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Sex differences in help-seeking behavior for depression in Lesotho: findings from a national survey

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Abstract

Background Given the many adverse health outcomes associated with depression, it is imperative to promote help-seeking behaviors. However, in Lesotho, there are no published studies that have investigated the help-seeking dynamics for depression. As such, the following questions remain unanswered: (a) What proportion of people living with depression in Lesotho seek help? (b) Are there significant sex differences in the factors associated with help-seeking for depression? To address these questions, we examined the prevalence and sex differences in the factors associated with help-seeking for depression in Lesotho.

Methods Secondary data from the 2023–2024 Lesotho demographic and health survey was used. We sampled 2172 men and 1484 women. Binary logistic regression models were fitted in STATA 18. Statistical significance was set at $p < 0.05$.

Results Overall, the proportion of women who sought help for depression was slightly higher (17.1% [14.4–20.3]) compared to men (16.4% [14.3–18.8]). More women (43.6%) sought help for depression from formal help providers than men. Likewise, more than half of male participants (60%) sought help from informal sources. Among men, those with moderate depression had significantly higher odds of seeking help (AOR = 2.02, 95%CI: 1.56–2.61). Help-seeking was also more likely among men with secondary education (AOR = 1.98, 95%CI: 1.13–3.47), those currently in a union (AOR = 1.85, 95%CI: 1.41–2.42) or previously in a union (AOR = 2.30, 95%CI: 1.54–3.45), and those in the richest wealth index (AOR = 1.64, 95%CI: 1.06–2.53). Among women, moderate (AOR = 2.41, 95%CI: 1.76–3.32) and severe depression (AOR = 3.42, 95%CI: 2.26–5.18) significantly increased help-seeking likelihood. Women aged 45–59 years (AOR = 2.46, 95%CI: 1.36–4.45), exposed to media (AOR = 1.63, 95%CI: 1.21–2.19), or consuming alcohol (AOR = 1.36, 95%CI: 1.01–1.84) also had higher odds of seeking help.

Conclusion Help-seeking for depression is low among men and women in Lesotho. However, the factors associated with help-seeking differ by sex. Among women, leveraging the media could yield more effective outcomes; among men, addressing poverty and improving education could prove effective in improving help-seeking for depression. The study also underscores a need to focus on harnessing the potential of informal support networks.

Keywords Depression, Mental health, Help-seeking, Public health

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Background

Depressive disorders are among the major mental health disorders affecting millions of people [1]. Globally, nearly 280 million people are living with depression with more than half of cases reported among women [2, 3]. According to Zhang et al. [4], the age-standardized incidence rate (ASIR) of depression is significantly higher among individuals in *"central sub-Saharan Africa, averaging 6.89 to 6.65 per 1000 people from 1990 to 2019"*. Thus, suggesting that depression is a serious public health concern in SSA countries, including Lesotho.

Previous studies have shown that the high prevalence of HIV in Lesotho creates room for depression to abound [5, 6]. One study found a 53% prevalence of depression among HIV-infected persons in Lesotho [5]. However, in the general population, 87.6% of women and 89.6% of men have a minimum risk of depression while 2% of women and 1.8% of men are at risk of moderate/severe depression [6]. As such, the importance of help-seeking for this mental health condition cannot be understated.

Depression is associated with several adverse health outcomes including higher remission rates [7] and higher disability-adjusted life years (DALYs) [8]. A systematic review has also shown that depression is significantly associated with higher risk of suicidal attempts and suicidal death [9]. Also, literature shows that depressive disorders are positively associated with the risk of developing physical ill-health conditions including coronary artery disease, hypertension and diabetes [10–12]. Given the many adverse health outcomes associated with depression, it is imperative to promote help-seeking behaviors.

Studies from the United States [13] and United Kingdom [14] have explored aspects of help-seeking for depression. For example, Call and Shaffer [13] revealed that being divorced, having higher education, and type of symptoms increases the likelihood of individuals to seek help for depression. Castonguay et al. [14] also provides a qualitative picture to the dynamics of help-seeking; the authors further revealed that while the fear of unknown treatment impeded help-seeking behavior, interpersonal cues to action from friends and families encouraged individuals to seek help for depressive disorders.

Studies from South Africa [15] and Ethiopia [16] also indicate that younger age, lower income status, stigma, and lack of knowledge are significant barriers to help-seeking for depression. Another study conducted in Tokyo, Japan [17] shows that there are sex differences in help-seeking for depression with females being more likely to seek help. However, in the context of Lesotho, there are no published studies that have investigated the help-seeking dynamics for depression. As such, the following questions remain unanswered: (a) What proportion of people living with depression in Lesotho seek help? (b) What are the sources of help-seeking for depression in Lesotho? (c) Are there significant sex differences in the factors associated with help-seeking for depression? To address these questions, we examined the prevalence and sex differences in the factors associated with help-seeking for depression in Lesotho.

Methods

Data source and design

This study was based on secondary data from the 2023–2024 Lesotho Demographic and Health Survey (LDHS). The 2023–24 LDHS collected data from a nationally representative sample of 6,413 women aged 15–49 across 9,810 households and 3,215 men aged 15–59 from half of these households, achieving response rates of 98% for women and 97% for men [18]. The survey's sampling design ensures accurate estimates at the national level, as well as for urban and rural areas and across the 10 districts of the country [18]. Our study was limited to the sample that who responded to the question on seeking help for depression symptoms (men: 2172; women: 1484). It must be noted that the LDHS collected data separately for men and women, with different sample weights. As such, it was imperative to analyze the data separately.

Measures

Outcome

We measured help-seeking for depression from a question that followed the Patient Health Questionnaire-9 (PHQ-9) (a measure of depressive symptoms): "have you ever tried to seek help for the things you experienced?" This variable was dichotomized as 0 = no and 1 = yes.

Explanatory variables

Socio-demographic, behavioral and exposure factors were selected as explanatory variables based on findings from previous studies [13–16]. Sociodemographic factors included education level (no formal education, primary, secondary, or higher), marital status (never married, currently in a union, or previously in a union), wealth index (poorest, poorer, middle, richer, or richest, derived through principal component analysis of household assets), and age group (15–49 years for women and 15–59 years for men). Behavioral and exposure factors included media exposure, which captured access to information through radio, television, and newspapers. It was categorized as yes or no. Similarly, alcohol consumption was measured as a binary variable (yes or no). Depression severity was categorized into three levels based on the PHQ-9 scoring thresholds: mild depression (scores 5–9), moderate depression (scores 10–14), and moderately severe/severe depression (scores $\geq$ 15).

Statistical analyses

The analyses were performed in STATA version 18 (StataCorp, College Station, TX, USA). All sample were weighted by applying the appropriate sample weight (v005 for women and mv005 for men), as well as accounting for the complex design of the survey. Given that the LDHS collected the data separately for men and women, we analyzed the data separately. Descriptive analyses were conducted to summarize the distribution help-seeking behavior. Also, bivariate analyses were performed to explore the crude associations between each explanatory variable and help-seeking behavior. We computed two sets of multivariable logistic regression model one for men and the other for women. Variables were selected into the model using a backward stepwise approach. Statistical significance was kept at $p < 0.05$.

Results

Characteristics of study participants

The study included 2,172 men and 1,484 women (Table 1). Regarding the severity of depression, the majority of men and women reported mild symptoms (62.6% and 57.9%, respectively), while moderately severe/severe symptoms were more common among women (11.6%) than men (7.4%). Men were relatively evenly distributed across all age categories, while women were slightly more concentrated in the 30–39 age range. Most participants had secondary education (men: 43.3%, women: 57.0%). While the majority of men were never married (47.3%), most women were currently in union (53.5%). Alcohol consumption was more prevalent among men (57.0%) compared to women (30.2%); however, media exposure was higher among women (65.0%) than men (59.0%). Most participants resided in rural areas (men: 60.6%, women: 55.2%).

Sex differences in the proportion of participants who seek help for depression

Overall, the proportion of women who sought help for depression was slightly higher (17.1% [14.4–20.3]) compared to men (16.4% [14.3–18.8]) (see Table 2). For men, higher uptake of help-seeking was found among those with moderate depression (23.0% [18.3–28.5]) and moderately severe/severe depression (19.9% [12.4–30.3]), those aged 55–59 years (26.9% [16.2–41.2]), those previously in union (20.5% [13.5–29.8]), and those exposed to media (18.3% [15.1–21.9]). Similarly, among women, higher help-seeking for depression was observed among those with moderately severe/severe depression (25.9% [18.2–35.4]), women aged 45–49 years (29.8% [20.0–41.9), and those exposed to media (20.1% [16.4–24.3]).

Sources of help-seeking

Figure 1 shows that in Lesotho, there is a higher preference for informal help-providers than formal help providers. More women (43.6%) sought help for depression from formal help providers than men. Likewise, more than half of male participants (60%) sought help from informal sources.

Among both genders, doctors/medical personnel were the most commonly sought source of help, with slightly more females (5.6%) than males (5.0%) utilizing this option. Family members were also a prominent source, with 4.1% of females and 3.6% of males reporting this preference. Friends were similarly consulted by both genders, with 4.4% of females and 4.5% of males seeking help from them (see Fig. 2).

Factors associated with help-seeking for depression among males and females

In the unadjusted models, individuals with more severe depression, those exposed to media, increasing age, and higher wealth index being significantly associated with higher odds of help-seeking for depression among both males and females (Table 3). Having formal education and being currently or previously in union was associated with higher odd of help-seeking for depression among men but not women. Rural residency, on the other hand, was associated with lower odds of help-seeking among women.

Adjusted factors associated with help-seeking for depression among males

In the adjusted model, we found that males with moderate depression had significantly higher odds of seeking help compared to those with mild depression (AOR = 2.02, 95%CI: 1.56–2.61). The odds of help-seeking for depression was higher among men with secondary education (AOR = 1.98, 95%CI: 1.13–3.47), those currently in a union (AOR = 1.85, 95%CI: 1.41–2.42) and those previously in a union (AOR = 2.30, 95%CI: 1.54–3.45), as well as those in the richest wealth index (AOR = 1.64, 95%CI: 1.06–2.53) (Fig. 3).

Adjusted factors associated with help-seeking for depression among females

Among women, experiencing moderate (AOR = 2.41, 95%CI: 1.76–3.32) and moderately severe/severe depression (AOR = 3.42, 95%CI: 2.26–5.18) were even more likely to seek help. Also, higher odds of seeking help for depression was found among women aged 45–49 years (AOR = 2.46, 95%CI: 1.36–4.45), and those

Table 1 Characteristics of study participants

Characteristics	Males Weighted sample n(%)	Females Weighted sample n(%)
Overall	**2172 (100.0)**	**1484 (100.0)**
Severity of depression		
Mild	1360 (62.6)	860 (57.9)
Moderate	651 (30.0)	451 (30.4)
Moderately severe/severe	161 (7.4)	173 (11.6)
Age categories		
15-19 years	376 (17.3)	213 (14.4)
20-24 years	372 (17.1)	256 (17.2)
25-29 years	262 (12.1)	208 (14.0)
30-34 years	256 (11.8)	232 (15.7)
35-39 years	255 (11.8)	231 (15.6)
40-44 years	236 (10.9)	186 (12.5)
45-49 years	183 (8.4)	157 (10.6)
50-54 years	134 (6.2)	-
55-59 years	98 (4.5)	-
Education		
No formal education	126 (5.8)	6 (0.4)
Primary	800 (36.9)	390 (26.3)
Secondary	942 (43.3)	846 (57.0)
Higher	304 (14.0)	241 (16.3)
Marital status		
Never married	1028 (47.3)	445 (30.0)
Currently in union	946 (43.6)	793 (53.5)
Previously in union	198 (9.1)	246 (16.6)
Media exposure		
No	891 (41.0)	520 (35.0)
Yes	1281 (59.0)	964 (65.0)
Consumes alcohol		
No	935 (43.0)	1036 (69.8)
Yes	1237 (57.0)	448 (30.2)
Witnessed parental violence		
No	1387 (63.8)	947 (63.8)
Yes	785 (36.2)	537 (36.2)
Wealth index		
Poorest	360 (16.6)	217 (14.6)
Poorer	392 (18.0)	238 (16.0)
Middle	478 (22.0)	296 (20.0)
Richer	496 (22.8)	372 (25.1)
Richest	446 (20.5)	360 (24.3)
Residence		
Urban	855 (39.4)	665 (44.8)
Rural	1317 (60.6)	819 (55.2)

(-): Age range for women was limited to 15-49 years in the data

Table 2 Distribution of proportion of participants who seek help for depression

Characteristics	Males n (% [95%CI])	*p*-values	Females n (% [95%CI])	*p*-values
Overall	**356 (16.4 [14.3-18.8])**		**254 (17.1 [14.4-20.3])**	
Severity of depression		**<0.001**		**0.003**
Mild	174 (12.8 [10.6-15.3])		113 (13.2 [9.8-17.6])	
Moderate	150 (23.0 [18.3-28.5])		96 (21.3 [16.5-27.1])	
Moderately severe/severe	32 (19.9 [12.4-30.3])		45 (25.9 [18.2-35.4])	
Age categories		**0.010**		**0.002**
15-19 years	33 (8.7 [5.6-13.3])		23 (11.0 [7.0-16.8])	
20-24 years	59 (15.9 [10.9-22.5])		37 (14.6 [9.7-21.4])	
25-29 years	58 (22.0 [14.9-31.2])		38 (18.5 [13.1-25.5])	
30-34 years	41 (16.0 [11.4-22.0])		27 (11.8 [8.0-17.2])	
35-39 years	44 (17.2 [12.1-23.8])		35 (15.3 [9.9-22.7])	
40-44 years	39 (16.7 [10.6-25.2])		45 (224.4 [15.9-35.6])	
45-49 years	42 (23.0 [15.9-32.0])		47 (29.8 [20.0-41.9])	
50-54 years	14 (10.5 [6.5-16.4])		-	
55-59 years	26 (26.9 [16.2-41.2])		-	
Education		0.379		0.395
No formal education	12 (9.9 [5.6-16.8])		2 (28.2 [5.7-71.9])	
Primary	126 (15.7 [13.0-18.9])		56 (14.4 [10.7-19.2])	
Secondary	167 (17.7 [14.9-21.1])		147 (17.3 [13.4-22.0])	
Higher	51 (16.7 [10.4-25.9])		50 (20.6 [14.8-28.0])	
Marital status		**0.008**		0.499
Never married	128 (12.4 [9.6-15.9])		67 (15.1 [11.6-19.5])	
Currently in union	188 (19.8 [16.5-23.7])		137 (173 [13.0-22.5])	
Previously in union	40 (20.5 [13.5-29.8])		50 (2.4 [13.6-29.4])	
Media exposure		0.060		**<0.001**
No	122 (13.7 [10.9-16.9])		61 (11.7 [9.1-15.1])	
Yes	234 (18.3 [15.1-21.9])		193 (20.1 [16.4-24.3])	
Consumes alcohol		0.502		0.079
No	145 (15.5 [12.3-19.3])		160 (15.5 [12.2-19.4])	
Yes	211 (17.1 [14.3-20.2])		94 (21.0 [16.3-26.6])	
Witnessed parental violence		0.484		0.840
No	219 (15.8 [13.3-18.6])		164 (17.3 [13.8-21.6])	
Yes	137 (17.5 [13.8-21.9])		90 (16.8 [13.0-21.4])	
Wealth index		0.703		0.129
Poorest	47 (13.1 [9.9-17.1])		24 (11.0 [7.7-15.6])	
Poorer	65 (16.6 [12.4-21.8])		34 (14.2 [9.7-20.3])	
Middle	81 (16.9 [13.2-21.3])		60 (20.1 [14.3-27.5])	
Richer	82 (16.6 [12.3-22.0])		76 (20.5 [15.0-27.3])	
Richest	81 (18.1 [12.4-25.7])		61 (16.9 [11.8-23.5])	
Residence		0.090		0.127
Urban	161 (18.9 [14.7-24.0])		131 (19.7 [15.5-24.7])	
Rural	194 (14.8 [12.8-16.9])		123 (15.1 [11.6-19.3])	

exposed to media (AOR = 1.63, 95%CI: 1.21–2.19). Women who consumed alcohol had higher odds of seeking help compared to non-drinkers (AOR = 1.36, 95%CI: 1.01–1.84) (Fig. 4).

Discussion

The aim of this study was to examine the prevalence and sex differences in the factors associated with help-seeking for depression in Lesotho. Our study shows that

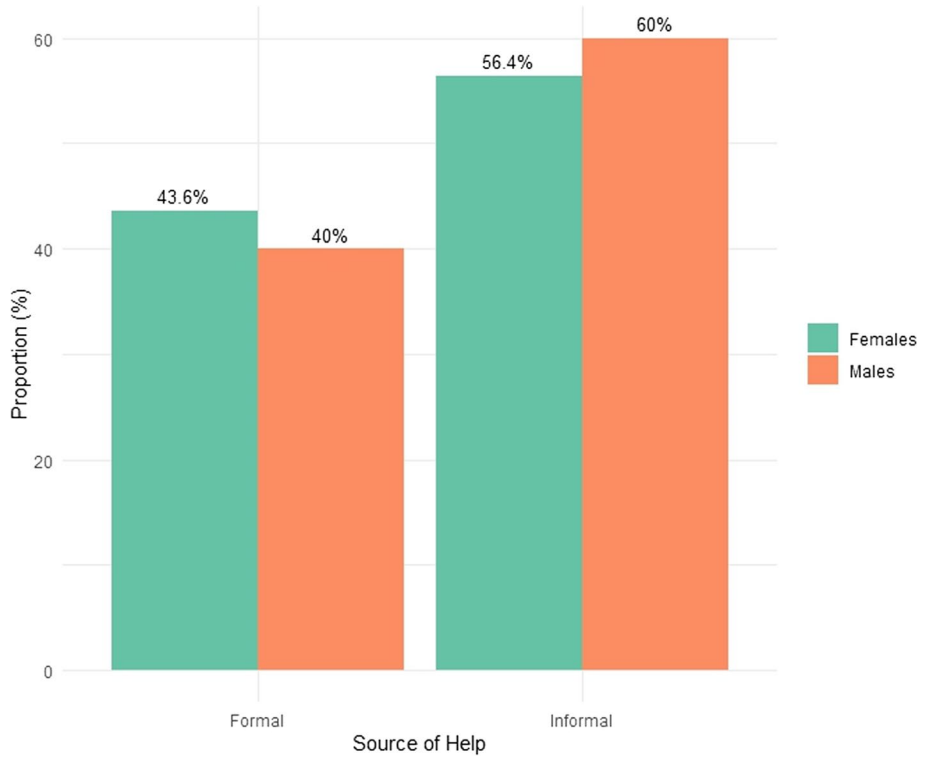

Fig. 1 Sources of help-seeking for depression

help-seeking for depression was slightly higher among women (17.1%) than men (16.4%). This prevalence is lower when compared to other SSA countries such as Ethiopia where 48% of persons living with depression seek help [16]. However, it is similar to the dynamics in Uganda where 18.9% of persons with depressive disorders seek help [19]. The slight sex difference observed in the prevalence of help-seeking for depression may stem out from the prevailing cultural and gender norms. Men in Lesotho often face heightened stigma due to expectations of stoicism and emotional resilience which discourage acknowledgment of mental health struggles and help-seeking behavior [20].

Evidence from this study shows that most participants seek help from informal help providers (i.e., family members, friends, spouses, religious leaders and neighbors). This aligns with previous studies that have found low help-seeking from formal help providers (i.e., doctors, social workers, social service, and community health workers) [15, 16, 20]. One of the most plausible explanations for the low utilization of formal help providers is the financial cost associated with professional mental health services. Out-of-pocket costs for consultations, medications, and follow-up visits are prohibitively high for the average individual [18, 21]. This makes informal help providers an accessible and cost-effective alternative. It is, therefore, not surprising that our regression model showed higher odds of help-seeking among men in the richest wealth index compared to those in the poorest wealth index. The findings can also be viewed from the perspective of trust in informal help providers. For instance, Andersson et al. [15] reports that persons living with depression have mistrust formal help providers such as healthcare professionals to keep their condition confidential. This makes informal help sources like family and friends the most accessible to them as reflected in the high odds of help-seeking among men currently in union. Nevertheless, it is equally notable that a considerable number of participants, particularly women, also sought help from medical personnel. This suggests that the choice of help-seeking is not mutually exclusive but rather reflects a complementary strategy, where informal networks may serve as the first line of support, with formal medical services being consulted when symptoms become more severe or when professional intervention is deemed necessary.

Consistent with previous studies [1, 22, 23], we found that moderate was associated with higher likelihood of seeking help – a pattern that was common among men and women. Also, severe symptoms among women was associated with higher odds of help-seeking although this was not significant among men. We argue that as

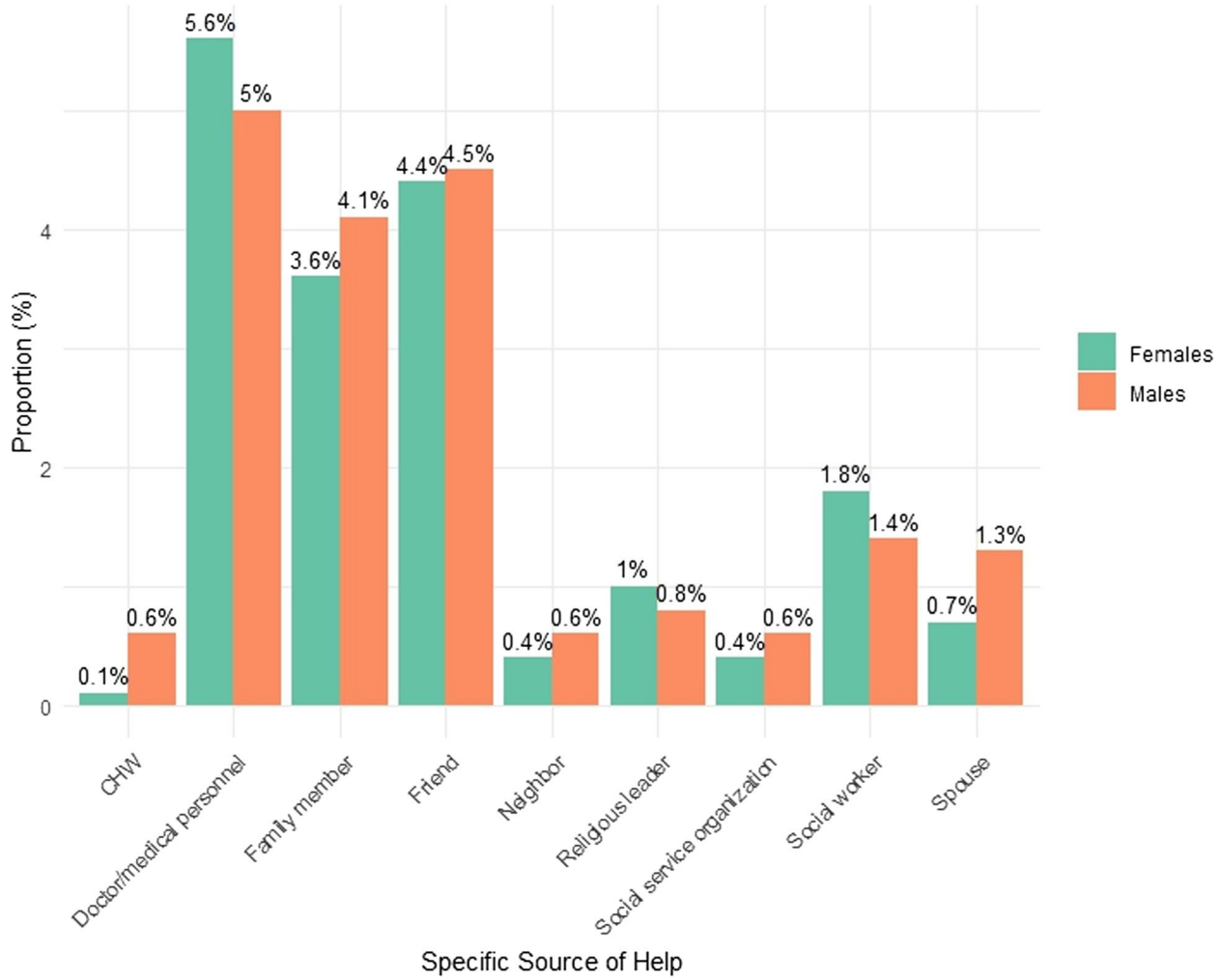

Fig. 2 Specific sources of help-seeking

symptoms of depression intensify, individuals are more likely to recognize their condition as abnormal and distressing. Moderate and severe depression often involve significant functional impairments, including difficulties in daily activities, loss of productivity, and disruptions in interpersonal relationships [24]. These impairments may heighten the perceived need for help. In contrast, those with mild depression may dismiss their symptoms as manageable without external support or fail to recognize them as a mental health concern.

Higher educational level was associated with higher help-seeking for depression; however, this was only significant among men. Similar findings have been reported in previous studies [1, 25]. Having formal or higher education enhances the capacity of individuals to recognize their need for help, as well as understand the benefits of seeking help for depression. Another possible explanation for this findings is reflected in the findings of Hammer et al. [25], whose study revealed that men with higher educational attainment are less likely to harbor negative attitudes about help-seeking.

We found media exposure to be positively associated with help-seeking among women but not men. It is unclear why media exposure was not significant among men. However, the findings align with some studies that have found a positive association between media exposure and help-seeking for mental health disorders [26–28]. Media exposure has been documented to improve mental health literacy, enhance risk perception, and dispel stereotypes and misconceptions surrounding help-seeking for depression and other mental health disorders [28]. Our study also revealed that among women, alcohol consumption is associated with higher odds of help-seeking for depression. The observed association was expected as individuals who consume alcohol are at a higher risk of developing severe depressive

Table 3 Results from bivariable logistic regression model

Characteristics	Males Crude Odds Ratio (95%CI)	Females Crude Odds Ratio (95%CI)
Severity of depression		
Mild	Ref.	Ref.
Moderate	**2.03 [1.57-2.61]*** **	**2.52 [1.85-3.45]*** **
Moderately severe/severe	1.37 [0.89-2.08]	**3.68 [2.46-5.49]*** **
Age categories		
15-19 years	Ref.	Ref.
20-24 years	1.37 [0.85-2.21]	1.34 [0.78-2.30]
25-29 years	**1.95 [1.20-3.15]** **	**1.92 [1.13-3.28]***
30-34 years	**1.87 [1.16-3.02]***	1.20 [0.68-2.12]
35-39 years	**2.31 [1.43-3.71]** **	1.37 [0.78-2.41]
40-44 years	**1.71 [1.03-2.84]***	**2.39 [1.38-4.12]** **
45-49 years	**2.12 [1.27-3.56]** **	**2.47 [1.40-4.37]** **
50-54 years	1.66 [0.93-2.98]	-
55-59 years	**2.54 [1.40-4.60]** **	-
Education		
No formal education	Ref.	Ref.
Primary	1.67 [0.99-2.82]	0.60 [0.12-2.96]
Secondary	**1.76 [1.05-2.96]***	0.66 [0.13-3.20]
Higher	1.75 [0.96-3.17]	0.85 [0.17-4.28]
Marital status		
Never married	Ref.	Ref.
Currently in union	**1.71 [1.32-2.22]*** **	1.22 [0.89-1.69]
Previously in union	**2.06 [1.40-3.04]*** **	1.35 [0.88-2.08]
Media exposure		
No	Ref.	Ref.
Yes	**1.38 [1.08-1.76]** **	**1.77 [1.33-2.36]*** **
Consumes alcohol		
No	Ref.	Ref.
Yes	1.18 [0.93-1.51]	**1.59 [1.19-2.12]** **
Witnessed parental violence		
No	Ref.	Ref.
Yes	0.82 [0.64-1.04]	1.05 [0.79-1.40]
Wealth index		
Poorest	Ref.	Ref.
Poorer	1.38 [0.95-1.98]	1.28 [0.80-2.06]
Middle	1.21 [0.84-1.76]	**1.79 [1.14-2.80]***
Richer	1.31 [0.90-1.89]	**1.93 [1.24-2.99]** **
Richest	**1.73 [1.19-2.53]** **	**1.96 [1.25-3.07]** **
Residence		
Urban	Ref.	Ref.
Rural	0.81 [0.64-1.04]	**0.65 [0.49-0.86]** **

Male Mean VIF=4.8; Female VIF: 5.5; *$p < 0.05$; **$p < 0.01$; ***$p < 0.001$

symptoms which have been established being associated with higher likelihood to seek help [29, 30].

The study also revealed that compared to men who were never married, being currently in union was associated with an 85% increase in the odds of seeking help for depressive symptoms. However, this observation was not significant among women. A plausible explanation is that being in a union can help counteract

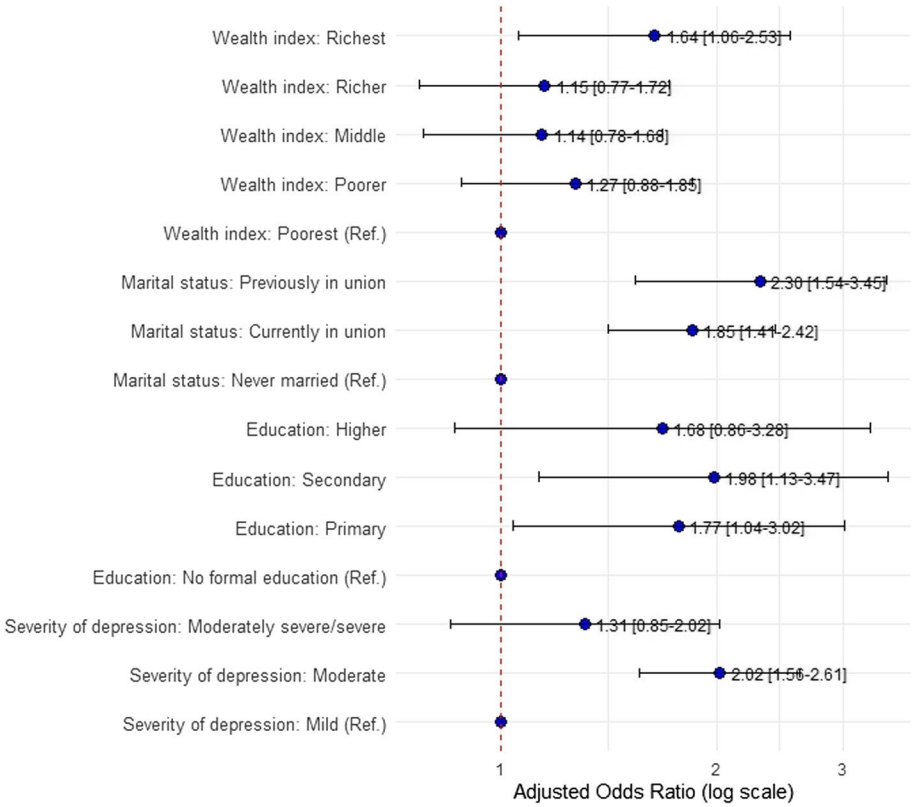

Fig. 3 Adjusted factors associated with help-seeking for depression among males

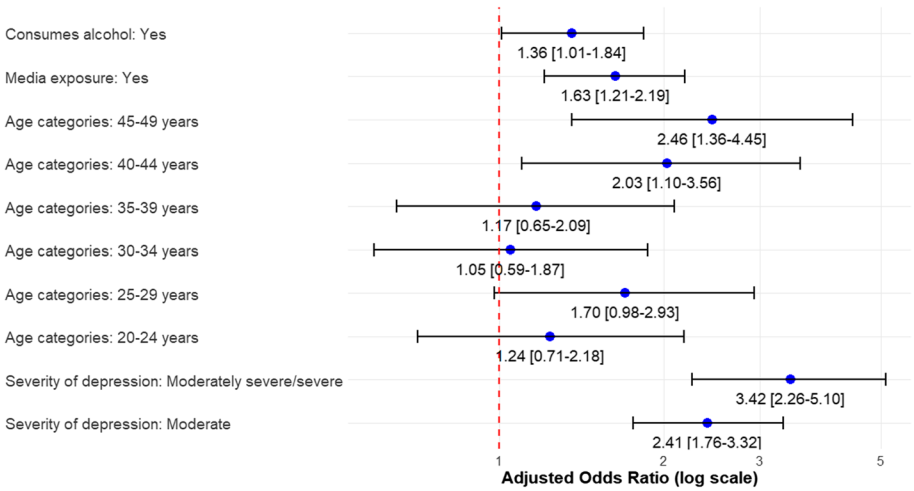

Fig. 4 Adjusted factors associated with help-seeking for depression among females

traditional masculine norms of stoicism by offering a trusted partner who may recognize early signs of depression, encourage acknowledgment of symptoms, and advocate for professional care. For women, who generally have more extensive and varied social networks outside of their marital relationships, the added influence of a union might not significantly alter their overall propensity to seek help [31]. Nonetheless, a qualitative exploration of the martial dynamics on depression help-seeking would provide deeper insights into why there are significant sex differences.

Strengths and limitations

A major limitation of this study is the cross-sectional nature of the LDHS which precludes our capacity to infer causal inferences. Also, the use of secondary data limited the kind of explanatory variables to be included in the model. For instance, factors such as stigma, availability of social support, and knowledge/awareness of where to seek help were absent in the LDHS. Hence, future studies exploring help-seeking for depression must consider these factors. It must be noted that the findings may not be generalizable to older adults (i.e., 60 years and older). While the selection of variables into the regression model based on a stepwise approach enhanced the robustness of the model, there is a possibility that borderline significant variables would have been excluded in the statistical iteration. Nonetheless, the data is representative of the Lesotho population. Hence, guaranteeing the generalizability of the findings to the larger population.

Conclusion

Help-seeking for depression is low among men and women in Lesotho. The findings show that while formal healthcare (e.g., consultations with medical personnel) is more frequently utilized by women and those with more severe depressive symptoms, the majority rely on informal help sources such as family members, friends, and community leaders. However, the factors associated with help-seeking differ by sex. The findings underscore a need for interventions in the country to approach help-seeking from a gendered perspective. Among women, leveraging the media could yield more effective outcomes; among men, addressing poverty and improving education could prove effective in improving help-seeking for depression. The study also underscores a need to focus on harnessing the potential of informal support networks. This could involve community-based programs that train and empower informal help providers, establish referral linkages between informal and formal services, and promote public mental health literacy.

Abbreviations

AOR	Adjusted Odds Ratio
CI	Confidence Interval
LDHS	Lesotho Demographic and Health Survey
WHO	World Health Organization

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Authors' contributions

JO: Conceptualization, methodology, software, data curation, formal analysis, writing – original draft, writing – review & editing. CA: Conceptualization, methodology, validation, writing – original draft, writing – review & editing. KSD: Methodology, supervision, validation, writing – original draft, writing – review & editing.

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Data availability

The datasets generated and/or analyzed during the current study are available in the Measure DHS repository: https://www.dhsprogram.com/data/dataset/Lesotho_Standard-DHS_2023.cfm?flag=0.

Declarations

Ethics approval and consent to participate

We did not need to seek ethical clearance because the DHS dataset used is publicly available. We obtained the datasets from the DHS Program after completing the necessary registration and getting approval for their use. We followed all the ethical guidelines that pertain to using secondary datasets in research publications. However, the original LDHS was approved by the Lesotho Ministry of Health Research and Ethics Committee and the Institutional Review Board of ICF International. You can find detailed information about how we used the DHS data and the ethical standards we followed at this link: http://goo.gl/ny8T6X.
The participants provided written and oral consent to participate.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

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