1. **Maternal mortality ratio: global, regional and country data, 2005**

A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management but not from accidental or incidental causes. The maternal mortality ratio is the number of maternal deaths per 100,000 live births per year. The ratio in Lesotho is 960 per 100,000 live births, which is higher than the average of 900 per 100,000 live births in sub-Saharan Africa and the global average of 400 per 100,000 live births.

![Chart showing maternal mortality ratios](chart.png)

2. **Lifetime risk of maternal death (1 in N), 2005**

The lifetime risk of maternal death is the estimated risk of an individual woman dying from pregnancy or childbirth during her adult lifetime based on maternal mortality and the fertility rate in the country. The lifetime risk of dying from pregnancy-related causes in Lesotho is 1 in 45, lower than the average of 1 in 22 for sub-Saharan Africa but higher than the global average of 1 in 92.

![Chart showing lifetime risk of maternal death](chart.png)

### Demographic and health data

3. **Total population (in thousands)**

<table>
<thead>
<tr>
<th>Country</th>
<th>Population (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesotho</td>
<td>1,995 (2006)</td>
</tr>
</tbody>
</table>

4. **Causes of maternal deaths, 1997–2002**

A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management but not from accidental or incidental causes. The most frequent causes of maternal deaths in Africa (for the period of 1997–2002) were haemorrhage (uncontrolled bleeding), infection (including HIV), hypertensive disorders (high blood pressure) and other causes. There is no country specific data for Lesotho.

![Chart showing causes of maternal deaths](chart.png)

5. **Total fertility**

The total fertility is the average number of children that would be born to a woman over her lifetime. The total fertility rate can be separated into the births that were planned (wanted total fertility rate) and those that were unintended (unwanted total fertility rate). According to a survey conducted in 2004, the total fertility rate is 3.5 per woman in Lesotho.

![Chart showing total fertility rates](chart.png)

---

**References**


---
6. Proportions of births by urban versus rural location

Among the women interviewed in a survey conducted in 2004, about 86% of births occurred in rural areas.\textsuperscript{1}

The total number of births (in thousands): 59 (2005)\textsuperscript{2}

[Diagram showing proportions of births by urban versus rural location]

7. Perinatal mortality rate

Perinatal mortality refers to deaths of fetuses in the womb and of newborn babies early after delivery. It includes (1) the death of a fetus in the womb after 22 weeks of gestation and during childbirth and (2) the death of a live-born child within the first seven days of life. The perinatal mortality rate reflects the availability and quality of both maternal and newborn health care. There are no country-specific data for Lesotho.

8. Adolescent pregnancy rate by age for women 15–19 years old

Adolescent pregnancy is pregnancy in an adolescent girl (girls 10–19 years old). The adolescent pregnancy rate indicates the proportion of adolescent girls who become pregnant among all girls in the same age group in a given year. There are no country-specific data by age for Lesotho.

[Bar chart showing adolescent pregnancy rates by age]

9. Adolescent pregnancy rate by urban versus rural location

In Lesotho, a survey conducted in 2004 indicated that approximately 5% of women aged 15–19 years were pregnant with their first child. The adolescent pregnancy rate was higher in rural than in urban areas.

[Bar chart showing adolescent pregnancy rates by urban and rural location]

10. Adolescent pregnancy by subregion

Adolescent pregnancy rates vary between different parts of Lesotho. According to a survey conducted in 2004, the prevalence varied from 3% in Mokhotlong to 6% in Berea area. Adolescent pregnancy rates can vary for many reasons including cultural norms, socioeconomic deprivation, and education, access to sexual health information and contraceptive services and supplies.

[Bar chart showing adolescent pregnancy rates by subregion]
11. Unmet need for family planning, 2007 30.9%

The unmet need for family planning is the proportion of all women who are at risk of pregnancy and who want to space or limit their childbearing but are not using contraceptives.


12. Family planning: modern contraceptive use by age group

Modern contraceptive methods include oral and injectable hormones, intrauterine devices, diaphragms, hormonal implants, female and male sterilization, spermicides and condoms. A survey conducted in 2004 in Lesotho showed that the prevalence of contraceptive use increased with age, peaking among people 30–34 years old.

13. Contraceptive use by urban versus rural location

In Lesotho, a survey conducted in 2004 showed that the prevalence of contraceptive use was 35%. The prevalence was higher in urban than in rural areas.

14. Contraceptive use by subregion

The prevalence of contraceptive use varies in different subregions of Lesotho. According to a survey conducted in 2004, the prevalence ranged from 49% in Mafeteng to 14% in Mokhotlong.

15. Antenatal care

Antenatal care visits (ANC) include all visits made by pregnant women for reasons relating to pregnancy. According to a survey conducted in 2004, about 88% of women received ANC for their latest pregnancy that ended in a live birth. Of the pregnancies that ended in a live birth, about 90% were given ANC by a skilled provider at least once.

16. Utilization of skilled birth attendants

A skilled birth attendant is an accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications among women and newborns. All women should have access to skilled care during pregnancy and at delivery to ensure that complications are detected and managed. According to a survey conducted in 2004, overall, approximately 55% of childbirths were assisted by a skilled birth attendant. The rate was higher in urban areas (88%) compared to the rural areas (50%).
17. Utilization of skilled birth attendants by wealth quintile

Whether a woman delivers with the assistance of a skilled attendant is highly influenced by how rich she is. A survey conducted in Lesotho in 2004 showed that 83% of women in the highest wealth quintile had a skilled attendant present at birth versus 34% of women in the lowest wealth quintile: 2.4 times as high.

19. Place of delivery

Delivery in a health facility can reduce maternal and neonatal death and morbidity. In a survey conducted in 2004, more pregnant women (45%) gave birth at home with the associated risks. Only 40% delivered in a health facility.

20. Caesarean section rates by urban versus rural location

Caesarean section is a surgical procedure in which incisions are made through a woman’s abdomen and womb to deliver her baby. It is performed whenever abnormal conditions complicate vaginal delivery, threatening the life and health of the mother and/or the baby. According to a survey conducted in 2004, 5% of births were delivered by caesarean section in Lesotho: 4.6% in rural areas and 8.0% in urban areas.

22. Low birth weight

Babies weighing less than 2500 g at birth are considered to have low birth weight. Low-birth-weight babies often face severe short- and long-term health consequences and tend to have higher mortality and morbidity. According to a survey conducted in 2004, of the babies who were weighed at birth, 7% were reported to weigh less than 2500 g (2.5 kg). The proportion of babies of low birth weight at birth was slightly higher in urban than in rural areas.
23. Anaemia in pregnancy

Anaemia refers to abnormally low levels of haemoglobin (iron-containing oxygen proteins) in the blood. According to a survey conducted in 2004, the percentage of pregnant women with low haemoglobin levels (less than 110 g/l) was approximately 37%. Severe anaemia is an important contributing factor to maternal deaths due to haemorrhage during childbirth.

24. Prevention of mother-to-child transmission of HIV

The percentage of pregnant mothers living with HIV and receiving antiretroviral drugs (ARVs) to prevent the transmission of HIV to their child (PMTCT) increased from 7% in 2004 to 17% in 2006.

Equity

25. Equity – gap in coverage of four major interventions by wealth quintile

This graph illustrates the gap in coverage of four key interventions (family planning, maternal and newborn care, immunization and treatment of childhood illness) by wealth. The coverage gap reflects the difference between the goal of universal coverage of everyone (universal coverage) in these four intervention areas and actual coverage. Where the gap is larger, it means that there is less adequate coverage. The opposite indicates better coverage. According to the Multiple Indicator Cluster Survey (MICS) conducted in 2000 and the Demographic and Health Survey (DHS) conducted in 2004, the coverage gap is highest for the poorest and is lowest for the richer members of society (wealthiest quintile). Overall, the gap in the survey conducted in 2004 (33%) was slightly lower (that is, improved coverage) compared with the 2000 survey (36%). Achieving equity requires improving coverage levels in the poorest quintiles.

Policies

26. Reproductive health

Maternal health

Yes

27. Financial flow

(per capita expenditure on health, in US dollars) 2007

139

Resources

28. Human resources

The work of at least 23 health workers (doctors, nurses or midwives) per 10 000 population is estimated to be necessary to support the delivery of the basic interventions required to achieve the Millennium Development Goals related to health. Globally, 57 countries have been identified with critical shortages below this minimum. These countries have a severe crisis in human resources for health. Of these 57 countries, 36 are in sub-Saharan Africa. Lesotho, with about 7 health workers (as defined above) per 10 000 population, is one of the countries facing this crisis daily, with mothers and children lacking access to proper maternal and child care, HIV/TB and malaria care and sexual and reproductive health information and services, including skilled birth attendants.

The shortage is exacerbated by staff losses due to migration (in search of a better life) of skilled staff to high-income countries, leaving behind already impoverished health services and systems.

Increasing the human resources around the world and establishing a balance between the services needed and the personnel available, and their distribution, are key elements of a well-functioning health system and critical requirements for achieving Millennium Development Goals.
29. Ratification of treaties and support of international consensus

| Convention on the Elimination of All Forms of Discrimination against Women | Yes |
| Convention on the Rights of the Child | Yes |
| International Covenant on Economic, Social and Cultural Rights | Yes |
| International Conference on Population and Development | Yes |
| Fourth World Conference on Women | Yes |

Sources:

Source:

30. Other determinants of health: water, sanitation, communication and road networks

| Fixed-line and mobile phone subscribers (per 100 population) | 21 (2006) |
| Internet users (per 100 population) | 3 (2006) |
| Roads paved (% of total roads) | 18 (2000) |
| Improved water source (% of population with access) | 78 (2006) |
| Improved sanitation facilities (% of urban population with access) | 43 (2006) |


For further information, contact:

Child and Adolescent Health and Development
Tel: +41 22 791 3281
E-mail: cah@who.int
Web site: www.who.int/child_adolescent_health/en

Gender, Women and Health
Tel: +41 22 791 2394
E-mail: genderandhealth@who.int
Web site: www.who.int/gender

Immunization, Vaccines and Biologicals
Tel: +41 22 791 4612
E-mail: vaccines@who.int
Web site: www.who.int/immunization/en

Making Pregnancy Safer
Tel: +41 22 791 3966
E-mail: MPSinfo@who.int
Web site: www.who.int/making_pregnancy_safer/en

Reproductive Health and Research
Tel: +41 22 791 3372
E-mail: reproductivehealth@who.int
Web site: www.who.int/reproductive-health