



Statistical Report No 24: 2014

Vital Statistics Report - Births and Deaths 2012



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1.0 Introduction

Vital statistics system is defined as the total process of (a) collecting information by civil registration or enumeration on the frequency of occurrence of specified and defined vital events, as well as relevant characteristics of the events themselves and of the person or persons concerned, and (b) compiling, processing, analyzing, evaluating, presenting and disseminating these data in statistical form, (United Nations, 1998). In Lesotho, vital events that are collected by Bureau of Statistics for compilation are births, marriages, deaths, and divorces. The main source of vital statistics for deaths and births in the case of the Lesotho Bureau of Statistics is the records of vital events from the custodian of civil registration who is the Ministry of Home Affairs (MoHA).

Civil registration is the system developed by countries in which a continuous and complete record of births, deaths and the marital status of their people are kept. Civil registration plays a vital role in monitoring the number of births by sex as reported and ensures the legal protection to the people of any country together with the social and economic development of the nation through creation of a permanent demographic database. (UN Principles and Recommendations, *Rev* 2:2007)

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

1.1 Live Birth

Live birth is defined by H. Shryock et al, 1976, as a complete expulsion or extraction from its mother a product of conception, irrespective of the duration of pregnancy, which after such separation, breathes or shows any evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached: each product of such is considered live-born. The analysis therefore takes into consideration the distribution of live births by different background characteristics.

1.1.2 Reported Births by District

Disaggregating data can bring to light critical problems and issues that might otherwise remain invisible if certain aspects are not looked at in isolation. Generally, disaggregation relates to looking at how specific subgroups perform.

Table 1.1 displays a representation of births where the respective births were reported in the districts. The district of Maseru had the highest reported number of births (636) followed by Mafeteng district with 324 births. Qacha's Nek district reported the least number of births (13) whereas Thaba-Tseka came in second least with 34 reported births. The district of Maseru covered 37 percent of the total births and Qacha's Nek recorded 1 percent as the least. There seems to be less reporting of births (1,718 births) that occurred in 2012 as opposed to those that were reported in 2011 (3,931 births).

Table 1.1: Number of Reported Births by Districts, 2012

District	Reported Births	Percent
Botha-Bothe	42	2
Leribe	232	14
Berea	117	7
Maseru	636	37
Mafeteng	324	19
Mohale's Hoek	90	5
Quthing	39	2
Qacha's Nek	13	1
Mokhotlong	191	11
Thaba-Tseka	34	2
Total	1,718	100

1.1.3 Reported Births by Relationship to the Child

Figure 1.1 depicts reported births by how the person reporting relates to the child that is being reported. As shown in the figure, the majority (44 percent) of persons that reported births were fathers of these children while 43 percent of the births were reported by the. No Other relatives other than the four listed have reported a birth while 1 percent of the births were reported by grandfathers of the children.

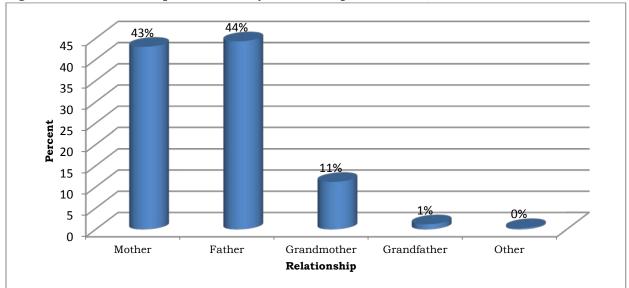
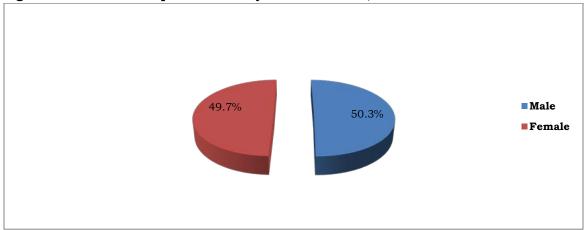


Figure 1.1: Number of Reported Births by Relationship to the Child, 2012

1.1.4 Reported Births by Sex of the Child

A gender based disaggregation of the population of interest is essential in the field of population studies to permit formulation of policies, planning, and understanding priorities of the country to become much clearer with such data. The information presented in Figure 1.2, shows that, the number of reported male births was 50.3 percent while that of female births was 49.7percent. This, just as in the 2011 report, adds to what literatures suggest that at birth there are more males than females. The Census of India in 2001 indicated that the imbalance in the number of males and females starts in the beginning and it is now a well-established law of nature that the males exceed females at the time of birth.

Figure 1.2: Number of Reported Births by Sex of the Child, 2012



1.1.5 Reported Births by Month of Reporting

Table 1.2 displays a compilation of births reported in the twelve months during the year 2012 where each month has had more than 100 reported births. There was no prominent difference in figures between the months; however, the month of October had more reports (169) of new borns while the month of July had 167 reported births. However, 106 births and 112 births were reported during the months of December and August respectively as the least and the second least.

Table 1.2: Number of Reported Births by Month of Reporting, 2012

Month	Reported Births	Percent
January	144	8
February	152	9
March	158	9
April	159	9
May	135	8
June	138	8
July	167	10
August	112	7
September	126	7
October	169	10
November	152	9
December	106	6
Total	1,718	100

1.1.6 Reported Births by Month of Birth

The month of birth is treated as an important variable in determining the exact age of a person in completed years in the field of demography and other related disciplines. In Table 1.3, it is indicated that during the month of January and April, there were more deliveries that occurred with the same number (168) and (161) of deliveries and were observed in the month of March as the second highest. The month of June had the least number of births delivered with a record of 121 births followed by 122 in November.

Table 1.3: Number of Reported Births by Month of Birth, 2012

Month of Birth	Reported Births	Percent	
January	168	10	
February	149	9	
March	161	9	
April	168	10	
May	140	8	
June	121	7	
July	134	8	
August	128	8	
September	141	8	
October	149	9	
November	122	7	
December	137	8	
Total	1,718	100	

1.1.7 Reported Births by Type of Birth

There are basically two forms of births, single births and multiple births. The first means a birth relating to one person while the latter means birth occurring to more than one person. The latter often bring about some complication of preterm delivery or low birth weight children, all of which are consequential. Moreover, multiple births are rarely experienced but need to be considered as multiple births add more than one additional person to the population. Figure 1.3 depicts the two forms of births and 96.3 percent are single births whereas 3.7 percent are reported multiple births. The results here were not out of the ordinary as multiple births are uncommon though they are seen to be on a rise recently.

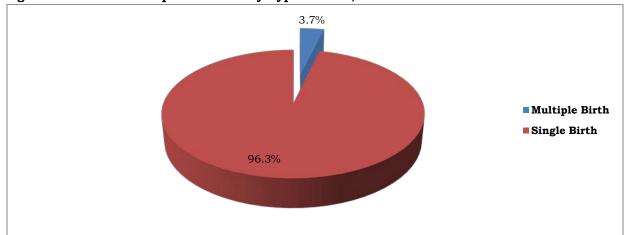


Figure 1.3: Number of Reported Births by Type of Birth, 2012

1.1.8 Reported Births by Place of Delivery

Literature reveals that a study that was conducted in Maharashtra indicated that a place of delivery has been found to be associated with reduced maternal mortality if adequate facilities are provided in a timely manner, Kausar, Griffiths and Mathews, 1999. Hospitals and Clinics/Health centers are ideal places for deliveries as there is assistance by trained health personnel to reduce the risk of maternal mortality and other consequences that may be encountered during unattended deliveries. This in itself suggests that there is a need to explore such practices in this regard.

Figure 1.4 shows reported births by place of delivery and 61 percent (1,048 births) was the highest number of births recorded that occurred in Homes followed by 31 percent of those that were reported to have occurred in the Clinics. The Republic of South Africa (RSA) recorded the least figure (1 percent) of births that occurred in this country). Unsafe Home deliveries are seen to have dominance in Lesotho despite their awful outcomes of maternal mortality which remains high regardless of attempts being made by the government to reduce it.

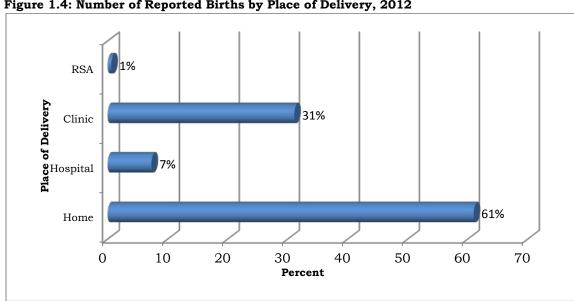
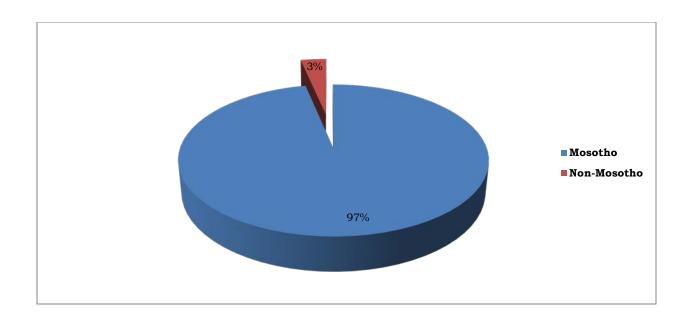


Figure 1.4: Number of Reported Births by Place of Delivery, 2012

1.1.9 Reported Births by Nationality of the Mother

Nationality of the parent of a newborn child has many implications as identification is required to access an increasingly wide range of services, entitlements and opportunities. It is only through identification of parents as natives of the country that such registration will be permitted. Figure 1.5 portrays the nationality of parents bearing the reported child and the majority (97 percent) of these children was born to Basotho women as opposed to 3 percent of those who were born to non-Basotho women.

Figure 1.5: Number of Reported Births by Nationality of the Mother, 2012



1.2.1 Reported Births by Age of the Mother

Age of the mother is elementary in terms of maturity of the body to carry pregnancy to term and deliver the expected child without any obstetric complications. The outcome of deliveries are to a certain extend explained by age of the mother. The number of reported births as distributed by the age of the parents is given in Table 1.4. Observed in the table were 506 reported births to women aged 25 to 29 years followed by the subsequent age group 30 to 34 with 409 births. The least number of births were observed both in the age groups 45 to 49 years and 40 to 44 years who reported 7 and 42 births respectfully. The least reported number of births was for age group 45 to 49 years which is the age at which most women are in their menopausal stage.

Table 1.4: Number of Reported Births by Age of the Mother, 2012

Age Group	Reported Births	Percent
10-14	97	6
15-19	96	6
20-24	378	22
25-29	506	30
30-34	409	24
35-39	183	11
40-44	42	2
45-49	7	0
Total	1,718	100

1.2.2 Reported Births by Marital Status of Parents

Marriage as defined is the act, is a ceremony or process by which the legal relationship of husband and wife is constituted. The legality of the union may be established by civil, religious or other means as recognized by the laws of each country (United Nations 2001). This area of analysis seeks to uncover births that came from unmarried couples than married couples as children born out of wedlock are more disadvantaged than their counterparts born within marriages. Parents that had children in a matrimonial arrangement constituted 82.2 percent whereas those that had children though unmarried constitute 17.8 percent as shown in Figure 1.6 below.

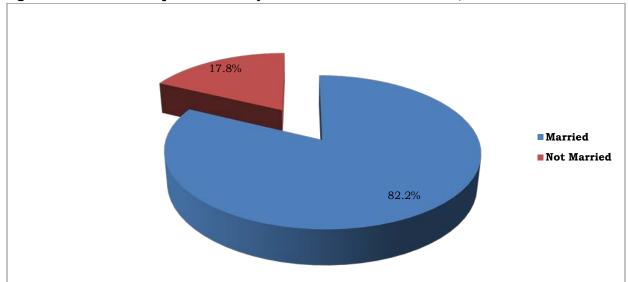


Figure 1.6: Number of Reported Births by Marital Status of Both Parents, 2012

2.0 Reported Deaths

According to the United Nations (UN, 2003) definition, a death is the permanent disappearance of all evidence of life at any time after live birth has taken place (postnatal cessation of vital functions without capability of resuscitation). It is a vital event and should be recorded to monitor, among other things, the levels of mortality as one of the three components of population change, also whether or not the health system of the country is getting better.

Reported events occurring within districts determine the rate of recording as well as to measure the force of mortality at sub national level that is at district level.

2.1.1 Reported Deaths and District of the Deceased

Deaths occurring within districts is simply the disaggregation of deaths across the country and takes into account what could otherwise, not be seen if not done, that is, the contribution of each district to the entire number of deaths.

As Table 2.1 depicts, Maseru district stands out to be reporting more deaths than any other district with a record of 4,132 followed by Mafeteng district with an observed 1,346 reports. In comparison, more deaths (7,751) were reported in 2012 than they were in 2011 (5,314 reported deaths). Least of the recorded statistics of reported deaths in districts is that of Berea with 53 reported deaths followed by is the district of Thaba-Tseka with 123 reported deaths. The total may not necessarily mean reduced levels of mortality but a problem with death registration system that needs to be intensified. Maseru constituted more than 50 percent of the total reported deaths.

Table 2.1: Number of Reported Deaths by District of the Deceased, 2012

District	Reported Deaths	Percent
Botha-Bothe	124	2
Leribe	600	8
Berea	53	1
Maseru	4,132	53
Mafeteng	1,346	17
Mohale'sHoek	672	9
Quthing	126	2
Qacha's Nek	327	4
Mokhotlong	248	3
Thaba-Tseka	123	2
Total	7,751	100

2.1.2 Reported Deaths and Relationship to the Deceased

Table 2.2 is an illustration of how the reporting person relates to the deceased. The children of the deceased were estimated to have reported more deaths (2,202). The siblings of the deceased recorded the second largest figure (1,559) of the reported deaths. The Chiefs or community councilor reported 4 deaths as the least number of reported deaths followed by 29 deaths that were reported by Other person not related.

Table 2.2:Number of Reported Deaths by Relationship to the Deceased, 2012

Relationship	Reported Deaths	Percent		
Mother	471	6		
Father	583	8		
Wife	720	9		
Husband	595	8		
Child	2,202	28		
Sibling	1,559	20		
Son/Daughter in Law	194	3		
Parent in Law	76	1		
Other relatives	1,318	17		
Other Persons not Related	29	0		
Chief/Community Councilor	4	0_		
Total	7,751	100		

2.1.3 Reported Deaths and Nationality of the Deceased

People from different countries reside in Lesotho thus it is imperative to identify the nationality of the deceased in order to have a sound estimate of deaths occurring within the country. This therefore suggests that all Basotho and non-basotho are reported hence Basotho shall receive their respective rights as natives of this country. The number of reported deaths against nationality of the deceased is shown in Table 2.3. The reported number of deaths that occurred to Basotho outnumber those of non-Basotho with a large number recording 7,724 deaths whereas the non-Basotho recorded 27 deaths.

Table 2.3: Number of Reported Deaths by Nationality of the Deceased, 2012

Nationality	Reported Deaths	Percent

Total	7,751	100
Non Mosotho	27	0
Mosotho	7,724	100

2.1.4 Reported Deaths and Sex of the Deceased

Sex is one of the most important demographic variables used in population statistics and it is used almost universally in statistical and administrative data collections relating to people. Therefore, Figure 2.1 gives the number of reported deaths for both sexes. The figure shows that males had more numbers of reported deaths, 52 percent as compared to their female counterpart with 48 percent.

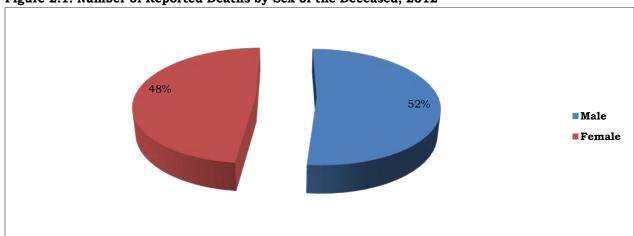


Figure 2.1: Number of Reported Deaths by Sex of the Deceased, 2012

2.1.5 Reported Deaths and Place where Death Occurred

How people respond to illnesses and sicknesses varies greatly among Basotho and other nations. An initiative is being taken to improve the health system of the country, and the level of mortality is one indicator of such. Health facilities are ideal places for managing illnesses. In this regard, Figure 2.2 depicts where the deceased was at the time of death. An appalling 68 percent of them died at their Homes and 29 percent died at Hospitals as the highest and the second highest figures respectively. None were reported to have died in Clinics/Health centres as well as in Other countries besides the Republic of South Africa where 2 percent of them were reported.

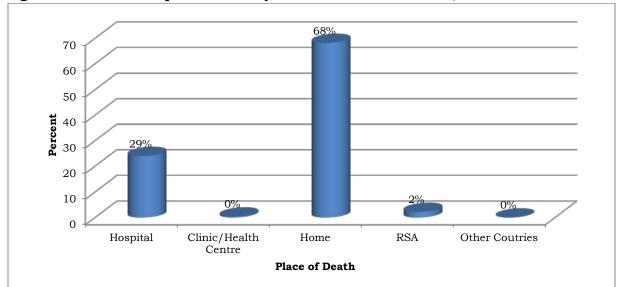


Figure 2.2: Number of Reported Deaths by Place where Death Occurred, 2012

2.1.6 Reported Deaths by own District and District of Death

This analysis seeks to establish the actual district of birth of the deceased against the district in which the deceased died. This is to see how Urbanization may be cited as a factor influencing movement of people across the country in its era which ultimately indirectly affects mortality. The observation in Table 2.4 was that, of all people originating from all districts most of the persons died in Maseru district confirming that people move from their districts to Maseru. This may be due to the fact that it has more opportunities and is more urbanized than all this other districts. Among people who died out of their own districts, Berea has the highest figure of 203 deaths reported to have occurred in Maseru and this is not surprising because Berea and Maseru share boundaries.

Mafeteng appears as the second largest (172 reported deaths) district with more people dying in Maseru which can also be attributed to the above mentioned reasoning of sharing boundaries with Maseru. In terms of people dying inside other districts other than their own, Mafeteng followed, where 24 people from Mohale's Hoek district died in this district probably due to a move made into the textile industries. Fewer deaths of people from other districts can be observed in Mokhotlong and Thaba-Tseka where there were 3 deaths and 1 death reported correspondingly. None of the people in Quthing died in any other district other than Quthing itself.

Table 2.4: Number of Reported Deaths by Own District and District where the Death Occurred, 2012

					Own District					
Districts of Death	Botha- Bothe	Leri be	Bere a	Maseru	Mafet eng	Mohale's Hoek	Quthi ng	Qacha's Nek	Mokho tlong	Thaba- Tseka
Botha-Bothe	107	11	2	2	1	1	0	0	0	0
Leribe	1	596	1	0	0	0	1	0	0	1
Berea	0	5	43	5	0	0	0	0	0	0
Maseru	19	77	203	3,515	172	79	29	10	9	19
Mafeteng	0	0	0	6	1,315	24	0	1	0	0
Mohale'sHoek	1	0	0	1	5	657	6	2	0	0
Quthing	0	0	0	0	0	0	126	0	0	0
Qacha's Nek	0	0	0	0	0	9	3	315	0	0
Mokhotlong	0	0	0	3	0	0	0	0	245	0
Thaba-Tseka	0	1	0	0	0	0	0	0	0	122