

Country Factsheet

Lesotho

Sexual and Reproductive
Health and Rights



Country context

Situation and trends

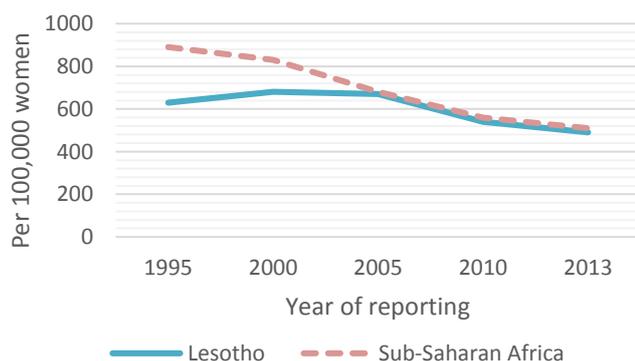
Lesotho faces numerous health and development challenges. These both drive and stem from: the HIV and AIDS epidemic, income inequalities, and poor access to information and services on sexual and reproductive health and rights (SRHR). Both child and maternal mortality rates have risen since 2000, and Lesotho has one of the highest maternal mortality rates in the Southern African Development Community (SADC) region. Unsafe abortion is a key factor in the high maternal mortality rate (10% in 2013).¹ Abortions are available only for medical reasons (if there is a risk to the mother's mental or physical health).

Healthcare infrastructure and access

Lesotho's health system has very limited capacity, with adverse SRH and HIV indicators, absence of a National AIDS Commission, fragmented and outdated health legislation, and severe shortage of health personnel. Government expenditure on health as percentage of total government expenditure remained around 5% between 2007- 2010.²

There are ten health districts in Lesotho, but most health care facilities are concentrated in the urban areas, especially Maseru. Differences in terrain and socio-economic conditions have given rise to large inequities in access to health care with the effect that disease patterns vary geographically. There is a lack of adequate human resources for health (0.05 physicians per 1000 population).³ The Primary Health Care Revitalisation Plan⁴, officially launched by the Prime Minister at the end of 2013, aims to improve primary health care services and make these services more accessible to the population. Health services are in the process of being decentralised to the Ministry of Local Government and Chieftainship Affairs.

Maternal mortality trends



Health Statistics

Demographic statistics

Total population	20,74,465 (2013) ⁵
Urban population % of total	26.3% (2013) ⁶
Net official development assistance received (current US\$)	282,680,000 (2012) ⁷
Public health expenditure as total of health expenditure	78.6% (2012) ⁸
Income share held by the lowest 10%	0.98% (2010) ⁹
HDI score female	0.474 (2013) ¹⁰
HDI score male	0.472 (2013) ¹¹

SRHR statistics

Maternal mortality ratio (out of 100,000)	490 (2013) (adjusted) ¹²
Infant mortality rate (per 1000 live births) (deaths in the first year of life)	65 (2010) ¹³
Child mortality rate (per 1000 live births, in the first five years)	82 (2013) ¹⁴
Proportion of Births Attended by Skilled Birth Attendants	62% (2009) ¹⁵
Antenatal care coverage (at least one visit)	92% (2009) ¹⁶
Total fertility rate	3.09 (2012) ¹⁷
Adolescent birth rate (births per 1000 girls aged 15-19)	92 (2014) ¹⁸
Contraceptive prevalence rate (% of women aged 15 to 49 years reporting that they use any method of contraception)	52% (2014) ¹⁹
Unmet need for family planning (% of women of reproductive age (aged 15-49))	23% (2010) ²⁰
HIV and AIDS	
Number of people living with HIV	360,000 (2013) ²¹
Adults aged 15 to 49 prevalence rate	22.9% (2013) ²²
Women Living with HIV as proportion of total prevalence	59% (2014) ²³
Young women (15-24) prevalence	10.5% (2013) ²⁴
HIV positive pregnant women receiving antiretroviral drugs to reduce the risk of mother-to-child transmission	62% (2014) ²⁵

Challenges in SRHR

Young people

Young people face barriers both in accessing SRH services and commodities, and having opportunities to discuss and learn about their sexuality and how to practice safer sex.²⁶ To improve the situation, Youth Friendly Centres at government hospitals are available but are, reportedly, ineffective due to understaffing, underfunding, and the services being located too close to other services (which, combined with stigma, results in young people feeling exposed and reluctant to use them).

Maternal mortality

Lesotho has one of the highest maternal mortality rates in the SADC region. Drivers of maternal mortality in Lesotho include limited access to quality maternal care, unsafe abortion, high adolescent pregnancy, unmet need for contraceptives, low proportions of skilled health worker during delivery, and high rates of intimate partner violence (48% of female and 54% male adolescents justified 'wife-beating').²⁷

Contraception

There is a high unmet need for contraceptives, with 23% of women reporting being unable to access them in Lesotho. Access varies across poverty quintiles with the poorest having the highest unmet need.²⁸ A gender disparity in condom use amongst young people with multiple partners is also evident (male 60%, female 45%).²⁹ Low contraceptive and condom prevalence combine with a lack of comprehensive knowledge of HIV/AIDS (39% female, 29% male) and HIV testing (40% female and 17% male young people were tested for HIV in the last 12 months and received results), contributing to the high HIV prevalence and proportion of children orphaned due to AIDS (150,000 out of 220,000).³⁰

Gender-based violence

Rates of intimate partner violence are high; 62% of women report experiencing instance(s) of intimate partner violence (IPV) over their lifetime.³¹ Legal recourse and shelters for survivors of IPV are provided by the civil society sector but opportunity for the legal recourse is limited as marital rape is not criminalised and gender-based violence is not specifically recognised as a criminal offence in Lesotho.³²

Instruments of response

Key laws, policies and strategies

Overall Lesotho has a number of laws, policies and strategic frameworks that prohibit discrimination against women and of people living with HIV and protect some elements of women's SRH rights. However, the legal environment fails to protect marginalised populations such as men who have sex with men and sex workers.³³

The Sexual Offences Act (2003) is progressive in that it strengthens protection against sexual violence; prohibits various forms of sexual assault and read with the *Penal Code (2010)* criminalises marital rape in specific circumstances, including where the accused spouse is suspected to have a sexually transmitted infection.

The Legal Capacity of Married Persons Act 9 (2006) has strengthened women's equality rights within marriage. However, due to both legal contradictions and socio-cultural norms, this law is not adequately implemented.

There is a National Adolescent Health Policy (2006) which aims to protect the health, development and rights of adolescents and a National Reproductive Health Policy (2008) which commits to achieving the integration of HIV/AIDS and SRH.

The Lesotho Children's Protection and Welfare Act (2011) has strengthened protection of the rights of children, including the right of children to non-discrimination on various grounds, protection from sexual violence, and specific protection of children living with HIV.

The National Health Sector Policy 2011 and the **National Health Strategic Plan 2013-2017** has been finalized.

National HIV and AIDS Strategic Plan 2011/12-2015/16 (NSP) is complemented by the **National HIV Prevention Strategy for a Multi-Sectoral Response to the HIV Epidemic in Lesotho 2011-2016**.³⁴

Mandatory HIV tests are administered to all pregnant women.

The Zero Draft Domestic Violence Bill which aims to provide protection of women and adolescents in the domestic sphere has been in progress for a number of years but not yet enacted.

Key international Treaties

<i>African Charter on Human and Peoples' Rights (also known as the Banjul Charter)</i>	Ratified 1992/02/10
<i>United Nations Convention on the Rights of the Child (commonly abbreviated as the CRC, CROC, or UNCRC)</i>	Ratified 1992/04/09
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	Ratified 1995/09/21
<i>Protocol To The African Charter On Human and Peoples' Rights On The Rights Of Women in Africa</i>	Ratified 2004/10/26
<i>African Charter on Democracy, Elections and Governance</i>	Ratified 2010/06/30

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