



LISTEN

Local Innovations Scaled through Enterprise Networks

Teen Pregnancy Dialogues in Eswatini: Addressing Local Priorities Through the Local Innovations Scaled Through Enterprise Networks (LISTEN) Process

Background

Funded by the Bill and Melinda Gates Foundation, the Local Innovations Scaled through Enterprise Networks (LISTEN) process integrates the voice of the community into the design and testing of solutions to reach at-risk populations that are currently not being reached with conventional strategies. The process, which includes the use of human-centered design (HCD) and continuous review of relevant data within communities of practice, expands engagement at the community level and supports linkages to the formal health system. In Eswatini, the Ministry of Health (MOH) is implementing the LISTEN process to address adolescents' and young people's priority needs for HIV prevention and other services.

Approach

The MOH used mapping and risk stratification tools to identify existing communities of practice (CPs) that can be used to engage with and support vulnerable community members. One of the CPs identified was the Chiefdom CP, comprising respected representatives from the communities who work in close collaboration with the local chief and are charged with accountability within the community. A total of eight chiefdoms were supported to implement the LISTEN process, including orientation to the application of HCD tools to identify problems and develop solutions and review health indicators in the community.

Results

The Luyengweni Chiefdom was provided with an overview of relevant data from health facilities in its catchment area, resulting in the identification of high rates of teenage pregnancy as a priority area of concern for the chiefdom. The community chiefdom leadership then collaborated with health providers and with support from the MOH LISTEN team conducted community dialogues for more than 175 community members. Of these 35 (20%) were adolescent girls 10-19 years, others engaged included male partners, parents/caregivers, and community leadership.

Risk factors identified during the dialogues included bus conductors who target students using public transportation, girls from child-headed homes, girls in a lower secondary school where males believed they were virgins and targeted them, low self-esteem, peer pressure, bullying, poverty, no relationship with a caregiver, early sexual debut, a belief that sex will keep the partner, gender-based violence (GBV), and lack of knowledge of available sexual and reproductive health (SRH) services.

Potential solutions to preventing teenage pregnancies as identified by the community included strengthening relationships between schools and communities to promote engagement in, and ownership of, children's education and support youth; developing community programs that prioritize youth welfare, and providing basic needs such as toiletries and sanitary pads.

Through the ongoing application of the HCD process, the chiefdom leadership engaged with representatives from three schools in the community and collaboratively determined that the schools will conduct weekly educational sessions on various topics such as HIV prevention, SRH, and self-esteem. The first of these sessions was conducted by Usuthu Mission Primary School and Mhlabubovu Primary School working with the local clinic, school health program and police to provide 595 girls and 457 boys with information on self-esteem, menstrual health, and GBV. The schools will initiate life-skills projects such as making soap, fabric softeners, and rearing broiler chickens, and offer training on entrepreneurship, and financial literacy and saving.



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