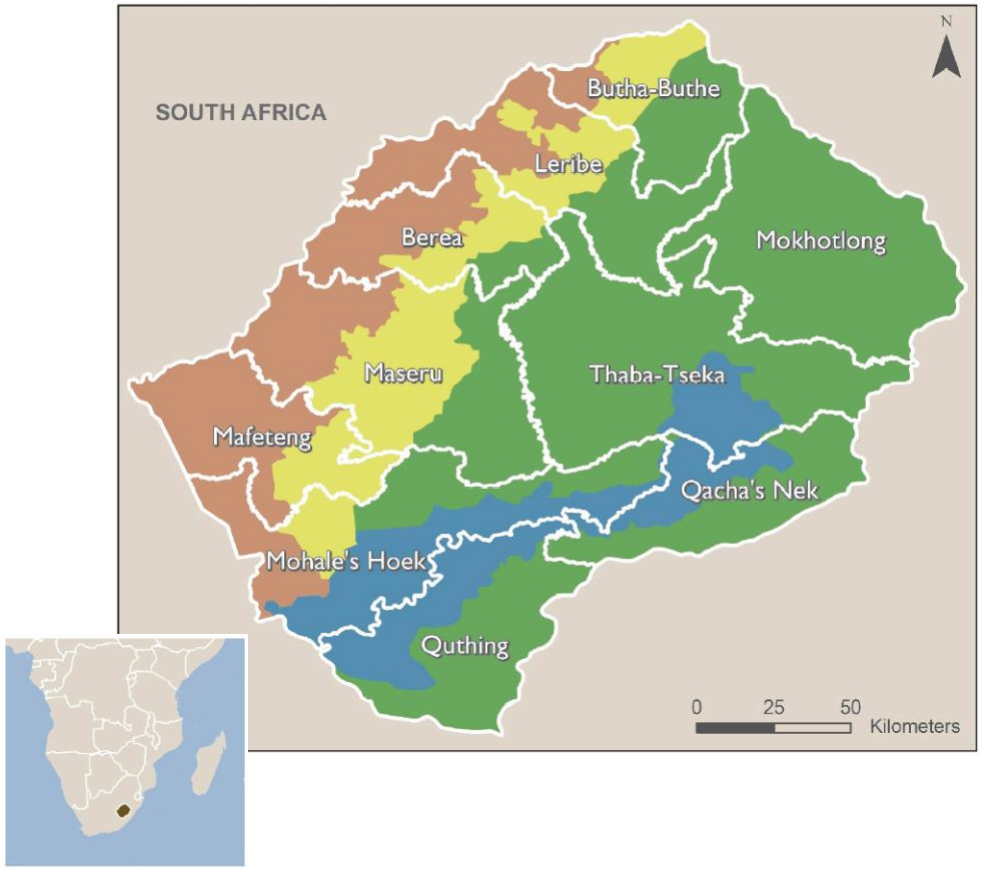
Better Care Network

Lesotho DHS 2014:
Children's Care and Living Arrangements



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4Children Coordinating Comprehensive Care for Children

This report was written by Garazi Zulaika and Florence Martin.

This series of country briefs aims to provide an analysis of children's living and care arrangements according to the latest available data from ***Demographic and Health Surveys (DHS)*** *or* ***Multiple Indicators Cluster Surveys (MICS)*** *at the time of publication.*

Better Care Network is working with partner organizations to support more systematic use of existing household level data sets, particularly ***Demographic and Health Surveys (DHS)*** *and* ***Multiple Indicators Cluster Surveys (MICS)****, to provide a better picture of the patterns and trends relating to children in households and their living and care arrangements. It does not seek at this stage to show how these various arrangements relate to particular outcomes for child well-being, although work is being carried out, to be able to do so as part of the Technical Working Group on Children and Care under the Child Protection Monitoring and Evaluation Reference Group (CP MERG). The content of these papers will evolve as a result, and feedback and suggestions are welcome on the content of the briefs as well as how they can be improved. Communications should be sent to* *Florence.martin@bettercarenetwork.org*

The briefs are targeted to policy makers, researchers, and practitioners working to inform policy and programs for children's care and protection at country and international levels. In order to enable researchers and policy makers in the countries and regions to conduct further analysis, tables with the data extracted for the purpose of this brief have been included at the end of this report.

Source of data, unless otherwise noted is DHS implementing partners and ICF International. (2000-2015). Demographic and Health Surveys 2000-2015. Data extract from DHS Recode files. Integrated Demographic and Health Series (IDHS), version 2.0, Minnesota Population Center and ICF International [Distributors]. Accessed from http://www.dhsprogram.com/.

Front cover map from Ministry of Health [Lesotho] and ICF International. 2016. Lesotho Demographic and Health Survey 2014. Maseru, Lesotho: Ministry of Health and ICF International.

Other maps are produced through ICF International. (2012). The DHS Program STATcompiler. Retrieved from http://www.statcompiler.com.

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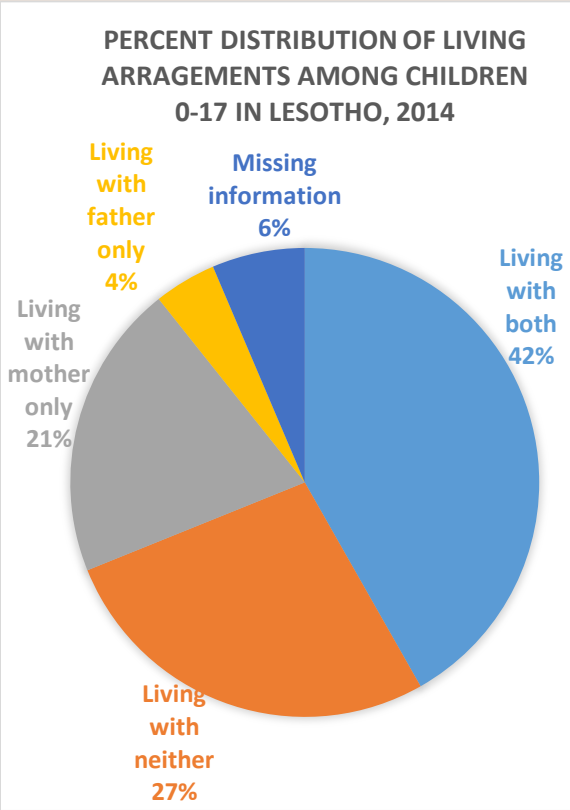
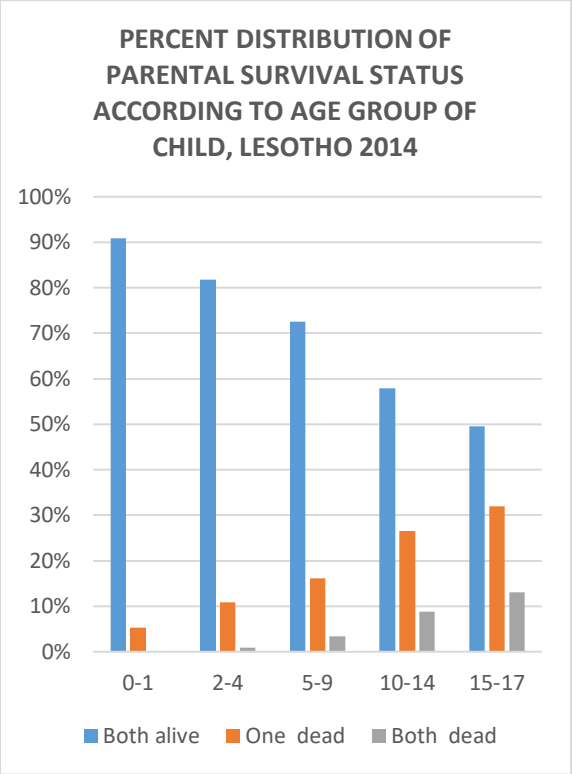
EXECUTIVE SUMMARY:

Children's Living Arrangements:



- In Lesotho, fewer than half of all children – 42% of children aged 0-17 and 43% of children aged 0-14 – are living with both biological parents. Of children aged 0-17, another 20% are living with their biological mother and 4.3% are living with their biological father. More than one in every four children in Lesotho (27%) do not live with either biological parent.
- Large variations in living arrangement are seen according to age group, rural-urban, and regional background characteristics.
  - Gender does not appear to play a strong role in children's living arrangement with similar proportions living with both biological parents (42%) and neither biological parent (27%).
  - At an early age more than half of all children still live with both biological parents; this declines with age for children 0-17 (from 54% to 33%). In Lesotho, 25% of all children live with a single biological parent, with this arrangement being most common for children in the youngest age group (36%). Living with the father only increases as children age from 1% in the youngest age group to 6.3% among those 15-17.
  - While only 6.4% of infants 0-1 live with neither biological parent, before reaching 5 years of age this jumps to 23% among children 2-4, 27% for children 5-9, 32% for children 10-14 and 35% for the oldest cohort of children, years 15-17.
  - Wealth quintiles do not appear to clearly predict living arrangements for children in Lesotho. Generally, it appears that households in poorer quintiles more commonly host children living with neither biological parent while children in households in the richest wealth quintiles have a higher likelihood of living with both parents. Households in the middle wealth quintiles generally see the highest percentage of children living with a single biological parent.
  - Geographic areas with large urban centers see lower rates of children living without a biological parent (22% vs. 28%), and higher rates of children living with both parents when compared to more rural areas of the country (45% vs. 41%).
- In Lesotho, 43% of children 0-14 live with both biological parents, the third lowest in the Southern and Eastern African contexts. The country has the lowest percentage of children living with both their mother and their father after neighboring southern states Swaziland (22%) and Namibia (26%) among children 0-14. Lesotho also ranks third in the region for the proportion of children living with neither biological parent with 26% of all children living with neither their mother or their father.

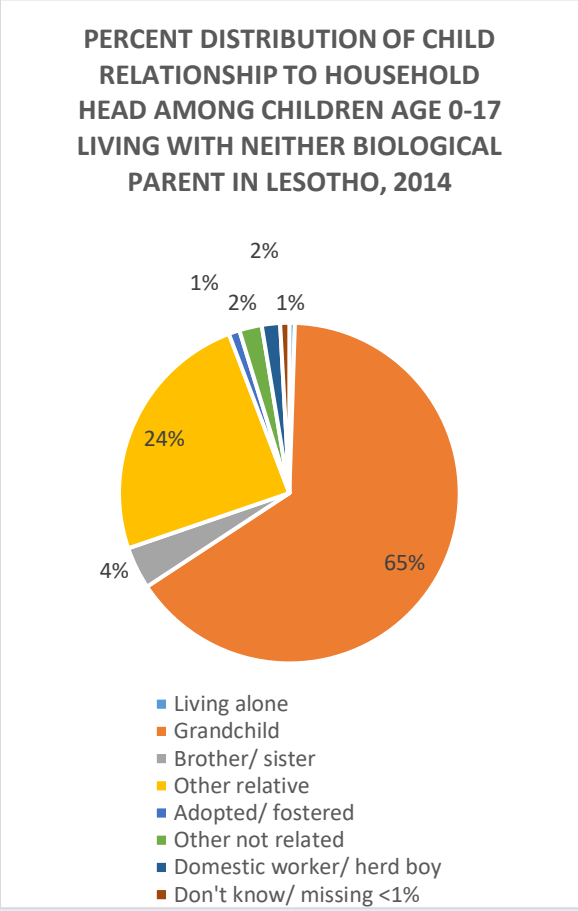
Parent Survivorship:



- By age 18, 20% of children in Lesotho have lost one biological parent and 5.8% have lost both. Between birth and age 15, 18% of children have lost one biological parent and 4.4% have lost both.
  - Substantial diversity is seen in the regional distribution of parental death for children under the age of 18 in Lesotho. The Qacha's Nek region, a rural, mountainous region in the southeast of the county, has the highest percentage of children who have experienced orphaning at 7.8%. This Mountain zone sees extreme concentrations of poverty with more than half of the population of the neighboring Thaba-Tseke and Mokhotlong regions being in the lowest wealth quintile.
  - Household wealth does not appear to be associated with parent survivorship for children in Lesotho.
- Between the 2009 Lesotho DHS and the 2014 Lesotho DHS there has been a slight decline in double parent death from 6.8% to 5.8% among children 0-17. To note, there was an increase between the 2004 and 2009 DHS in the rate of double parent death among children 0-14 from 4.2% in 2004 to 5.2% in 2009. Nonetheless from 2004 there has been a constant decline in single parent death among children 0-14 from 21% in 2004 to 19% in 2009 to 18% in 2014.
- Regionally, Lesotho has the highest rates of parental death and orphanhood seen in Eastern and Southern Africa. Lesotho ranks first in the prevalence of single parent death with 18% of all children losing a mother or a father before the age of 15, and ranks second behind Zimbabwe (4.7%) for orphanhood among children 0-14 at 4.4%.

Living Arrangements of Children Living with Neither Biological Parent:

- In Lesotho, more than one in every four children age 0-17 live with neither biological parent (27%). Of these, 50% have two living biological parents and another 29% have one. In Lesotho, 21% of children who do not live with a biological parent have no surviving parent.
- The rate of children living outside of parental care seems to be increasing in Lesotho.
- The large majority of these children living with neither biological parent - 96% - live in households headed by a relative.
  - In the regional context, Lesotho's prevalence of children 0-14 who live in households in which they are related to the household head is comparable to other Southern African countries at 96% among children 0-14. Rwanda stands out as a regional outlier with only 90% of children under age 15 reportedly living inside of family care.



- Among children living with neither biological parent, age is a clear determinant of who children are most likely to live with. In the youngest age group the prevalence of living in households headed by grandparents is 92% for children aged 0-1 and 77% for children aged 5-9, while only 43% for the oldest age group of 15-17. Conversely, younger age groups generally have lower rates of children living in households headed by other relatives while in the oldest age group the likelihood of living with these relatives becomes almost as common as living with grandparents (29% vs 43%).

- There are few differences across gender when looking at living arrangements in Lesotho. Lesotho sees equal proportions of boys and girls living with their grandparents (65%), foster or adoptive families (1%), other not related families (2%), or live alone (0.5%). However, boys are more likely than girls (4.8% to 3.2%) to live with siblings or serve as herd boys (3.5% vs. 0.6%), resulting in a higher proportion of boys living outside of family care than girls (5.4% vs 3.0%). Conversely, girls are more likely to live with other relatives (25% to 22%) or live with spouses or in-laws (2.1% vs. 0.1%).

- Across Lesotho, 4.2% of surveyed households report hosting a child 0-17 outside of family care.
- Households in wealthier quintiles have a higher likelihood of hosting children outside of family care and these children are generally in the older age groups.
- The Mokhotlong region sees the highest number of children living in unrelated care (7.1%), nearly 50% greater than the country-wide average. Conversely, regions in Lesotho like Mohale's Hoek, Quthing, Qacha's-nek have the lowest number of children living outside of family care at 2.5%.

"The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members."

– The Guidelines for the Alternative Care of Children (2009) II.A.3

Over the last 30 years there has been a growing understanding of the critical importance of the family and a family environment for children in terms of their development and well-being. This realization is at the core of the *United Nations Convention on the Rights of the Child* adopted in 1989, and more recently, of the *Guidelines for the Alternative Care of Children* welcomed by the United Nations General Assembly in 2009.[1]

A major body of empirical research in psychology, neuroscience, social work, and other disciplines has demonstrated the importance of investing in children's early years to support this critical period of child development.[2] Findings about the negative impact of emotional deprivation and institutionalization for younger children have further reinforced the critical importance of parental care and a family environment.[3] As a result, reforms of child protection and alternative care systems for children deprived of parental care, or at risk of being so, have been ongoing in virtually all regions of the world, with a particular focus on moving away from the use of residential care and strengthening the capacity of parents and families to care for their children.[4]

These reforms have also been informed by research that has shown that the vast majority of children in residential care are not placed there because care is genuinely needed or that they are without parental or family care, but rather because their families are facing a range of challenges in their capacity to care, including poverty, lack of access to social services, discrimination and social exclusion, as well as a result of personal or social crises and emergencies.[5] As a result, governments and other stakeholders in these reform processes have recognized that a major focus of this shift away from the use of residential care for children is not simply about reducing the numbers of institutions and removing children from there, but also about establishing better preventive and family support services to reduce child-family separation and stop children going into alternative care in the first place.

Understanding better the situation of children in 'care vulnerable situations', including those outside of parental care, has become crucial not only for HIV prevalent countries but for all countries seeking to strengthen their responses and systems for children facing a range of care and protection risks. A number

[1] UN General Assembly, Guidelines for the Alternative Care of Children: resolution adopted by the General Assembly, 24 February 2010, (A/RES/64/142). Available at: http://www.bettercarenetwork.org/docs/Guidelines-English.pdf

[2] National Research Council and Institute of Medicine (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development.* Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.

[3] For a review of the evidence, see for example Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from http://www.bettercarenetwork.org/docs/Families%20Not%20Orphanages.pdf; Browne, K. (2009). The Risk of Harm to Young Children in Institutional Care. Better Care Network and Save the Children Working Paper). Retrieved from http://www.bettercarenetwork.org/docs/The_Risk_of_Harm.pdf; Csaky (2009) Keeping Children Out of harmful institutions, Save the Children UK. Retrieved from http://www.bettercarenetwork.org/BCN/details.asp?id=21471&themeID=1003&topicID=1023

[4] For documentation of these reforms, go to Better Care Network online Library of Documents at: www.bettercarenetwork.org

[5] Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from http://www.bettercarenetwork.org/BCN/details.asp?id=23328&themeID=1003&topicID=1023;

of organizations and initiatives have drawn attention to the need for more systematic data on children's care situations, including family arrangements, parental status, care practices, and their impact on child well-being.

National household surveys provide critical data to monitor population-level patterns and trends in relation to key socio-demographic indicators at national and sub-national levels that can also be used to draw important comparisons between countries at both regional and international levels. These surveys provide particularly rich data sets through which changing household compositions and living arrangements, fertility and marriage, health and nutrition, literacy and access to education, poverty and deprivation, and other key indicators of child and family well-being are being gathered on a five yearly basis for a nationally representative sample of households. Initial analysis of this data for a small number of countries has shown how critical this data can be to understand the care situations of these children but also to highlight potential indicators of vulnerability associated with different care and living arrangements. [6]

Demographic and Health Surveys (DHS) have been conducted in middle to low income countries by national statistical agencies with support from USAID since the mid-1980s in over 90 countries. The DHS has now entered its Phase 7 (2013-2018). The survey includes 3 main questionnaires (Household, woman and man's questionnaires) and provides nationally representative data on health and population, including fertility, maternal and child survival, immunization, water and sanitation, education, living arrangements among others. In addition, the DHS has included questionnaire modules on a range of topics such as domestic violence, Female Genital Mutilation, Fistula, out of pocket expenditures.

Multiple Indicators Cluster Surveys (MICS) have been conducted with support from UNICEF since the mid-1990s in more than 100 countries, tracking progress and trends on more than 20 indictors relating to the Millennium Development Goals (MDGs) and other major international commitments relevant to the situation of women and children. MICS has entered in its fifth phase, MICS 5 (2012-2014). The survey includes a household questionnaire, a questionnaire for women 15-49 years of age with or without birth history, a questionnaire on children under 5 years of age administered to the mothers or caretaker of these children and a questionnaire for men 15-49 years of age. The questionnaires cover a wide range of issues, including education, child labor, child discipline, water and sanitation, maternal and new born health, marriage and union, FGM, birth registration, early childhood development, breastfeeding, sexual behavior, fertility and Tobacco and alcohol use among others.

Both DHS and MICs have also increasingly gathered data on attitudes and beliefs on some critical social issues such as child care practices, attitudes towards HIV AIDS, domestic violence and child discipline.

Better Care Network is working with partner organizations to support more systematic use of existing household level data sets, particularly DHS and MICS data, to provide a better picture of the patterns and trends relating to children in households and their living and care arrangements. In collaboration with members of the Child Protection Monitoring, Evaluation Reference Group (CP MERG) and its Technical Working Group on Children Without Adequate Care, and with support from Save the Children, it is

[6] See for examples, Family For Every Child and INTRAC (2012) Context for Children and Policy situation paper, Roby (2011) Children in Informal Alternative Care, UNICEF; Child Frontiers (2012) Family support services and alternative care in Sub-Saharan Africa: Background paper; Better Care Network (2013) Analysis of DHS data (Ghana, Liberia, Rwanda, Jordan, Sierra Leone); Save the Children (2013). Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa.

developing a series of country briefs using the latest available data set from DHS or MICS for the country and presenting the data and analysis of the trends, when data is available, regarding children's living arrangements and care situations. It does not seek at this stage to show how these various arrangements relate to particular outcomes for child well-being, although work is being carried out to be able to do so and the content of these papers will evolve as a result. The brief is targeted to policy makers, researchers, and practitioners working to inform policy and programs for children's care and protection at country and international levels.

The DHS and MICS core questionnaires contain a number of indicators in relation to children's living arrangements, survivorship of parents, and relationship to the head of the household. This data in some countries is collected for all children under 15 years of age in a household and in others for children under 18 years of age. The data on survival status of parents is collected under the HIV AIDS section of the questionnaire and whilst it is collected systematically in countries with high HIV prevalence, other countries do not always collect it. This data is key to understanding the extent of parental loss (single/double orphans) but also the extent to which parental loss is a significant factor in children's living arrangement as well as a number of outcome indicators.

A core question asked by all DHS/MICS questionnaires relates to the relationship between children in a particular household to the head of the household. Although there are slight variations in the range of possible relationships provided, there is general consistency as far as the key categories are concerned (grandchild, niece and nephews, foster child, unrelated, for example). This data is systematically collected but rarely extracted and analyzed in the national reports, despite its clear relevance to children's care situations. Although that data is not a perfect proxy indicator for caregiving arrangements, as it does not provide actual information as to who the legal or de facto caregiver for a particular child is in that household, it is nonetheless a clear indicator of whether a child is living within or outside of family care. This information is key to understanding the extent and patterns of informal alternative care, particularly kinship care, in a given country and this, in turn is critical to inform policies seeking to strengthen parental care, prevent harmful separation but also support adequate family care and family based alternative care.

The DHS and MICS data has huge potential to inform child protection policy and programming, however currently this potential is not being realized. A key barrier is that in most cases the data that would be useful, such as on children's care and different living arrangements, is not extracted and presented in national reports. Furthermore, awareness of this potentially useful DHS and MICS data amongst child protection practitioners is very low. Given the scarcity of national monitoring data on child protection issues in many contexts, it is important that the sector explores the potential of the DHS and MICS data and also is better informed of what it could offer and how it could be used to support better policies and interventions targeting at risk children and families. It is hoped that these country briefs can contribute to this.

LESOTHO 2014 DHS:

The data presented in this report come from the 2014 Lesotho Demographic and Health Survey[7] (DHS) that was carried out by the Lesotho Ministry of Health. MEASURE DHS is a USAID-funded project that provides technical support in the implementation country-wide surveys across the world. Funding for this effort came from the Government of Lesotho, United States Agency for International Development (USAID), the U.S. President's Plan for Emergency AIDS Relief (PEPFAR), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the World Bank, and the World Health Organization (WHO).

The primary objective for this data collection effort is to provide country-wide information on demographic characteristics, health conditions and behaviors, and indicators around mortality. The child well-being indicators reported here come from the DHS Household Questionnaire. This questionnaire is used to list all individuals who spent the previous night in a selected household. It collects basic information of each member listed: name, sex, age, education, relationship to head of the household, and disability status. Additionally, for children under the age of 18 survival status of parents is also recorded.

During the 2014 Lesotho DHS data collection effort, a total of 9,402 households were interviewed and 31,406 household members were listed. Of these, 14,347 individuals (46%) were under the age of 18 and 12,404 children (39%) were under the age of 15.The household questionnaire retained a response rate of 99%. All figures reported here have accounted for sample weights, none are unweighted. No exclusion criteria has been applied – the data presented below represent the entire sample of individuals present in the dataset. As a result, the total counts used are slightly larger than the figures reported in the 2014 Lesotho DHS country report. Data were analyzed using the statistical software package SAS 9.4. To measure statistically significant levels of association chi-squared tests and t-tests were run using a 5% alpha level.

To understand Lesotho in its regional context and compare across other Eastern and Southern African states, data was pulled from nationally representative Demographic and Health Surveys (DHS) that were most recently run in these neighboring countries. The Southern Africa Region is defined by the DHS as including the following countries: Burundi[8], Comoros[9], Eritrea[10], Ethiopia[7], Kenya[11], Lesotho[7],

[7] Ministry of Health [Lesotho] and ICF International. 2016. *Lesotho Demographic and Health Survey 2014*. Maseru, Lesotho: Ministry of Health and ICF International.

[8] Institut de Statistiques et d'Études Économiques du Burundi (ISTEEBU), Ministère de la Santé Publique et de la Lutte contre le Sida [Burundi] (MSPLS), et ICF International. 2012. *Enquête Démographique et de Santé Burundi 2010*. Bujumbura, Burundi : ISTEEBU, MSPLS, et ICF International.

[9] Direction Générale de la Statistique et de la Prospective (DGSP) et ICF International. 2014. *Enquête Démographique et de Santé et à Indicateurs Multiples aux Comores 2012*. Rockville, MD 20850, USA : DGSP et ICF International.

[10] National Statistics and Evaluation Office (NSEO) [Eritrea] and ORC Macro. 2003. *Eritrea Demographic and Health Survey 2002*. Calverton, Maryland, USA: National Statistics and Evaluation Office and ORC Macro.

[11] Central Bureau of Statistics (CBS) [Kenya], Ministry of Health (MOH) [Kenya], and ORC Macro. 2004. *Kenya Demographic and Health Survey 2003.* Calverton, Maryland: CBS, MOH, and ORC Macro.

Madagascar[12], Malawi[13], Mozambique[14], Namibia[15], Rwanda[16], Swaziland[17], Tanzania[18], Uganda[19], Zambia[20], and Zimbabwe[21]. Given that many of these countries collected data for the 0-14 age range until recently, for cross country comparisons under 15 age groups will be used. The 2006 and 2000-2001 DHS survey conducted in Uganda is also represented in this report to look at any significant changes that have occurred within country over the last decade. Lastly, all country level development statistics were pulled from the Human Development Report 2014[22].

[12] Institut National de la Statistique (INSTAT) et ICF Macro. 2010. *Enquête Démographique et de Santé de Madagascar 2008-2009*. Antananarivo, Madagascar : INSTAT et ICF Macro.
[13] Cellule de Planification et de Statistique du Ministère de la Santé (CPS/MS), Direction Nationale de la Statistique et de l'Informatique du Ministère de l'Économie, de l'Industrie et du Commerce (DNSI/MEIC) et Macro International Inc. 2007. *Enquête Démographique et de Santé du Mali 2006*. Calverton, Maryland, USA : CPS/DNSI et Macro International Inc.
[14] Ministerio da Saude (MISAU), Instituto Nacional de Estatística (INE) e ICF International (ICFI). *Moçambique Inquérito Demográfico e de Saúde 2011*. Calverton, Maryland, USA: MISAU, INE e ICFI.
[15] The Nambia Ministry of Health and Social Services (MoHSS) and ICF International. 2014. *The Namibia Demographic and Health Survey 2013.* Windhoek, Namibia, and Rockville, Maryland, USA: MoHSS and ICF International.
[16] National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International. 2012. *Rwanda Demographic and Health Survey 2010*. Calverton, Maryland, USA: NISR, MOH, and ICF International.
[17] Central Statistical Office and UNICEF. 2011. *Swaziland Multiple Indicator Cluster Survey 2010*. Final Report. Mbabane, Swaziland, Central Statistical Office and UNICEF.
[18] National Bureau of Statistics (NBS) [Tanzania] and ICF Macro. 2011. Tanzania Demographic and Health Survey 2010. Dar es Salaam, Tanzania: NBS and ICF Macro
[19] Uganda Bureau of Statistics (UBOS) and ICF International Inc. 2012. *Uganda Demographic and Health Survey 2011.* Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.
[20] Central Statistical Office (CSO), Ministry of Health (MOH), Tropical Diseases Research Centre (TDRC), University of Zambia, and Macro International Inc. 2009. *Zambia Demographic and Health Survey 2007.* Calverton, Maryland, USA: CSO and Macro International Inc.
[21] Zimbabwe National Statistics Agency (ZIMSTAT) and ICF International. 2012. *Zimbabwe Demographic and Health Survey 2010-11.* Calverton, Maryland: ZIMSTAT and ICF International Inc.
[22] United Nations Development Program 2014. *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience*. Human Development Report 2014. Tokyo.

BASIC STATISTICS:[23,24]

Country

- Total population (2015): 2,100,000
- Gross Domestic Product per capita (2011): $2,493.60
- Human Development Index: .497 (Rank – 161)
- Population living below $1.25 a day: 56%
- Life expectancy at birth: 49.8 years
- Median age: 21.2 years
- Urban vs. rural distribution: 30% of the population is urban, 70% rural
- Under-5 mortality rate: 98 per 1,000 under five children.
- HIV/AIDS prevalence: 23%
- Birth registration of children (% under age 5): 45% (DHS reports 43%)
- Child labor (age 5-14): 23%

Households

- Mean household composition: 3.3 members
- More than one in every three individuals in Lesotho -- 39% -- is under the age of 15.
- Female headed households: 36%; more rural households are female headed vs urban households (36% vs 35%).
- Urban vs. rural distribution: 30% of sampled households were urban; 70% rural
- Educational attainment: 4.5% of women and 13% of men have no education and 61% of women and 59% of men have attended only primary school. As a result 3% of women and 15% of men are illiterate.

Marriage:

- Median age at first marriage: 20 years for women; 26 years for men
  - Women in rural households marry on average 2.5 years earlier than women in urban households (19.6 years vs 22.1 years).
  - Early marriage: 1.3% of all young women 15-19 are married.
- Of all married women, 2.3% are married to men who are in a polygynous union; 2.5% of currently married men reported having more than one wife.

Fertility

- Total Fertility Rate: 3.3 children
  - Fertility for women living in rural households is higher than those living in urban areas (3.9 vs 2.3), with the lowest fertility rate being in Maseru province (2.6 children per woman).
  - The TFR increases with each decrease in wealth quintile, ranging from 2.1 children per woman in the highest wealth quintile to 5 children per woman in the lowest wealth quintile.
  - Adolescent fertility: 89 births per 1,000 girls age 15-19.
  - 14% of all Basotho women report having given birth prior to age 18 and 38% by age 20.
  - 11% of births occur within 24 months of a previous birth.

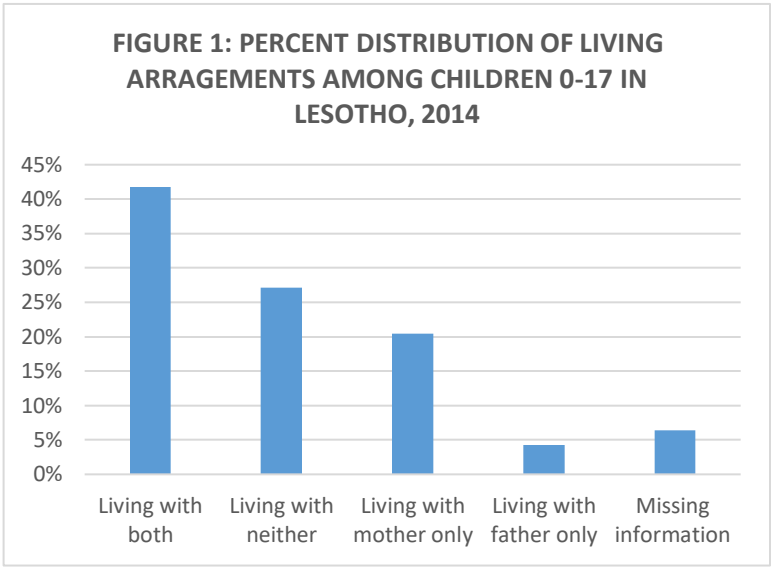
[23] United Nations Development Program 2014. *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience*. Human Development Report 2014. Tokyo.

[24] Ministry of Health [Lesotho] and ICF International. 2016. *Lesotho Demographic and Health Survey 2014*. Maseru, Lesotho: Ministry of Health and ICF International.

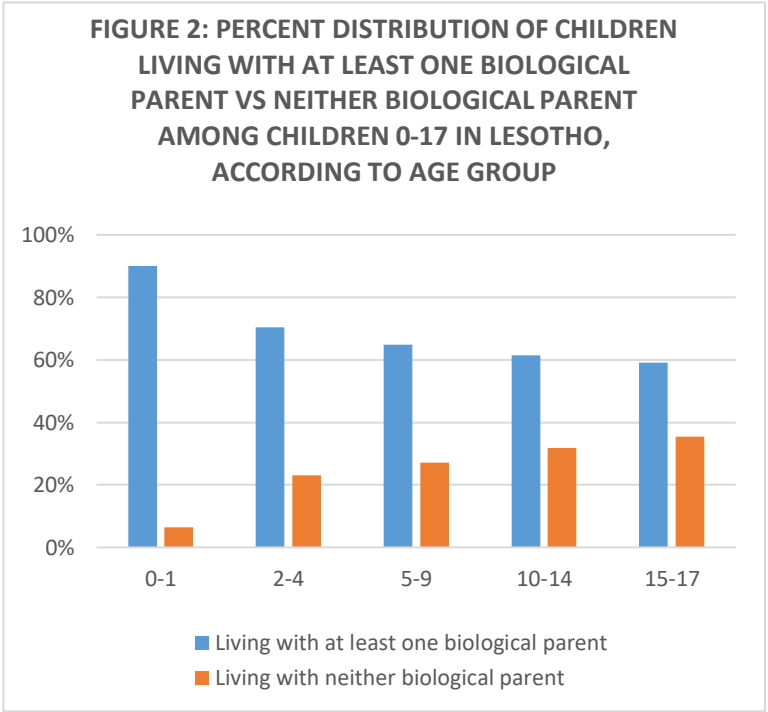
CHILDREN'S LIVING ARRANGEMENTS:

In Lesotho, 43% of children under the age of 15 live in households with both biological parents. They represent less than half of children living in households in the nation, this rate of children living with both parents is among the lowest found in the Southern and Eastern Africa region. It ranks third in the region following southern African states Swaziland (22%) and Namibia (26%). Other countries see much higher rates of children under 15 living with both biological parents. For instance, further north in Ethiopia 74% of all children under the age of 15 live with both biological parents as do 71% in Burundi among children 0-14.

As shown in Figure 1, among children 0-17 in Lesotho 42% live with both biological parents, 20% live with only their mother and 4% live with only their father. More than one in every four children under 18 years of age in Lesotho - 27% - lives with neither biological parent.



When disaggregated by background characteristics, factors such as gender, age, and urban vs. rural distribution appear to significantly influence living arrangements among children in Lesotho. Boys in Lesotho are slightly more likely to live with both biological parent (42%) as compared to girls (41%). Conversely, girls more commonly live with a single biological parent compared to boys (25% vs. 24%). The number of boys and girls living with neither biological parent is nearly the same (27%).



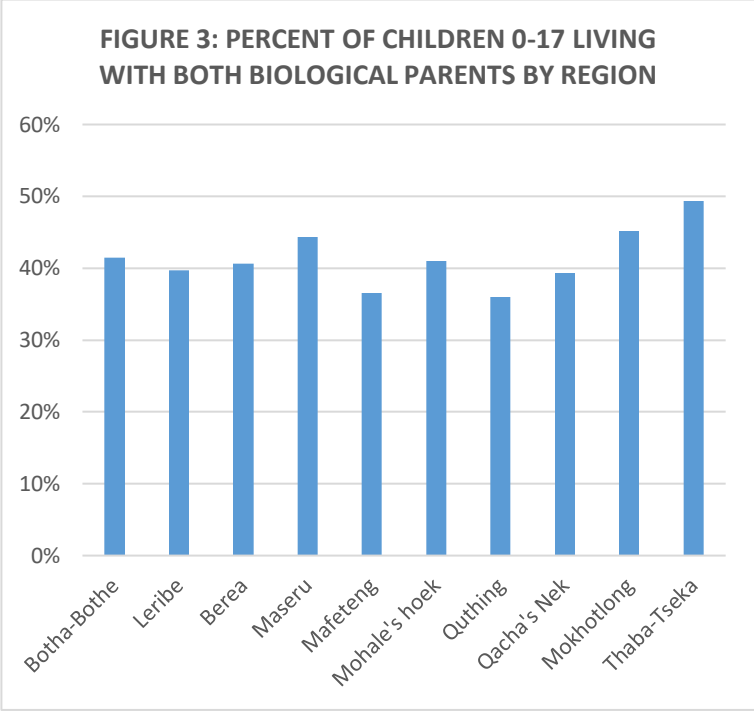
Variations in living arrangements across age groups are evident in Lesotho. At an early age the large majority of children still live with both biological parents; this proportion declines with age. Where only 33% of children in the oldest age group live with both of their biological parents, 47% of children ages two to four and 54% of children under two live with both biological parents. In Lesotho it appears that children living only with their father increase with age, while the percentage living with only

their mother appears to decrease with age. Part of this phenomenon can be explained by the death of a biological parent. Since more children experience the loss of a parent as they get older, the proportion of children living with their only surviving parent increases with age – only 4.6% of children in the youngest age group live with their mother only after their father has died while 16% of children 15-17 do the same. A similar, but less pronounced, trend is seen for children living with only their biological father after their mother has passed. However, among children living with a single biological parent when their other parent is still living, the proportion living with their mother only decreases with age while the proportion who live only with their father increases during this same time. While 1% of children under 2 live with only their biological father when their mother is still living, 2% of children 2-4, and 2.6% of children 5-9 live only with their father when their mother is still living. Conversely, while 31% of children under two years of age live with only their mother when they have a living biological father, 15% of children 2-4 and 9% of children 5-9 maintain this living arrangement. More research is needed to understand why this decreasing trend occurs.

Simultaneously, the likelihood that a child will live with neither biological parent increases with age. While 6.4% of children under 2 live with neither biological parent, there is an exponential increase in children living with neither biological parent, reaching 27% for children age 5-9 and 35% for children age 15-17 (as seen in Figure 2 above).

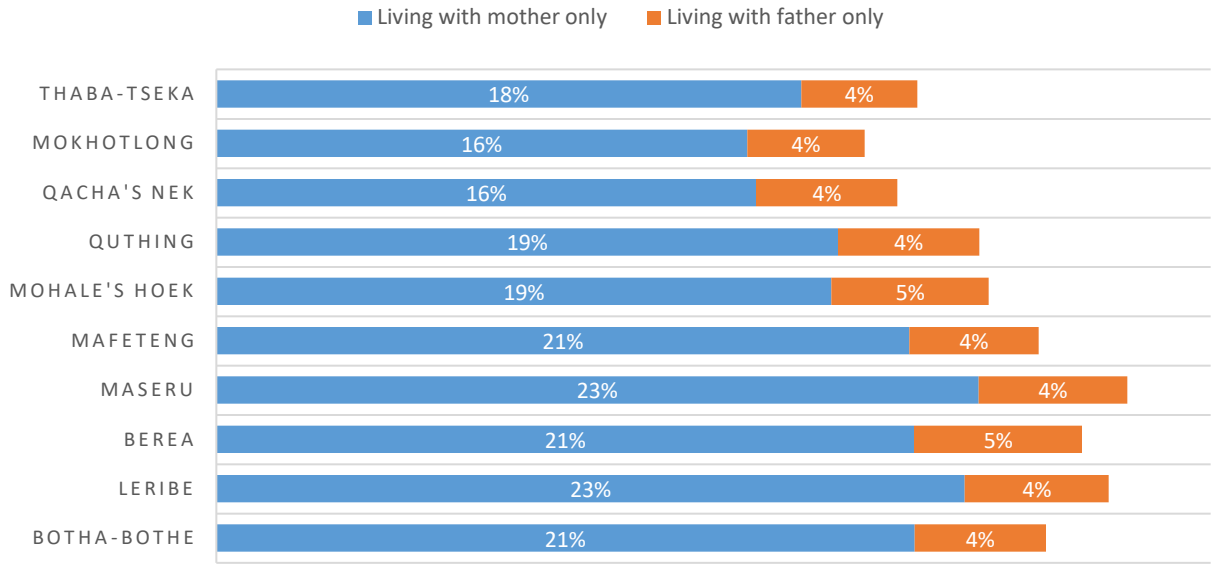
Children in urban areas of Lesotho more commonly live with both biological parents when compared to children living in rural households (45% vs. 41%). Conversely, among those under 18 years of age, more children living in rural areas (29%) live with neither biological parent compared to urban households (22%) – more than one in every four children living in rural areas lives without either biological parent.

The 2014 DHS data was conducted in Lesotho's 10 districts, listed as follows: Botha-Bothe, Leribe, Berea, Maseru, Mafeteng, Mohale's Hoek, Quthing, Qacha's Nek, Mokhotlong, and Thaba-Tseka. Regional data is presented here to understand the regional diversity found within the country. As Figure 3 shows, children living in the Thaba-Tseka region are more likely to live with both biological parents as compared to the rest of the country at 49%. The Qacha's Nek region sees the highest rates of children living with neither biological parents at 35% - more than one in every three children living in this province live with neither biological parent.



Household wealth quintile does not appear to have a strong influence on the likelihood of children living with biological parents. In general, there is a positive association with higher wealth quintile and the likelihood of children living with both biological parents. Conversely, children living in households in poorer wealth quintiles generally have a higher likelihood of living with neither biological parent. In the

FIGURE 4: PERCENT OF CHILDREN 0-17 LIVING WITH ONE BIOLOGICAL PARENT BY REGION



richest households, proportionally more children were found to live with at least one biological parent (73%) when compared to households in the poorest quintile (66%).

When it comes to children living with only one biological parent, however, a varied regional landscape is seen across Lesotho. The Maseru region sees the highest rate of children living with only one biological parent in the country (28%), but enjoys the highest rate of parental care for children 0-17 living with at least one biological parent at 72%. . The Mokhotlong region, meanwhile, has the lowest proportion of children living with one biological parent (20%) across the nation, but enjoys the second highest rate of children 0-17 living with both biological parent at 45%.

Regionally, Lesotho has the third highest rate of children living in households with neither biological parent (26%) after Swaziland (31%) and Namibia (36%) among the 16 countries in the region with recent DHS data. Lesotho is comparable to some regional neighbors in the proportion of children 0-14 living with a single biological parent (24%). While some countries see fewer children living with only their mother or their father, others see much higher rates than what are found in Lesotho: Swaziland (45%), Namibia (38%), Mozambique (31%).

FIGURE 5: PERCENT OF CHILDREN 0-14 LIVING WITH BOTH BIOLOGICAL PARENTS BY COUNTRY, DHS SOUTHERN AFRICA REGION

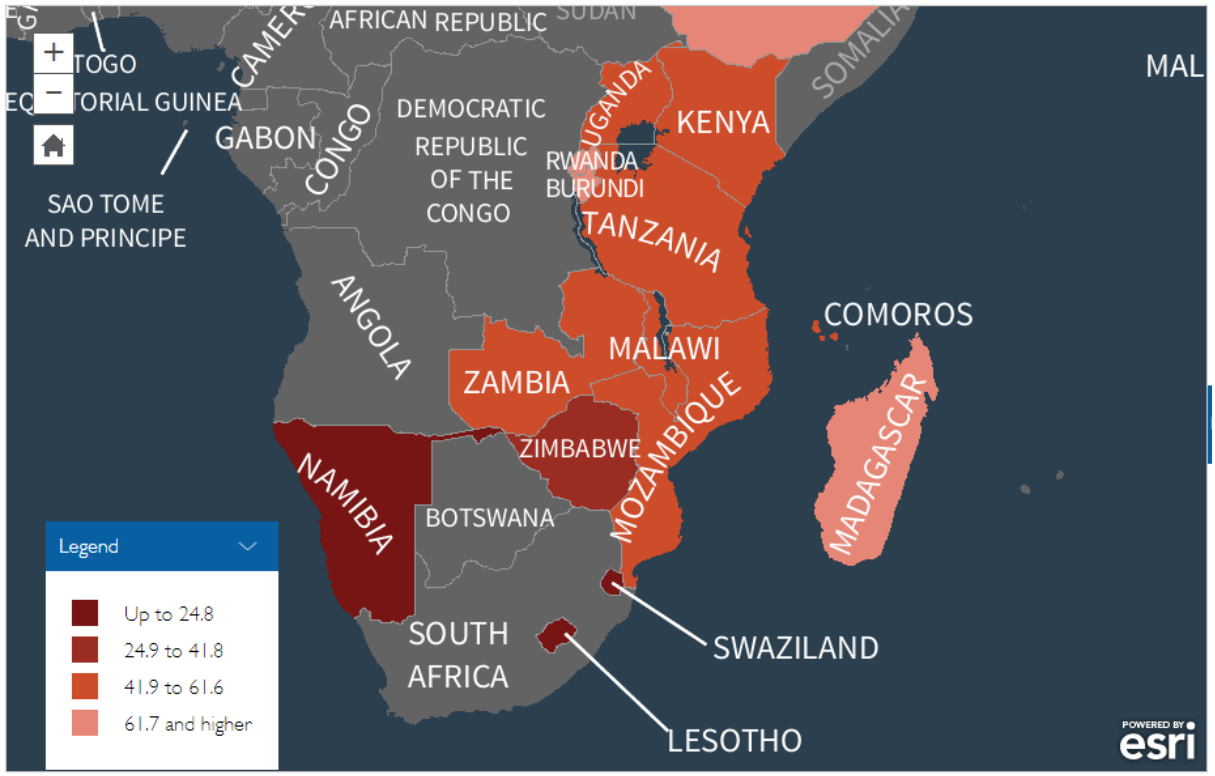
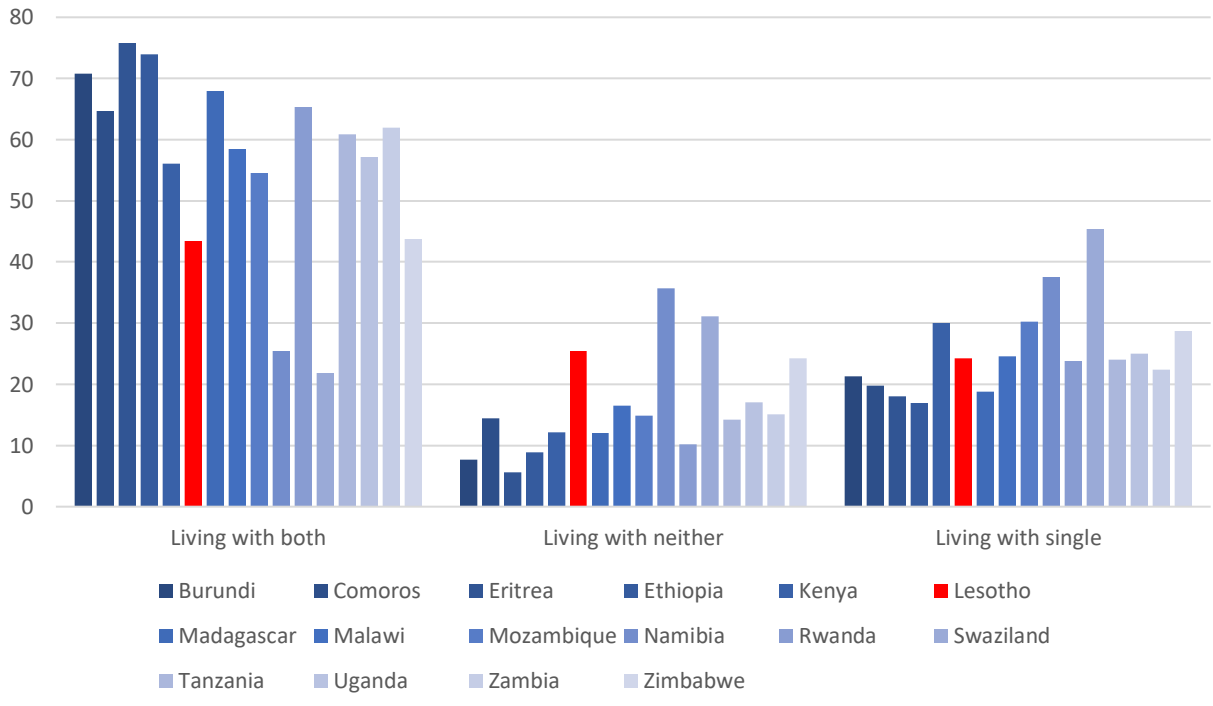


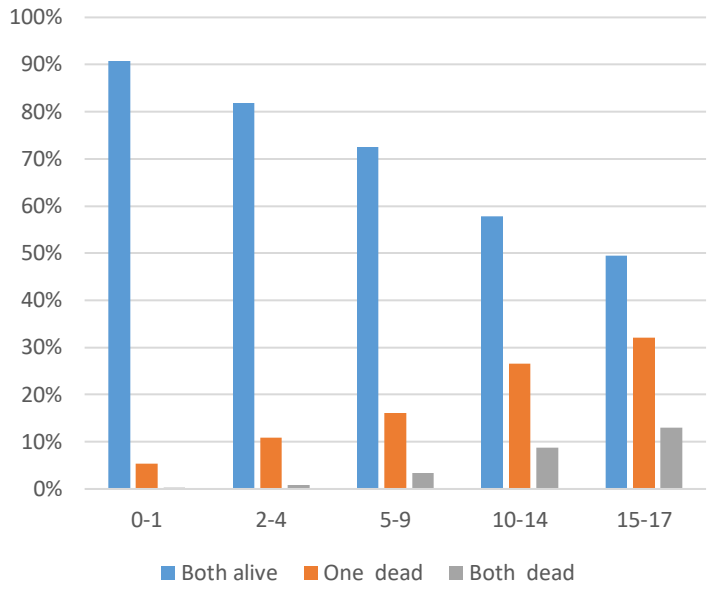
FIGURE 6: PERCENT OF CHILDREN 0-14 LIVING WITH BOTH, ONE OR NEITHER BIOLOGICAL PARENT BY COUNTRY, DHS EASTERN SOUTHERN AFRICA REGION



DEATH OF A PARENT (SINGLE AND DOUBLE "ORPHANHOOD"):

In Lesotho, orphanhood is experienced by 5.8% of all children 0-17, and 4.4% among children 0-14. As can be expected, loss of a single parent is more frequent – 18% of children lose one parent before the age of 15 and 20% of children lose a mother or a father by age 18. Parental loss is positively associated with age: almost all children living in households under the age of two have two living parents (95%), while 32% of children age 15-17 have lost one biological parent and 13% have lost both as seen in Figure 7. The overall rate of double parental death has declined slightly in Lesotho since the 2009 DHS from 5.4% in 2009 among children 0-14 to 4.5% in 2014, but remains one of the highest in the region.

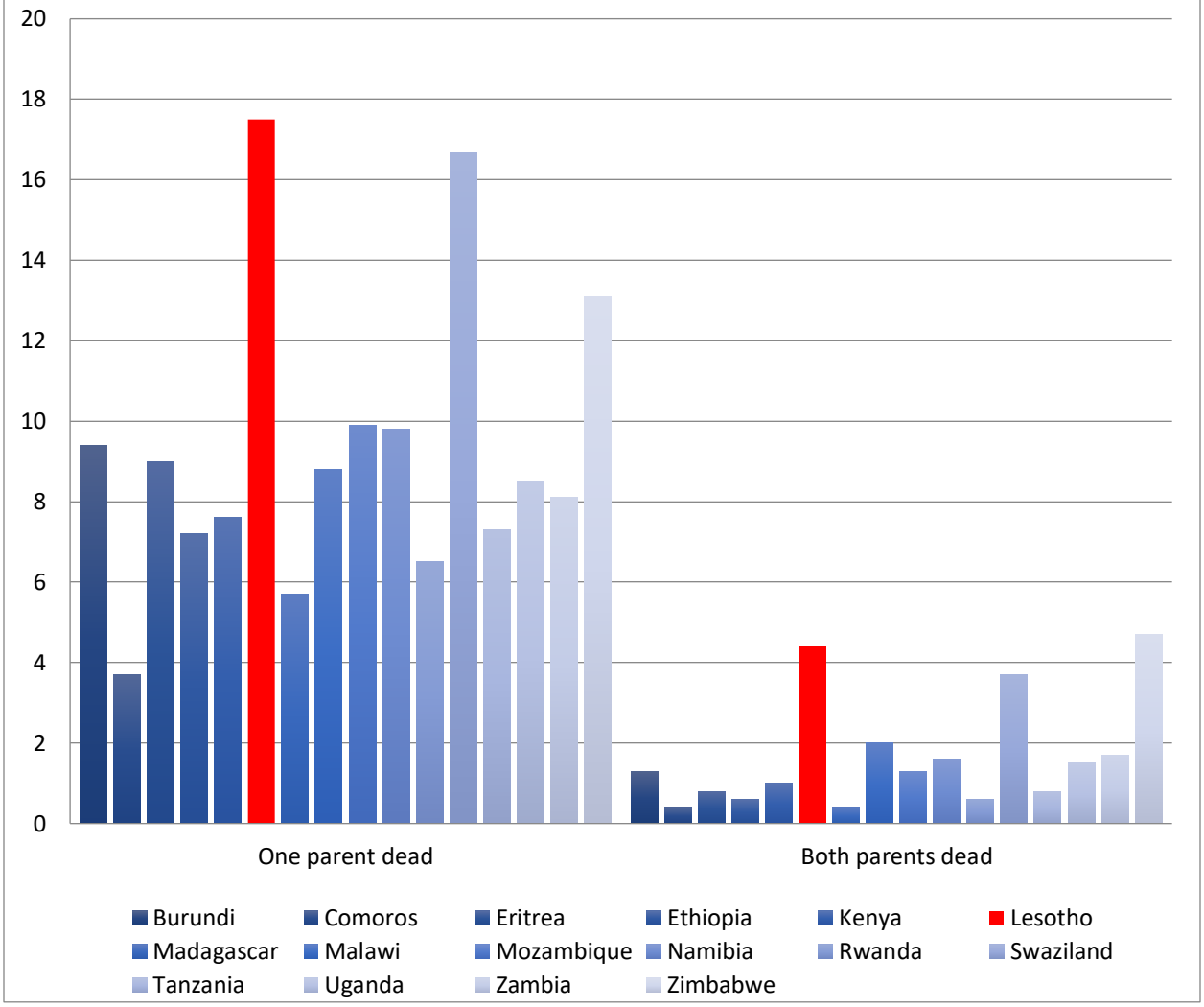
FIGURE 7: PERCENT DISTRIBUTION OF PARENTAL SURVIVAL STATUS ACCORDING TO AGE GROUP OF CHILD, LESOTHO 2014



Gender does not clearly correlate with the likelihood of losing a parent for children in Lesotho. There does appear to be a difference in parental death between children living in urban and rural areas. Nearly 21% of children living in rural areas have lost one parent compared to 18% for children living in urban settings. This association can also be extended to children who have been orphaned as children living in rural areas have lost both parents at a rate of 6% compared to 5% for children living in urban settings. Wealth quintile of the household appears to be negatively associated with parental death. Nearly 22% of children in the poorest wealth quintile have lost a mother or a father while only 14% of children in the highest wealth quintile have lost one parent. There is a similar association between wealth quintile and double parent death with 6.3% of children in the poorest quintile experiencing orphanhood and 5% of children in the highest wealth quintile experiencing double parent death. When disaggregated by geographic region distinct variations are seen in rates of orphanhood in Lesotho. The Qacha's Nek region has the highest rate of orphanhood at 7.8%. Additionally, 21% of children living in the South region have lost one parent before the age of 18, the third highest in the country. The Maseru region, the major urban center and capital of Lesotho, has the second lowest rate of orphaned children at 5% and the third lowest rate of children who have lost one parent at 19%. More research is needed to understand if underlying urban-rural differences may characterize the distribution of parent survival in Lesotho or if these living arrangements might shift after experiencing the death of a parent.

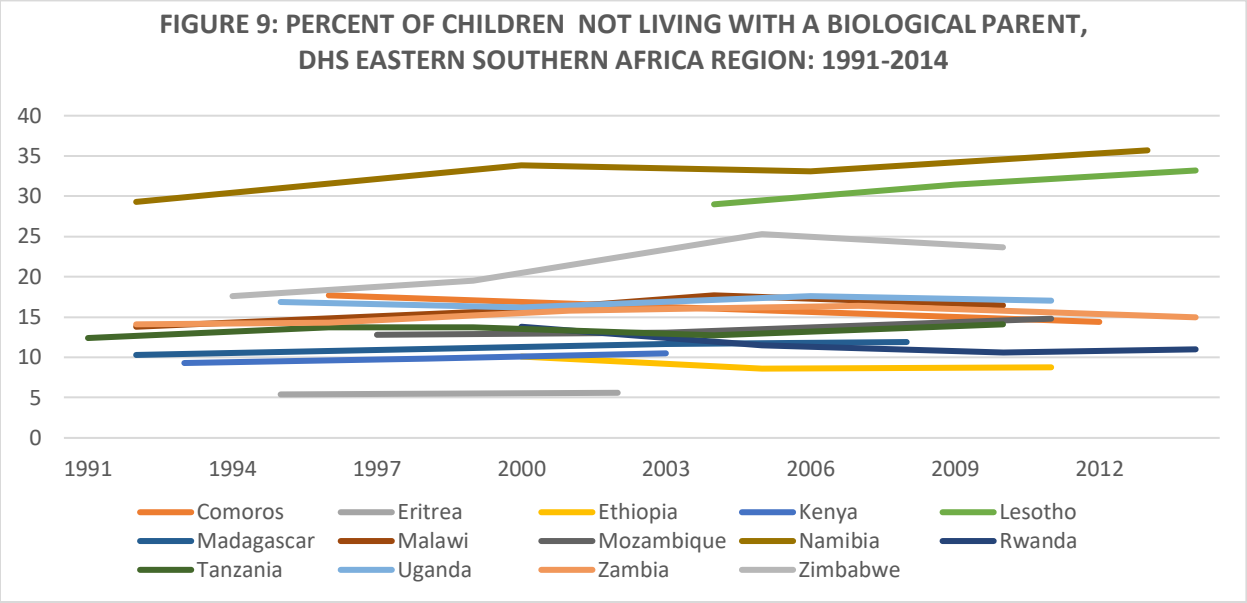
In the Southern and Eastern Africa context, Lesotho is an outlier compared to its regional neighbors in the level of both single parent loss (18%) and orphaning (4.4%) among children 0-14, ranking first of 16 countries in single parent death and second in orphaning as seen in Figure 8 below.

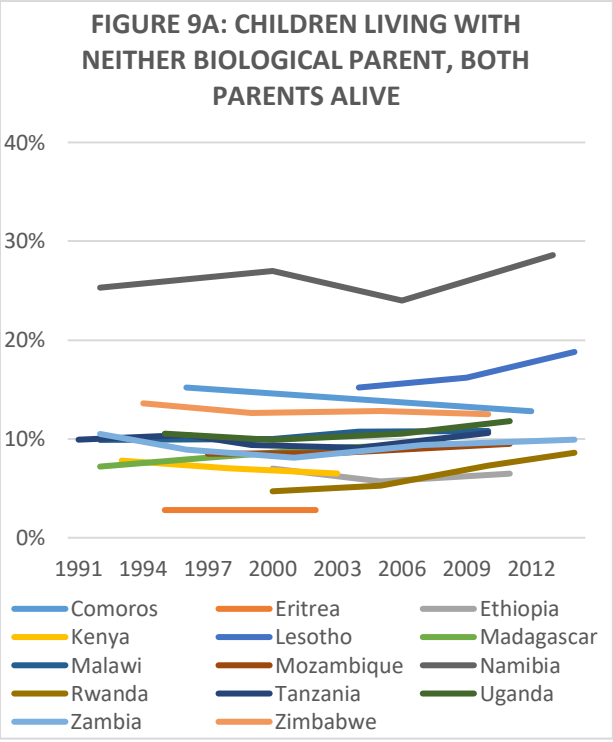
FIGURE 8: PERCENT OF PARENT LOSS AMONG CHILDREN AGE 0-14 BY COUNTRY, DHS EASTERN SOUTHERN AFRICA REGION

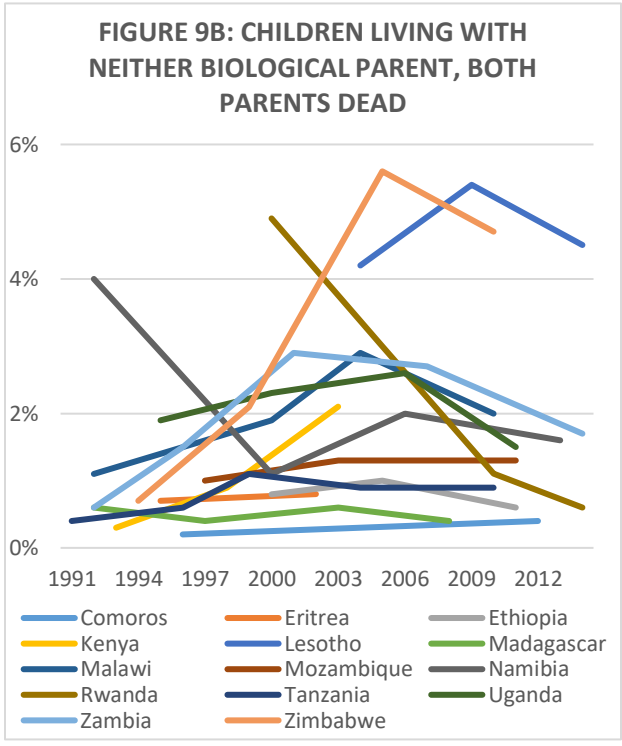


CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT:

As stated previously, more than one in every four Basotho children under the age of 18 live with neither biological parent. In the last two decades different trends have been observed in the Southern and Eastern Africa region among children living with neither biological parent. As seen in Figure 9, the prevalence of children living outside of parent care has been rising among Southern African states (Namibia, Lesotho, Zimbabwe). Lesotho is one country that has seen a sharp rise in the proportion of children living without either biological parent in the last half decade (DHS data).

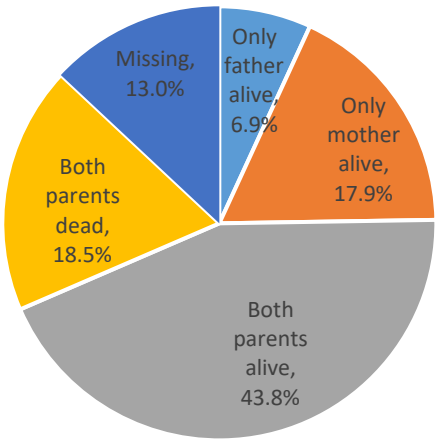






In Lesotho, as seen in figure 9B the prevalence of orphanhood increased between 2004 and 2009 and then declined again, while the prevalence of children living outside of parental care while still having living biological parents has steadily increased. Because the vast majority of children living with neither biological parent in the region still have both parents living, the effect of events in certain countries such as civil war, the HIV/AIDS epidemic, and access to anti-retro viral therapy can remain hidden. Therefore, variations in the proportions of children who have lost both biological parents are largely unseen because of the large number of children living outside of parental care who continue to have living biological parents.

FIGURE 10: PERCENT DISTRIBUTION OF CHILDREN 0-17 NOT LIVING WITH A BIOLOGICAL PARENT, ACCORDING TO SURVIVAL STATUS OF PARENT



According to the 2014 DHS, the majority of these children – 55% - had both biological parents still living, while 20% had a living mother, 7.5% had a living father and 21% of these children had lost both parents[25]. This reality underlines that orphanhood is not the primary factor for children not living with their parents and highlights the need to better understand the true drivers behind children not living with their parents.

The overwhelming majority of children in Lesotho under the age of 18 who are not living with a biological parent remain in family care, residing in households with their grandparents, aunts, uncles, siblings, and other relatives. Nationwide, 95% of children aged 0-17 live in family care, with 4.2% of children living outside of family care – either as domestic workers or herd boys (1.7%), in households headed by an unrelated person (2.1%) or alone (0.5%). Gender seems to be a factor in the likelihood of living in family care as girls more frequently live in family care as compared to boys (97% vs 94%). This may be due in part to the gender differential found across children serving as herd boys or domestic workers (3.5% of boys vs. 0.6% of girls) and children living with spouses/ in-laws (2.1% of girls and 0.1% of boys).

As can be imagined, differences in household work contribution, child migration for education, or work opportunities impact the age at which children move out of living in family care. Living in family care is negatively associated with age, with the oldest age group having a higher likelihood of living in a household headed by a non-relative. Nonetheless, given the small sample size in the youngest age categories, caution must be employed in interpreting these findings.

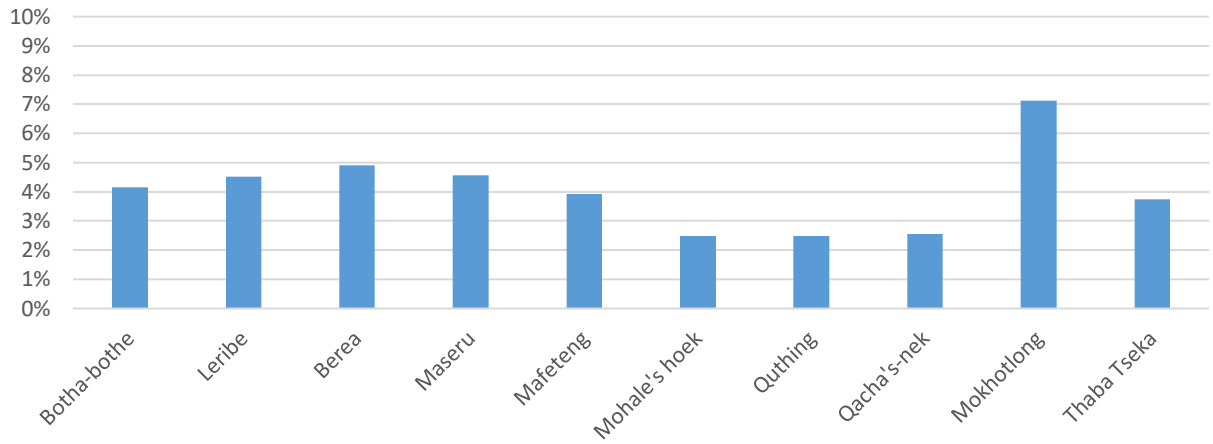
Overall, the urban-rural distribution does not appear to be a factor in the likelihood of children living in family care. However, in rural settings nearly more than 68% of children live with grandparents outside of family care compared to only 50% in urban settings. Conversely, children in urban settings have a higher likelihood of living with other relatives (33% vs. 21%) and siblings (8% vs. 31%) compared to rural settings.

[25] According to the World Bank, in 2014 36% of the total population in Lesotho was between the ages of 0-14. Therefore, approximately 195,000 children under the age of 15 live with neither biological parent, of which an estimated 29,000 children have lost both biological parents.

Additionally, children who report living alone as the household head more frequently live in urban settings compared to rural settings (1.8% vs. 0.2%).

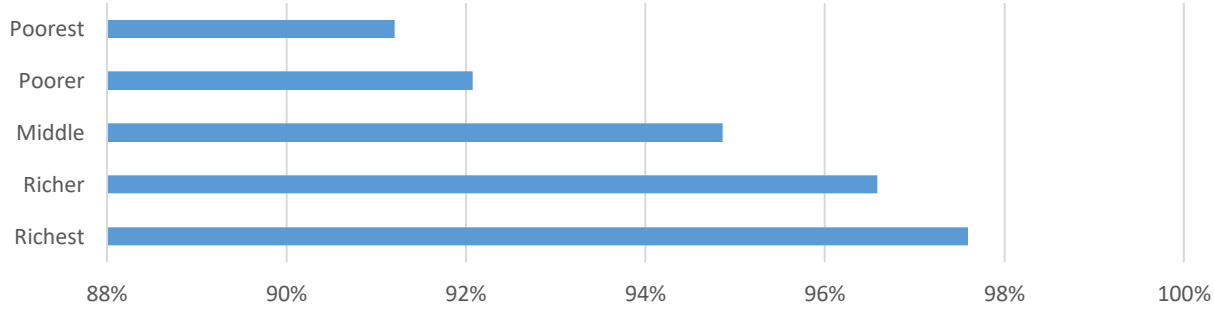
Marked regional differences are seen in the distribution of children living outside of family care. Among children 0-17 the Mokhotlong region has the highest prevalence of children living in households outside of family care compared to the national average (7.1% vs 4.2%). The Mohale's Hoek, Quthing, and Qacha's Nek regions have the fewest number of children living outside family care at 2.5%. More research is needed to understand these regional differences.

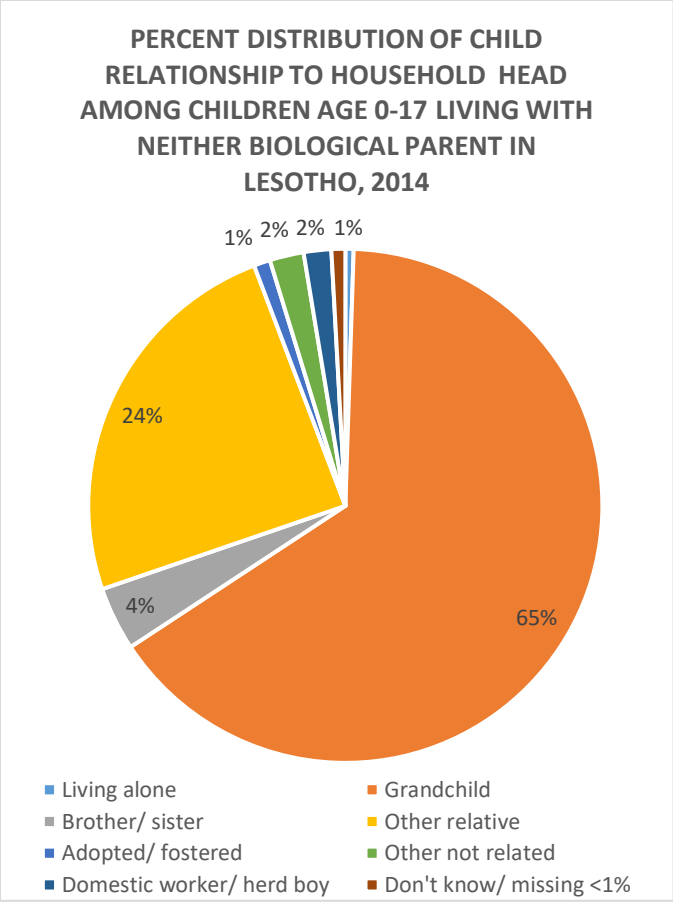
FIGURE 11: PERCENT OF CHILDREN 0-17 LIVING IN UNRELATED HOUSEHOLDS, ACCORDING TO REGION



In Lesotho, there is a positive association between wealth index and households hosting unrelated children. While 1.6% of children living in households in the poorest wealth quintile report living outside of family care, in households belonging to the richest quintiles, the rate is 7.6%. It is possible that, more generally, wealthier households managing more resources are more likely to provide opportunities like boarding for schooling or employment for domestic work to unrelated youth. Further research is needed in this area to better tease apart the dynamics at play.

FIGURE 12: PERCENT DISTRIBUTION OF CHILDREN 0-17 LIVING IN HOUSEHOLDS HEADED BY RELATIVES, ACCORDING TO HOUSEHOLD WEALTH QUINTILE

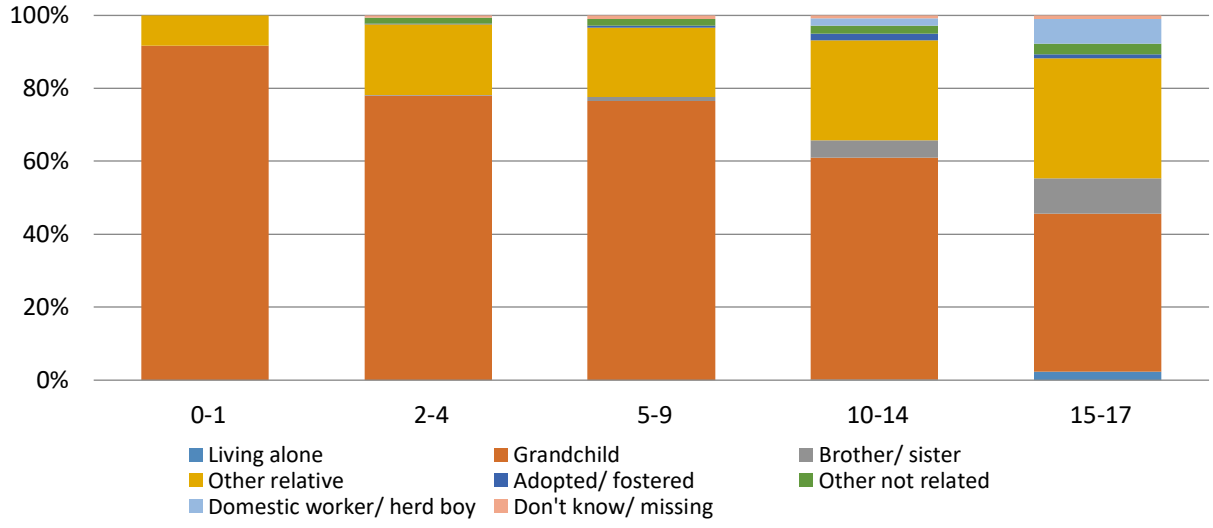




In Lesotho, 65% of children 0-17 living with neither biological parent live with their grandparents, 23% live in households headed by other relatives, 4% live with siblings, 1.7% serve as domestic workers/ herd boys in unrelated households, 2.1% live in other 'not related' households, 1% live with adopting or fostering families, 1% live with their spouses or in-laws, and fewer than 1% live alone.

Children ages 0-17 have a higher likelihood of living with their grandparents rather than other relatives or siblings at 65%. However, living with grandparents seems to be negatively associated with the age of the child – becoming less likely as children get older, while living with other relatives and with unrelated household heads seems to become more common as children age. Children aged 0-1 have the highest likelihood of living with their grandparents, with 92% of all children 0-1 who live with neither biological parent living in households headed by their grandmother or grandfather. An incremental decrease is seen in this proportion as children age, coming to a low prevalence of 43% for children 15-17. In the oldest age cohort, there is nearly the same likelihood that a child 15-17 will live in a household headed by another relative compared to a grandparent among children living with neither biological parent (43% vs. 29%).

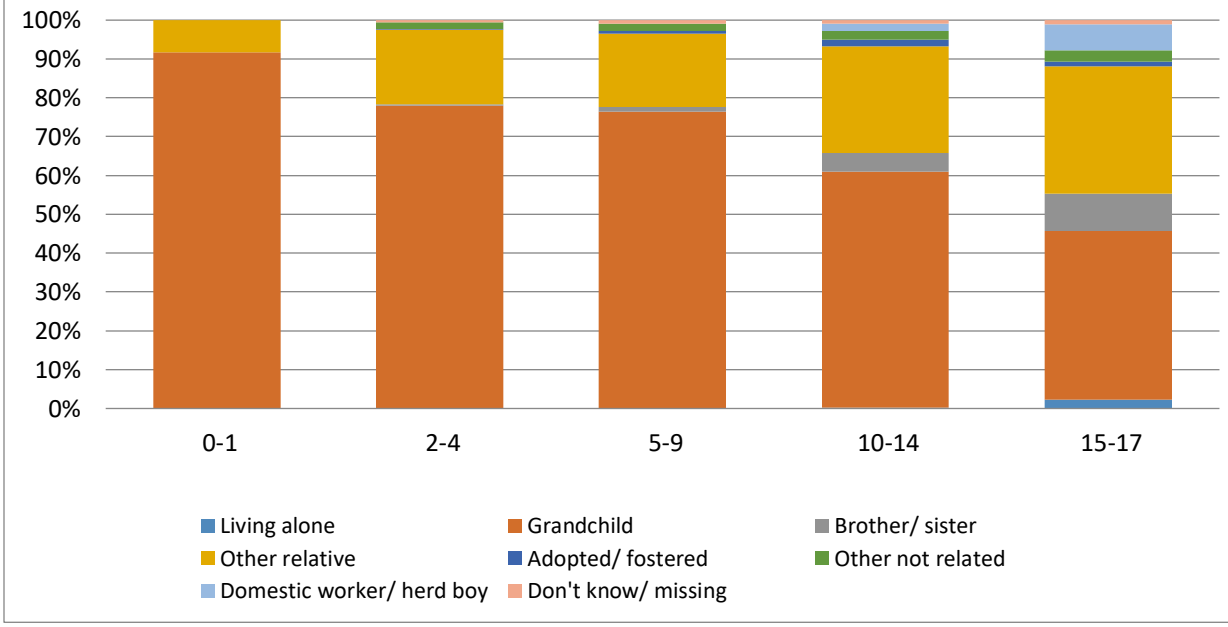
FIGURE 14: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT IN LESOTHO, ACCORDING TO AGE



Gender also seems to play a role in determining whom children live with when living outside of the care of their biological parents. Girls and boys age 0-17 live with their grandparents at nearly equal rates (65%). More boys (4.8%) live with siblings than girls (3.2%) when not living with a parent. Conversely, more girls live with other relatives as compared to boys (25% vs. 22%). Girls have a slightly higher likelihood of living in households in which they are unrelated to the head (2.3%) as compared to boys (1.9%). Possible explanations might include different reproductive and economic life phases of older and younger generation family members and how these realities intersect with the need for assistance in the house, for example with childcare or manual labor. Boys have a much greater likelihood of serving as herd boys in unrelated households in Lesotho compared to girls. Additionally, among children 0-17 not living with a biological parent, 2.1% of girls are living with their husband or in-laws compared to 0.1% of boys. This is congruent with the differences seen in the median age at marriage between girls and boys where, on average, girls marry approximately six years earlier than boys do.

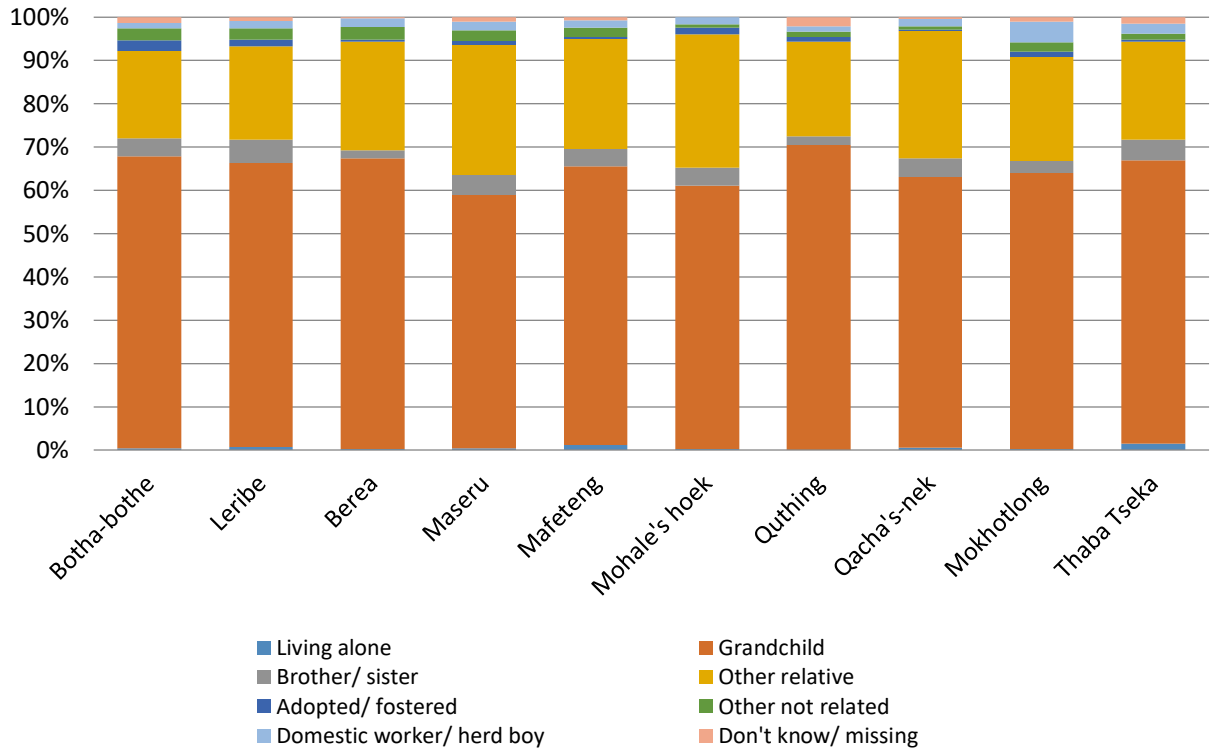
When disaggregated by geographical characteristics, more children live outside of family care in urban settings (3.1%) than they do in rural areas (1.9%). It appears that significantly more children 0-17 in rural areas live in households headed by their grandparents than among children living in urban centers (68% vs. 50%). The opposite is true for children living with other relatives wherein 233% of children in urban areas live in households headed by these family members versus 21% of children in rural areas. Given that children living with other relatives also tend to be older, as stated previously, it is possible that these children move to live with their relatives in urban centers in order to access education, work or better services. More research is needed to understand fully the mechanisms behind these living arrangements and their implications in terms of child well-being.

FIGURE 14: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT IN LESOTHO, ACCORDING TO AGE



Clear differences are again seen between different regions of the country. As seen in Figure 15, the Maseru region maintains the lowest proportion of children not living with a parent who are in households headed by that child's grandparents at 59% and the second highest proportion of children living with other relatives at 28%. Conversely, the Quthing region has the highest prevalence of children 0-17 living in grandparent headed households at 71%. The Mohale's Hoek region has the highest rate of care by other relatives (29%) and the second lowest rate of care outside the family (0.8%). At more than double the national average (1%), the Botha-Bothe region has the highest rate of adoptive/foster care (2.5%) while also maintaining the lowest rate of care by other relatives (17%).

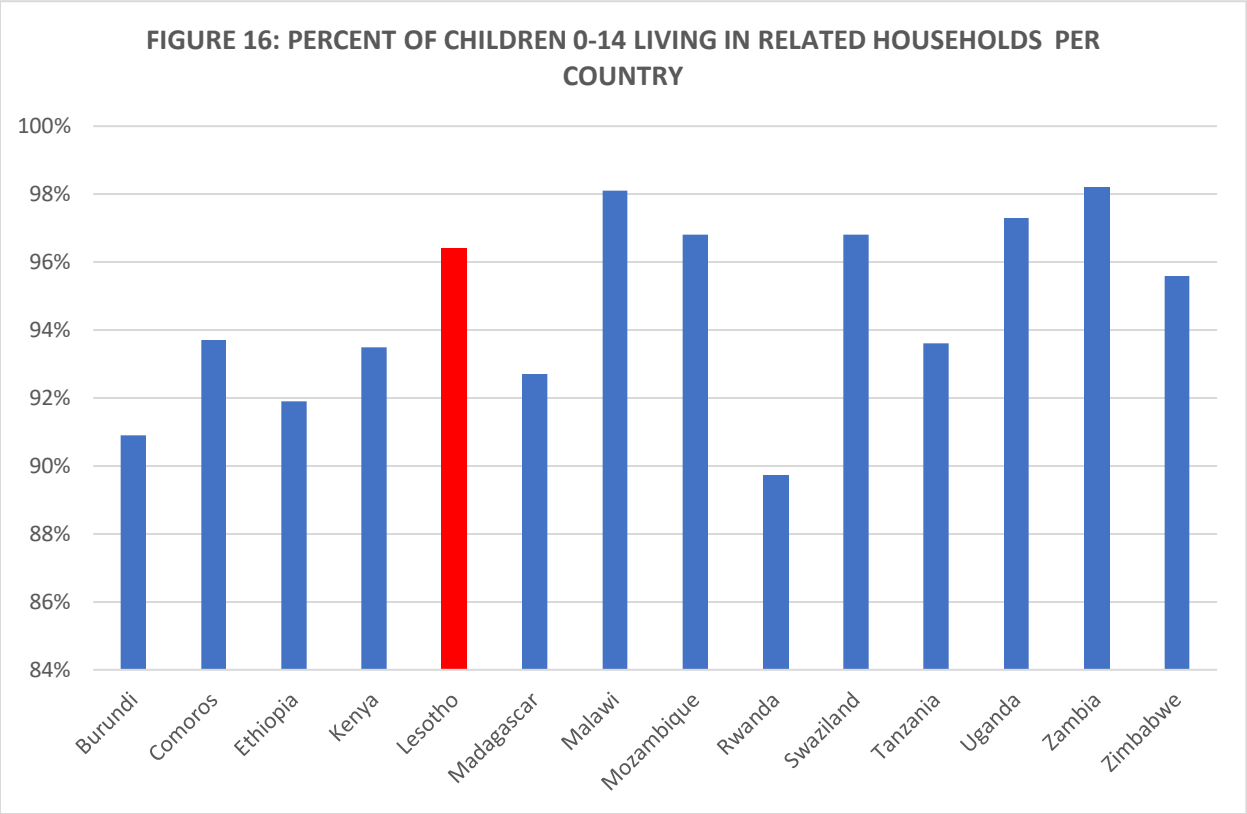
FIGURE 15: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN 0-17 LIVING WITH NEITHER BIOLOGICAL PARENT IN LESOTHO, ACCORDING TO ADMINISTRATIVE REGION



Adoption and fostering appears to be weakly related to gender in Lesotho as slightly more girls (1.3%) being adopted or fostered compared with boys (0.8%). However, it appears that as children get older the likelihood of adoption and fostering increases. Between age 2 and age 4, 0.3% of children are adopted or fostered, between age 5 and age 9, 0.6% of children are found in this living arrangement, and by 10-14 years old 1.1% of children not living with their parents are reported as adopted or fostered. However, sample size limitations do not allow for any significant findings in this subgroup. Additionally, caution must be employed when analyzing figures in these categories given the ambiguous definition around fostering within the DHS program. The DHS program defines fostering as "children under age 18 living in households with neither their mother nor their father present." Nonetheless, as seen throughout this report, most children living with neither biological parent are not categorized as "fostered." Therefore, it

is difficult to ascertain which children would be classified as “fostered” in the field. Additionally, in many of these settings formal adoption and fostering is quite limited; therefore, these categories may capture some children in informal foster care and adoption arrangements, but the data might be a significant underestimation of the total population of children in those care situations.

Regionally, Lesotho’s prevalence of children 0-14 who are not living with their parent but live in households in which they are related to the household head is comparable to other Eastern and Southern African countries. In Lesotho 2.8% of all children age 0-14 live in households headed by an unrelated person, and 96% live in family care. As seen in Figure 16, Rwanda sees the lowest prevalence of children living in related households in the region among children not living with a biological parent under the age of 15.



LIMITATIONS:

The data presented here represent children who were residing in households at the time of data collection. It does not include the most vulnerable cohort of children ages 0-17 who are not living in households. These data look at the relationship between the child and the head of the household. They do not provide information on the primary caregiver of the child. Moreover, it does not capture multigenerational households across children not living with a biological parent; therefore, it is possible that a child who is reported as the grandchild of the household head is also cohabitating with an aunt or uncle, sibling, or other relative. Also to note, the available questionnaire categories that capture relationships to household head do not distinguish between maternal and paternal relatives, an area that may warrant closer attention in further data collection efforts.

Another limitation found in this report is the inflexibility of the structured household. Flows of communication, individuals, and funding that build the networks of each individual household remain hidden. The data cannot uncover whether children living with neither biological parent who have living biological parents communicate with them, are visited by them, or are supported financially by them. It does not capture the stability of the household composition, leaving unknown the timing of when a parent left or whether the parent comes and goes routinely. These limitations highlight areas of study that require additional data in order to uncover children's care structures in Lesotho.

Lesotho 2014	Table 1. Percent distribution of children under age 18 by living arrangement and survival status of parents, according to background characteristics, Lesotho 2014 TOTAL N=16172															
	Living with both 41.8%	Living with neither 27.1%				Living with mother only 20.4%		Living with father only 4.3%		Missing information 6.4%	Total Count 100.0%	Summary Figures				
		Only father alive	Only mother alive	Both alive	Both dead	Father alive	Father dead	Mother alive	Mother dead			Not living with a biological parent	Both parents dead	One parent dead	Number of children 0-14	Number of children 0-17
Sex																
Male	42.1%	2.1%	5.7%	13.4%	6.1%	10.0%	9.8%	2.3%	2.2%	6.3%	100.0%	27.4%	6.1%	19.8%	6711	8036
Female	41.4%	2.2%	5.4%	13.9%	5.4%	10.7%	10.5%	2.1%	2.1%	6.5%	100.0%	26.8%	5.4%	20.1%	6882	8135
Age																
0-1	53.8%	0.3%	0.5%	5.4%	0.2%	30.6%	4.6%	1.0%	0.0%	3.6%	100.0%	6.4%	0.2%	5.3%	1612	1612
2-4	47.1%	1.0%	3.4%	17.8%	0.9%	14.9%	6.0%	2.0%	0.5%	6.5%	100.0%	23.1%	0.9%	10.9%	2626	2626
5-9	43.8%	1.8%	5.4%	16.7%	3.3%	9.4%	8.2%	2.6%	0.8%	8.0%	100.0%	27.2%	3.3%	16.1%	4625	4625
10-14	37.4%	3.1%	7.5%	12.4%	8.8%	5.5%	12.9%	2.6%	3.0%	6.8%	100.0%	31.8%	8.8%	26.5%	4730	4730
15-17	33.0%	3.3%	7.7%	11.4%	13.0%	3.6%	16.1%	1.5%	4.8%	5.5%	100.0%	35.4%	13.0%	32.0%	0	2579
Residence																
Urban	44.9%	1.6%	4.3%	10.7%	5.1%	13.5%	10.2%	1.7%	1.9%	6.1%	100.0%	21.7%	5.1%	18.0%	3002	3609
Rural	40.9%	2.3%	5.9%	14.5%	5.9%	9.4%	10.1%	2.3%	2.2%	6.5%	100.0%	28.7%	5.9%	20.5%	10591	12562
Region																
Botha-Bothe	41.5%	1.7%	5.7%	16.6%	5.7%	10.9%	10.2%	2.4%	1.6%	3.8%	100.0%	29.8%	5.7%	19.2%	902	1035
Leribe	39.7%	3.3%	4.9%	12.4%	5.3%	11.5%	11.1%	2.1%	2.3%	7.5%	100.0%	25.9%	5.3%	21.5%	2091	2546
Berea	40.6%	2.6%	6.1%	15.7%	3.9%	11.1%	10.0%	2.6%	2.4%	5.0%	100.0%	28.3%	3.9%	21.1%	1570	1881
Maseru	44.3%	1.5%	4.3%	11.6%	5.0%	12.4%	10.6%	2.0%	2.5%	5.7%	100.0%	22.5%	5.0%	19.0%	2912	3398
Mafeteng	36.6%	2.0%	8.4%	16.0%	6.3%	9.5%	11.4%	2.4%	1.5%	5.9%	100.0%	32.7%	6.3%	23.3%	1157	1426
Mohale's hoek	41.0%	2.0%	4.7%	11.7%	7.2%	8.8%	9.8%	2.2%	2.5%	9.9%	100.0%	25.7%	7.2%	19.1%	1366	1623
Quthing	36.0%	1.2%	5.9%	15.5%	6.6%	10.0%	8.8%	2.2%	2.0%	11.7%	100.0%	29.3%	6.6%	18.0%	874	1039
Qacha's Nek	39.4%	3.1%	8.2%	15.4%	7.8%	7.9%	8.4%	2.7%	1.6%	5.5%	100.0%	34.6%	7.8%	21.3%	500	599
Mokhotlong	45.2%	2.4%	6.5%	15.5%	6.5%	7.5%	8.5%	1.4%	2.1%	4.3%	100.0%	30.9%	6.5%	19.6%	986	1167
Thaba-Tseka	49.4%	1.4%	5.1%	12.0%	6.4%	8.0%	9.7%	2.1%	1.4%	4.5%	100.0%	25.0%	6.4%	17.5%	1234	1459
Wealth index																
Poorest	42.7%	2.0%	5.8%	13.7%	6.3%	7.4%	11.6%	2.0%	2.1%	6.5%	100.0%	27.8%	6.3%	21.5%	3173	3637
Poorer	38.0%	2.2%	7.0%	14.5%	6.3%	10.5%	9.8%	2.9%	1.9%	6.8%	100.0%	30.0%	6.3%	20.9%	3062	3578
Middle	37.3%	2.4%	6.0%	14.0%	6.4%	10.6%	12.1%	2.2%	1.6%	7.4%	100.0%	28.8%	6.4%	22.1%	2773	3357
Richer	41.9%	2.2%	5.2%	13.4%	4.4%	12.8%	9.5%	2.0%	2.7%	5.9%	100.0%	25.2%	4.4%	19.6%	2457	3006
Richest	51.3%	1.8%	3.2%	12.1%	5.0%	10.9%	6.7%	1.7%	2.4%	5.0%	100.0%	22.1%	5.0%	14.0%	2127	2593
Total < 15	43.4%	1.9%	5.2%	14.1%	4.4%	11.6%	9.0%	2.3%	1.4%	6.8%	100.0%	25.5%	4.4%	17.5%	13593	13593
Total < 18	41.8%	2.1%	5.6%	13.6%	5.8%	10.3%	10.1%	2.2%	2.1%	6.4%	100.0%	27.1%	5.8%	19.9%	13593	16172

Lesotho 2014	Table 2. Living arrangements among children under age 18 not living with a biological parent - the percent distribution of survival status of parent and the percent distribution of relationship to head of household, according to background characteristics, Lesotho 2014 TOTAL N=5039																				
	Living with neither								Relationship to head												
	Only father alive	Only mother alive	Both alive	Both dead	Missing	Total	Both parents dead	Only one dead	Living alone	Spouse/ In-laws	Grandchild	Brother/ sister	Other relative	Adopted/ fostered	Other not related	Domestic worker/ herd boy	Don't know/ missing	Total in family care	Total not in family care	Total number of weighted children 0-14	Total number of weighted children 0-17	Total number of unewighted children 0-17
Sex																						
Male	6.7%	18.1%	42.5%	19.5%	13.2%	100.0%	19.5%	24.9%	0.5%	0.1%	65.3%	4.8%	22.0%	0.8%	1.9%	3.5%	1.1%	93.5%	5.4%	2009	2535	2796
Female	7.0%	17.6%	45.0%	17.5%	12.9%	100.0%	17.5%	24.6%	0.5%	2.1%	64.5%	3.2%	24.8%	1.3%	2.3%	0.6%	0.6%	96.5%	3.0%	2006	2505	2754
Age																						
0-1	3.7%	7.0%	77.2%	3.3%	8.8%	100.0%	3.3%	10.7%	0.0%	0.0%	91.6%	0.0%	8.4%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	112	112	117
2-4	3.7%	12.7%	67.2%	3.3%	13.0%	100.0%	3.3%	16.5%	0.0%	0.0%	78.0%	0.2%	19.3%	0.3%	1.6%	0.0%	0.6%	97.8%	1.6%	696	696	743
5-9	5.7%	16.9%	52.6%	10.5%	14.3%	100.0%	10.5%	22.6%	0.0%	0.4%	76.5%	1.2%	18.5%	0.6%	1.9%	0.0%	1.0%	97.2%	1.9%	1469	1469	1610
10-14	8.4%	20.5%	33.7%	23.8%	13.6%	100.0%	23.8%	28.9%	0.1%	0.4%	60.8%	4.8%	27.1%	1.7%	2.1%	2.0%	0.8%	95.0%	4.2%	1738	1738	1954
15-17	8.4%	19.5%	28.6%	32.8%	10.7%	100.0%	32.8%	27.9%	2.3%	4.3%	43.4%	9.6%	28.5%	1.1%	3.1%	6.6%	1.1%	89.2%	9.7%	0	1024	1126
Residence																						
Urban	6.1%	17.1%	42.2%	20.2%	14.4%	100.0%	20.2%	23.2%	1.8%	0.8%	50.1%	8.0%	33.1%	1.2%	3.1%	1.2%	0.7%	95.0%	4.3%	655	914	1062
Rural	7.0%	18.1%	44.1%	18.1%	12.7%	100.0%	18.1%	25.1%	0.2%	1.2%	68.2%	3.1%	21.2%	1.0%	1.9%	2.2%	0.9%	94.9%	4.1%	3361	4125	4488
Region																						
Botha-bothe	5.4%	17.6%	51.3%	17.7%	8.0%	100.0%	17.7%	23.0%	0.3%	2.2%	69.1%	4.2%	16.1%	2.5%	2.8%	1.3%	1.3%	94.5%	4.1%	285	335	485
Leribe	10.6%	15.7%	40.2%	17.3%	16.2%	100.0%	17.3%	26.3%	0.7%	1.2%	66.4%	5.5%	19.4%	1.5%	2.7%	1.8%	0.8%	94.7%	4.5%	629	788	560
Berea	8.2%	18.9%	48.8%	12.0%	12.1%	100.0%	12.0%	27.0%	0.3%	0.9%	67.7%	1.9%	23.6%	0.4%	3.0%	1.9%	0.3%	94.8%	4.9%	489	605	523
Maseru	5.9%	16.8%	45.1%	19.5%	12.7%	100.0%	19.5%	22.7%	0.3%	1.0%	59.2%	4.6%	28.4%	0.9%	2.5%	2.1%	1.0%	94.4%	4.6%	687	875	483
Mafeteng	5.6%	23.0%	44.0%	17.2%	10.1%	100.0%	17.2%	28.7%	1.2%	1.2%	65.2%	4.1%	23.2%	0.5%	2.2%	1.8%	0.6%	95.4%	3.9%	392	518	558
Mohale's hoek	6.6%	15.3%	37.9%	23.3%	17.0%	100.0%	23.3%	21.9%	0.2%	1.1%	61.6%	4.2%	28.9%	1.5%	0.8%	1.6%	0.0%	97.5%	2.5%	398	503	561
Quthing	3.4%	16.2%	42.3%	18.1%	19.9%	100.0%	18.1%	19.6%	0.0%	0.9%	71.0%	2.1%	20.3%	1.0%	1.4%	1.1%	2.2%	95.3%	2.5%	308	380	625
Qacha's-nek	7.9%	20.7%	39.0%	19.8%	12.6%	100.0%	19.8%	28.6%	0.5%	0.7%	63.0%	4.4%	28.1%	0.4%	0.7%	1.8%	0.3%	97.1%	2.5%	194	237	604
Mokhotlong	7.2%	19.5%	46.1%	19.2%	8.0%	100.0%	19.2%	26.7%	0.2%	1.0%	64.5%	2.8%	22.2%	1.2%	2.3%	4.9%	1.0%	91.9%	7.1%	319	393	654
Thaba Tseka	5.1%	18.2%	43.1%	23.1%	10.5%	100.0%	23.1%	23.3%	1.4%	1.2%	66.3%	4.8%	20.7%	0.5%	1.3%	2.5%	1.5%	94.8%	3.7%	316	407	497
Wealth index																						
Poorest	6.3%	18.2%	42.8%	19.7%	13.0%	100.0%	19.7%	24.5%	0.2%	1.4%	74.7%	2.5%	18.3%	0.5%	0.8%	0.9%	0.8%	97.6%	1.6%	986	1162	1464
Poorer	6.4%	20.2%	42.1%	18.3%	13.0%	100.0%	18.3%	26.6%	0.2%	1.0%	71.8%	3.8%	19.0%	0.8%	1.3%	1.3%	0.8%	96.6%	2.6%	1016	1234	1368
Middle	7.2%	17.9%	41.9%	19.0%	14.1%	100.0%	19.0%	25.1%	0.6%	1.4%	64.9%	3.9%	22.5%	1.6%	2.1%	2.5%	0.6%	94.9%	4.6%	875	1125	1217
Richer	7.7%	18.1%	46.8%	15.4%	12.0%	100.0%	15.4%	25.8%	1.6%	0.8%	53.6%	5.9%	29.2%	1.1%	3.8%	2.9%	1.2%	92.1%	6.7%	660	862	858
Richest	7.1%	12.7%	48.0%	19.6%	12.7%	100.0%	19.6%	19.7%	0.2%	0.8%	49.6%	4.6%	34.6%	1.4%	4.0%	3.6%	1.2%	91.2%	7.6%	480	656	634
Total < 15	6.5%	17.5%	47.6%	14.8%	13.6%	100.0%	14.8%	23.9%	0.1%	0.3%	70.4%	2.5%	22.1%	1.0%	1.9%	0.8%	0.8%	96.4%	2.8%	4016	4016	4424
Total < 18	6.9%	17.9%	43.8%	18.5%	13.0%	100.0%	18.5%	24.7%	0.5%	1.0%	64.9%	4.0%	23.4%	1.0%	2.1%	1.7%	0.9%	95.0%	4.2%	4016	5039	5550