
Women in Lesotho: Overcoming Socioeconomic Barriers

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Abstract

This study aims to tackle the social and economic challenges that women encounter in Lesotho. To address the problems, the study gives data from several credible sources. On this premise, the author suggests that the government of Lesotho should close the gaps in the economy and restore some of the concepts and structures that help women be empowered, as well as reconsider its approach and put resources at the disposal of women, in particular, in order to achieve equality and equity. Women's empowerment, while a reality, will not rise above average unless such challenges are addressed.

1. Introduction

Lesotho, a landlocked country in Southern Africa, presents a complicated environment when it comes to women's socioeconomic standing. The former British Protectorate of Basutoland gained formal independence on October 4, 1966, and adopted the new name Lesotho (Ward, 1967). Lesotho's economic difficulties have heightened worries about inequality. According to the United Nations Human Development Index, Lesotho ranks 141st out of 169 countries. Despite its middle-income position, Lesotho has one of the highest levels of inequality (Gini of 0.66%), with over 60% of the population living below the US\$1.50 per day poverty line (World Bank, 2014). Lesotho presents unique reproductive health, gender inequality, and restricted resource access difficulties, making it critical to investigate the complex impacts encountered by women in this environment. While considerable emphasis has been placed on the medical and emotional effects of unwanted pregnancy, there is a need to comprehend its economic implications for women.

The goal of this research is to get insight into the issues that women in Lesotho face as they strive to overcome socioeconomic barriers. By shedding light on these characteristics, this study hopes to add to the existing body of knowledge, guide evidence-based therapies, and ultimately empower women to overcome socioeconomic barriers.

Women may find it more difficult to obtain the knowledge and credentials required for better employment opportunities if there are disruptions in their education, obstacles in their way of finishing their studies, or problems obtaining educational resources. Unwanted pregnancies can make Lesotho women's socioeconomic struggles worse. Women's economic well-being can be hampered by a number of factors, including an increased need on social assistance programmes, unstable housing, and the possibility of sliding into poverty. Policymakers and other stakeholders

may create comprehensive interventions to lessen the negative effects and encourage long-term economic empowerment for women who become pregnant unexpectedly by looking at these socioeconomic issues.

Gender inequality has permeated society extensively due to a patriarchal social structure and cultural traditions that restrict women's responsibilities and possibilities. Obstacles to the advancement of gender equality include differences in education, employment in the informal sector, the effects of HIV/AIDS, and persistent issues. The acknowledgment and empowerment of women is essential for the general development of Lesotho, even with the efforts undertaken to resolve these obstacles. This article will explore the socioeconomic situation of women in Lesotho, focusing on four main factors:

- i. The demography and social systems of Lesotho
- ii. Sexual and reproductive environment in Lesotho
- iii. Health, income and education disparities in Lesotho
- iv. Employment patterns

2. Methodology and Data Source

The current study relies heavily on secondary data sources and takes an explanatory approach. The major goal is to get a thorough understanding of the socioeconomic situation and position of women in Lesotho. The analysis uses data from 2001 to 2023 to do this. Academic literature, government records, census reports, and data from internationally recognised entities such as the World Health Organisation (WHO), International Monetary Fund (IMF), the World Bank, Our World in Data, and publications from both national and international organisations are used to compile the data. This broad range of sources guarantees that the research is well-informed and relies on a rich tapestry of data to present a comprehensive examination of women's socioeconomic issues in the Lesotho.

3. The Demography and Social Systems of Lesotho

Lesotho is a sovereign nation situated in southern Africa and entirely surrounded by South Africa. It covers an area of 30,355 square kilometers, making it one of the smallest landlocked countries on the continent. The people of Lesotho, known as the Basotho, are a homogenous community united by their language, Sesotho. They follow a common set of traditions related to marriage, child-rearing, and other cultural practices.

Lesotho had a population of approximately 2.2 million people in 2021(Worldometers, 2023). The population has been growing steadily over the years, but at a relatively slower rate compared to some other African countries. 31.4 % of the population is urban(Worldometers, 2023).The population of Lesotho has a relatively young age structure, with a significant proportion of the population being under the age of 25. In 2021, Lesotho's female population amounted to approximately 1.16 million, while the male population amounted to approximately 1.13 million people(Worldometers, 2023).

The country faces several health challenges, including a relatively high prevalence of HIV/AIDS, which has had a significant impact on life expectancy. However, in recent years, efforts have been made to improve healthcare services and combat the HIV/AIDS epidemic.

On the education front, Lesotho has made strides in improving access to education. Primary education is free and compulsory, but challenges such as high dropout rates and limited resources in rural areas remain. Historically, Lesotho has been recognized for having the highest literacy rates in southern Africa, and it stands out for a unique trend where females are more likely to receive an education compared to males (UNWomen, 2015-16). In 2021, adult literacy rate for Lesotho was 81% (IMF African Dept., 2022).

3.1.1. Sexual and reproductive environment in Lesotho

Lesotho, faces several challenges in the area of sexual and reproductive health (SRH). The country's SRH environment is influenced by a combination of cultural, social, economic, and political factors. Lesotho's fertility rate has been relatively high, although it has been gradually decreasing over the years (WHO, 2021). In this discussion, we will explore key aspects of Lesotho's sexual and reproductive health environment.

3.1.1.1. HIV/AIDS and other STIs:

Lesotho has one of the highest HIV prevalence rates in the world (WHO, 2021). The epidemic has had a significant impact on the country's SRH landscape, leading to increased vulnerability and various challenges. Lesotho developed and launched the National HIV and AIDS policy in 2019. It sets direction for coordination and management of the HIV and AIDS response. It calls for renewed investment in HIV prevention programming and removal of bottlenecks and structural barriers. Antiretroviral therapy (ART) is widely available, and efforts are being made to reduce the stigma associated with HIV/AIDS (WHO, 2021). Lesotho has also made significant progress in preventing mother-to-child transmission of HIV by providing pregnant women with access to HIV testing, ART, and other interventions to reduce the risk of transmission to their babies during pregnancy, childbirth, and breastfeeding.

3.1.2. Maternal Health:

Maternal health in Lesotho has been a significant concern, with the country facing challenges related to maternal mortality and access to quality healthcare for pregnant women.

- **Maternal Mortality:** Lesotho has had a high maternal mortality ratio, which is the number of maternal deaths per 100,000 live births. According to the World Bank, as of 2017, Lesotho's maternal mortality ratio was estimated to be 487 deaths per 100,000 live births (UNICEF; World Bank Group, 2017). However, as per WHO 2021 report, maternal mortality in Lesotho had increased to 544 deaths per 100,000 live births, an increase of 11% (WHO, 2021). This indicates that the risk of maternal death was relatively high in the country.
- **Access to Healthcare:** One of the primary reasons contributing to maternal health issues in Lesotho is limited access to quality healthcare services, especially in rural areas. Many

pregnant women in remote regions face challenges in accessing prenatal care, skilled birth attendants, and emergency obstetric services.

- **Teenage Pregnancy:** Lesotho has also been grappling with a high rate of teenage pregnancies(WHO, 2021), which can pose additional risks to maternal health. Teenage mothers may face higher health complications during pregnancy and childbirth compared to older women.
- **Government Initiatives:** The government of Lesotho, along with various international organizations and NGOs, has been working to improve maternal health outcomes(UNICEF; World Bank Group, 2017). Initiatives include promoting maternal health education, increasing access to reproductive healthcare services, and implementing strategies to reduce maternal mortality.

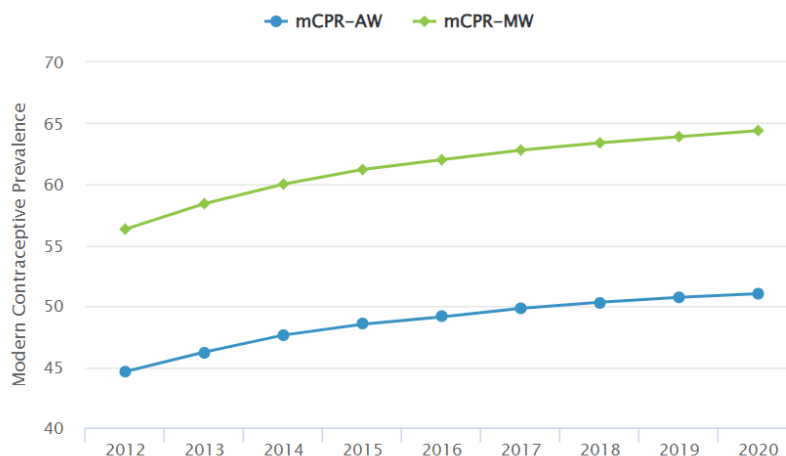
3.1.3. Family Planning:

The use of contraceptive methods empowers women to delay pregnancy, adjust the time between pregnancies, or prevent pregnancy altogether. Couples have a variety of contraceptive options to choose from, and the decision-making process is influenced by factors at different levels. These levels include national and regional policies that determine which methods are part of public and private family planning programs. At the community and clinic level, available resources and administrative decisions impact the accessibility of specific contraceptive methods. At the individual level, people seeking to avoid or delay further childbirths must make decisions about the most suitable method for them.

As a result, it is essential to comprehend the factors that influence family planning in Lesotho, with a particular focus on the quality of care and access. Understanding these aspects is crucial for assessing the economic implications of unintended pregnancies on women. Access to family planning services in Lesotho has improved over the years, but there are still barriers to its widespread use(WHO, 2021). Factors such as limited availability of contraceptives, lack of awareness, and cultural and religious beliefs contribute to lower contraceptive prevalence rates(UNICEF; World Bank Group, 2017). Government and NGOs are working to raise awareness about family planning methods, expand access to contraceptives, and promote gender equality and women's empowerment.

Figure 2.2.3a below shows the trend in contraceptive use between 2012 and 2020. As evident we see that use of contraceptives is increasing but at a diminishing rate.

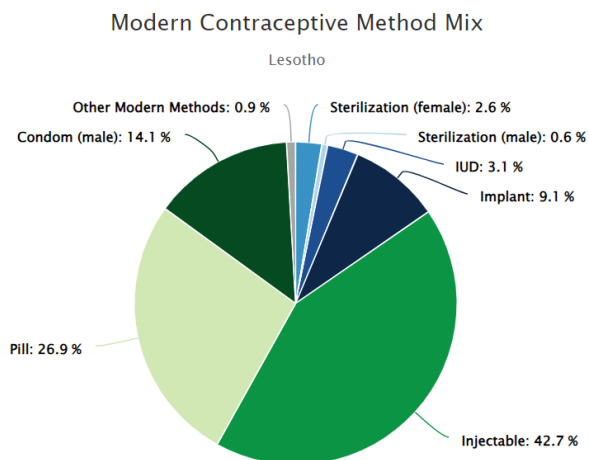
Figure 2.2.3a
Contraception Use 2012-2020



Guttmacher Institute. (2022). Country Profile: Lesotho. Retrieved from Guttmacher Institute

Another important dynamic in family planning is the type or most preferred method of contraception as it affects accessibility and availability. Figure 2.2.3b shows the modern contraception mix. We can see that injectables are the most preferred method of contraception recording 42.7%, followed by the pill recording 26.9%. we can observe from the chart that even though standing at number 3 in the share of most used contraception method, use of condoms is not a very popular or preferred method. This can be used as a tool to explain the reasons why HIV/AIDS and other STDs are so prevalent in Lesotho.

Figure 2.2.3b



Guttmacher Institute. (2022). Country Profile: Lesotho. Retrieved from Guttmacher Institute

3.1.4. Adolescent Sexual and Reproductive Health

Teenage pregnancy remains a significant challenge in Lesotho. According to the WHO report of 2021, adolescent birth rate was reported to be 92.7 per 1000 women aged 15-19(WHO, 2021) , with rates varying across different regions. The reasons for early pregnancies include a lack of comprehensive sex education, limited access to contraceptives, early marriages, and poverty. Teenage mothers often face higher risks of maternal mortality and morbidity due to their bodies not being fully developed for childbirth, coupled with limited access to quality healthcare during pregnancy and delivery.

Limited access to contraceptives and family planning services is a major contributing factor to high teenage pregnancy rates. There is a lack of youth-friendly health centers that offer confidential and non-discriminatory reproductive health services. Stigma surrounding contraceptive use and traditional beliefs also hinder adolescents from seeking these services. One of the biggest complaints from adolescents is about the treatment they receive at health centers. Many say they don't get the impression that they are free to ask questions about their sexual health(UNICEF; World Bank Group, 2017).

As has been reiterated throughout this paper, HIV prevalence in Lesotho among the highest in the world. Adolescents are particularly vulnerable due to engaging in unprotected sexual activity and lack of knowledge about HIV prevention and transmission(Ministry of Health Lesotho, 2020). Additionally, sexually transmitted infections (STIs) also pose a significant health concern among adolescents. Sexual behavior among adolescents is also a major concern in Lesotho. The median age at first sex among young people is 17.1 for males and 15 for females(WHO, 2021). In a survey conducted by WHO it was found that 67.2% and 78.2% of females and males respectively aged 15-19 who participated in the survey had multiple partners. In 2021, the HIV new infections among people aged 15-24 2600 for females and 1100 for males(WHO, 2021).

Comprehensive sexual education is crucial for equipping adolescents with accurate information about sexual health, relationships, contraception, and sexually transmitted infections. However, there are challenges in implementing such programs in schools and communities due to cultural and social norms, lack of trained educators, and resistance from conservative groups(Ministry of Health Lesotho, 2020). It is most difficult to implement these programs in the rural areas where sexual intercourse is still treated as taboo.

Gender inequality is prevalent in Lesotho, which affects adolescent girls' access to education and opportunities. Early marriages are not uncommon, and some girls may be married off at a young age, leading to early pregnancies and disruptions in their education. Percentage of young girls married before age 18 was 16% as of 2021(WHO, 2021).

Adolescents, particularly girls, are at risk of experiencing sexual violence and exploitation. Factors such as poverty, limited access to education, and traditional gender norms contribute to this issue. Victims often face barriers in reporting cases due to fear of stigma and retaliation.

Lesotho has taken steps to address adolescent sexual and reproductive health issues through policies and programs. The Lesotho Ministry of Health has developed a National Adolescent Health Strategy that aims to improve access to health services and information for young

people (Ministry of Health Lesotho, 2020). However, the implementation and effectiveness of these policies face challenges due to limited resources and capacity.

Various non-governmental organizations (NGOs) and international agencies work in Lesotho to improve adolescent sexual and reproductive health. These organizations focus on providing sex education, increasing access to contraceptives, promoting gender equality, and supporting survivors of sexual violence.

3.1.5. Gender-Based Violence:

Gender-based violence (GBV) is a significant concern in Lesotho and has implications for SRH. Women and girls experience high rates of physical, sexual, and emotional violence (United Nations Lesotho, 2022). GBV can have severe health consequences, including unintended pregnancies, sexually transmitted infections (STIs), and mental health issues. The government and organizations are implementing strategies to address GBV, including legal reforms, awareness campaigns, and support services for survivors (United Nations Lesotho, 2022).

3.1.6. Cultural and Social Factors:

Traditional and cultural norms play a significant role in shaping Lesotho's SRH environment (UNFPA Lesotho, 2023). Some cultural practices and beliefs, such as gender inequality and early marriage, can hinder women's and girls' access to education, healthcare, and decision-making power. Challenging and changing these norms is essential for improving SRH outcomes in the country.

3.2. Health, Income and education disparities

3.2.1. Health Disparities in Lesotho:

Health disparities in Lesotho, particularly among women, remain a significant challenge. The country faces a high burden of HIV/AIDS, with a prevalence rate among adults that is one of the highest in the world. According to Public Health Sector Expenditure Review of 2017, Lesotho has the world's 3rd highest prevalence of HIV/AIDS at 23.4% (UNICEF; World Bank Group, 2017). Women, in particular, are disproportionately affected by the epidemic, accounting for a significant portion of new infections (WHO, 2021). This not only poses a threat to their health but also increases their vulnerability to poverty and socio-economic instability. Figure 2.3.1 below shows the prevalence by gender and age groups.

Figure 2.3.1
HIV Prevalence in Lesotho by Age and Gender

HIV			
	 Number of new HIV infections ¹⁴	 Number of people living with HIV ¹⁵	 Number of AIDS related deaths ¹⁶
 Child (0-14)	<1,000	12,000	<1,000
 Female (15-24)	2,600	20,000	<500
 Male (15-24)	1,100	8,900	<200
 Female (25-49)	2,700	130,000	1,200
 Male (25-49)	3,100	91,000	1,600
 Female (50+)	<500	42,000	<500
 Male (50+)	<500	35,000	<1,000
Total	11,000	340,000	4,800

Sexual And Reproductive Health and Rights Infographic Snapshot. World Health Organization

According to the figure above we can observe that even presently the HIV/AIDS prevalence in Lesotho is very high and women aged 25-49 are the most affected. However, we can also observe that the number of males die from AIDS is higher than women. This can be explained by the social structure and norms that men are more reluctant to accept their HIV status and seek treatment than women. In Lesotho, women are more open to accessing healthcare facilities than men.

In addition to HIV/AIDS, Lesotho grapples with other health challenges, including high maternal and infant mortality rates. Limited access to quality healthcare services, especially in rural areas, contributes to these disparities. Women often face obstacles in accessing reproductive healthcare, resulting in higher rates of complications during pregnancy and childbirth.

3.2.2. Income Disparities in Lesotho:

Gender-driven income inequality is a significant issue in Sub-Saharan Africa, where traditional gender roles, cultural norms, and discriminatory practices contribute to disparities in income between men and women. While progress has been made in some areas, considerable challenges remain, hindering gender equality and economic development in the region.

Recent data suggests that gender income inequality persists across Sub-Saharan Africa. Women continue to earn less than men and face limited access to economic opportunities. According to the World Bank's 2020 report, women in Sub-Saharan Africa earn, on average, 25% less than men. The gender wage gap is even more pronounced in specific sectors such as agriculture, where women form the majority of the workforce but earn significantly less than their male counterparts. Income disparities are another critical aspect of the socio-economic status of women in Lesotho. Women tend to have lower incomes and face challenges in attaining economic independence. This can be attributed to various factors, including limited educational opportunities, gender discrimination in the labor market, and women's concentration in low-paying jobs in the informal sector.

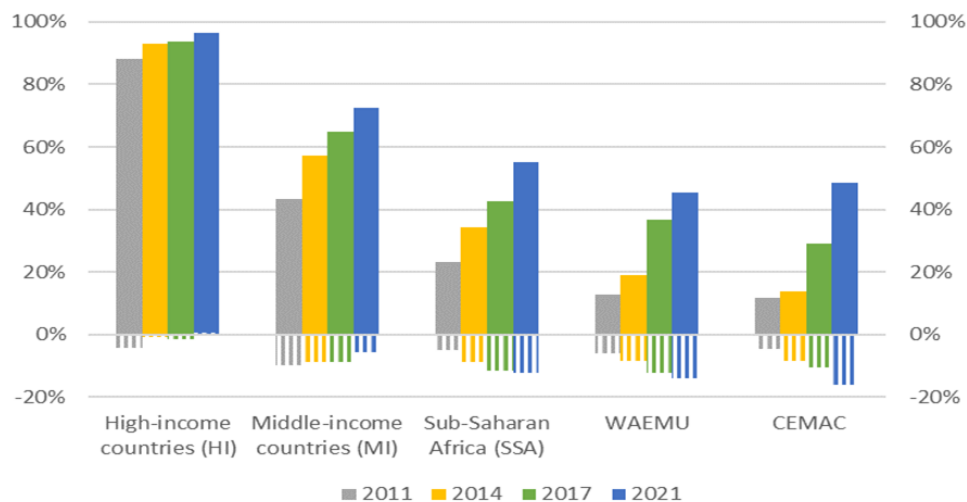
i. Financial Inclusion:

Over the past ten years, there has been a notable rise in the financial inclusion of both men and women in SSA. With catch-up effects compared to middle- and high-income countries (where 72% and 96% of the population, respectively, have accounts), the World Bank reports that the majority of the population in SSA now has an account with a bank or other financial institution (55% in 2021, compared to 23% in 2011). This is a result of the rapid development of mobile banking and telephony, which makes up for the shortcomings of traditional banking and fixed-line telephone infrastructures. One-third of the population in SSA had mobile money accounts, which are an underutilized but expanding source of credit access (Ferrer, Perrin, & Jacoulin, 2023). In 2021, 7% of the population used mobile money to borrow money, compared to 10% who used the formal financial system and 56% overall, including informal finance.

Women in SSA have not, however, seen a comparable growth in bank enrollment as males have. The gender gap in bank access has grown by 7 percentage points (pp) since 2011, reaching 12% in SSA (World Bank, 2022). When it comes to loan availability, the gender difference in SSA is comparable to that found in middle- and high-income nations (1-3%). Despite the fact that women are overrepresented in the portfolios of microfinance institutions, that is 80% of clients globally and 64% in SSA, and informal savings and credit clubs, credit from these organizations (or informal credit) is primarily targeted at the most disadvantaged populations, and the lending conditions are different from those provided by banks (Ferrer, Perrin, & Jacoulin, 2023).

Figure 2.3.2

Bank coverage (adult population with an account, %) and gender gap (hatched)



Sub-Saharan Financial Gender Gap Between Men and Women. All About Finance.

Lesotho is no exception to this situation. Due to barriers preventing women from obtaining formal credit, a lack of credit history, and a high rejection rate for female loan applications, access to finance for women is particularly difficult. They face challenges in accessing financial resources, credit facilities, and entrepreneurial opportunities. Low-income rural women are particularly

susceptible in this sense. Because they lack access to collateral, women-owned enterprises frequently start off small and stay that way, relying excessively on unofficial sources of funding and credit. This also limits their ability to invest in income-generating activities, and accumulate wealth.

For example, just 27% of Basotho women had credit histories as of 2021(Central Bank of Lesotho, 2021). The absence of women's credit histories may in part be attributable to Lesotho's lack of market and user data for the development of targeted policy interventions, as well as the relatively recent incorporation of more gender-informed credit reporting systems. As a result, women face larger legal and regulatory obstacles to financial inclusion. Lack of financial inclusion exacerbates income disparities and restricts women's economic empowerment.

While microfinance has had little success, mobile money is a key factor in Lesotho's push towards financial inclusion (Finmark Trust, SADC and UNCDF, 2019) 40 percent of women made or received digital payments compared to 35 percent of men, and 31 percent of women had mobile money accounts compared to 24 percent of males. Mobile banking has the potential to have a greater impact, particularly for rural enterprises.

ii. Entrepreneurship and Leadership:

Compared to males, women are more likely to be entrepreneurs and to have higher levels of education in Lesotho. However, they tend to be concentrated in small and micro businesses, which are frequently low-value industries, and have little ability to provide high- and sustained revenue or growth. Women are disproportionately underrepresented in high-tech and engineering industries, where they make up just 1.5% of the entrepreneurs compared to 9.5% of males(UNDP Lesotho, 2022). Retail and wholesale sectors are mostly female dominated, where 15% of enterprises are run by women compared to 11% by men(UNDP Lesotho, 2022).

As mentioned before, generally access to credit for entrepreneurial endeavors is still a major constraint in Lesotho. Compared to its SACU peers, Lesotho scores relatively lower. The existing legal system also places restrictions on the usage of collateral by lenders. Due to the intricacy of the procedures, MSMEs borrowers sometimes have trouble obtaining the required paperwork, such as business registration, licenses, and tax clearance, and some choose to instead take out more expensive consumer loans. Particularly for rural and non-salaried households, limited access to financial services is caused by a weak credit infrastructure and informational gaps.

Women are in even more of a bind in this case as even though significant strides have been made the government to equalize property and landownership, there are still cultural and societal restrictions that prevent women from being owners of property thereby lacking means of collateral in order to access credit. Access to capital, business networks, and supportive policies are crucial for women to start and sustain their businesses. Encouraging entrepreneurship among women, providing business development support, and promoting women's representation in leadership positions can foster greater gender equality in employment.

iii. Unpaid care work:

Unpaid care work is a critical but often overlooked aspect of the economy and society in Lesotho. It refers to the unpaid labor performed within households, including domestic tasks, caregiving for

children, the elderly, and sick family members, as well as other household chores. Despite its significance in sustaining households and communities, unpaid care work faces several challenges around the world. Women in Lesotho disproportionately bear the burden of unpaid care work. World Bank in its 2023 report on proportion of time spent on unpaid domestic and care work states that women spent approximately 20% of 24hrs while men spent only 6%. The time and effort devoted to these responsibilities reduce women's availability for paid employment and limit their income-generating potential.

3.2.3. Education Disparities in Lesotho:

The gender gap favoring males in education is largest in low-income countries. However, in Lesotho this is not the case, the ratio of female-to-male enrollment rates in secondary education is the highest in the world, with 1.6 females enrolled for every male (UN Women, 2015-16). That is the gender gap favors females. While there have been improvements, girls continue to face barriers in accessing quality education. Early marriages, teenage pregnancies, and household responsibilities often lead to high school dropout rates among girls. According to (IMF African Dept., 2022) pregnancy and early marriage are reported as some of the major reasons for girls' school drop-out. This limits their educational attainment, perpetuating the cycle of poverty and hindering their ability to secure better employment opportunities in the future.

This further marginalizes women, restricting their access to information, economic opportunities, and participation in decision-making processes. Addressing education disparities and promoting girls' education is crucial for breaking the cycle of poverty, empowering women, and fostering socio-economic development in Lesotho.

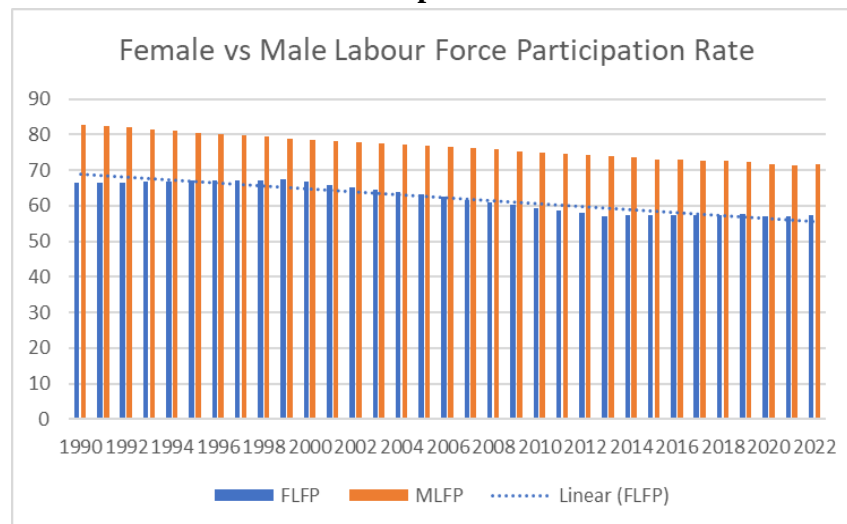
3.3. Employment patterns

Employment patterns in relation to gender in Lesotho exhibit significant disparities and inequalities. Cultural, social, and economic factors contribute to these patterns, shaping the labor market dynamics and opportunities for men and women. Let's discuss some key aspects of gender-related employment patterns in Lesotho:

3.3.1. Labor Force Participation:

Gender disparities exist in labor force participation rates. While men's labor force participation is relatively high, women's participation remains lower. This disparity can be attributed to multiple factors, including cultural expectations that prioritize women's roles in the household and limited access to education and skills development opportunities for women. According to International Labor Organization, as of 2022 the female labor force participation was 57.4% while that of their male counterparts was approximately 72%, a difference of 14.6 points which is below the world average of 29.2 percentage points (ILO, 2023). Looking at the figure below we see that for the past 20 years the labor force participation of both women and men has been on a decline. This can be attributed to the increasing levels of unemployment in Lesotho. Though the difference in participation between men and women is not that big it is also not improving.

Figure 2.4.1
Labor Force Participation Rate in Lesotho



IMF Staff Country Reports 2022, 162

3.3.2. Occupational Segregation:

While the gender gap in labor force participation is not that sizeable Basotho women's labor force is typically concentrated in low-skilled sectors such as small-scale agriculture and informal employment, while men dominate industries like mining and manufacturing. Traditional gender roles and societal expectations often steer women toward lower-paying, less secure, and less formal employment options, limiting their economic opportunities and career advancement. In the past, a significant number of Basotho men moved to South Africa for employment in the mining industry, which had a positive impact on the ratio of women to men participating in the workforce. However, over the last two decades, the South African mining sector reduced its workforce, leading to job losses for Basotho workers. During this time, the textile and apparel industries in Lesotho experienced growth, creating more job opportunities for women seeking employment. Consequently, female participation in the labor force improved considerably, although there remains a larger gender gap compared to other countries in the Southern African Customs Union (IMF African Dept., 2022). Simultaneously, while Basotho men migrated to South Africa for mining jobs, women tended to migrate to work in domestic help roles.

Generally, women are more likely to be employed in low-skilled positions and dominate labor-intensive industries such as manufacturing, domestic services, wholesale and retail trade, and education. These sectors are mostly low-paying and insecure. As we saw they were the sectors predominantly severely hit by the COVID-19 pandemic. The figure below shows the distribution of female workers as compared to men in different sectors.

Figure 2.4.2
Female-to-male employment ratio per sector



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3.3.3. Gender Wage Gap:

The gender pay gap is the disparity in average earnings between men and women in the workforce. Despite efforts to reduce this gap, women in 2022 continued to earn, on average, 17% less than men, with the discrepancy being particularly pronounced as women age. Discrimination, occupational segregation, and limited bargaining power contribute to this wage disparity. Women's economic empowerment and closing the gender wage gap require promoting equal pay for equal work, improving access to education and skills training, and creating a more inclusive and supportive work environment.

3.3.4. Informal Employment:

In sub-Saharan Africa, the majority of jobs held by women (89%) and men (83%) are classified as informal (UN Women, 2015-16). Among these jobs, agriculture stands out as the primary sector, providing employment for 59% of women and 56% of men (UN Women, 2015-16). It is worth noting that almost all agricultural employment in the region is considered informal.

The informal sector plays a significant role in Lesotho's economy, employing a large portion of the population. Women are more likely to be engaged in informal work, such as subsistence agriculture, street vending, and domestic work. Informal employment often lacks social protection, benefits, and job security, further exacerbating gender inequalities.

3.4. Efforts to Address Disparities:

The government of Lesotho, along with civil society organizations and international partners, has implemented various initiatives to address health, income, and education disparities among

women. Efforts include improving access to healthcare services, implementing HIV prevention and treatment programs through the NAC, expanding educational opportunities through the Free Primary Education Program and the Orphan and Vulnerable Children Program (OVC) which was established in 2000 and covers secondary school children with sick or disabled parents, promoting gender equality in the labor market, and advocating for women's empowerment and leadership.

Authorities have made efforts to remove gender-based legal constraints, yet significant strides are needed to address structural gender disparities. Gender equality in law has been achieved in property ownership, inheritance rights, freedom of movement, and pension entitlements, as reported by the World Bank in 2021. The Land Act of 2010 ensures equal land access for both genders, potentially enhancing women's access to collateral and consequently, financial services. This presents an opportunity for female entrepreneurs, who predominantly operate micro and small businesses, to transition to formal financing and expand their ventures. Lesotho demonstrates comparative advancement in women's financial inclusion among regional counterparts, with a minimal disparity in account ownership - 33 percent for women compared to 34 percent for men, according to some indicators(IMF African Dept., 2022).

The country has developed national laws and aimed at tackling gender disparities through its National Gender and Development Policy of 2003 and its subsequent iteration, the Gender and Development Policy 2018-2030 (Government of Lesotho, 2018). The legal framework encompasses measures such as the Legal Capacity of Married Persons Act of 2006, which eliminated the legal status of minority for married women; the Land Act of 2010, facilitating joint land ownership for couples; the Education Act of 2010, mandating compulsory education for all; the Companies Act of 2011, permitting women to serve as directors and shareholders in companies without spousal consent; and the Sexual Offences Act of 2003.

However, persistent challenges remain. Limited resources, infrastructure gaps, cultural norms, and deep-rooted gender inequalities continue to hinder progress in narrowing these disparities. Continued investment in healthcare infrastructure, expanding social protection programs, strengthening educational systems, and promoting gender-responsive policies are essential for achieving significant and sustainable improvements in the health, income, and education status of women in Lesotho.

Lesotho has implemented a wide range of social assistance programs aimed at reducing poverty, improving the well-being of vulnerable populations, and addressing various socio-economic challenges. These initiatives reflect the government's ongoing efforts to support individuals and families, particularly in the face of the HIV/AIDS epidemic and growing poverty. Below is an overview of the key social assistance programs(Jaya &Ratshitanga, 2021):

Child Grant Program (CGP): Launched in 2009, this program provides cash transfers to households with children under the age of 18. It aims to reduce child poverty and enhance the well-being of children in vulnerable households by improving access to education, healthcare, and essential services. The program reflects a growing focus on the specific needs of children within the broader context of socio-economic challenges(Davis et al., 2015).

Public Assistance Program: This initiative provides financial support to individuals and families facing extreme poverty or hardship. It specifically targets vulnerable groups such as the elderly, disabled, or those in severe economic distress, ensuring they can maintain basic living standards.

Orphans and Vulnerable Children (OVC) Bursary Program: Established in 2000, this bursary program provides educational support to orphans and other vulnerable children at risk of dropping out of school due to financial constraints. It helps cover tuition fees and other educational costs, ensuring that vulnerable children have continued access to education and a better chance for future opportunities (Ntuli, H., 2023).

School Feeding Program: Initiated in 1965, Lesotho's school feeding program provides meals to children in schools, ensuring they receive adequate nutrition. This program is particularly important in regions with high food insecurity, as it not only promotes school attendance but also supports children's physical and cognitive development. The program expanded significantly between 2000 and 2006 to align with the Compulsory Free Primary Education policy, which aimed to ensure all children aged 6 to 12 years had access to education and nutrition.

Labour-Intensive Public Works in Rural Areas: Known as *fatofato* (dig-dig) projects, these public works programs provide seasonal employment opportunities to rural populations. Focusing on activities such as soil conservation and community improvement, these programs offer cash income for rural laborers while contributing to environmental sustainability and local development (Jaya & Ratshitanga, 2021).

Non-Contributory Social Insurance (Old Age Pension): Introduced in 2004, the Old Age Pension is a cash transfer program that provides financial support to elderly citizens who do not have pension savings or other forms of social security. This program helps ensure that older individuals, especially those without family support, can maintain a basic standard of living (Mhango, M. 2023).

Tertiary Bursaries (Ministry of Development Planning - MoDP): The Ministry of Development Planning offers bursaries to students pursuing higher education, especially those from low-income families. These bursaries cover tuition and related expenses, enabling students to access tertiary education and improve their future employment prospects (Ret'Selisitsoe, N. K. O. (2021).

Lead Agency for Managing Covariate Shocks: This program coordinates emergency responses to disasters or shocks, such as droughts, floods, or economic crises. The government provides targeted social assistance to those affected by such events, helping individuals and families recover and meet their basic needs during times of crisis (Boko et al., 2021).

Evolution and Support from International Partners Lesotho's social assistance programs reflect an evolving understanding of vulnerability across the life cycle. These initiatives have increasingly focused on addressing the specific needs of different demographic groups, depending on their age or stage in life. In response to the challenges posed by the HIV/AIDS epidemic and growing poverty, key programs such as the Orphans and Vulnerable Children (OVC) Bursary Program (2000), the Old Age Pension (2004), and the Child Grant Program (2009) have been introduced to support the most vulnerable, particularly children and the elderly. International organizations such

as UNICEF and the European Union have played a crucial role in supporting the establishment and implementation of these key social assistance programs in Lesotho (Koali, 2023).

Some of Lesotho's social assistance programs have long histories and continue to evolve. The national school feeding program, which first reached national coverage in 1965, has become an integral part of the country's efforts to ensure that children have access to education and nutrition. The program was adapted to align with the policy of Compulsory Free Primary Education, which was phased in between 2000 and 2006 to ensure education for all children aged 6 to 12. Additionally, public works programs, like the fatofato (dig-dig) projects, which focus on soil conservation, have been in place for over fifty years. These projects provide seasonal work for rural laborers while addressing environmental concerns and contributing to community development (Jaya & Ratshitanga, 2021).

4. Conclusion and recommendations

In conclusion, gender-related employment patterns in Lesotho highlight disparities in labor force participation, occupational segregation, wage gaps, and limited access to education and training. Addressing these challenges requires a comprehensive approach encompassing legal reforms, investment in education and skills development, promotion of inclusive workplaces, and initiatives to support women's entrepreneurship and leadership. Creating an enabling environment that ensures equal access to employment opportunities, fair remuneration, and advancement prospects is essential for achieving gender equality in the labor market in Lesotho. Lesotho's sexual and reproductive health environment faces numerous challenges, including high HIV prevalence, maternal mortality, limited access to family planning services, and gender-based violence. However, the government, along with NGOs and international partners, is working to address these issues by implementing various initiatives and programs (UNFPA Lesotho, 2023). Continued efforts to improve healthcare infrastructure, increase access to services, promote education and awareness, and challenge cultural norms are vital for enhancing the overall SRH environment in Lesotho.

Furthermore, addressing health, income, and education disparities is crucial for improving the socio-economic status of women in Lesotho. Reducing the burden of HIV/AIDS, improving access to quality healthcare, promoting income equality, and ensuring equal access to education are key steps towards achieving gender equality and empowering women in Lesotho. Reports show that as of 2020 Lesotho achieved and surpassed its five-year targets dubbed "90-90-90" which were launched by UNAIDS in 2015 to drive momentum towards ending the AIDS epidemic by 2030 (Lesotho Population-Based HIV Impact Assessment- LePHIA, 2020). This initiative sought to ensure that 90% of individuals diagnosed with HIV are aware of their status, 90% of those with HIV receive vital antiretroviral therapy (ART), and 90% of those undergoing treatment achieve viral suppression, effectively controlling the virus (UNAIDS, 2024). To address the challenges that still persist in Lesotho effectively, sustained efforts are required from multiple stakeholders, including the government, civil society organizations, educational institutions, and the international community. Collaborative approaches that involve parents, community leaders, and

religious groups are crucial for promoting positive changes in attitudes and behaviors towards adolescent sexual and reproductive health. Furthermore, research and data collection on the specific needs and concerns of adolescents in Lesotho will help in designing targeted interventions and policy improvements. An increase in the contraception coverage, comprehensive sexual and reproductive health education and enforcement of laws against child marriage are essential to giving women the freedom to decide when they want to have children, decreasing unwanted pregnancies thereby improving the economic outcomes of women and society at large. Access to legal and safe abortion is also highly recommended as it gives women the safety and choice about their fertility therefore improving their economic and health outcomes.

Another problem hindering effective development of policies targeted at gender related issues is lack of adequate data. As of December 2020, merely 33.6% of the indicators necessary for monitoring the Sustainable Development Goals (SDGs) from a gender perspective were accessible, revealing significant deficiencies in crucial domains, notably labor market metrics like unemployment rates and gender pay differentials (UNWomen, 2024). Moreover, various areas such as gender-based poverty, instances of physical and sexual harassment, women's entitlement to assets like land, and gender-related environmental concerns lack consistent methodologies for routine assessment. Bridging these disparities in gender data is imperative to fulfill gender-related SDG objectives in Lesotho. Lesotho's social assistance programs represent a comprehensive approach to addressing the country's socio-economic challenges. By focusing on vulnerable groups such as children, the elderly, and those in extreme poverty, the government aims to improve living conditions, reduce inequality, and promote long-term social and economic development. These initiatives, supported by international partners and supplemented by long-standing programs, are vital in helping Lesotho navigate its complex social landscape and respond to pressing challenges like the HIV/AIDS epidemic and poverty.

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