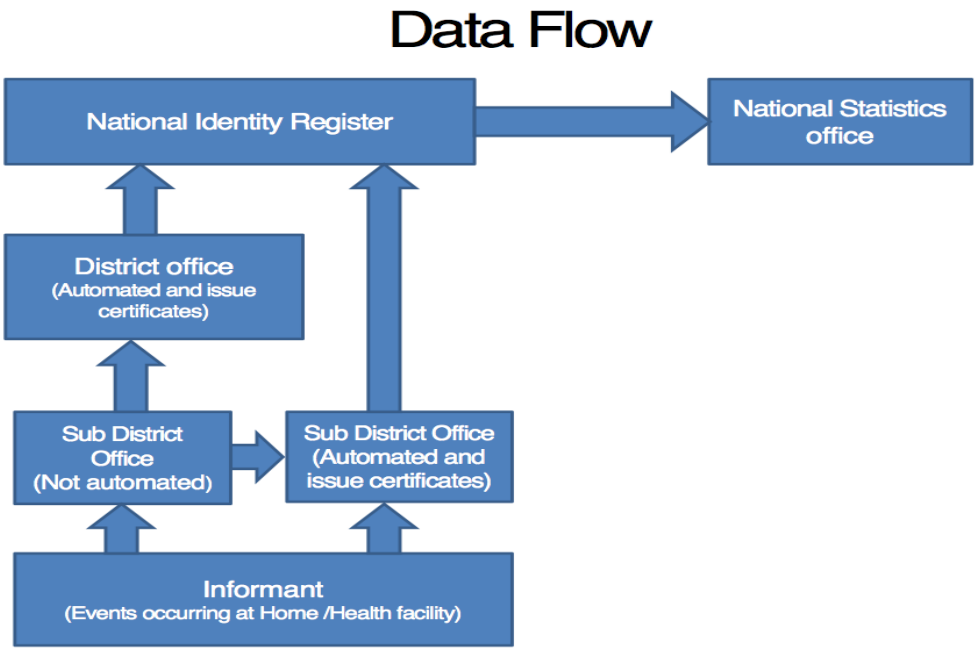


Figure 2.3: Data Flow from NICR to NSO



2.3.1 Late or delayed registration

Late registration is regarded as reporting any vital event during the period of over a year following the event. The Birth and Death Registration Act of 1973, compels every person to register a vital event at the time of occurrence and failure to adhere to this law attracts penalty. The penalty for late birth registration is M6.00 as stipulated in the Laws of Lerotholi. The fee is prescribed by the Minister in the Regulations and that amount has remained the same since the promulgation of Registration of Births and Deaths Regulations of 1974. To align with international standards, the fee schedule has been revised and there are no fees charged for late registration anymore. The requirements and supporting documents required for late registration are similar to the documents required for early registration of births that occurred for both within and outside the health facility.

2.3.2 Issuance of documentation

The NICR department issues notification documents on birth, death and marriage to the informant where the vital event occurred. The district offices, some automated Health Facilities and Community councils issue certificates for registered vital events across the country.

2.3.3 Transfer of Records

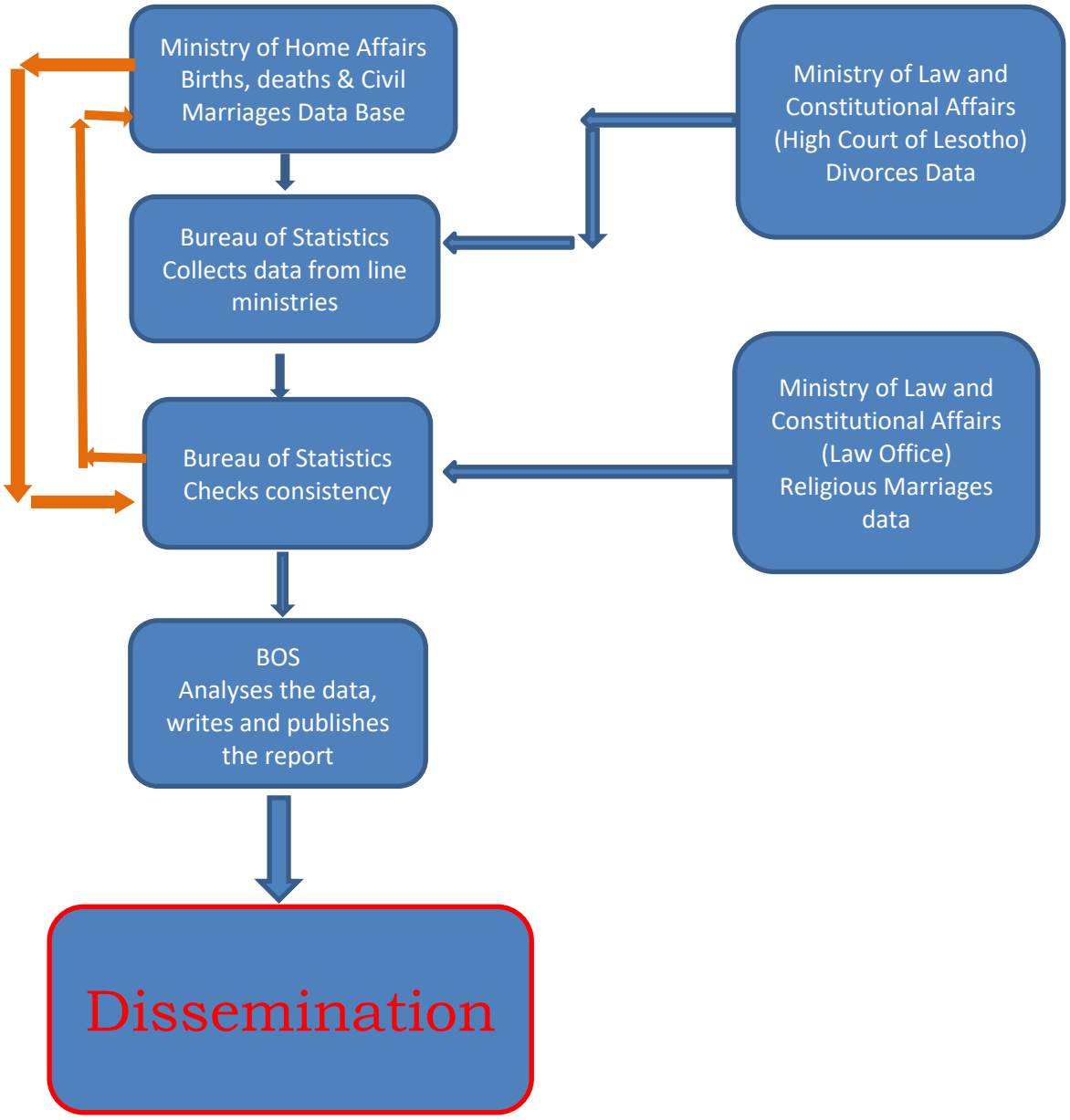
The data processed from all the districts is electronically transferred through a secured link in real-time as and when it is captured into the client computers directly into the backend servers in the primary data Centre. Access to the system and to the data in it, is controlled through application of Windows Group Policies and through network security devices such as firewalls. The magnitude and frequency of reporting differs from one district to another. Confidentiality and data protection is maintained at all levels of registration. The department of NICR later sent microdata to BOS in an excel format as scheduled for analysis and production of Vital statistics reports every year.

2.4 Organisation of Vital Statistics Production and Dissemination

Currently, the office of the Civil Registration transmits marriages, births and deaths data to the BOS in Population Statistics Division (PSD) for processing, analyzing and publishing. Some data on marriages such as those solemnised religiously are obtained from Law Office while data on divorces are sourced from the High Court of Lesotho. The office of the NICR is expected to capture and maintain all registers of vital statistics and transmit data to BOS.

The BOS subjects the received data to secondary quality checks to identify inconsistencies and data entry errors. This is done by running frequency tables and cross tabulations. The queries found are then sent back to NICR for validation. After validation the final version of the data is sent to PSD for production of tables and graphs for analysis. The draft vital statistics report is produced and sent to NICR and back to BOS for finalisation and publication. The final report is disseminated through the BOS website and eventually MOHA dashboard.

Figure 2.4: Data Transmission to Bureau of Statistics



2.5 Incentives and Disincentives for Registration

There are a number of incentives put in place to create demand for registration of vital events especially for births and deaths. The examples of which are given in the following scenarios:

- A significant number of the populace travel frequently between Lesotho and the only neighbour, Republic of South Africa (RSA) for various economic, health and social reasons. This then provides an opportunity to increase registration of births by making it a mandatory requirement for individuals to produce birth certificates in their applications for passports. This requirement was effected in July 2013, stipulating that all applicants aged below 16 years should produce a birth certificate while those aged 16 years and above need to produce a national identity document.
- It has also been agreed in principle with the Ministry of Education and Training (MOET) to introduce birth certificate as a prerequisite for registration of admission in all schools.

The implementation of all these measures is still faced with challenges and therefore limits the impact on registration completeness. .

For deaths registration, the incentives are mainly driven by economic factors which include:

- Need to claim insurance pay-out
- Being a beneficiary of the deceased estate
- Claim inheritance
- Funeral undertakers also agreed in principle with the suggestion that, all corpses being removed from their care for burial, must have been registered and issued with a death certificate.

The registration of these vital events also faces a number of disincentives. This is mostly among others being, low coverage which in turn makes access to the registration office very expensive in terms of travelling costs in the hard-to-reach areas. To reduce some of these disincentives and improve on incentives, the Ministry opened registration offices at health facilities and community council premises and deployed more Registration Officers to improve coverage and access to registration offices. Increasing public awareness on registration guidelines is also a necessity for improving coverage. The Ministry will also improve collaboration on registration of vital events with key stakeholders including; health, local authorities, education, justice sectors and others. This will significantly improve completeness of registration of these vital events.

Chapter 3. Data Quality, Timeliness of Registration and Registration Completeness

In an effort to ensure data quality during collection, the civil registration office has in place, clear registration requirements and business process for registering each vital event. There also are internal control procedures within the business processes performed by registering officers at different stages of registration. This applies to both manual and automated parts of the registration system. Segregation of duties is one of the control measures which is routinely observed and it ensures that different officers are involved in processing of each registration and as such enables detection and correction of omissions, errors and fraud. The legal framework clearly provides for correction of errors at any time by the Registrar. This is enabled by the principal Act of registration births and deaths and its regulations.

Organisationally, the Civil Registration Department has in place a dedicated Integrity and Quality Assurance (IQA) section whose primary function is to maintain the integrity and credibility of the National Identity Register (Population Register). The IQA section operates with a certain degree of independence in its operations. In pursuit of its mandate, the section conducts examinations of vital events registration applications and documents findings on validity, accuracy and completeness of form filling and data capture in the registration process. The findings are then shared with the Director (Registrar General) and the District Managers (Registrars) to enable necessary corrections on omissions and errors that may have occurred during registration. Additionally, it enables the Registrars to strengthen compliance with registration requirement and controls in their respective offices to prevent such omissions and errors in the future. The automated system also has in place automatic duplicate checks and other checks on data that seems improbable.

3.1 Data Quality

The data quality check is carried out at different levels of data collection, compilation, analysis and dissemination within different Ministries, departments or Agencies (MDAs). At an initial level, the NICR train data collectors on how to administer the data collection tools, data confidentiality, standards and principles through theoretical and practical exercises. Data collection is captured using two methods which are PAPI and CAPI and the data is stored in an excel format. The interviewer administers the paper form with the information from the informant and attach the relevant documents required for completing the process. Verification of filled forms against the submitted relevant documents is done as the second step of quality assurance. The data is then captured in the CRVS system and printed for the informant to verify the details in the sample certificate in order to produce the final certificate.

The NICR transmits anonymised dataset to PSD at the specified period of the year in Excel format. The data quality check is done using SPSS by checking for data gaps, inconsistencies through running of frequency, cross and custom tables. When some discrepancies are identified the NICR is consulted and they respond accordingly. It should be noted that due to Lesotho`s geographic position of being landlocked, Basotho seek most of the services from the Republic of South Africa (RSA) hence the data will reflect RSA as one of the response categories.

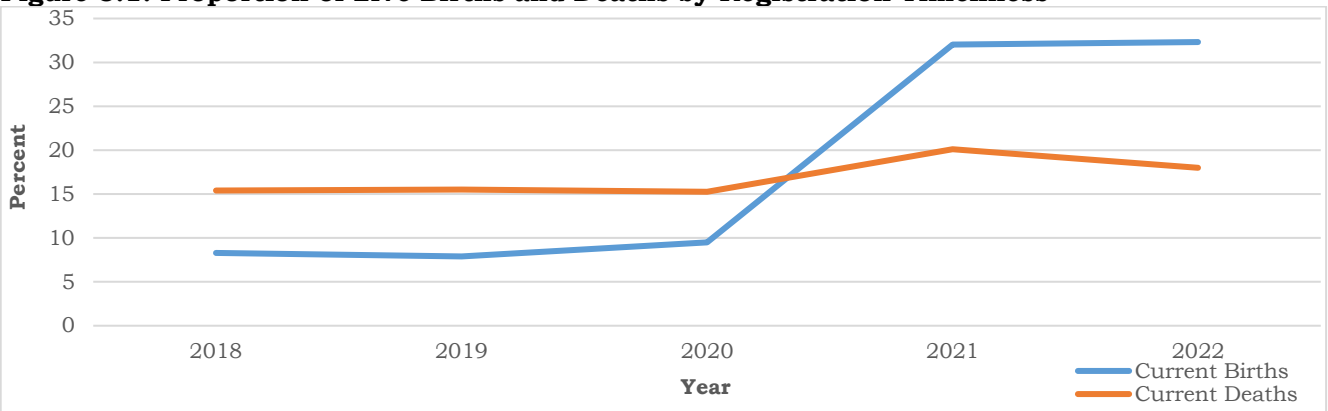
3.2 Timeliness of Registration

The registration of an event is considered to be on time when it is recorded in the CRVS system within one year of the occurrence of such event. A late registration is considered as such if a vital event is registered after the legally specified time period but within the grace period (usually one year following the occurrence of a vital event). Delayed registration is referred to as the registration of a vital event that happens after the expiry of the grace period. The table below displays an increase in live births as reflected in 2022 where the number of reported live births were 9,047 in 2020 and increased to 30,756 in 2022. The registration of deaths indicates some decline from 17,842 in 2021 to 15,631 in 2022. The new improved modality of registering live births might have brought this increase by registering births at an early stage hence, there were no late and delayed registrations from the data.

Table 3.1: Number of Vital Events by Registration Timeliness, 2020 – 2022

Registration timeliness	2020		2021		2022	
	Live births	Deaths	Live births	Deaths	Live births	Deaths
Current	9,047	13,268	30,494	17,842	30,756	15,631

Figure 3.1: Proportion of Live Births and Deaths by Registration Timeliness



3.3 Completeness of Registration

Calculating the completeness of registration can be used to monitor the performance of the CRVS system in capturing all vital events and allows for adjustment of incomplete data. Completeness is defined as the number of vital events in a population that are registered, divided by the estimated total number of vital events that occurred in the same year. The value is multiplied by 100 to express completeness as a per cent:

$$Completeness\ (\%) = \frac{Number\ of\ \text{births}\ registered}{Estimated\ number\ of\ \text{births}} \times 100$$

$$= \frac{30{,}756}{46{,}505} \times 100$$

= 66.1%

$$Completeness\ (\%) = \frac{Number\ of\ deaths\ registered}{Estimated\ number\ of\ deaths} \times 100$$

$$= \frac{15{,}631}{18{,}086} \times 100$$

$$= \mathbf{86.4\%}$$

3.3.1 Birth Registration

Table 3.2 shows the total completeness which was sourced in absolute numbers from the population projections and 2021 LDS. The estimated number of live births has been decreasing over time as observed from the table with 2018 having the highest estimates.

Table 3.2: Birth Registration Completeness by Year of Occurrence and Live Births

Year of occurrence	Registered live births	Estimated live births	Completeness
2018	7,902	51,484	15.3
2019	7,515	51,299	14.6
2020	9,047	51,031	17.7
2021	30,493	40,824	74.7
2022	30,756	46,505	66.1

Note: estimated total births were sourced from 2016-2036 Population Projections and 2021 LDS

The number of registered and estimated births, by the mothers` district of usual residence is demonstrated in Table 3.3. Maseru (9,933) seem to be a highly populated district followed by Berea (4,060) accounting for the majority of registered live births. An outstanding completeness rate of 79.8 percent was demonstrated by district of Qacha's Nek while the district of Leribe has a very low completeness rate of 48.6 percent, despite being one of the largest districts.

Table 3.3: Number of Registered Births by Mothers` Usual Place of Residence and Completeness, 2022

Place of usual residence	Registered live births	Estimated live births	Completeness
Botha-Bothe	1,969	2,815	70.0
Leribe	3,635	7,475	48.6
Berea	4,060	6,403	63.4
Maseru	9,933	13,498	73.6
Mafeteng	2,061	3,790	54.4
Mohale's Hoek	1,719	2,960	58.1
Quthing	1,210	2,598	46.6
Qacha's Nek	1,257	1,575	79.8
Mokhotlong	1,477	2,351	62.8
Thaba-Tseka	2,009	3,039	66.1
RSA	1,426	(**)	(**)
Total	**30,756**	**46,505**	**66.1**

Note: estimated total births were sourced from 2021 LDS, (**) data not available

3.3.2 Death Registration

Table 3.4 displays the total number of registered deaths and the corresponding estimated deaths with completeness rates from the year 2018 to 2022. The trend for estimated deaths was high estimated at 17,482 in 2021 and the decline was noticed in 2022 whereas it has been constant at around 13 thousand from 2018 to 2020. Completeness rate decreased from 96.7 in 2021 to 86.4 percent in 2022 assuming the occurrences of death was similar for 2021 and 2022.

Table 3.4: Death Registration Completeness by Year of Occurrence and Deaths

Year of occurrence	Registered deaths	Estimated deaths	Completeness
2018	13,406	25,055	53.5
2019	13,494	24,633	54.8
2020	13,268	24,233	54.8
2021	17,482	18,086	96.7
2022	15,631	18,086	86.4

Note: estimated total deaths were sourced from 2016-2036 Population Projections and 2021 LDS

Table 3.5 illustrates the number of registered deaths, estimated deaths, place of occurrence and completeness rate. The highest completeness rate of registered deaths was estimated at 102.19 percent in the district of Maseru while the least was observed in Thaba-Tseka with 55.11 percent.

Table 3.5: Number of Registered Deaths, Estimated Deaths, Place of Occurrence and Completeness, 2022

Place of Occurrence	Registered deaths			Estimated deaths			Completeness (%)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Botha-Bothe	372	453	825	585	454	1,039	63.6	99.8	79.40
Leribe	1,156	1,202	2,358	1,593	1,503	3,096	72.6	80.0	76.16
Berea	983	1,020	2,003	1,253	1,025	2,277	78.5	99.5	87.97
Maseru	2,219	2,170	4,389	2,369	1,926	4,295	93.7	112.7	102.19
Mafeteng	765	783	1,548	1,066	1,031	2,097	71.8	75.9	73.82
Mohale's Hoek	504	536	1,040	788	849	1,637	64.0	63.1	63.53
Quthing	335	329	664	724	457	1,181	46.3	72.0	56.22
Qacha's Nek	229	189	418	299	210	508	76.6	90.0	82.28
Mokhotlong	224	257	481	463	337	800	48.4	76.3	60.13
Thaba-Tseka	308	328	636	577	577	1,154	53.4	56.8	55.11
RSA	442	827	1,269	-	-	-	-	-	-
Total	**7,537**	**8,094**	**15,631**	**9,718**	**8,368**	**18,086**	**77.6**	**96.7**	**86.4**

Note: estimated total deaths were sourced from 2021 LDS.

Chapter 4. Births

A birth signals a new entry into the population. It is through births that populations increase in terms of size and composition. Table 4.1 summarizes the fertility statistics by year of occurrence. It shows that Total Fertility Rate (TFR) estimates that were calculated using CRVS data were underestimating the TFR. There is a great improvement in terms of the TFR of 1.7 live births per woman estimated in 2022 from the CRVS data. This almost compares well with the population based estimate of 2.8 live births per woman that was estimated from the 2021 LDS. Birth registration completeness has undoubtedly increased over time from 21.8 percent in 2018 to 74.7 percent in 2021, even though a slide decline was noticed in 2022. The increase was due to the changes in birth registration strategies that involved usage of the health facilities and community councils as registration centres too.

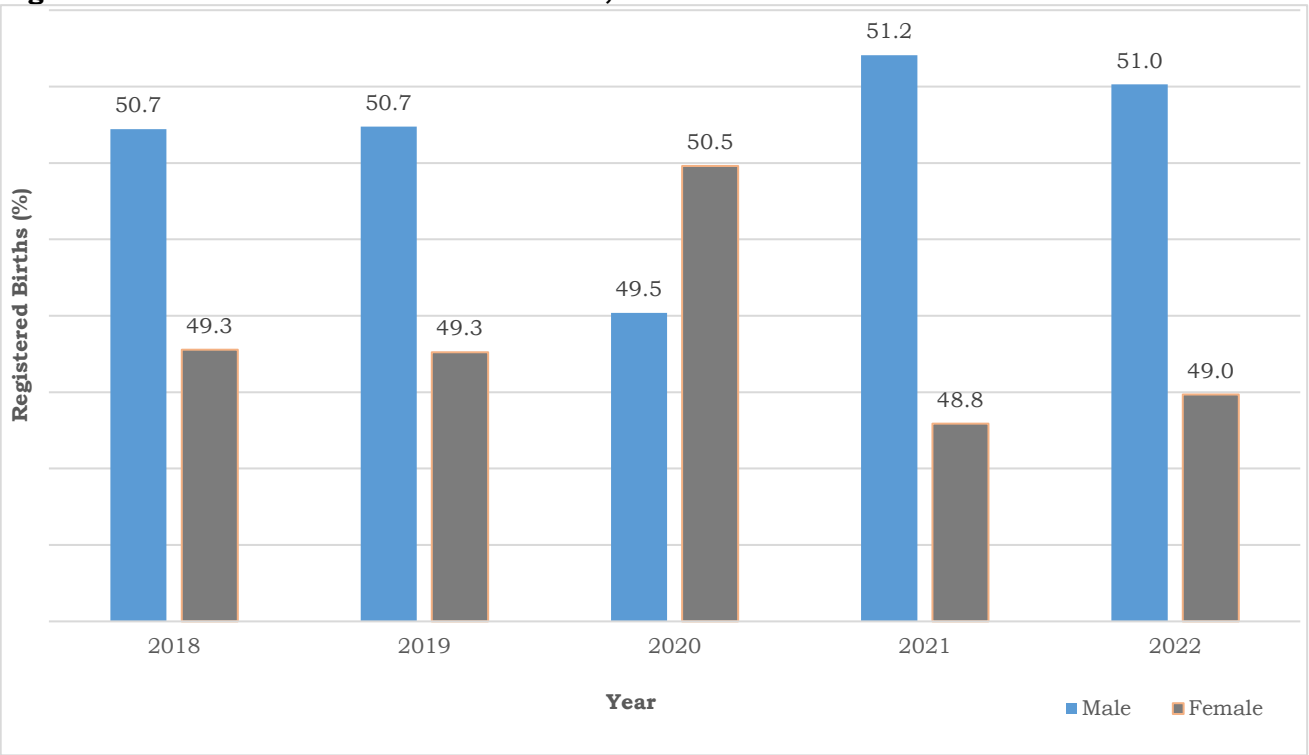
Table 4.1: Summary Statistics on Fertility by Year of Occurrence

Indicator	**2018**	**2019**	**2020**	**2021**	**2022**
Registered live births (number)	7902	7515	9047	30494	30756
Males	4008	3813	4480	15615	15690
Females	3894	3702	4567	14879	15066
Registration completeness (%)	21.8	21.1	26.0	74.7	66.1
Sex ratio at birth	103	103	98	105	104
Crude birth rate (per 1,000 population)	3.9	3.7	4.4	14.7	14.7
Total fertility rate (births per woman)	0.46	0.44	0.52	1.66	1.7

4.1 Live Births and Sex of a Child

The results of children born and registered from 2018 to 2022 by sex of the child are demonstrated in Figure 4.1. The figure shows that there were more male births registered compared to female births over the five-year period except for the year 2020 where female births outnumbered males. This could be expected because naturally at birth there are more male than female births.

Figure 4.1: Live Births and Sex of the Child, 2018-2022



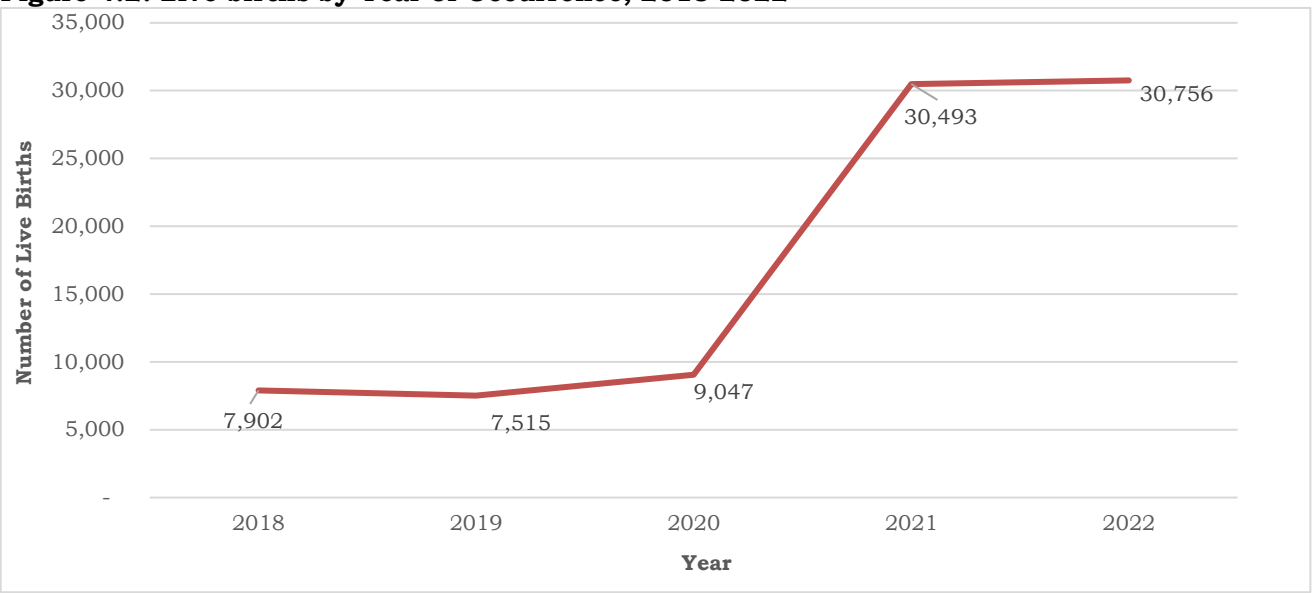
4.2 Place of Occurrence

This refers to the place where a child was born. These were categorised into births occurring at home or at a health facility. Table 4.2 presents the number of births by place of occurrence and sex of a newborn. It shows that there were 30,756 live births (15,690 boys and 15,066 girls) in total. The sex ratio at birth for home deliveries (101) is slightly lower than the expected range but the difference is not major although still implying an under count for registration of boys while those of health facilities (104) is as expected. There has been an improvement in birth registration as illustrated in Figure 4.2 whereby there were 7,902 registered births in 2018 and this increased to 30,756 in 2022. The average number of registered live births from 2018 to 2022 was estimated at 17,143.

Table 4.2: Live Births by Place of Occurrence, Sex of Newborn and Sex Ratio at Birth, 2022

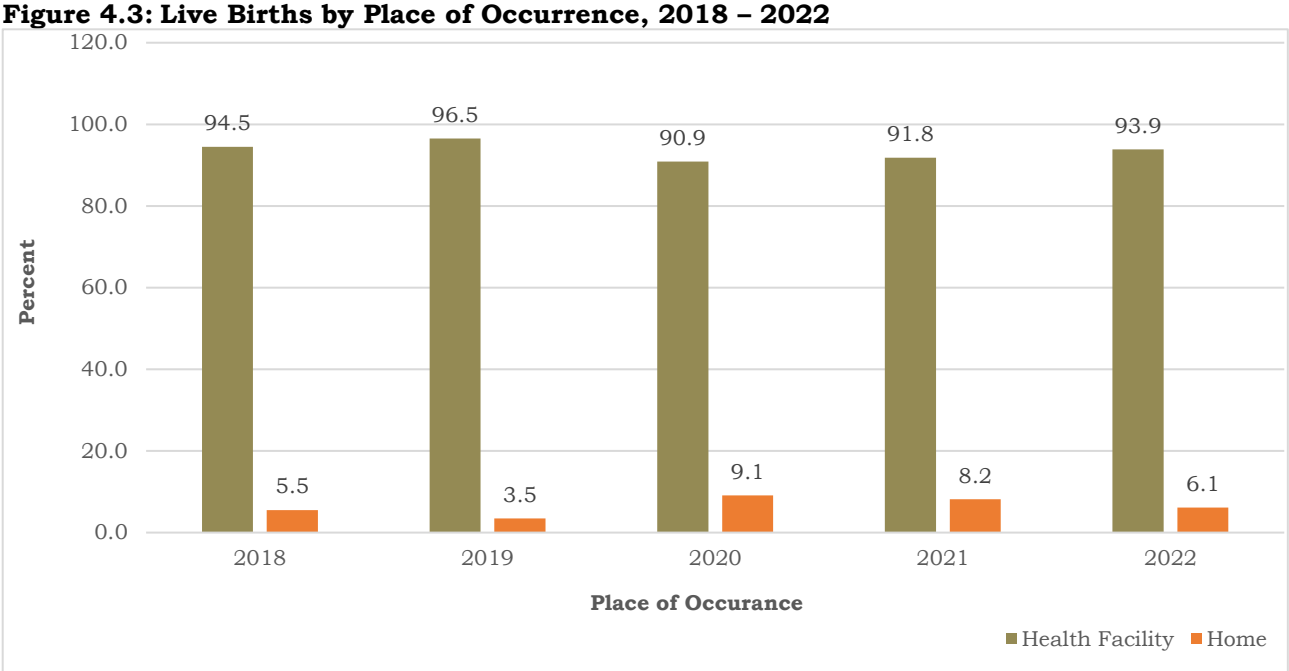
Place of occurrence	Sex of newborn			
	Male	Female	Live births	Sex ratio at birth
Health Facility	14,740	14,125	28,865	104
Home	950	941	1,891	101
Total	15,690	15,066	30,756	104

Figure 4.2: Live births by Year of Occurrence, 2018-2022



According to 2014 LDHS, delivery at a health facility, with skilled medical attention and hygienic conditions, reduces the risk of complications and infections during labour and delivery. Therefore, out of 30,756 newborns in 2022, 93.9 percent were born in a health facility and the remaining 6.1 percent were born at home. Over the five years, births that occurred in health facilities were above 90 percent whereas deliveries at home were below 10 percent.

Figure 4.3: Live Births by Place of Occurrence, 2018 – 2022



4.2 Place of Occurrence and District of Birth

Table 4.3 displays the number of registered live births by place of occurrence and district where the child was born. It shows that most births occurred in Maseru district (9,933) irrespective of place of occurrence. There are disparities regarding place of occurrence and districts of birth but there is no specific pattern.

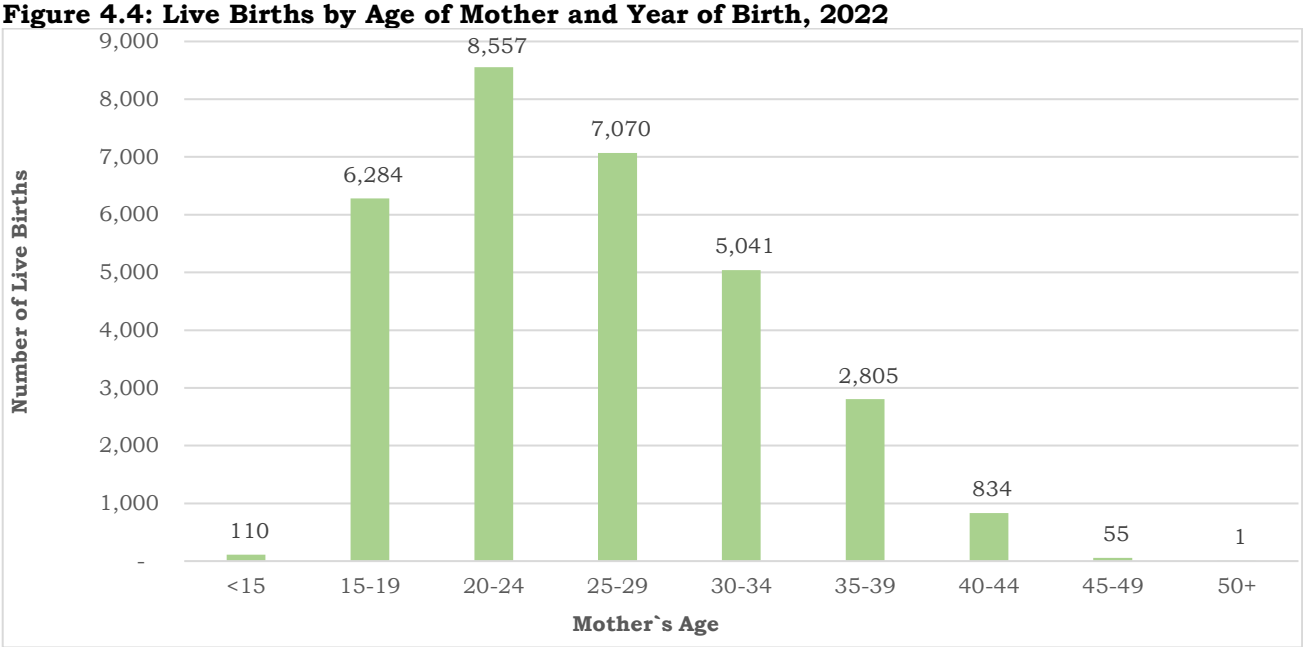
Table 4.3: Live Births by Place of Occurrence and District of Birth, 2022

District of birth	Place of occurrence		Total number of live births
	Health Facility	Home	
Botha-Bothe	1,891	78	1,969
Leribe	3,437	198	3,635
Berea	3,879	181	4,060
Maseru	9,510	423	9,933
Mafeteng	1,861	200	2,061
Mohale's Hoek	1,570	149	1,719
Quthing	1,098	112	1,210
Qacha's Nek	1,125	132	1,257
Mokhotlong	1,319	158	1,477
Thaba-Tseka	1,781	228	2,009
RSA	1,407	19	1,426
Total	28,878	1,878	30,756

4.3 Age of Mother

The results with respect to live births registered by age of the mother in 2022 are presented in Figure 4.4. There were few births reported at younger ages less than 15 years but a peak emerges at age group 20 to 24 years where 8,557 births were recorded, then sharply declines with an increase in age. According to the graph, there is an indication that teenage pregnancies still prevail.

Figure 4.4: Live Births by Age of Mother and Year of Birth, 2022



4.4 Age of Mother and Marital Status

Age at marriage is a very important demographic variable which influence fertility. In several traditional societies most births happen within marriage nevertheless, the 2022 births data

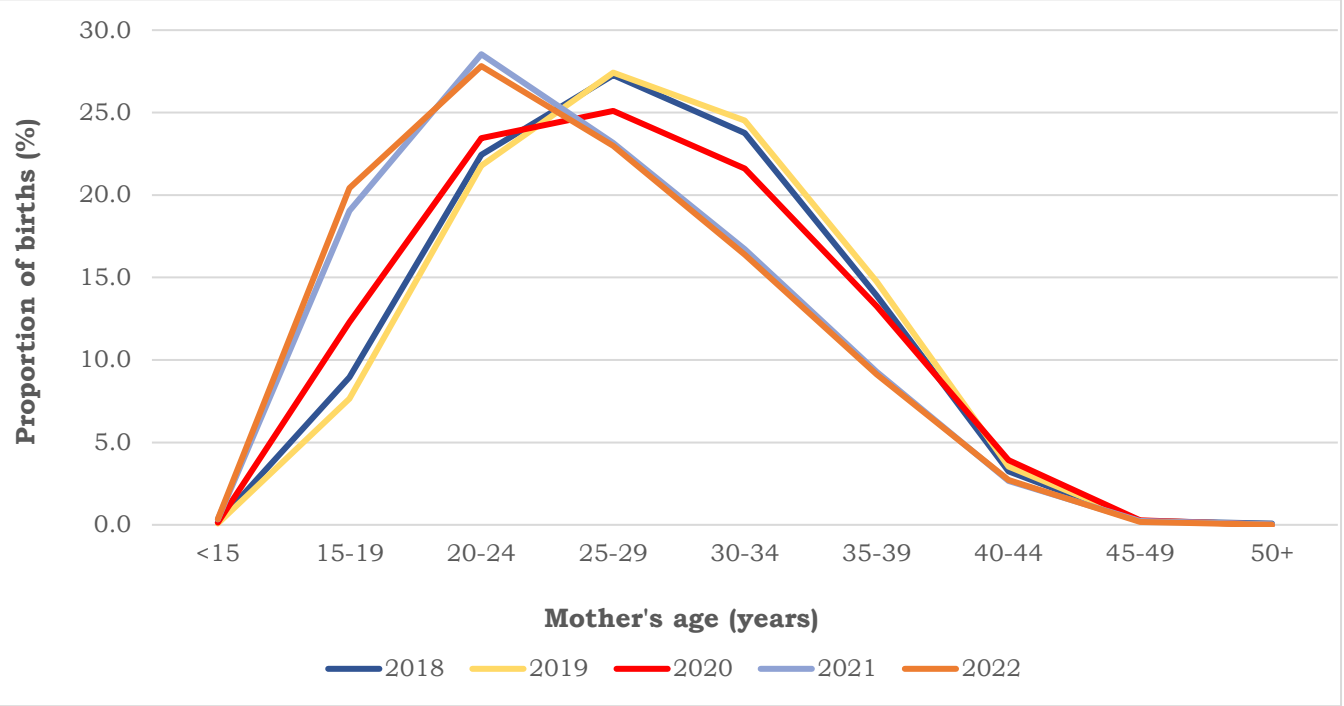
proofs otherwise. Most live births occurred among women aged 20 to 24 years estimated at 8,557 as demonstrated in Table 4.4. Widowed women had only one live birth as opposed to other marital statuses. Single women seem to register more children (18,370) than married women who registered 12,113 children.

Table 4.4: Live Births by Age and Marital Status of Mother, 2022

Mother's age group (years)	Marital Status				Number of Livebirths
	Married	Single	Widowed	Not stated	
<15	12	97	0	1	110
15–19	1,548	4,680	0	56	6,284
20–24	2,747	5,734	0	76	8,557
25–29	2,883	4,124	0	63	7,070
30–34	2,613	2,383	0	45	5,041
35–39	1,701	1,078	1	25	2,805
40–44	563	264	0	7	834
45-49	45	10	0	0	55
50	1	0	0	0	1
Total	**12,113**	**18,370**	**1**	**272**	**30,756**

Starting childbearing at a very early age leads to an increase in total fertility rate. Figure 4.5 illustrates that in 2022, females assumed motherhood responsibilities at much earlier age as compared to previous years. The majority of registered births were for mothers aged 25 to 29 years while there is an observed shift in 2021 and 2022 where the peak is at age 20 to 24 years.

Figure 4.5: Live Births by Age of Mother, 2018-2022



4.5 Crude Birth Rate

The crude birth rate (CBR) is the number of live births per 1,000 population over a given period (usually one year). When combined with the crude death rate and net migration, crude birth rates can indicate how much the population is increasing or decreasing. These measures can also help with planning and resource allocation by providing important information such as how many children will be entering school in the coming years, or how many adults will be entering the workforce.

The CBR by districts of birth is presented in Table 4.5. The CBR in the table suggest that there are higher chances of births occurring in the district of Maseru at 17.2 per 1,000 live births within the population and Qacha's Nek follows with 16.2 per 1,000 population. Generally, there were no major noticeable changes in the CBR across the districts of birth except for Leribe with the lowest CBR estimated at 9.9 live births per 1,000 population.

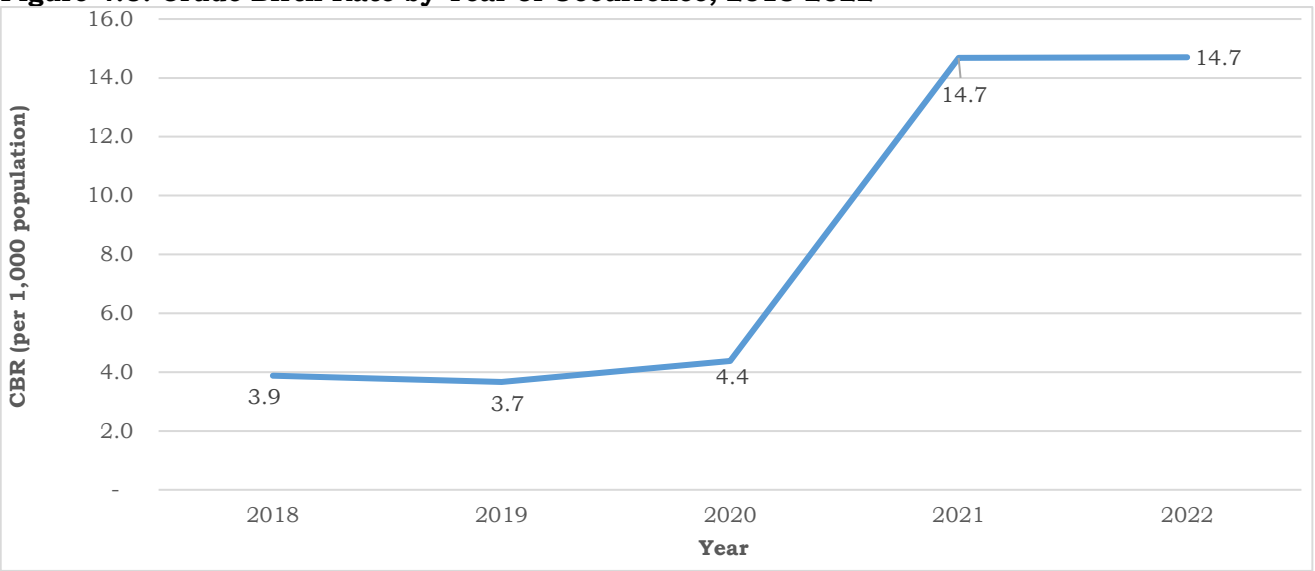
Table 4.5: Crude Birth Rate by District of Birth, 2022

District of birth	Number of live births	Estimated Population	CBR (per 1,000 population)
Botha-Bothe	1969	123,302	16.0
Leribe	3635	366,361	9.9
Berea	4,060	270,523	15.0
Maseru	9,933	576,429	17.2
Mafeteng	2,061	168,244	12.3
Mohale's Hoek	1,719	157,683	10.9
Quthing	1,210	109,506	11.0
Qacha's Nek	1,257	77,637	16.2
Mokhotlong	1,477	102,066	14.5
Thaba-Tseka	2,009	138,731	14.5
RSA	1,426	-	-
Total	**30,756**	**2,090,482**	**14.7**

Note: Population data were sourced from 2021 LDS and 2021 CRVS.

The recent improvement in data collection through the CRVS system has yielded CBR estimate (14.7) that almost compares well with the 2021 LDS estimate of 24.6 live births per 1,000 population. This shows a better and more reliable data quality as opposed to the previous year's data.

Figure 4.6: Crude Birth Rate by Year of Occurrence, 2018-2022



4.6 Age-Specific Fertility Rates

Fertility rates by mothers' age group, or age-specific fertility rates (ASFRs), are the number of births occurring to mothers of a certain age group per 1,000 women in that age group in a given period (usually one year). The table demonstrate that women are more likely to bear children in the age group 20 to 24 years; the more they grow older, the lesser the chances of child bearing. There were high number of live births among girls aged 15 to 19 years, which could be explained by the apparent high adolescent pregnancy.

Table 4.6: Age- Specific Fertility Rates by Mother`s Age, 2022

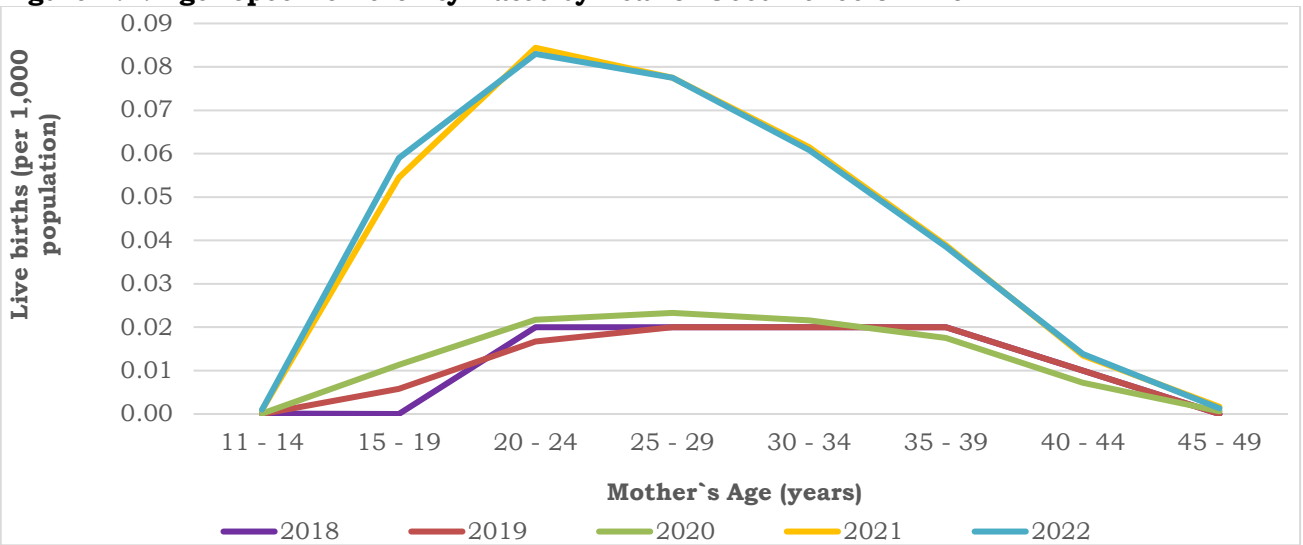
Mother's age group (years)		Unadjusted	
	Number of women	Number of live births	ASFR
10–14	114,507	110	0.0010
15–19	106,561	6,284	0.0590
20–24	103,116	8,557	0.0830
25–29	91,196	7,070	0.0775
30–34	82,845	5,041	0.0608
35–39	72,802	2,805	0.0385
40–44	60,187	834	0.0139
45–49	42,279	55	0.0013
50		1	0.3350
Total	**673,493**	30,756	0.0010

Note: Population data were sourced from 2021 LDS and 2021 CRVS

As shown in Figure 4.7, the ASFR's is high to mothers aged 20 to 24 years at the national level. It further indicates that the fertility trend peak has shifted from the age of 25 to 29 years in 2020 to 20 to 24 years in 2021 and 2022 which suggests that more young women were indulging in reproduction. The results showed an increase in registered number of births.

across age groups resulting in improvement in data collection through the CRVS system. The general observation displays that births occurring from females aged less than 15 years and females aged 45 to 49 years are comparatively small.

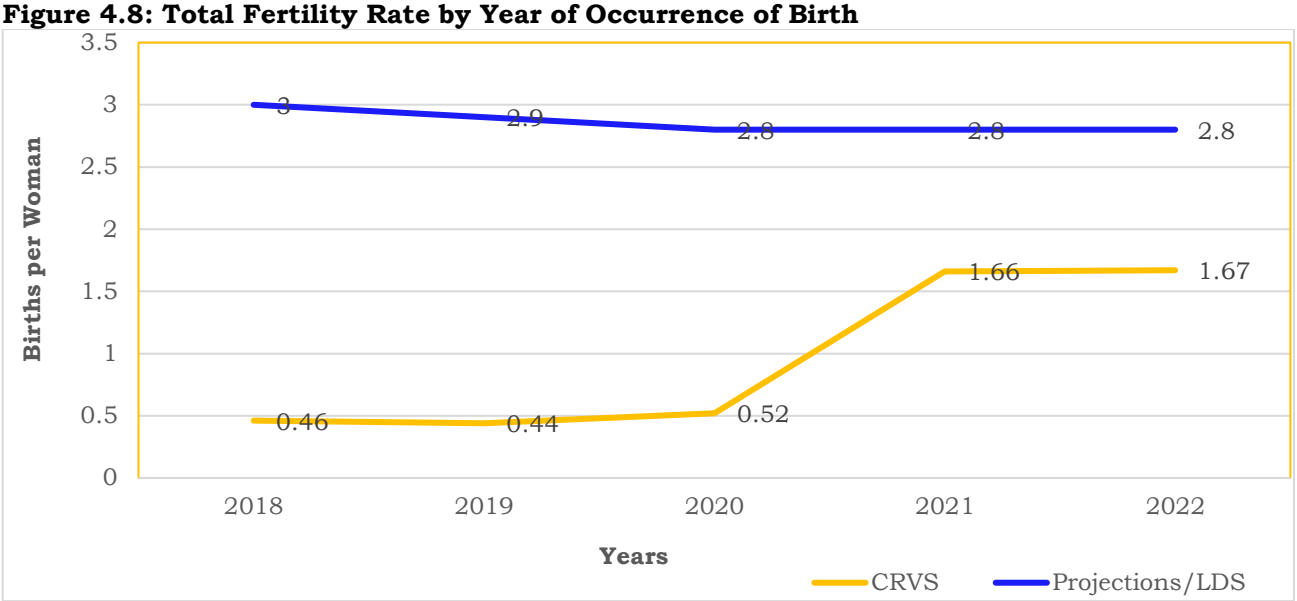
Figure 4.7: Age- Specific Fertility Rates by Year of Occurrence of Birth



4.7 Total Fertility Rate

The Total Fertility Rate (TFR) is the average number of children a woman would give birth to during her lifetime if she were to pass through her childbearing years experiencing present-day age-specific fertility rates of a given period. The TFR that was computed using data from the CRVS system show an increase over time with an estimate of 0.46 in 2018 and 1.67 in 2022. Due to the recently improved CRVS, this reflects that there was a considerable undercount of the number of registered live births in the past years. The current CRVS estimated TFR (1.67) is lower than that of 2021 LDS which is estimated at 2.8 live births per woman. This may also be reflected by the completeness rate of 66.1 percent.

Figure 4.8: Total Fertility Rate by Year of Occurrence of Birth



Note: Population data were sourced from 2016-2036 Population projections, 2021 LDS and 2021 CRVS

The least number of reported children were born in the district of Leribe constituting 1.1 births per woman. Children born and reported in the district of Botha-Bothe, Qacha`s Nek and Thaba-Tseka account for TFR of 1.9 each which is the highest among all districts. There is no particular pattern that fertility trends display among the district of birth. It is assumed that number of women in 2022 were the same as in 2021.

Table 4.7: Total Fertility Rate by District of Birth, 2022

District of birth	Number of live births	TFR
Botha-Bothe	1969	1.9
Leribe	3635	1.1
Berea	4,060	1.8
Maseru	9,933	1.8
Mafeteng	2,061	1.5
Mohale's Hoek	1,719	1.3
Quthing	1,210	1.3
Qacha's Nek	1,257	1.9
Mokhotlong	1,477	1.8
Thaba-Tseka	2,009	1.9
RSA	1,426	-
Total	**30,756**	**1.67**

Note: Population data were sourced from 2021 LDS

Chapter 5. Deaths

Countries agreed to reach the SDGs and Goal 3 aims at ensuring healthy lives and promoting well-being for all at all ages. Therefore, the information on mortality data is very essential in identifying emerging diseases. It also allows health systems to figure out policies and programmes monitoring population health status. Most countries in the Sub-Saharan Africa (SSA) region including Lesotho, have unreliable mortality data because of poor and inconsistent reporting of vital events which eventually leads to providing poor quality and incomplete data for the calculation of demographic estimates.

Table 5.1 presents summary statistics on mortality by year of occurrence. The table shows that the number of reported deaths has been fluctuating from 2018 to 2022, where a considerable increase was noticed in 2021 recording 17,482. Data from the table designates that mortality was affecting more males than females from 2018 to 2020 and thereafter the opposite was observed. The death registration completeness was approximately 54 percent in 2018 and 2019 but an improvement was experienced from 2020 even though a slight decline was detected in 2022. The life expectancy at birth for males was estimated as 59.1 years while females were 66.7 years in 2022.

Table 5.1: Summary Statistics on Mortality by Year of Occurrence

Indicator	2018	2019	2020	2021	2022
Registered deaths (number)	13,406	13,494	13,268	17,482	15,631
Males	6,924	6,991	6,715	8,569	8,094
Females	6,482	6,503	6,553	8,913	7,537
Registration completeness (%)	53.6	54.8	62.1	96.7	86.4
Crude death rate (per 1,000 population)	6.6	6.6	6.4	8.4	7.5
Life expectancy at birth (years)	56.3	56.7	57.3	61.6	62.9
Males	52.5	52.8	53.2	57.9	59.1
Females	60.1	60.6	61.3	65.3	66.7
Under-5 mortality rate (per 1,000 live births)	76	70	65	59	60
Maternal mortality ratio (per 100,000 live births)	587	571	556	540	541

5.1 Place of Occurrence and Sex of Decedent

The number of deaths by place of usual residence and sex of the deceased is presented in Table 5.2. The table portrays that the minimum number of reported deaths occurred in Qacha`s Nek district constituting 418 while Maseru district has the greatest number of reported deaths regardless of sex.

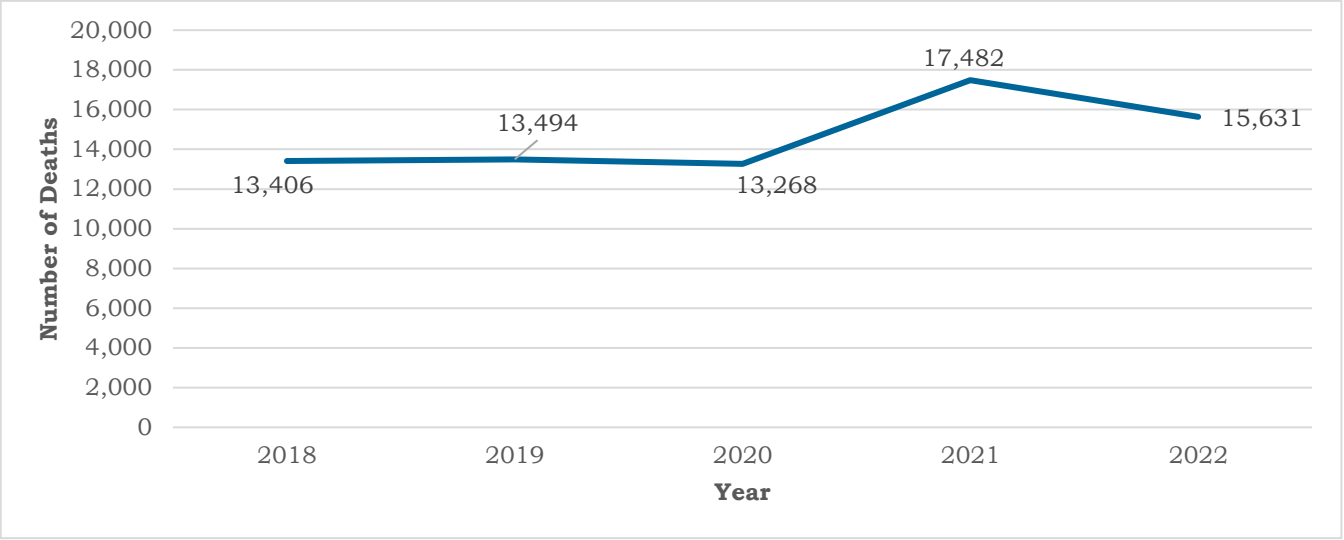
Leribe district was the second district with the most pronounced occurrence of female deaths recording 1,202 deaths. However, Qacha's Nek had the least number of reported female deaths recording 189 while the least number of male deaths happened in Mokhotlong district with 224. There were major differences concerning deaths by place of occurrence and sex.

Table 5.2: Deaths by District of Occurrence and Sex of Decedent, 2022

District of occurrence	Sex of decedent		Number of deaths
	Male	Female	
Botha-Bothe	372	453	825
Leribe	1,156	1,202	2,358
Berea	983	1,020	2,003
Maseru	2,219	2,170	4,389
Mafeteng	765	783	1,548
Mohale's Hoek	504	536	1,040
Quthing	335	329	664
Qacha's Nek	229	189	418
Mokhotlong	224	257	481
Thaba-Tseka	308	328	636
RSA	442	827	1,269
Total	7,537	8,094	15,631

Figure 5.1 displays the trend of reported number of deaths by year of occurrence. The graph indicates that there have been variations in recorded deaths from 2018 to 2022. The greatest observation was in 2021 recording 17,482 and the lowest was in 2020. It should be noted that this upsurge in the number of registered deaths does not necessarily imply an increase in the number of deaths, instead it may be reflecting an improvement in the rate of reporting from the CRVS system.

Figure 5.1: Deaths by Year of Occurrence, 2018-2022



5.2 District and Site of Occurrence

The number of deaths by district and place of occurrence for the year 2022 is presented in Table 5.3. The results reveal that most deaths occurred at home constituting 11,246 than in the health facility (4,385). The distribution by place of residence indicates that, the densely populated district of Maseru experienced the highest number of deaths irrespective of place of occurrence. This is illustrated by the estimate of 2,524 incidences that happened at home while the health

facility events recorded 1,865. Over the past 2 years, the least number of deaths that occurred in health facility were reported in Mokhotlong district while the least that occurred at home were registered in Qacha`s Nek district.

Table 5.3: Deaths by District and Place of Occurrence, 2022

Usual Place of Residence	Place of Occurrence		Number of deaths
	Health Facility	Home	
All deaths	**4,385**	**11,246**	**15,631**
Botha-Bothe	218	607	825
Leribe	415	1,943	2,358
Berea	406	1,597	2,003
Maseru	1,865	2,524	4,389
Mafeteng	275	1,273	1,548
Mohale's Hoek	190	850	1,040
Quthing	170	494	664
Qacha's Nek	127	291	418
Mokhotlong	105	376	481
Thaba-Tseka	146	490	636
RSA	468	801	1,269

5.3 Age and Sex of Decedent

The age and sex distribution of deaths varies considerably depending on the overall level of mortality in a country, which determines the risk of dying at each age, and the size of the population currently alive at each age. Irrespective of the level of mortality, the number of deaths generally increases gradually from the age of 5 years onwards.

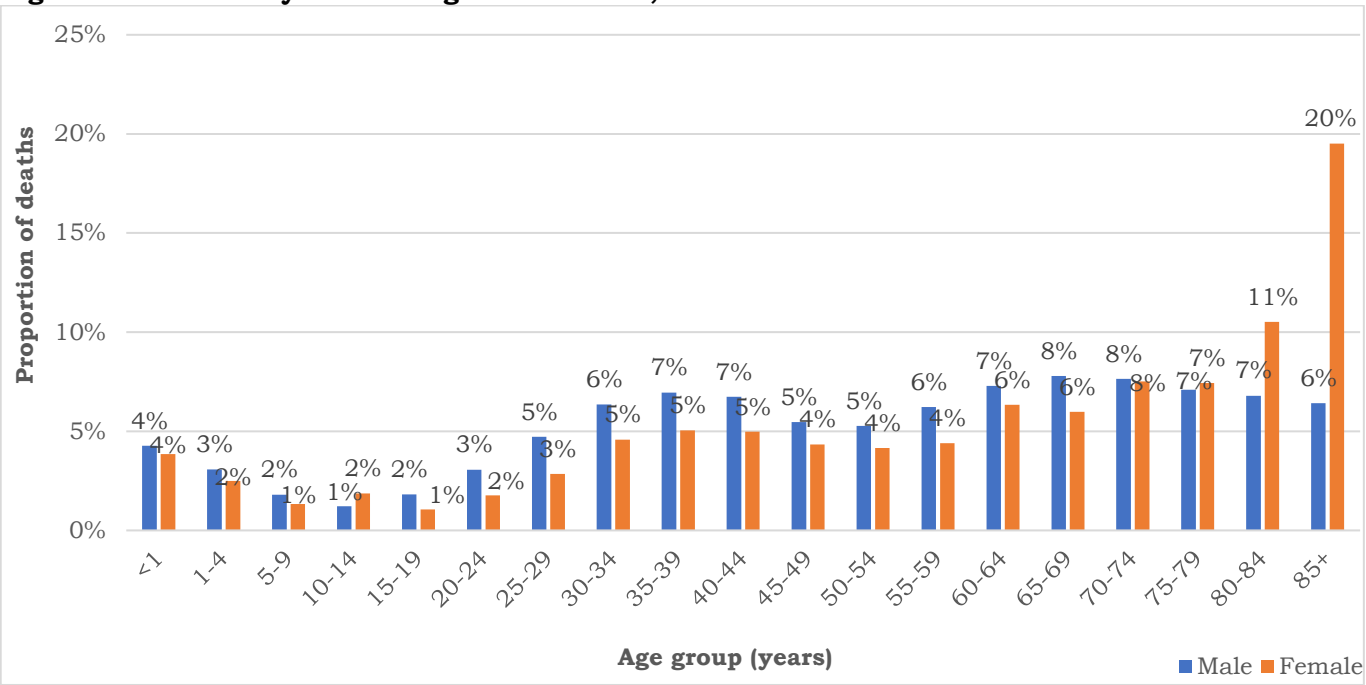
Table 5.4 exhibits deaths by age and sex of the decedent. The number of reported male deaths estimated at 8,094 outnumbered that of female counterparts constituting 7,537. The highest number of female deaths were observed at age 85 years and above recording 1,471 as opposed to other age groups and the least number of reported deaths were at age group 15 to 19 years. Inversely, most male reported deaths were detected at age group 65 to 69 years (631) and the least was observed at age group of 10 to 14 years with a record of 99 deaths. The general observation is that most deaths occur at older ages; death increases with an increase in age.

Table 5.4: Deaths by Age and Sex of Decedent, 2022

Age-group	Sex of decedent		Number of deaths
	Female	Male	
< 1	290	345	635
1-4	188	249	437
5-9	100	146	246
10-14	141	99	240
15-19	80	147	227
20-24	133	248	381
25-29	215	382	597
30-34	345	514	859
35-39	380	563	943
40-44	375	545	920
45-49	327	442	769
50-54	313	426	739
55-59	332	504	836
60-64	477	590	1,067
65-69	451	631	1,082
70-74	566	619	1,185
75-79	560	574	1,134
80-84	793	550	1,343
85+	1,471	520	1,991
Total	**7,537**	**8,094**	**15,631**

Figure 5.2 demonstrate the distribution of deaths by age group and sex of the deceased. The general indication of the figure is that there were more male deaths than female deaths across all the age groups except for age group 10 to 14 years, 80 years and above where female deaths outnumbered males. It further shows that mortality is most prevalent for females at older ages.

Figure 5.2: Deaths by Sex and Age of Decedent, 2022



5.4 Crude Death Rate

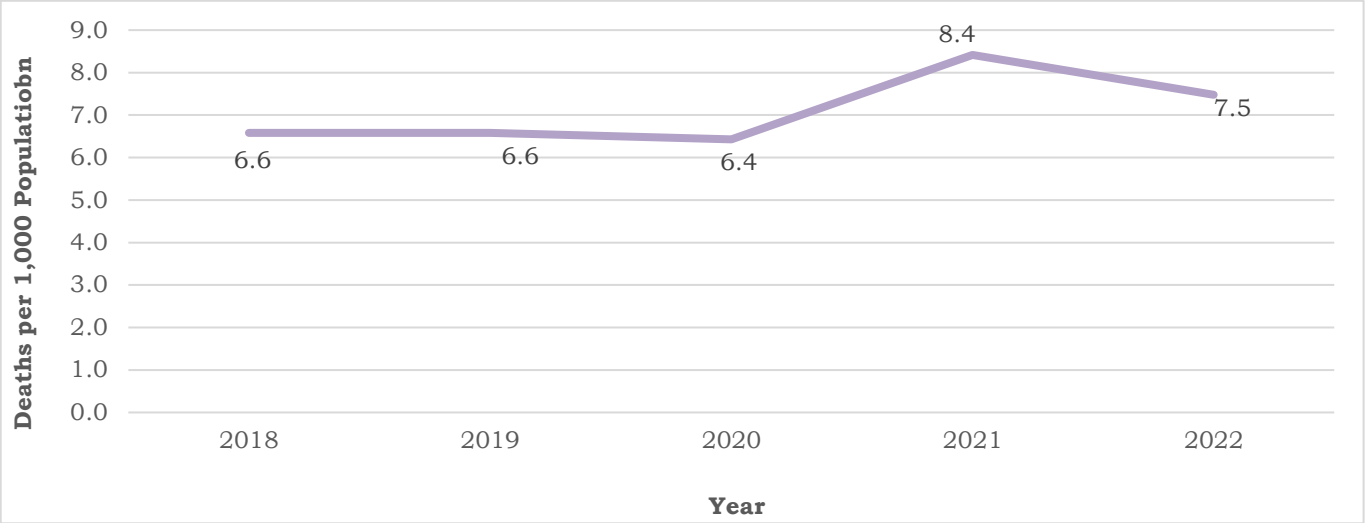
As a mortality indicator, the crude death rate (CDR) is the simplest measure of population health status of an area or population. It is a measure of the number of deaths relative to the size of that population during a given period, usually one year. It is expressed in number of deaths for every 1,000 population per year. The CDR by district of occurrence for 2022 is illustrated in Table 5.5. Thaba-Tseka district had the least crude death rate of 4.6 deaths per 1,000 population. However, the greatest CDR was observed in Mafeteng district estimated at 9.2 deaths per 1,000 population in comparison with other districts.

Table 5.5: Crude Death Rate by District of Occurrence, 2022

District of Occurrence	Number of deaths	CDR (per 1,000 population)
Botha-Bothe	825	6.7
Leribe	2,358	6.4
Berea	2,003	7.4
Maseru	4,389	7.6
Mafeteng	1,548	9.2
Mohale's Hoek	1,040	6.6
Quthing	664	6.1
Qacha's Nek	418	5.4
Mokhotlong	481	4.7
Thaba-Tseka	636	4.6
RSA	1,269	-
Total	15,631	7.5

Figure 5.3 depicts the CDR by year of occurrence from 2018 to 2022. The calculated CDR using the registered deaths was estimated at 7.5 deaths per 1,000 population in 2022. Over the last 5 years, the CDR was high in 2021 recording 8.4 and it was observed to be low in 2020 at 6.4 deaths per 1000 population in 2020.

Figure 5.3: Crude Death Rate by Year of Occurrence of Death, 2022

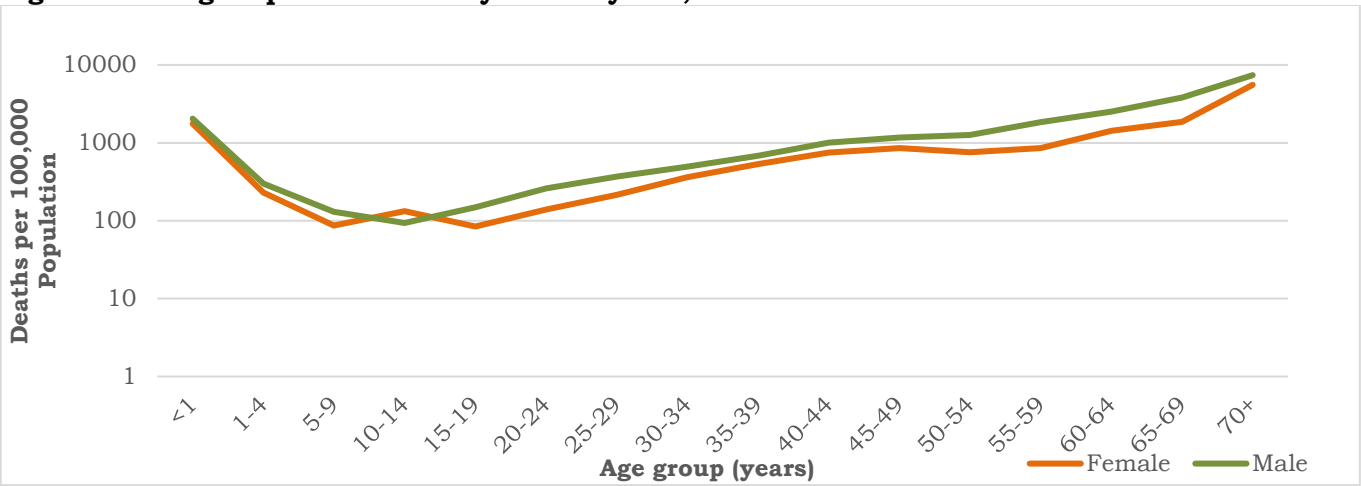


5.5 Age-Specific Mortality Rates

The age-specific mortality rate (ASMR) is the number of deaths for a specific age or age group in a specific area during a specified period divided by the population of the same age or age group in the same area and period. The mortality pattern for Lesotho has always assumed a J shape and in recent times with the advent of HIV and AIDS the shape is now changing to an almost W shape.

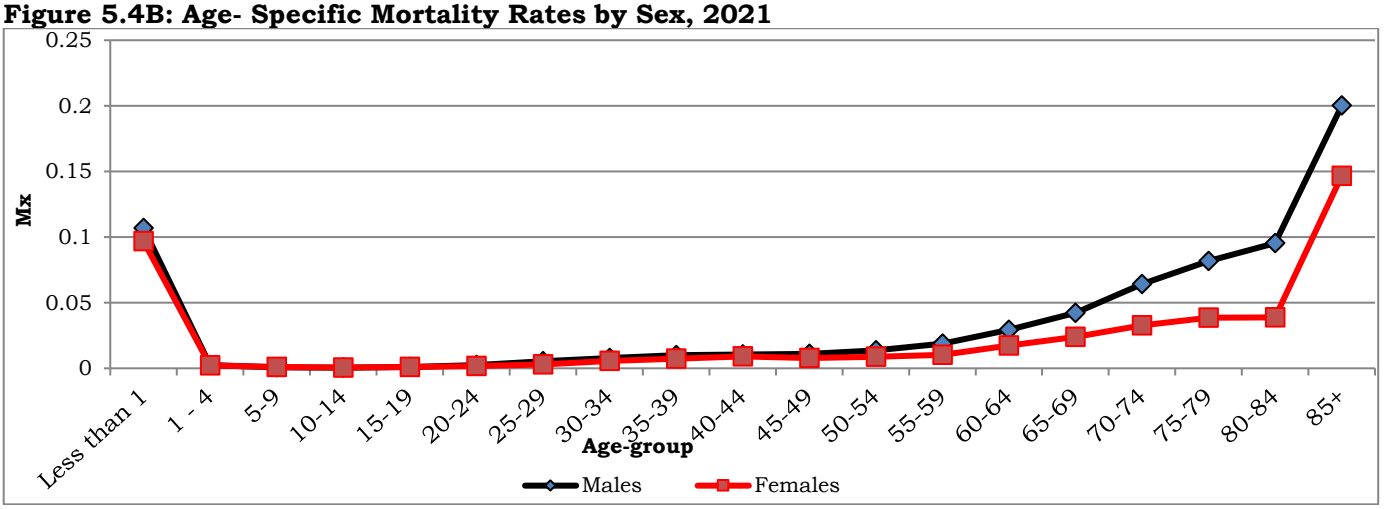
Figure 5.4A depicts the ASMR by sex where death rates seem to be relatively high for children aged below 5 years and decline to the lowest levels for children aged 5 to 9 years for females and 10 to 14 years for males. Males experience higher mortality rate than females since the graph shows nearly constant increase rate from age group 20 to 24 years to the last age group. The 2021 LDS results from Figure 5.4B indicates that a pattern of high death rates for under 5 children that rapidly declines to lower levels at the age 20 to 24 years and gradually increases with age due to behavioral change for both sexes. However, the CRVS data shows a slightly different pattern from the 2021 LDS which could be attributed to low reporting rate.

Figure 5.4A: Age- Specific Mortality Rates by Sex, 2022



Note: Data on deaths sourced from 2022 CRVS

Figure 5.4B: Age- Specific Mortality Rates by Sex, 2021



Note: Data on deaths sourced from 2021 LDS

5.6 Infant and child mortality

The neonatal mortality rate (NMR) is the number of deaths among live-born infants during the first 28 days of life per 1,000 live births over a specified time period. Mortality during the neonatal period (the first 28 days of life) accounts for a large proportion of deaths and is a useful indicator of maternal and newborn neonatal health and care. Generally, as infant mortality decreases and fewer deaths are attributed to infectious diseases and environmental influences, a greater proportion of infant deaths would be expected to occur in the neonatal period. The neonatal mortality rate, however, should not increase as this occurs.

Countries aim at reducing neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births by 2030. Similar to NMR, the infant mortality rate (IMR: deaths among children less than 1 year) and under-5 mortality rate (U5MR: deaths among children less than 5 years) are important indicators of overall population health and well-being. Table 5.6 displays infant mortality rate of 53 deaths per 1,000 live births estimated in 2016 which is lower than the 2018 estimate of 62 deaths of infants per 1,000 live births but also declined to 42 deaths in 2021. The under-five mortality was estimated at 76 deaths in 2018 but in 2021 it was estimated at 59 deaths showing a decrease. Generally, it is noticed that early childhood mortality is gradually declining.

Table 5.6: Infant and Under-5 Mortality (deaths per 1,000 live births) by Year of Occurrence

	Infant mortality		Under-5 mortality	
Year of occurrence	**Number of Deaths**	**IMR**	**Number of Deaths**	**U5MR**
2016	2,207	53	2,900	80
2018	150	62	150	76
2021	298	42	444	59

Note: Data on deaths sourced from 2016 PHC, 2018 MICS and 2021 LDS
IMR = infant mortality rate; U5MR = under-5 mortality rate

5.7 Maternal mortality

A maternal death is defined by WHO as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. The maternal mortality ratio (MMR) is the ratio of the number of maternal deaths during a given time period per 100,000 live births during the same time period (usually one year). This ratio is an indicator of SDG 3 and is considered a primary and important indicator of an area's overall health status or quality of life. The maternal mortality ratio can also be used as an indicator of access to prenatal and obstetrics care.

The MMR cannot be estimated from the CRVS data because the cause of death was not captured during death registration. Hence, the 2021 LDS results were used to demonstrate the Lesotho`s current MMR as reflected in Table 5.7. The MMR as illustrated in Figure 5.5 has been increasing since 2001 and reached the highest estimate of 1155 in 2009 and started to decline thereafter. Generally, the figure displays the improvement in the reduction of maternal deaths although it

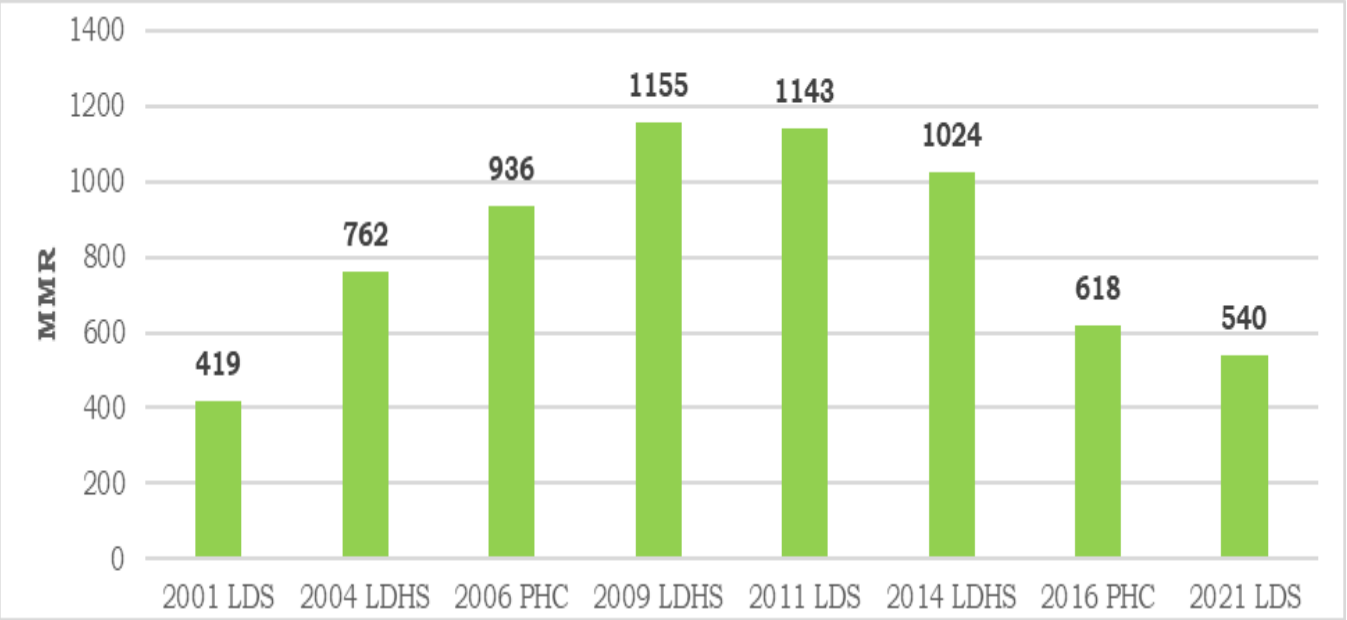
is still considered high. In 2021 maternal mortality ratio was estimated at 540 per 100,000 live births.

Table 5.7: Maternal Mortality by Year of Occurrence, 2021

Year of occurrence	Number of maternal deaths	Maternal mortality ratio (MMR)
2021	642	540

Note: Data on deaths sourced from 2021 LDS

Figure 5.5: Maternal Mortality by Year of Occurrence, 2021

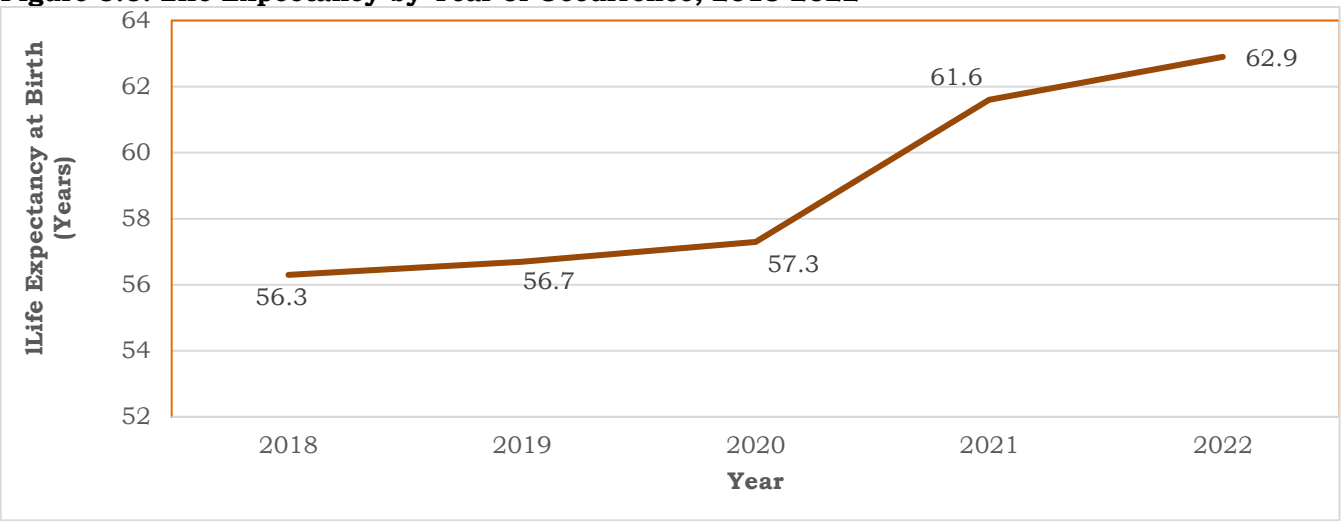


Note: Data on deaths sourced from 2021 LDS

5.8 Life expectancy

Life expectancy at birth is the most used indicator which indicates the average number of years a newborn infant would live if the current patterns of mortality at the time of its birth were to remain the same throughout its life. The life expectancy at birth is a standardised summary measure which is sometimes used as an overall gauge of health based on a population's mortality experience. According to Table 5.1, life expectancy was computed from 2021 LDS where Coale-and Demeny model using North family of model life tables was used. Data indicates that over a long period, females have been enjoying more life expectancy that their male counterparts. After extrapolation, the estimate for females recorded 66.7 years and males 59.1 years in 2022. Figure 5.6 shows an improvement in the number of years that an individual can expect to live on the average based on their past experience.

Figure 5.6: Life Expectancy by Year of Occurrence, 2018-2022



Chapter 6. Marriages and divorces

There is a declining pattern in recorded marriages from 2018 to 2022. A similar pattern is observed for the crude marriage rate where it was 1.1 persons who enter into marriage per 1,000 persons in 2018 and 0.7 per 1,000 persons in 2022. On the contrary, the crude divorce rate is on an increase where it was 0.09 per 1,000 persons in 2018 and it is estimated at 0.11 per 1,000 persons in 2022. The number of registered divorces showed a declining pattern from 2018 to 2021 and a sharp increase is observed in 2022.

Table 6.1: Summary Statistics on Marriages and Divorces by Year of Occurrence

Indicator	2018	2019	2020	2021	2022
Number of registered marriages	2,288	2,316	1,736	1,694	1,425
Crude marriage rate (per 1,000 population)	1.1	1.1	0.8	0.8	0.7
Average age at first marriage	-	-	-	26.8	37.3
Males	-	-	-	28.7	41.0
Females	-	-	-	24.8	33.9
Number of registered divorces	187	149	171	148	238
Crude divorce rate (per 1,000 population)	0.09	0.07	0.08	0.07	0.11
Average age at divorce	28.0	26.9	27.0	27.0	37.4
Males	29.0	28.8	29.0	29.0	34.9
Females	25.0	24.9	24.0	25.0	39.8

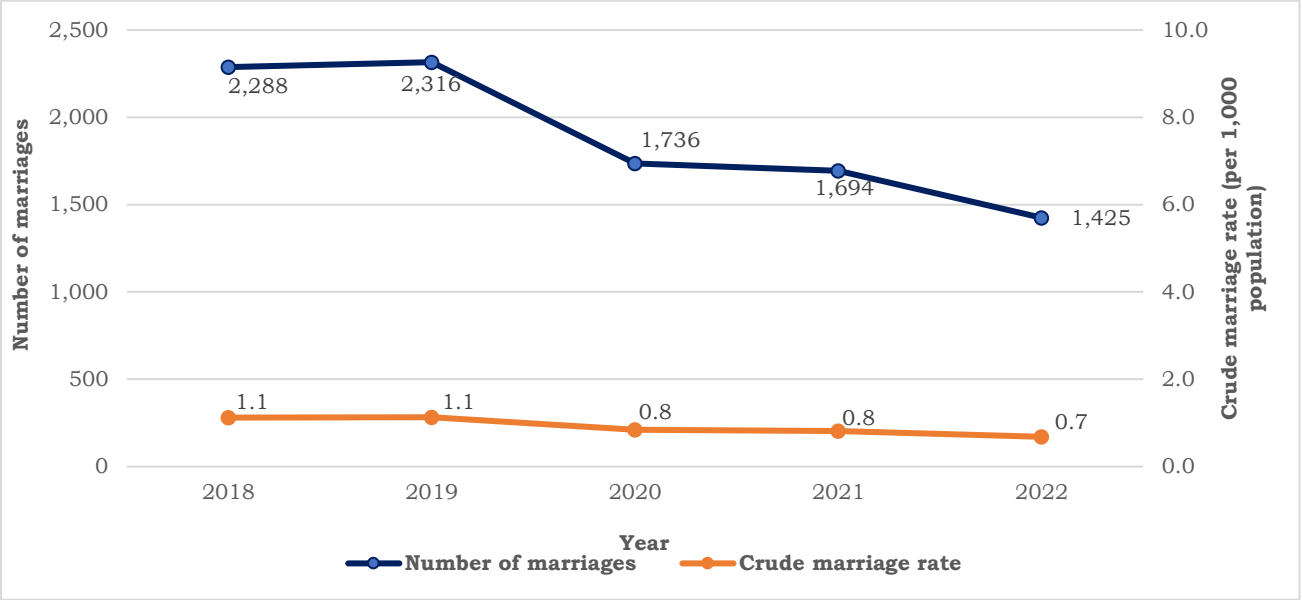
6.1 Marriages

Marriage is regarded as a legal union of persons of opposite sex and considered lawful for persons aged above 18 years in the context of Lesotho. It is one of the most powerful proximate determinants of fertility because most childbearing happens within a marital union.

6.1.1 Marriages and year

The number of registered marriages reached new heights in 2019 recording 2,316 and a noticeable decline was observed in 2020 with an estimate of 1,736. A decline in registered marriages recorded between 2020 and 2021 was assumed partly to be due to the Covid-19 pandemic movement restrictions (lockdown) which hindered service provision. The number of registered marriages continued to decrease even in 2022 where the record is at 1,425. The crude marriage rates ranged from 1.1 per 1,000 persons in 2018 to 0.7 per 1,000 persons in 2022.

Figure 6.1: Marriages by Year of Occurrence, 2018 – 2022



6.1.2 Age of bride and groom

Age is one of the factors that tend to limit the choice of a marriage partner and age at marriage is associated with the age at which physical adulthood is reached. Table 6.2 shows that most brides were in the age group 25 to 29 years recording 477 while most grooms were in the age group 30 to 34 years estimated at 376. Most unions were of the bride and the groom in the same age group of 25 to 29 years at 185 followed by the unions of brides who were aged 25 to 29 years and the grooms who were aged 30 to 34 years estimated at 179 marriages.

Table 6.2: Marriages by Age of Groom and Age of Bride, 2022

Age group of groom	Age group of brides (years)														
	<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	All Ages
<15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
15–19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
20–24	0	8	37	12	2	0	0	0	0	0	0	0	0	0	**59**
25–29	0	9	138	185	26	1	0	0	0	0	0	0	0	0	**359**
30–34	0	2	59	179	118	12	3	3	0	0	0	0	0	0	**376**
35–39	0	0	13	64	105	62	8	2	1	0	0	0	0	0	**255**
40–44	0	1	6	27	42	53	19	6	0	1	0	0	0	0	**155**
45–49	0	0	1	7	17	29	26	12	0	0	0	0	0	0	**92**
50–54	0	0	0	1	5	8	10	10	8	1	0	0	0	0	**43**
55–59	0	0	0	2	3	7	5	10	11	5	1	1	0	0	**45**
60–64	0	0	0	0	3	4	4	3	1	2	2	0	0	0	**19**
65–69	0	0	0	0	1	0	2	1	2	3	2	0	1	0	**12**
70–74	0	0	0	0	0	0	2	0	1	2	0	2	0	0	**7**
75+	0	0	0	0	0	0	1	0	0	1	0	1	0	0	**3**
All ages	**0**	**20**	**254**	**477**	**322**	**176**	**80**	**47**	**24**	**15**	**5**	**4**	**0**	**0**	**1,425**

6.1.3 Marriages, age and previous marital status

Previous marital status is the state in which the marrying parties were in just before entering into this current marriage. Entry into a marital union requires concerned parties to indicate and declare their previous marital status. Table 6.3 shows that the highest concentration is of couples who had never been married before, and females lead with 972 while males were at 925. The next large group of couples was that of divorcees where there were more female divorcees (413) who were remarrying as opposed to their male counterparts (411). The number single persons was greater than other previous marital statuses and were mostly concentrated in age groups 25 to 29 years for brides (339) and 275 for grooms. The number of grooms aged 70 years and above was low irrespective of their previous marital status. For all groom's previous marital status, there seemed to be high numbers around age groups 20 to 49 years. The number of brides who had been widowed and re-entering in marriage was low. The table further shows that women tend to enter into marriage much earlier than their male counterparts. It also suggests that males are more likely to remarry than females.

Table 6.3: Marital Age of Bride and Groom by Previous Marital Status, 2022

	Previous Marital Status							
	Single		Married		Widowed		Divorced	
Age group (years)	**Bride**	**Groom**	**Bride**	**Groom**	**Bride**	**Groom**	**Bride**	**Groom**
<15	0	0	0	0	0	0	0	0
15–19	17	0	0	0	0	0	3	0
20–24	216	54	0	0	0	0	38	5
25–29	339	275	2	1	0	0	136	83
30–34	210	269	6	6	0	2	106	99
35–39	87	156	9	11	3	2	77	86
40–44	49	70	4	16	1	7	26	62
45–49	29	48	4	4	0	9	14	31
50–54	11	19	1	4	5	2	7	18
55–59	10	17	1	5	1	7	3	16
60–64	0	8	0	1	2	4	3	6
65–69	3	5	0	1	1	2	0	4
70–74	1	3	0	0	0	3	0	1
75+	0	1	0	1	0	1	0	0
All ages	**972**	**925**	**27**	**50**	**13**	**39**	**413**	**411**

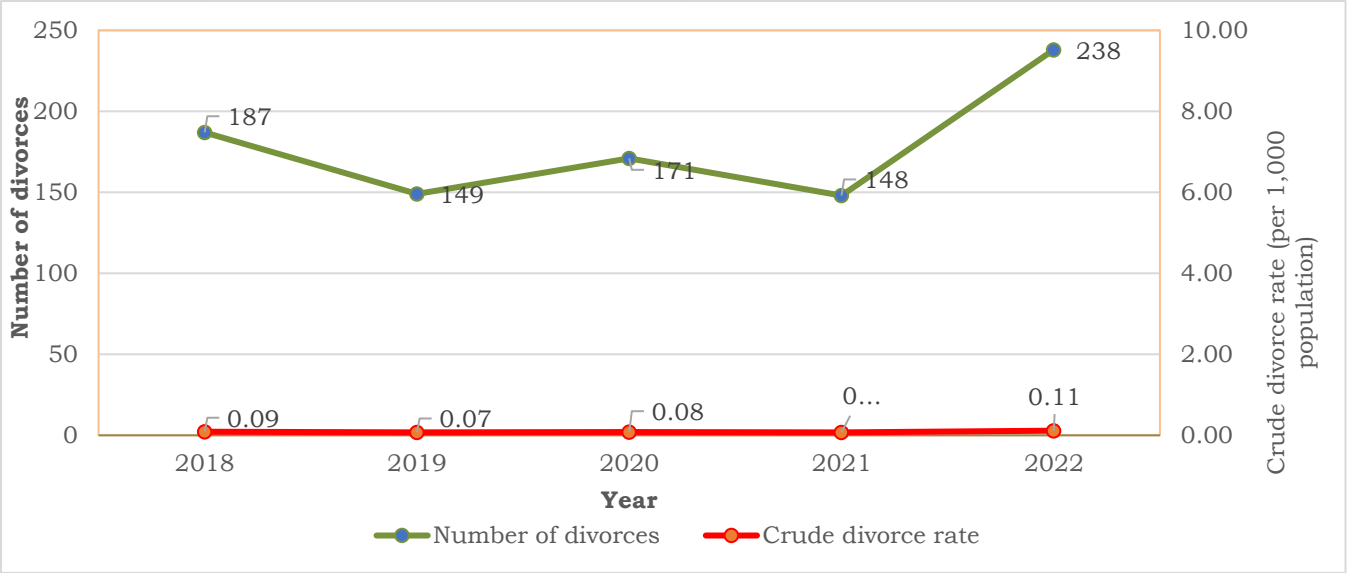
6.2 Divorces

This refers to a way in which married couples decide to dissolve their marriage due to various factors such as lack of (or poor) communication, infidelity (adultery), emotional and physical abuse and other reasons. This section presents statistical information on divorces that were filed in the High Court of Lesotho.

6.2.1 Year of Divorce

Over the five-year period, the number of registered divorces fluctuates over the years as shown in Figure 6.2. There were 187 cases of divorces registered in 2018 while 238 divorces were registered in 2022. From the figure, the pattern of registered divorces shows a W shape from 2018 to 2022 and the highest reported cases of divorces were observed in 2022. The crude divorce rate pattern is almost constant over the years.

Figure 6.2: Registered Divorces and Crude Rate by Year of Occurrence, 2018 – 2022



6.2.2 Divorces and age

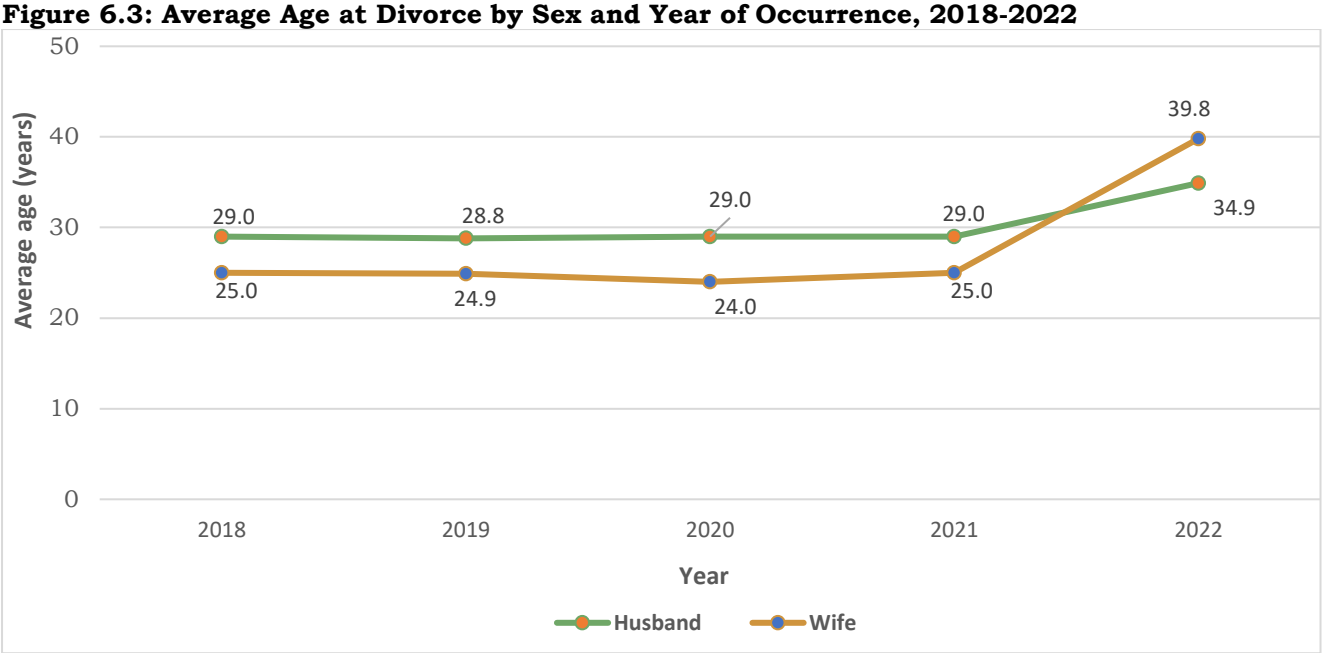
According to Table 6.4, there were high divorce rates among females who were aged between 30 and 34 years old when while the male divorcees were commonly in age group 35 to 39 years. Generally, the divorce rate is more prevalent in ages around 40 years for males while females at approximately 30 years of age.

Table 6.4: Divorces by Age of Husband and Age of Wife, 2022

Wife Age group	Husband Age group							
	25-29	30-34	35-39	40-44	45-49	50-54	55+	Total
25-29	4	10	10	0	0	0	0	**24**
30-34	2	21	28	13	3	0	0	**67**
35-39	0	2	20	34	7	1	1	**65**
40-44	1	0	3	10	13	4	7	**38**
45-49	0	0	1	3	6	10	2	**22**
50-54	0	0	0	0	0	3	9	**12**
55+	0	0	0	0	0	0	10	**10**
Total	**7**	**33**	**62**	**60**	**29**	**18**	**29**	**238**

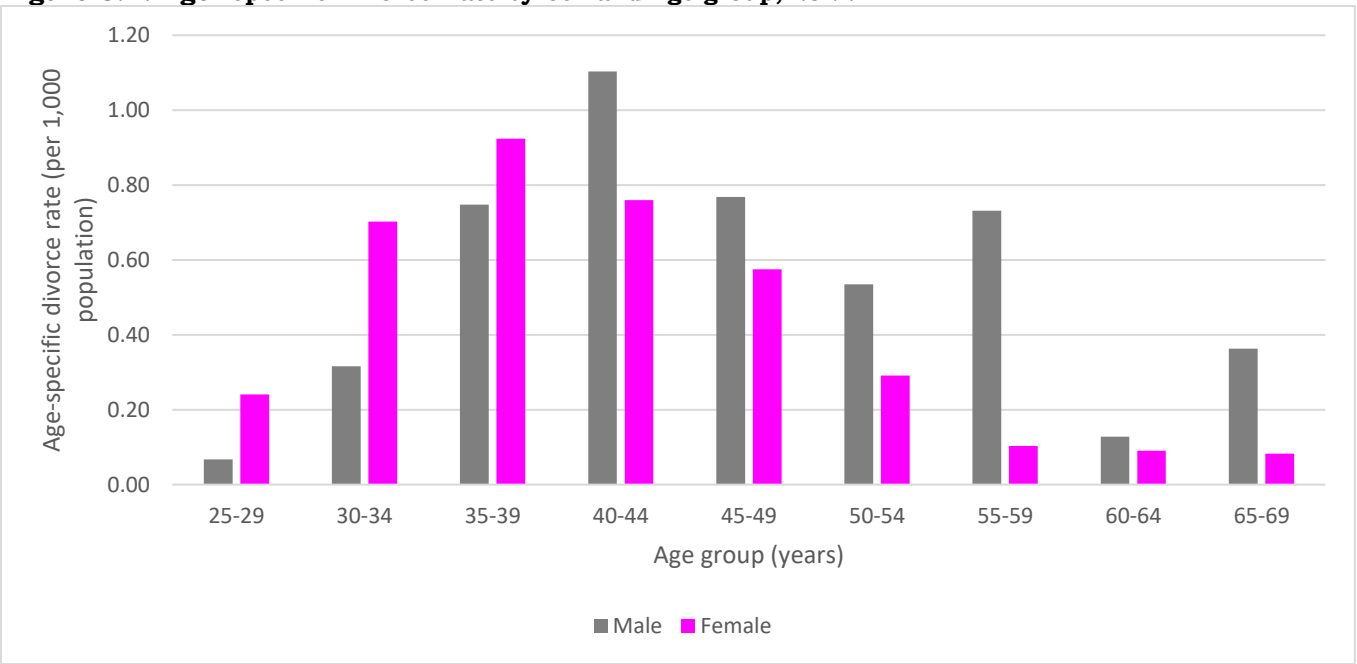
Figure 6.3 demonstrates the average age at divorce over five-year period. The divorce trend as illustrated in the figure reflects that males mostly get divorced at 34.9 years while females were more likely to be divorced at age 39.8 years in 2022.

Figure 6.3: Average Age at Divorce by Sex and Year of Occurrence, 2018-2022



Generally, males are more likely to initiate or be involved in divorce matters than females. In the younger age groups, females tend to either divorce or be divorced while as age increases, males tend to dissolve their marriages more than females do. Figure 6.4 illustrates age specific divorce rate for both males and females with concentration in age group 40 to 44 years for males and 35 to 39 years for females. The Crude Divorce Rate is estimated at 0.11 for both males and females in 2022.

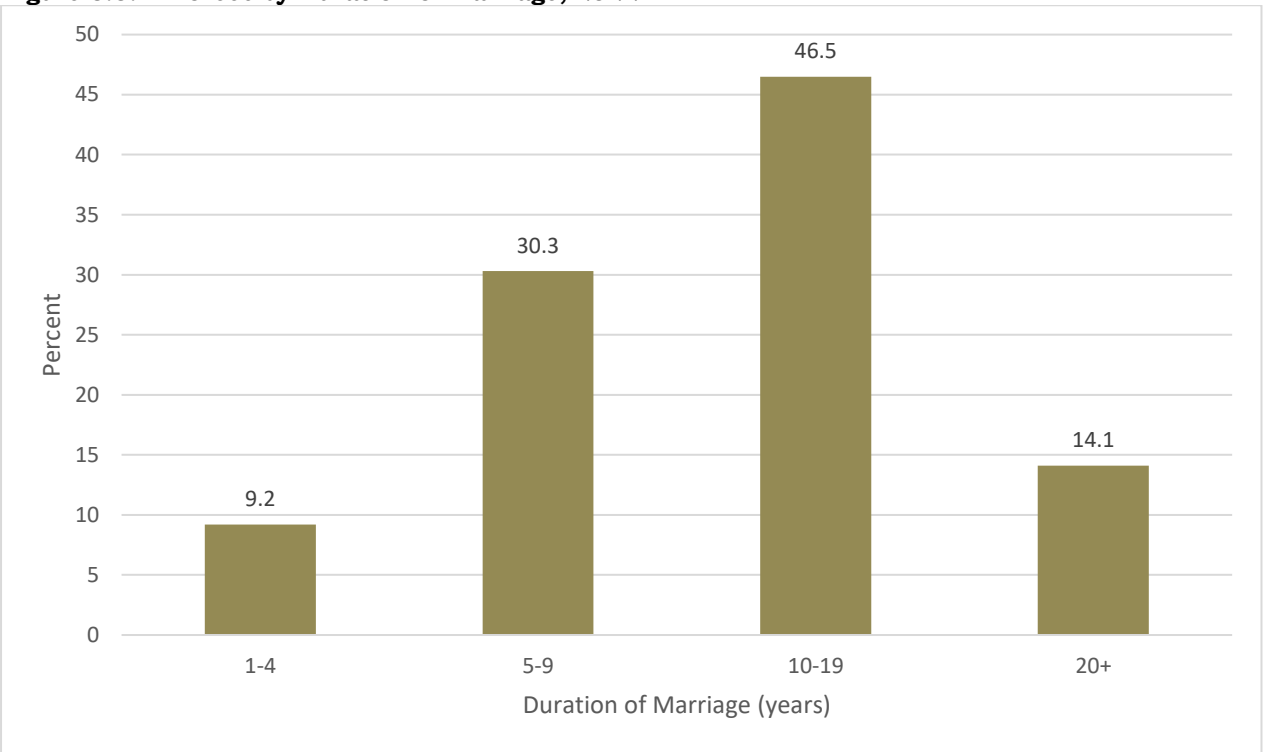
Figure 6.4: Age- Specific Divorce Rate by Sex and Age group, 2022



6.2.3 Marriage Duration

The majority of marriages that were dissolved had lasted for ten to nineteen years with 46.5 percent representation. There is still a considerable proportion of divorces for marriages that lasted for five to nine years constituting 30.3 percent. Comparatively, very few marriages recording 9.2 percent ended before celebrating the fifth anniversary. The data indicates that there were some reported divorces even after couples had spent 20 years and more in a union at 14.1 percent.

Figure 6.5: Divorces by Duration of Marriage, 2022



Chapter 7. Summary Tables

Table 7.1: Live Births, Deaths, and Infant and Child Deaths by Year of Occurrence

Year of occurrence	Live births			Deaths			Infant and child (<5 years) deaths		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2018	4,008	3,894	7,902	6,924	6,482	13,406	164	123	287
2019	3,813	3,702	7,515	6,991	6,503	13,494	158	149	307
2020	4,480	4,567	9,047	6,715	6,553	13,268	153	117	270
2021	15,614	14,879	30,493	8,569	8,913	17,482	232	212	444
2022	15,690	15,066	30,066	8,094	7,537	15,631	476	595	1071

Table 7.2: Live Births, Deaths, and Infant and Child Deaths by District of Usual Residence of Mother (births) or Decedent (deaths), 2022

Place of usual residence	Live births			Deaths			Infant and child (<5 years) deaths		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Botha-Bothe	372	453	825	452	372	824	28	12	40
Leribe	1,156	1,202	2,358	1200	1153	2353	97	62	159
Berea	983	1,020	2,003	1017	986	2003	56	55	111
Maseru	2,219	2,170	4,389	2170	2216	4386	290	238	528
Mafeteng	765	783	1,548	780	761	1541	26	33	59
Mohale's Hoek	504	536	1,040	535	502	1037	26	10	36
Quthing	335	329	664	329	333	662	20	20	40
Qacha's Nek	229	189	418	189	229	418	12	15	27
Mokhotlong	224	257	481	257	224	481	12	8	20
Thaba-Tseka	308	328	636	327	306	633	15	12	27
RSA	442	827	1,269	832	447	1279	13	11	24

Table 7.3: Fertility and Mortality Indicators by Year of Occurrence, 2018 - 2022

Year of occurrence	Crude birth rate	Total fertility rate	Crude death rate	Infant mortality rate	Under-5 mortality rate	Maternal mortality ratio
2018	3,9	0,46	6,58	62	76	587
2019	3,7	0,44	6,58	55	70	571
2020	4,4	0,52	6,43	49	65	556
2021	14,7	1,66	8,42	42	59	540
2022	14.7	1.7	7.5	42	59	540

Note: Data on IMR and Under 5 sourced from 2021 LDS

Table 7.4: Fertility and Mortality Indicators by District of Usual Residence of Mother (births and infant deaths) or Decedent (other deaths), 2022

Place of usual residence	Crude birth rate	Total fertility rate	Crude death rate	Infant mortality rate	Under-5 mortality rate
Botha-Bothe	16.0	1.9	6.7	32	12
Leribe	9.9	1.1	6.4	36	14
Berea	15.0	1,8	7.4	39	17
Maseru	17.2	1,8	7.6	44	21
Mafeteng	12.3	1.5	9.2	35	15
Mohale's Hoek	10.9	1,3	6.6	51	27
Quthing	11.0	1,3	6.1	37	16
Qacha's Nek	16.2	1.9	5.4	56	32
Mokhotlong	14.5	1,8	4.7	39	17
Thaba-Tseka	14.5	1,9	4.6	49	24

Note: Data on IMR and Under 5 sourced from 2021 LDS

Table 7.5: Marriage and Divorce Indicators by Year of Occurrence, 2017 - 2022

Year of occurrence	Registered marriages	Crude marriage rate	Average age at first marriage		Registered divorces	Crude divorce rate	Average age at divorce	
			Groom	Bride			Husband	Wife
2017	2,577	1.3	28.0	24.0	197	0.10	29.0	25.0
2018	2,288	1.1	-	-	187	0.09	29.0	25.0
2019	2,316	1.1	-	-	149	0.07	28.8	24.9
2020	1,736	0.8	-	-	171	0.08	29.0	24.0
2021	1,694	0.8	28.7	24.8	148	0.07	29.0	25.0
2022	1,425	0.7	41.0	33.9	238	0.11	34.9	39.8

Annexes

Birth and Death Tables

Live Births by Year, 2022

Year	Number of live Births
2018	7,902
2019	7,515
2020	9,047
2021	30,493
2022	30,756

Number of Live Births by District and Sex ratio, 2022

District	Male	Female	Sex Ratio
Botha-Bothe	1,041	928	1.12
Leribe	1,841	1,794	1.03
Berea	2,040	2,020	1.01
Maseru	5,092	4,841	1.05
Mafeteng	1,040	1,021	1.02
Mohale's Hoek	891	828	1.08
Quthing	581	629	0.92
Qacha's Nek	641	616	1.04
Mokhotlong	761	716	1.06
Thaba-Tseka	1040	969	1.07
RSA	722	704	1.03
Total	**15,690**	**15,066**	**1.04**

Table 2: Live Births by Place of Occurrence and Sex of the Child, 2022

	Male	Female	Total
Place of Occurrence			
Health Facility	14,740	14,125	**28,865**
Home	950	941	**1,891**
Total	**15,690**	**15,066**	**30,756**

Live Births by Age of the Mother, 2022

	Number of live Births	Percent
Age Group		
10-14	110	0.4
15-19	6,284	20.4
20-24	8,557	27.8
25-29	7,070	23.0
30-34	5,041	16.4
35-39	2,805	9.1
40-44	834	2.7
45-49	55	0.2
50-54	1	0.0
Total	**30,756**	**100.0**

Time series of vital events, 2022

Year	Live births	Deaths	Infant Deaths
2017	9,463	13,671	158
2018	7,902	13,406	150
2019	7,515	13,494	180
2020	9,047	13,268	142
2021	30,493	17,482	298
2022	30,756	15,631	635

Deaths by Age group and Sex of the Deceased, 2022

Age-group	Female	Male	Total
< 1	290	345	635
1 - 4	188	249	437
5 - 9	100	146	246
10 - 14	141	99	240
15 -19	80	147	227
20 -24	133	248	381
25 -29	215	382	597
30 - 34	345	514	859
35 - 39	380	563	943
40 - 44	375	545	920
45 - 49	327	442	769
50 - 54	313	426	739
55 - 59	332	504	836
60 - 64	477	590	1,067
65 - 69	451	631	1,082
70 - 74	566	619	1,185
75 - 79	560	574	1,134
80 - 84	793	550	1,343
85+	1,471	520	1,991
Total	**7,537**	**8,094**	**15,631**

Deaths by Place of Usual Residence and Sex of the Deceased, 2022

	Male	Female	Total
District			
Botha-Bothe	453	372	825
Leribe	1,202	1,156	2,358
Berea	1,020	983	2,003
Maseru	2,170	2,219	4,389
Mafeteng	783	765	1,548
Mohale's Hoek	536	504	1,040
Quthing	329	335	664
Qacha's Nek	189	229	418
Mokhotlong	257	224	481
Thaba-Tseka	328	308	636
RSA	827	442	1,269
Total	**8,094**	**7,537**	**15,631**

Deaths by Place of Usual Residence and Place of Occurrence of the Deceased, 2022

District	Health Facility	Home	Total
Butha-Buthe	218	607	825
Leribe	415	1,943	2,358
Berea	406	1,597	2,003
Maseru	1,865	2,524	4,389
Mafeteng	275	1,273	1,548
Mohale's Hoek	190	850	1,040
Quthing	170	494	664
Qacha's Nek	127	291	418
Mokhotlong	105	376	481
Thaba-Tseka	146	490	636
RSA	468	801	1,269
Total	**4,385**	**11,246**	**15,631**

Marriage Tables

Registered Marriages, 2022

Year	Number
2018	2,288
2019	2,316
2020	1,738
2021	1,694
2022	1,425
Total	**9,461**

Marriages by Age Group, 2022

Age group	Bride	Groom
15-19	20	0
20-24	254	59
25-29	477	359
30-34	322	376
35-39	176	255
40-44	80	155
45-49	47	92
50+	49	129
Total	**1,425**	**1,425**

Place of Marriage, 2022

District	Number
Botha-Bothe	64
Leribe	118
Berea	122
Maseru	903
Mafeteng	81
Mohale's Hoek	54
Quthing	17
Qacha's Nek	15
Mokhotlong	20
Thaba-Tseka	31
Total	**1,425**

Date of Marriage, 2022

	Number
January	168
February	106
March	163
April	206
May	102
June	87
July	78
August	61
September	81
October	86
November	96
December	191
Total	**1,425**

Marital Status, 2022

	Bride	Groom
Single	972	925
Divorced	27	50
Widowed	13	39
Customarily Married	413	411
Total	**1,425**	**1,425**

Way of Solemnization, 2022

	Religious	Civil
Banns	677	708
Licence	39	1
Total	**716**	**709**

Divorces Tables

Divorces by Place of Residence, 2022

Place of Residence	Number
Botha-Bothe	5
Leribe	19
Berea	29
Maseru	121
Mafeteng	22
Mohale's Hoek	7
Quthing	11
Qacha's Nek	9
Mokhotlong	5
Thaba-Tseka	5
South Africa	4
Zimbabwe	1
Total	**238**

Divorces by place of Residence and Sex of Plaintiff, 2022

Place of Residence	Male	Female	Total
Botha-Bothe	0	5	5
Leribe	10	9	19
Berea	10	19	29
Maseru	48	73	121
Mafeteng	8	14	22
Mohale's Hoek	3	4	7
Quthing	3	8	11
Qacha's Nek	7	2	9
Mokhotlong	3	2	5
Thaba-Tseka	2	3	5
South Africa	2	2	4
Zimbabwe	0	1	1
Total	**96**	**142**	**238**

Divorces by Age Group and Sex of Plaintiff, 2022

Age	Male	Female	Total
25-29	2	13	**15**
30-34	15	41	**56**
35-39	26	40	**66**
40-44	24	24	**48**
45-49	8	13	**21**
50-54	5	8	**13**
55-59	9	2	**11**
60+	7	1	**8**
Total	**96**	**142**	**238**

Divorces by Age Group and Sex of Defendant, 2022

Age	Male	Female	Total
25-29	5	11	**16**
30-34	18	26	**44**
35-39	36	26	**62**
40-44	36	14	**50**
45-49	21	9	**30**
50-54	13	4	**17**
55-59	11	2	**13**
60+	2	4	**6**
Total	**142**	**96**	**238**

Divorces Reasons for Divorce, 2022

Reason for Divorce	Number
Adultery	78
Constructive Desertion	46
Malicious Desertion	114
Total	**238**

Divorces by Place of Residence and Reason for Divorce, 2022

Place of Residence	Adultery	Constructive Desertion	Malicious Desertion	Total
Botha-Bothe	3	0	2	**5**
Leribe	8	2	9	**19**
Berea	13	5	11	**29**
Maseru	35	27	59	**121**
Mafeteng	7	4	11	**22**
Mohale's Hoe	2	2	3	**7**
Quthing	3	2	6	**11**
Qacha's Nek	3	1	5	**9**
Mokhotlong	1	0	4	**5**
Thaba-Tseka	1	2	2	**5**
South Africa	2	0	2	**4**
Zimbabwe	0	1	0	**1**
Total	**78**	**46**	**114**	**238**

Divorces by Age of Defendant and Reason for Divorce, 2022

Age Group	Adultery	Constructive Desertion	Malicious Desertion	Total
25-29	2	4	10	**16**
30-34	15	6	23	**44**
35-39	27	13	22	**62**
40-44	13	13	24	**50**
45-49	9	3	18	**30**
50-54	9	2	6	**17**
55-59	1	4	8	**13**
60+	2	1	3	**6**
Total	**78**	**46**	**114**	**238**

Divorces by Duration of Marriage, 2022

Marriage Duration	Number
1-4	22
5-9	74
10-19	108
20+	34
Total	**238**

Divorces by Type of Marriage, 2022

Type of Marriage	Number
Christian	143
Civil	95
Total	**238**

Registration Forms

FORM C / FORM P

KINGDOM OF LESOTHO
MINISTRY OF HOME AFFAIRS

APPLICATION FOR REGISTRATION OF A BIRTH

NOTE
1. IN TERMS OF REGISTRATION OF BIRTHS AND DEATHS ACT OF 1973
2. THIS FORM, EXCEPT FOR SIGNATURES, MUST BE FILLED IN BLOCK LETTERS
3. ANY FALSE OR MISLEADING STATEMENT IN THIS FORM OR RELATING TO ANY DOCUMENT IN SUPPORT OF THIS APPLICATION MAY LEAD TO REFUSAL TO ISSUE OR REVOCATION OF A BIRTH CERTIFICATE
4. SHOULD BE MARKED X IN THE APPROPRIATE SQUARE

☐ LIVE BORN
☐ STILL BORN

CITIZEN BY BIRTH:
☐ YES
☐ NO

PERMIT REQUIRED FOR STILL-BORN:
☐ REMOVAL AND BURIAL
☐ REMOVAL FROM LESOTHO
☐ BURIAL OF BODY

TYPE OF REGISTRATION:
☐ CURRENT
☐ LATE
☐ RE-REGISTRATION

SECTION A

PARTICULARS OF CHILD

SURNAME	MIDDLE NAMES	FIRST NAME
GENDER: ☐ MALE ☐ FEMALE	DATE OF BIRTH D D M M Y Y Y Y	PLACE OF BIRTH: ☐ HOME ☐ HOSPITAL / CLINIC SPECIFY .....
COUNTRY OF BIRTH: ☐ LESOTHO ☐ OTHER	DISTRICT OF BIRTH	TOWN / VILLAGE OF BIRTH
RESULT OF DELIVERY: ☐ SINGLE ☐ MULTIPLE, STATE CHILD'S NUMBER ___ OF ___		NATIONALITY: ☐ MOSOTHO ☐ OTHER .....
PRINCIPAL CHIEF	AREA CHIEF	HEADMAN

SECTION B

PARTICULARS OF MARRIAGE

ARE THE PARENTS MARRIED TO EACH OTHER? ☐ YES ☐ NO	TYPE OF MARRIGE: ☐ CIVIL ☐ CUSTOMARY	DATE OF MARRIAGE D D M M Y Y Y Y
DISTRICT OF MARRIAGE	PLACE OF MARRIAGE	MARRIAGE CERTIFICATE NUMBER

SECTION C

PARTICULARS OF MOTHER

ID NUMBER OR OTHER IDENTITY DOCUMENT	SPECIFY, IF OTHER	
SURNAME	MIDDLE NAMES	FIRST NAME
MAIDEN SURNAME	MAIDEN NAMES	
DATE OF BIRTH D D M M Y Y Y Y	PLACE OF BIRTH	COUNTRY OF BIRTH: ☐ LESOTHO ☐ OTHER .....
NATIONALITY: ☐ MOSOTHO ☐ OTHER	MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED	NUMBER OF PREVIOUS BIRTHS ___ LIVE-BORN ___ STILL-BORN
OCCUPATION	IS MOTHER ALIVE? ☐ YES ☐ NO	IS MOTHER INFORMANT? ☐ YES ☐ NO

PAGE 1 OF 3

RESIDENTIAL ADDRESS OF MOTHER

COUNTRY: ☐ LESOTHO ☐ OTHER	DISTRICT ..... CONSTITUENCY.....	TOWN / VILLAGE
RESIDENCE ..... ☐ OWNED ☐ RENTED	PRINCIPAL CHIEF / AREA CHIEF	CELL NUMBER ..... PHONE NUMBER .....
EMAIL ADDRESS		

POSTAL ADDRESS OF MOTHER

COUNTRY: ☐ LESOTHO ☐ OTHER	DISTRICT	TOWN / VILLAGE
POST OFFICE NAME & CODE NUMBER	P.O. BOX	STREET NAME & HOUSE NUMBER

SECTION D

PARTICULARS OF FATHER

ID NUMBER OR OTHER IDENTITY DOCUMENT	SPECIFY, IF OTHER	
SURNAME	MIDDLE NAMES	FIRST NAME
DATE OF BIRTH D D M M Y Y Y Y	PLACE OF BIRTH	COUNTRY OF BIRTH: ☐ LESOTHO ☐ OTHER .....
NATIONALITY: ☐ MOSOTHO ☐ OTHER	MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED	OCCUPATION
IS FATHER ALIVE? ☐ YES ☐ NO	IS FATHER INFORMANT? ☐ YES ☐ NO	

RESIDENTIAL ADDRESS OF FATHER

COUNTRY: ☐ LESOTHO ☐ OTHER	DISTRICT ..... CONSTITUENCY.....	TOWN / VILLAGE
RESIDENCE ..... ☐ OWNED ☐ RENTED	PRINCIPAL CHIEF / AREA CHIEF	CELL NUMBER ..... PHONE NUMBER .....
EMAIL ADDRESS		

POSTAL ADDRESS OF FATHER

COUNTRY: ☐ LESOTHO ☐ OTHER	DISTRICT	TOWN / VILLAGE
POST OFFICE NAME & CODE NUMBER	P.O. BOX	STREET NAME & HOUSE NUMBER

SECTION E

PARTICULARS OF INFORMANT

ID NUMBER OR OTHER IDENTITY DOCUMENT	SPECIFY, IF OTHER	
SURNAME	MIDDLE NAMES	FIRST NAME
GENDER: ☐ MALE ☐ FEMALE	DATE OF BIRTH D D M M Y Y Y Y	PLACE OF BIRTH
OCCUPATION	RELATION TO A CHILD	

RESIDENTIAL ADDRESS OF INFORMANT

COUNTRY: ☐ LESOTHO ☐ OTHER	DISTRICT ..... CONSTITUENCY.....	TOWN / VILLAGE
RESIDENCE ..... ☐ OWNED ☐ RENTED	PRINCIPAL CHIEF / AREA CHIEF	CELL NUMBER ..... PHONE NUMBER .....
EMAIL ADDRESS		

POSTAL ADDRESS OF INFORMANT

COUNTRY: ☐ LESOTHO ☐ OTHER	DISTRICT	TOWN / VILLAGE
POST OFFICE NAME & CODE NUMBER	P.O. BOX	STREET NAME & HOUSE NUMBER

STATE REASON WHY THIS BIRTH WAS NOT NOTIFIED WITHIN 12 MONTHS FROM THE DATE OF BIRTH (IF APPLICABLE):

.....
.....
.....
.....
.....
.....
.....

I DECLARE THAT THE INFORMATION GIVEN HEREIN IS TO THE BEST OF MY KNOWLEDGE AND RECOLLECTION TRUE AND CORRECT

DATE OF DECLARATION D D M M Y Y Y Y

SIGNATURE OF INFORMANT

X

FOR OFFICIAL USE ONLY

DISTRICT OF REGISTRATION	CIVIL REGISTRATION OFFICER	DATE OF NOTIFICATION D D M M Y Y Y Y
STAMP	REMARKS	SIGNATURE OF CIVIL REGISTRATION OFFICER
DISTRICT MANAGER	REMARKS	DATE OF REGISTRATION D D M M Y Y Y Y SIGNATURE OF DISTRICT MANAGER

FORM D

KINGDOM OF LESOTHO
MINISTRY OF HOME AFFAIRS

APPLICATION FOR REGISTRATION OF A DEATH

NOTE

1. IN TERMS OF REGISTRATION OF BIRTHS AND DEATHS ACT OF 1973
2. THIS FORM, EXCEPT FOR SIGNATURES, MUST BE FILLED IN BLOCK LETTERS
3. ANY FALSE OR MISLEADING STATEMENT IN THIS FORM OR RELATING TO ANY DOCUMENT IN SUPPORT OF THIS APPLICATION MAY LEAD TO REFUSAL TO ISSUE OR REVOCATION OF A DEATH CERTIFICATE
4. SHOULD BE MARKED X IN THE APPROPRIATE SQUARE

PERMIT REQUIRED: ☐ REMOVAL FROM LESOTHO ☐ REMOVAL AND BURIAL ☐ BURIAL OF BODY

TYPE OF REGISTRATION: ☐ CURRENT ☐ LATE ☐ RE-REGISTRATION

SECTION A

PARTICULARS OF DECEASED

ID NUMBER OR OTHER IDENTITY DOCUMENT	SPECIFY, IF OTHER	
SURNAME	MIDDLE NAMES	FIRST NAME
GENDER: ☐ MALE ☐ FEMALE	DATE OF BIRTH D D M M Y Y Y Y	NATIONALITY: ☐ MOSOTHO ☐ OTHER .....
MARITAL STATUS BEFORE DEATH: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED	DATE OF DEATH D D M M Y Y Y Y	AGE AT DEATH
OCCUPATION		

RESIDENTIAL ADDRESS AT DEATH

COUNTRY: ☐ LESOTHO ☐ OTHER	DISTRICT ..... CONSTITUENCY	TOWN / VILLAGE
RESIDENCE ..... ☐ OWNED ☐ RENTED	PRINCIPAL CHIEF / AREA CHIEF	

PARTICULARS OF DEATH

COUNTRY OF DEATH: ☐ LESOTHO ☐ OTHER	DISTRICT	TOWN / VILLAGE
PLACE OF DEATH	☐ NATURAL CAUSES ☐ UNNATURAL CAUSES	VILLAGE CHIEF / HEADMAN
PRIMARY CAUSE OF DEATH		
SECONDARY CAUSE OF DEATH		

SECTION B

PARTICULARS OF INFORMANT

ID NUMBER OR OTHER IDENTITY DOCUMENT	SPECIFY, IF OTHER	
SURNAME	MIDDLE NAMES	FIRST NAME
GENDER: ☐ MALE ☐ FEMALE	DATE OF BIRTH D D M M Y Y Y Y	OCCUPATION
RELATION TO DECEASED		

>>

RESIDENTIAL ADDRESS OF INFORMANT

COUNTRY: ☐ LESOTHO ☐ OTHER	DISTRICT ..... CONSTITUENCY	TOWN / VILLAGE
RESIDENCE ..... ☐ OWNED ☐ RENTED	PRINCIPAL CHIEF / AREA CHIEF	CELL NUMBER ..... PHONE NUMBER .....
REMARKS		

POSTAL ADDRESS OF INFORMANT

COUNTRY: ☐ LESOTHO ☐ OTHER	DISTRICT	TOWN / VILLAGE
POST OFFICE NAME & CODE NUMBER	P.O. BOX	STREET NAME & HOUSE NUMBER

STATE REASON WHY THIS DEATH WAS NOT NOTIFIED WITHIN 12 MONTHS FROM THE DATE OF DEATH (IF APPLICABLE):

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I DECLARE THAT THE INFORMATION GIVEN HEREIN IS TO THE BEST OF MY KNOWLEDGE AND RECOLLECTION TRUE AND CORRECT.

DATE OF DECLARATION D D M M Y Y Y Y

SIGNATURE OF INFORMANT

X

FOR OFFICIAL USE ONLY

DISTRICT OF REGISTRATION	CIVIL REGISTRATION OFFICER	DATE OF NOTIFICATION D D M M Y Y Y Y
FEE / RECEIPT / STAMP	REMARKS	SIGNATURE OF CIVIL REGISTRATION OFFICER
DISTRICT MANAGER	REMARKS	DATE OF REGISTRATION D D M M Y Y Y Y
		SIGNATURE OF DISTRICT MANAGER

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