Impact of the COVID-19 pandemic on diets, nutrition services and nutrition practices in Lesotho

September 2022
Acknowledgements

This research was undertaken by UNICEF’s Eastern and Southern Africa Regional Office (ESARO). The research was carried out by Sophie Goudet, consultant to UNICEF, with support from Chloe Angood, Mara Nyawo, Charity Zvandaziva, Claire Johnson, Marjorie Valege, Alina Michalska, and Christiane Rudert from UNICEF ESARO nutrition section.

This research was supported by thematic funding from the Government of the Netherlands.

© United Nations Children’s Fund (UNICEF)
September 2022

Permission is required to reproduce any part of this publication. Permissions will be freely granted to educational or non-profit organizations.

Please contact:
United Nations Children’s Fund
Eastern and Southern Africa Regional Office
P.O. Box 44145 Nairobi, Kenya 00100
Telephone: (254) 20-76 22226 | Facsimile: (254) 20-76 22078

Suggested citation:
Key findings

Results of a remote survey in 2021 revealed that the COVID-19 pandemic led to changes in the diets of infants, children, adolescents, and pregnant and lactating women in Lesotho.

14% of caregivers reported that their infant under two years was breastfed less frequently due to the COVID-19 pandemic.

72% of caregivers reported that their child consumed less variety of foods due to the COVID-19 pandemic.

Reduced consumption of staple foods and animal source foods was frequently reported by all age groups due to the COVID-19 pandemic.

72% of caregivers reported that their child consumed less variety of foods due to the COVID-19 pandemic.

Some positive changes in diets were reported due to the COVID-19 pandemic, including reduced consumption of unhealthy foods and drinks and increased consumption of vegetables.

Many respondents reported that reduced household income, and increased food prices, led to changes in the types of foods purchased during the COVID-19 pandemic.

92% of pregnant and lactating women reported reduced consumption of one or more food groups due to COVID-19.

76% of caregivers reported that they ate less during the pandemic to enable their children to eat.

A very high level of moderate or severe food insecurity was reported in this sample during the COVID-19 pandemic according to the Food Insecurity Experience Scale (85% of caregivers of children < 2 years, 81% of caregivers of children aged 2-18 years, and 83% of PLW).

The COVID-19 pandemic reduced health seeking behaviours among caregivers and PLW mainly due to lack of money, as well as fear of COVID-19 infection.

Health workers reported disruptions in the delivery of all nutrition services during the pandemic, with disruptions in delivery of maternal micronutrient supplementation most frequently reported.
Background

The first case of COVID-19 was detected in Lesotho on 13th May 2020, after which it spread to all regions of the country. By August 2022, 704 confirmed COVID-19 deaths had been reported. According to the COVID-19 INFORM risk scale, Lesotho is classified as a high COVID-19 risk country (score 6.0). While there are no known direct impacts of COVID-19 on child nutrition status globally, secondary impacts of the virus have led to reduced household incomes, disruption to food systems and reduced uptake of nutrition and health services.

Lesotho was one of six countries included in research undertaken by UNICEF’s Eastern and Southern Africa Regional Office (ESARO) in 2021 to understand the impacts of the COVID-19 pandemic on diets, nutrition services and nutrition practices in the region. The research was undertaken in two parts: the first phase involved a desk review of all available literature across the ESAR, with a detailed report produced. The second phase involved primary data collection in six countries in the region using remote methods including telephone and internet-based surveys, the overall objective of which was to identify changes since the COVID-19 pandemic began in child, adolescent and women’s nutrition practices, food security and nutrition services. Results of the second phase for Lesotho are presented here.

Methodology

Primary data were collected in Lesotho in May to July 2021. Target groups included caregivers of children aged 0-23 months and 2 to 18 years; adolescents aged 10 to 18 years; pregnant and lactating women (PLW) and women who recently gave birth; and health workers. Surveys were designed and administered using Computer Assisted Telephone Interviewing (CATI) and U-Report (using the RapidPro platform). Surveys and polls were tailored to each respondent group, with standardized indicator modules integrated where possible. Respondents were reached through lists provided by UNICEF that matched the target group criteria.

Findings

Sample characteristics

Sample characteristics from the CATI surveys and U-Report surveys are described in Table 1. Most CATI respondents were caregivers of children aged 0-2 years (57%) and most U-Report respondents were caregivers of children aged 10-18 years (77%). The vast majority of both CATI and U-Report respondents were female (95% and 63% respectively). Analysis of sample characteristics showed that Lesotho respondents were biased towards older age groups and respondents with a lower level of education.

---

1 https://covid19.who.int/region.afro/country/ls
2 The total score is 10, of which a score of 6.5 or more is considered very high, 5 or more high, 3.5 or higher medium, 2 or higher low, and below that very low.
3 Women who gave birth within 20 months prior to the survey.
Table 1: Characteristics of CATI and U-Report respondents from Lesotho

<table>
<thead>
<tr>
<th>Survey type</th>
<th>Sample</th>
<th>Gender % (n)</th>
<th>Groups % (n)</th>
<th>Total planned sample size</th>
<th>Total actual sample size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Caregivers of children aged 0-2</td>
<td>Adolescents</td>
</tr>
<tr>
<td>CATI</td>
<td>2,262</td>
<td>123</td>
<td>2,157</td>
<td>57%</td>
<td>1,34</td>
</tr>
<tr>
<td>U-REPORT</td>
<td>2,262</td>
<td>572</td>
<td>1,108</td>
<td>N/A</td>
<td>23%</td>
</tr>
</tbody>
</table>

*Adolescents aged 15-18 years **Adolescents aged 10-18 years were targeted, but 46% of respondents were aged 20-29 years. *** excluded from the analysis due to very low number of respondents.

Nutrition practices and behaviour

**Children under two years:** Fourteen percent of caregivers of children under two years of age reported via the CATI survey that their child was breastfed less frequently due to COVID-19. Seventy two percent of caregivers reported that their child aged 6-23 months reduced consumption of one or more food groups due to COVID-19. The mean number of food groups with reduced consumption was 4.5 (out of 11). Decreased consumption was reported frequently across all healthy food groups, with the highest level reported for cereals, roots and tubers (50%); meat and poultry (48%); commercially fortified baby foods (46%); dairy products (46%); eggs (45%); and pulses and beans (45%). Many caregivers reported that unhealthy foods were also consumed less (sugary foods 40% and savoury and fried snacks 38%). Very few caregivers reported increased consumption of healthy food groups, except pulses and beans (16%) and vitamin A rich fruits and vegetables (13%).

**Figure 1:** Proportion of caregivers in Lesotho reporting changes in consumption of children under two years by food group (CATI U2 survey)
72% of caregivers reported that their child consumed less variety of foods due to the COVID-19 pandemic.
Reduced consumption of staple foods and animal source foods was frequently reported by all age groups due to the COVID-19 pandemic.
Children and adolescents aged 2-18 years: Seventy nine percent of caregivers of children aged 2-18 years and adolescents aged 15-18 years reported via the CATI survey reduced consumption of one or more food groups due to COVID-19. The mean number of food groups with reduced consumption for this age group was 5.7 out of 13 food groups. Healthy food groups most frequently reported to be consumed less by children aged 2-18 years due to COVID-19 were rice, bread, cereals and tubers (53%), meat and poultry (53%), dairy products (49%), fish and seafood (49%) and organ meat (49%). Many respondents also reported reduced consumption of unhealthy food groups (savory and fried snacks 48% and sugary foods 44%) as well as sugary drinks (46%). The foods most frequently reported to be consumed more by children aged 2-18 years due to COVID-19 were beans and pulses (20%) and dark green leafy vegetables (20%).

Figure 2: Proportion of caregivers and adolescents reporting changes in consumption of children aged 2-18 years by food groups (CATI U19 survey)

Of the caregivers of children who responded via U-Report, 72% reported that their child consumed less variety of food, 54% of respondents reported that their child consumed less meals, 24% reported that their child consumed smaller portions, 44% reported that their child skipped meals, and 32% reported that their child snacked less because of COVID-19. Food groups most frequently reported to be consumed less due to COVID-19 by adolescents self-reporting via U-Report were meat (42%) and dairy products (36%) and the food group most likely to be consumed more was vegetables (36%).

Pregnant and lactating women and women who recently gave birth: Ninety two percent of PLW and women who recently gave birth reported via CATI reduced consumption of one or more food groups due to COVID-19. The mean number of food groups with reduced consumption for this group was 6.7 (out of 13). Decreased consumption was reported frequently across all healthy food groups, with the food groups reported most frequently being meat and poultry (64%), fish and seafood (64%), other fruits (62%) and organ meat (61%). Many respondents also reported reduced consumption of unhealthy food groups (savory and fried snacks 60%, sugary foods 57%) as well as sugary drinks (56%). Foods most frequently reported to be consumed more were beans and pulses (33%) and dark green leafy vegetables (29%).
Food insecurity

Food access: The most frequently reported reason for reduced consumption of foods by PLW and mothers who recently gave birth was diminished purchasing power. Substituting expensive items (such as meat) for cheaper items was commonly reported. Fifty nine percent of PLWs reported that their household income had decreased since before the pandemic. Caregivers reported via U-Report that the most common reason for changes in food consumption patterns during COVID-19 were financial, either due to the family having no money (55%) or the high cost of food (33%). Seventy six percent of caregivers reported that they ate less during the pandemic to enable their children to eat.

Food Insecurity Experience Scale (FIES): According to the Food Insecurity Experience Scale (FIES), severe household food insecurity was experienced by 43% of caregivers of children under two years, 34% of caregivers of children aged 2-18 years, and 46% of PLW and mothers who recently gave birth. Severe or moderate household food insecurity was experienced by 85% of caregivers of children under two years, 81% of caregivers of children aged 2-18 years, and 83% of PLW and mothers who recently gave birth. According to the child FIES, 20% of adolescents aged 15-18 years reported many food insecurity experiences and 49% very many food insecurity experiences.

Social protection: School meals are an important form of social protection that serve to protect child diets. In Lesotho, 27% of adolescents aged 15-18 years reported receiving free school meals during the COVID-19 pandemic, while 39% attended school but did not receive free school meals and 35% did not attend school because schools were closed.

---

4 Using the four point scale of: no food insecurity experiences, some food insecurity experiences, many food insecurity experiences and very many food insecurity experiences.
Nutrition services

User experiences: Nine percent of caregivers of children under two years of age reported having a sick child during the past year and not seeking treatment. Of these, 40% did not seek treatment because of lack of money, 12% due to COVID-19 movement restrictions and 8% due to fear of contracting COVID-19. Eighteen percent of caregivers of children aged 2-18 years (and adolescents aged 15-18 years) did not seek treatment when sick during the past year. Of these respondents, 35% reported that they did not seek treatment due to lack of money and 12% due to risk of COVID-19. Nine percent of pregnant women did not attend an ANC visit due to risk of COVID-19 and 20% of women who recently gave birth changed their birth plans due to COVID-19.

Some positive changes in diets were reported due to the COVID-19 pandemic, including reduced consumption of unhealthy foods and drinks and increased consumption of vegetables.
**Health worker perceptions**: Health workers reported disruption to all nutrition services during COVID-19 including maternal micronutrient supplementation (MMS) (62%), iron and folic acid (IFA) supplementation for adolescent girls (31%), nutrition counselling (24%), delivery of micronutrient powders (MNPs), vitamin A supplementation (19%), wasting screening (18%) and severe wasting treatment services (11%).

Health workers reported that nutrition programmes were adapted to enable delivery in the COVID-19 context. Adaptations included physical distancing at contact points, use of alternative delivery platforms in the community and the use of radio, TV and other media to deliver nutrition messages. Health workers reported that some services had not yet restarted at the time of the survey, including vitamin A supplementation (57%), IFA supplementation (55%) and delivery of MNPs (33%), which suggests a high level of ongoing disruption.

**Discussion and conclusions**

Results indicate that the COVID-19 pandemic had a negative impact child, adolescent, and women’s diets in Lesotho in terms of reduced variety of foods consumed, and reduced consumption of healthy foods, especially staple foods and animal source foods. The diets of nearly all PLW included in this study were negatively impacted. Results also suggest some positive impacts on diets in terms of reduced consumption of unhealthy drinks and snacks high in sugar, salt and fat, and increased consumption for some of beans and pulses and micronutrient-rich vegetables. Dietary changes in Lesotho were largely driven by changes in foods purchased due to reduced household incomes and increased food prices. An extremely high level of food insecurity was reported in this sample across all age groups during the COVID-19 pandemic, which is very concerning.

Respondents reported reduced health seeking behaviours due to COVID-19, as a result of having less money and due to perceived risk of COVID-19. Health workers reported disruption in the delivery of all nutrition services, with disruptions to maternal micronutrient supplementation being reported most frequently. The marked impact of the pandemic on PLW in Lesotho in terms of reduced quality of diets and reduced access to services warrants further investigation and may indicate the need for the strengthening of maternal nutrition services.

The negative impact of COVID-19 on diets, nutrition services and nutrition practices is likely to affect progress against child nutrition targets in Lesotho for years to come. Resources are urgently needed to re-expand and prioritise efforts to prevent stunting and micronutrient deficiencies by protecting breastfeeding, delivering micronutrient supplementation at scale, and increasing access to diverse, healthy diets for children, adolescents and pregnant and lactating women. To protect against future emergencies, routine health systems must be strengthened, and population nutrition resilience built by expanding national social safety nets and developing strategies to build sustainable livelihoods.

Remote survey methods proved useful for collecting information on caregiver, adolescent and health worker perceptions and experiences in Lesotho at a time when movement restrictions prevented household surveys. The utility of their wider use to complement household survey data should be explored.