**Nutrition Profile**

**Lesotho**

**DEMOGRAPHICS**

- Total population (000) 2,049 (2000)
- Total under-five population (000) 272 (2000)
- Total number of births (000) 59 (2000)
- Under-five mortality rate (per 1,000 live births) 79 (2000)
- Total number of under-five deaths (000) 5 (2000)
- Infant mortality rate (per 1,000 live births) 83 (2000)
- Neonatal mortality rate (per 1,000 live births) 52 (2004)
- HIV prevalence rate (15-49 years, %) 22.2 (2007)
- Population below international poverty line of US$1.25 per day (%) 43 (2002-2003)

**Under-five mortality rate**

- Deaths per 1,000 live births

**Causes of under-five deaths, 2004**

- Most common causes of death are undernutrition, HIV/AIDS.

**NUTRITIONAL STATUS**

**Burden of undernutrition (2008)**

- Stunted (under-fives, 000): 113
- Underweight (under-fives, 000): 27
- Stunting country rank: 84
- Severely wasted (under-fives, 000): 6

**Current nutritional status**

- Percentage of children < 5 years old suffering from:
  - Stunting: 42
  - Underweight: 14
  - Wasting: 2

**Underweight trends**

- Percentage of children < 5 years old underweight, NCHS reference population

**Infant feeding practices, by age**

- Exclusively breastfed
- Breastfed and solid/semi-solid foods
- Breastfed and other milk/formula
- Breastfed and plain water only
- Exclusively breastfed

**Exclusive breastfeeding**

- Percentage of infants < 6 months old exclusively breastfed

Source: DHS 2004

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**Lesotho**

### MICRONUTRIENTS

#### Vitamin A supplementation
Percentage of children 6-59 months old receiving two doses of vitamin A during calendar year

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>2</td>
</tr>
<tr>
<td>2006</td>
<td>10</td>
</tr>
<tr>
<td>2007</td>
<td>38</td>
</tr>
</tbody>
</table>

Source: UNICEF 2009

#### Iodized salt consumption trends*
Percentage of households consuming adequately iodized salt

- 6,000 newborns are unprotected against IDD (2008)

#### Anaemia
Prevalence of anaemia among selected populations

- Non-pregnant women: 27%
- Pregnant women: 25%
- Pre-school aged children: 49%
- Children < 2 years: 61%

Source: UNICEF 2009

*Estimates may not be comparable.

### ESSENTIAL NUTRITION INTERVENTIONS DURING THE LIFE CYCLE

#### Pregnancy **Birth** 0-5 months 6-23 months 24-59 months

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of iron-folic acid supplements</td>
<td>3%</td>
</tr>
<tr>
<td>Households consuming adequately iodized salt</td>
<td>91%</td>
</tr>
<tr>
<td>Infant death within 1 hour of birth</td>
<td>63%</td>
</tr>
</tbody>
</table>

#### Drink water coverage
Percentage of population by type of drinking water source, 2008

- Piped into dwelling, plot or yard: 15%
- Other improved source: 66%
- Unimproved source: 19%

#### Sanitation coverage
Percentage of population by type of sanitation facility, 2008

- Improved facility: 38%
- Shared facility: 27%
- Open defecation: 8%

Source: WHO/UNICEF JMP, 2010

### MATERNAL NUTRITION/HEALTH

**Drinking water coverage**

- Piped into dwelling, plot or yard: 15%
- Other improved source: 66%
- Unimproved source: 19%

Source: WHO/UNICEF JMP, 2010

### WATER AND SANITATION

#### Maternal mortality ratio, adjusted
(per 100,000 live births)

- 960 (2005)

#### Maternal mortality ratio, reported
(per 100,000 live births)


#### Total number of maternal deaths

- 480 (2005)

#### Lifetime risk of maternal deaths (1 in :)

- 45 (2005)

#### Women with low BMI (< 18.5 kg/m², %)

- 6 (2004)

#### Anaemia, non-pregnant woman (<120 g/l, %)


#### Antenatal care (at least one visit, %)


#### Antenatal care (at least four visits, %)


#### Skilled attendant at birth (%) (2004)

- 55

#### Low birthweight (<2,500 grams, %)


#### Primary school net enrolment or attendance ratio (% female, % male)

- 88, 82 (2004-2005)

#### Gender parity index (primary school net enrolment or attendance ratio)

- 1.07 (2004-2005)

Source: WHO/UNICEF JMP, 2010

### DISPARITIES IN NUTRITION

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Gender</th>
<th>Residence</th>
<th>Wealth quintile</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starting prevalence (WHO Child Growth Standards, %)</td>
<td>Male: 45</td>
<td>Female: 39</td>
<td>Urban: 1.2</td>
<td>Poorer: -</td>
</tr>
<tr>
<td>Underweight prevalence (WHO Child Growth Standards, %)</td>
<td>Male: 15</td>
<td>Female: 13</td>
<td>Urban: 1.2</td>
<td>Poorer: -</td>
</tr>
<tr>
<td>Wasting prevalence (WHO Child Growth Standards, %)</td>
<td>Male: 3</td>
<td>Female: 2</td>
<td>Urban: 1.5</td>
<td>Poorer: -</td>
</tr>
<tr>
<td>Infants not weighed at birth (%)</td>
<td>-</td>
<td>-</td>
<td>8</td>
<td>37</td>
</tr>
<tr>
<td>Early initiation of breastfeeding (%)</td>
<td>Male: 60</td>
<td>Female: 65</td>
<td>Urban: 0.9</td>
<td>Poorer: 65</td>
</tr>
<tr>
<td>Women with low BMI (&lt; 18.5 kg/m², %)</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: UNICEF 2009

To increase children’s chances of survival, improve development and prevent stunting, nutrition interventions need to be delivered during the mother’s pregnancy and the first two years of the child’s life.

*Information on these policies are being updated.*