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**Speech “Investing in Women and girls”,
the case of Lesotho**

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For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



Ladies and Gentlemen

First and foremost, I would like to thank all of you for affording me the opportunity to be here today. It is indeed an honour for me to be able to bring you a picture of the situation of women and girls in Lesotho and the urgent need to scale up interventions in support of such important sectors of society.

I would like to start by giving you a general overview of the geographical, socio-cultural context of Lesotho in order to understand the environment in which Basotho people operate and live.

Lesotho is characterized by a number of factors which make it unique with respect to other African countries.

- ✂ It is one of the two remaining Kingdoms in Sub-Saharan Africa; and it is entirely landlocked and surrounded by South Africa.
- ✂ Lesotho has a population of 1.8 million people of which 800,000 (44%) are aged below 18 years. 52% of the population is made up of women.
- ✂ Poverty is widespread with over 56% of the population living with less than US\$ 2 per day. That is about 205 Japanese Yens.
- ✂ Life expectancy has been declining drastically over the years and now stands at 35 years of age compared to 60 years, in 1991.
- ✂ The variable weather patterns experienced in Lesotho, going from very dry and hot to heavy snow and hail, are one of the main causes of an almost chronic vulnerability of the population to food insecurity. The main source of income for most Basotho is subsistence farming and this has been severely affected by recurrent droughts. Currently, over 500,000 people are food insecure as a result of the drought.
- ✂ But all these issues and the beautiful landscape that distinguish the country are not the reason why Lesotho is known. Lesotho is often called the “Kingdom in the sky”. But below the surface lies the harsh reality of a country struggling to cope with the third highest HIV prevalence in the world. HIV is currently infecting over 23% of people aged 15-49. Out of these over 57% are

women and girls and the prevalence is higher among females in all age groups. Every day, an estimated 62 people are newly infected with HIV and about 50 people die due to AIDS. Many know about the existence of Lesotho because of its HIV crisis, which is bringing increased international attention to the country.

The main underlying causes of the HIV pandemic in Lesotho include: early onset of sexual activity; intergenerational sex (between older males and younger girls/females), concurrent multiple sex partners, high migrant labour, and a lack of comprehensive knowledge, information and skills to negotiate and practice safe behaviours, especially among girls and women.

Ladies and Gentlemen

Although this situation has a unique impact on the population as a whole; I would like to focus on the very specific burden it is putting on women and girls, who are facing the biggest brunt of this pandemic.

I will start by providing you with a broad overview on the unique situation that characterizes the country in terms of education. Unlike other African Nations which are struggling to ensure gender parity in the education sector, in Lesotho women and girls are more educated than their male peers. This trend exists at all levels of the education system from primary (F-89% vs. M-84%) to secondary (F-30% vs. M-19%) up to university level. The same is the case for literacy rates, where more females are literate than males (i.e. in the 15-24 age group – F-92% vs. M-75%).

Girl's school enrollment in Lesotho has been considerably high due to a history of a predominantly male unskilled workforce being absorbed into South African mines. This, together with the customary role and expectation of boys and men having to herd animals, has devalued the priority of educating boys. The high incidence of migrant work often leaves women, especially in rural areas, as

heads of their households, with men and husbands visiting rarely and often not returning from the mines.

Ladies and Gentlemen

One would think that this unique position enjoyed by Lesotho, where more women than men are educated, would have a positive impact on the situation of women and girls. Unfortunately this does not translate into the reality on the ground.

When we look at the public administration sector, yes, more women than men are occupying these positions. But as soon as we move to higher positions at decision making level, their numbers drop significantly and more men are occupying these ranks. For example, in parliament, the minimum representation of women, which has been set by the Regional Southern African Development Community (SADC) to 50% has not been met (the total percentage of women in parliament is less than 30%). This also applies to Ministerial positions where only 5 out of the total 18 Ministers are women.

Even though evidence demonstrates that in Lesotho more females than males are educated, the challenge lies in their empowerment. We know that education alone does not guarantee that women can protect themselves and make informed decisions. In order to be fully empowered women need a conducive and supportive environment; they need to be exposed to quality education that imparts life skills such as confidence, self-esteem, assertiveness and communication and negotiation skills. These skills combined with equal opportunities are critical to ensure women's participation in all aspects of the country's socio-economic and political development.

When it comes to HIV we know that women and girls are much more infected than men and boys. In Lesotho 8% of females compared to 2% of males aged 15-19 are infected. This prevalence increases drastically to 40% of women and

24% of men aged 25-29. Women and girls are more vulnerable to HIV infection because of biological factors. In Lesotho this is further exacerbated by the deep rooted paradox of women and girls being more educated but at the same time not empowered to protect themselves.

About 26% of Basotho females compared to 18% of males have comprehensive knowledge of HIV. But when it comes to translating knowledge into practice women and girls often lack the appropriate skills.

In a patriarchic culture like Lesotho's, women that are affected or infected with HIV face a constant battle between doing what they know is right and doing what they are expected to do. I have met many women and the issue that keeps on surfacing is their daily struggle between balancing motherhood, being in healthy relationships and at the same time grappling with being HIV positive.

I have spoken to strong women whose knowledge about HIV is exceptional, but when confronted with challenging issues, they succumb to unsafe actions. Many women are brought up thinking that men can never be wrong. As women they believe that they don't have the right to question or confront men in their decisions, especially with regards to their risky sexual habits. Many women still need permission from their husbands to attend Ante Natal Clinics and access services.

The women I have met know about the risks they face, but often don't translate their knowledge into safe practices. And when I say safe practices, I mean protecting themselves not only against HIV but also against sexual and domestic violence, which is a reality for many Basotho women and girls.

Even though some steps are being taken to ensure a protective and supportive environment for women and girls, such as the enactment of the Sexual Offences Act in 2003; and the signing of the Convention on the Elimination of all forms of

Discrimination Against Women (CEDAW) in 1992; there is still a lot that needs to be done.

Ladies and Gentlemen

One outstanding characteristic of Lesotho is its rich culture and strong tradition, which has been retained despite great challenges faced in the past.

Nevertheless, some traditional beliefs and customs are very harmful to women and girls and to society as a whole.

Until January 2007, when the Legal Capacity of Married Person's Act was enacted, women were considered as legally minors, irrespective of their age. Customary and common law coexist in Lesotho, and according to customary law; once married, "the husband acquires marital power over the person and property of his wife". Barriers to women's empowerment are enshrined in the constitution which gives leeway to customary law. The latter denies women the right to inheritance, the right to acquire land, loans and property and the right to open bank accounts without consent from their male partners, fathers, brothers and uncles. After the husband's death, the wife becomes subordinate to her eldest son.

The new law addresses the basic economic inequalities between married men and women and gives women recourse to justice. But change is difficult and does not come overnight, especially in a society like Lesotho's which has been patriarchic with strict traditional gender roles for generations.

The people of the Kingdom of Lesotho are socially conservative. Most men would like to retain their traditional power, and some women may feel they are now given a power that does not belong to them. Attitudes, beliefs and practices that serve to exclude women are often deeply rooted, women's sense of inferiority has been ingrained for generations. The reluctance of many women to accept an equal footing as men is natural. A law might be written on paper but the reality on

the ground is far too different especially when customary laws and harmful traditions are still prevalent.

Ladies and Gentlemen

Although this situation might seem very bleak, there are many positive changes that are occurring in the country. If on one side women are often denied the right and means to protect themselves against HIV; on the other hand, we see a positive change in terms of their accessing and utilizing services to protect their children from being infected. One of such services, which is gradually expanding across the country is the prevention of mother to child transmission of HIV, which is also progressively ensuring male involvement and support. And I would like to put forward a strong plea for all of us, together, to continue supporting these critical interventions as a step forward for women's empowerment, when it comes to their and their babies' health.

Ladies and Gentlemen

We cannot talk about investing in women and girls without talking about their survival. Even though HIV is the predominant operational context in Lesotho, we should not overlook other factors that affect women and girls' development. An area that needs increased attention is maternal mortality. In Lesotho, this has been rising at an alarming rate and has reached unacceptable levels. Over the past 15 years maternal deaths have more than doubled. The rate has increased from 282 deaths per 100,000 live births to the current 762 deaths.

Ladies and Gentlemen

You may ask yourselves why are women dying at such a shocking rate in Lesotho? The answer is a combination of factors. An already weakened immune system, because of HIV and AIDS, is often compounded by poor nutritional status that even in non-drought times is insufficient to gain the required nutrients. On top of this, teenage pregnancies, which account for 50% of Ante Natal Clinic

attendees, combined with limited access to quality health services result in high mortality rates during pregnancy, delivery and post delivery.

Moreover, poor investment in the health sector has contributed to the current weak health system in which only 6% of health facilities in the country have the required minimum number of staff and over 20% of existing positions in the health sector remain vacant. As a result of this weak health system, compounded by limited access, more than half of all pregnant women are giving birth in their homes without skilled attendants.

Reaching the Millennium Development Goal (MDGs) of reducing maternal mortality to 70 deaths per 100,000 live births by 2015 will require a radical and exceptional drive, not only in terms of concerted and sustained efforts but also in terms of increased investment. This will ensure that the 50,000 women that give birth in Lesotho every year will survive to enjoy their motherhood and see their children grow up. Ensuring the survival of millions of women and girls is not only a priority but a prerequisite to achieve all other developmental goals.

Ladies and Gentlemen

As you can see women and girls in Lesotho are facing huge challenges when it comes to their survival, wellbeing and protection.

YES they are educated which is a very good step that we need to maintain. But if the knowledge does not go hand in hand with appropriate skills and a conducive environment that will enable them to deal effectively with the demands and challenges of everyday life, we will not see a positive change in the social fabric of the country. The investment in improving equal access to and utilization of quality basic services must continue. In addition, achieving the MDGs will require increased investment in young girls and women's empowerment to enable them to negotiate for their rights, take active roles in the decisions that influence their lives and have an equal footing with their male counterparts. We must not forget that in order to achieve this, male involvement is a critical issue to be addressed.

Males also need knowledge and skills to cope with the situation and support girls and women.

It is my pleasure to say that the Government of Lesotho has taken a step forward by developing a National Action Plan on women, girls and HIV and AIDS for the period 2007 - 2010. Nevertheless, its implementation will require concerted efforts and adequate investment to alleviate the burden of the pandemic on this vulnerable but at the same vital segment of the population.

THANK YOU FOR YOUR KIND ATTENTION.