

# EMPOWERING LESOTHO'S TOMORROW: YOUTH-DRIVEN INNOVATION IN PREVENTIVE HEALTHCARE

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## Abstract

This study is rooted in the imperative to incorporate the voices of youth into the development of programmes and policies, in Lesotho. The aim was to understand the health and well-being challenges they face and to highlight the need for innovative, preventive, and participatory interventions, which include their unique perspectives and contributions. The research involved 180 children, both boys and girls, from various ecological zones, using a qualitative approach to gather detailed insights. Data were collected using Participatory Learning Approach tools, including Social and Resource Mapping, Cause and Effect Analysis, which were supplemented by Key Informant Interviews. The study team also conducted 18 Focus Group Discussions, aimed to gain a more comprehensive understanding of the children's perspectives, experiences and needs. The study unveils several health challenges that young people in Lesotho face, including malnutrition, limited access to healthcare, and gender-based violence. Despite these difficulties, the stories shared by the participants show a strong sense of resilience and a keen desire to be actively involved in policymaking and interventions related to their health and well-being. The findings have significant implications. They provide a framework for health professionals and policymakers to incorporate the perspectives of children and youth into preventive health strategies. Additionally, the study highlights the need for a shift in public health discussions, advocating for inclusive policy development that considers the unique needs and rights of young populations. These insights, though specific to Lesotho, could be valuable in similar contexts.

**Keywords:** preventive healthcare, child participation, qualitative research, Lesotho, public health policy

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## Introduction

In Lesotho, the interaction between social, environmental, and health factors creates multifaceted challenges and barriers to development, which disproportionately affect its children and youth (UNICEF, 2023 a, 2023 b; UNDP Lesotho Country Office, 2023; IMF, 2022). Poverty looms heavily in the country, particularly in the rural mountainous areas. Adding to malnutrition and food insecurity, severe health inequities persist, with amplified impact on children and youth with disabilities and other groups facing marginalization. These socioeconomic factors, intensified by their intersection with health, underscore the critical need for equitable, effective, sustainable and evidence-based public interventions (iQvia, 2023).

Beyond the considerable impact of HIV/AIDS, children and youth still struggle with multifaceted spectrum of health issues. Tuberculosis (TB), which can manifest itself in comorbidity with HIV, poses

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a significant threat, particularly considering that its transmission is exacerbated by poor living conditions (which favour its spread) and a healthcare system facing significant constraints. The healthcare infrastructure is further limited by insufficient human resources, with a scarcity of qualified healthcare professionals to meet the demands of the population (iQvia, 2023; Mairos Ferreira, 2023). Diagnostic, therapeutic, and preventive services experience severe restrictions and gaps (e.g., lack of medical equipment, inexistence of appropriate storage units), especially in geographically isolated areas. Adding to the previous difficulties, environmental health concerns are prevalent, particularly those related to water, sanitation and hygiene (e.g., menstrual hygiene). A large portion of the population lacks uninterrupted access to potable water and adequate sanitation facilities. This problem, intensified by other challenges, such as improper waste disposal, untreated wastewater, unsafe storage of drinking water, use of unsafe water for domestic purposes, poor hygiene practices, ineffective sewage systems, and open defecation, increases the risk of waterborne diseases and sanitation-related illnesses (UNICEF, 2023a, 2019; UNICEF & Lesotho Red Cross Society, 2023).

The prevalent nutritional deficiencies among many children and adolescents in Lesotho compose another set of critical indicators of broader socio-economic challenges. Malnutrition is not an isolated issue but a systemic one, which is deeply intertwined with the cycles of poverty and illness, creating a pattern that affects both individuals, their families and communities, and globally the full nation. The high prevalence of stunting, wasting, and underweight conditions reflects food insecurity and limited dietary diversity, which have profound implications for paediatric health and might translate into long-term (sometimes for life) physical and cognitive negative consequences. Among others, the ripple effects may include increased susceptibility to infections, compromised immune systems, and prolonged recovery times from illnesses (Mairos Ferreira, 2023; iQvia, 2023; UNICEF & Lesotho Red Cross Society, 2023). Adding to those challenges, obesity is becoming an increasingly significant health concern, with more and more children and youth facing the risks associated with poor diet and limited physical activity. This rise in obesity is putting additional strain on the country's healthcare system and contributing to a range of chronic health conditions (e.g., cardiovascular problems). Climate change adds another layer of complexity to this discussion, affecting agricultural productivity and food security, and directly impacting the health and welfare of young people. A thorough scientific examination of the relationship between environmental changes and public health outcomes is crucial for developing adaptive and resilient health systems (The World Bank, 2021).

Furthermore, the global increase in non-communicable diseases (NCDs) has not spared Lesotho's youth, with growing incidences of diabetes and hypertension. These NCDs, traditionally seen in older populations, are increasingly affecting younger individuals, highlighting the urgent need for interventions addressing lifestyle factors and social determinants of health (iQvia, 2023). Mental health disorders are also becoming more prevalent among children and youth, namely depression, anxiety, and

(i) legal substance abuse disorders. These conditions are often underdiagnosed and under-treated due to the stigma surrounding mental health and as previously mentioned, to the limited availability of services. Moreover, the high unemployment rates significantly contribute to the psychological distress experienced by young people.

Adding to all these difficulties, the challenges faced by Lesotho's youth in accessing education reflect broader systemic issues and socio-economic inequities. The connection between educational access and health is significant, with both tangible and intangible barriers obstructing the educational empowerment of both children and youth (International Commission of Jurists, 2023; Leenknecht et al., 2021). To break this cycle, it is crucial to address the systemic barriers that impede both health and education, thereby fostering conditions conducive to the overall well-being.

Violence remains an important issue in the country. Females face considerable threats from gender-based violence and barriers to reproductive health services, reflecting deep-rooted societal inequities. Males encounter distinct health threats, often involving physical risks and unrecognized abuse, necessitating targeted public health initiatives to address these gender-specific challenges (The World Bank, 2023; UNDP Lesotho Country Office, 2023; iQvia, 2023; UNDP, 2020). Furthermore, children and youth with disabilities face a myriad of health adversities, exacerbated by societal stigma and structural barriers. This situation highlights the urgent need for comprehensive and inclusive health policies, supported by evidence, to enhance policymaking and healthcare delivery (UNICEF & Lesotho Red Cross Society, 2023; International Commission of Jurists, 2023).

Despite the substantial health adversities they face, the youth of Lesotho have consistently demonstrated an admirable degree of resilience. This resilience suggests a strong potential to influence health policy and strategies from the ground up (UNICEF & Lesotho Red Cross Society, 2023; International Commission of Jurists, 2023). By harnessing this resilience, we can design policies that serve not just as protective measures but as platforms for empowerment, fostering proactive and enabling health and well-being initiatives. To achieve this, it is crucial to conduct an in-depth analysis of the resilience mechanisms among the youth. Such an analysis would support the development of a more inclusive and supportive policy framework. Incorporating elements of resilience into strategy development can transform how health interventions are conceived, ensuring they build on the inherent strength of the youth. This approach actively engages young people in shaping the policies and programs that affect their lives, considering both their present circumstances and future aspirations.

In sum, a youth-centric paradigm is essential in Lesotho's healthcare policy landscape. Establishing a health system that genuinely aligns with the experiences and challenges of young individuals requires the deliberate integration of scientific research with policymaking. By combining diverse key evidence (e.g., epidemiological data, educational analytics, environmental impact studies, and findings on

resilience) public health strategies can effectively address the multifaceted needs and priorities of the youth.

This alignment sets the stage for constructing a robust foundation for future generations, addressing immediate health concerns while empowering the youth to be the architects of their destiny. This study aims to contribute to understanding the complex health and well-being challenges faced by children and youth in Lesotho. Focusing on the voices, experiences, and aspirations of the young offers an unprecedented opportunity to inject authenticity and relevance into public health discussions. By privileging these narratives, the study aims to enrich public health discourse with nuanced understandings and anchor interventions in the realities of the youth's daily lives. Such a strategy promotes the development of health interventions that are not only culturally congruent but also finely tuned to the specific needs and conditions of the youth, setting the stage for a health system that is both responsive and equitable.

## **Materials and Methods**

This study aims to amplify the voices of children and youth in the development of programs and policies in Lesotho. Addressing the gap in youth-focused approaches, the research explores the health and well-being challenges faced by children in the country. By leveraging their insights, this paper highlights the urgent need for innovative, preventive, and intervention strategies. It also underscores the crucial importance of involving children and youth in the policy-making processes that directly affect them.

### ***Sampling***

In this study, purposive sampling was employed to select districts that represent the diverse ecological strata of Lesotho, ensuring the representation of the entire spectrum of child demographic groups within the country. The districts chosen for this study include Maseru from the Lowlands, Mokhotlong from the high-altitude Mountains, Mafeteng from the intermediary Foothills, and Quthing from the verdant Senqu River Valley. The demographic span of participants included both boys and girls aged 6 to 19 years, deliberately encompassing various social groups such as children attending school, those not enrolled, herd-boys, children living with disabilities, young members of the juvenile justice system, and children from minority groups.

Local authorities, caregivers, and educational professionals participated as key informants. A total of 18 focus group discussions (FGDs) were conducted, each with around 10 children, culminating in an extensive dialogue with a total of 180 children and youth, thereby capturing a wide array of perspectives and experiences.

## ***Instruments***

The Participatory Learning in Action tools (Napier & Simister, 2017; Gosling & Edwards, 2003) are central to this study's methodology, facilitating data collection in a manner that promotes active engagement and dialogue among participants. Below is an overview of how each tool was utilized within the study's framework:

- Social and Resource Maps: Participants created visual representations of their communities, indicating resources such as water points, schools, health centres, and areas they perceived as unsafe. This activity provided spatial data on resource distribution and accessibility and highlighted areas where children felt vulnerable.
- Institutional Maps/Venn Diagrams: Groups drew diagrams showcasing the various institutions impacting their lives, such as family, schools, healthcare facilities, and local governance. The proximity of circles to the centre indicated the level of influence or importance, offering insight into the institutional support systems and gaps from the children's perspectives.
- Body Maps: Children drew outlines of human figures and annotated them with information about health, nutrition, and emotional well-being, as well as areas where they felt pain or discomfort. Body maps served as a tool for discussing personal and health-related issues in a non-threatening way.
- Cause and Effect Analysis: Children traced the roots of problems they face, like poor attendance in school or lack of access to clean water and discussed the consequences of these issues. This helped identify key intervention points and the complex interplay of factors affecting their well-being.
- Pair Wise Ranking: This exercise involved children ranking issues or resources in order of importance or preference. It was particularly useful for prioritizing problems to be addressed and understanding the values and needs of different groups within the study.
- Daily Time Use Analysis: Children detailed their daily activities from morning to night, shedding light on their routines, labour contributions, and leisure activities. This information provided insights into the balance of their daily lives and potential encroachments on their educational and developmental time.
- Focus Group Discussions: Structured yet open-ended discussions were conducted, segmented by age and gender to ensure comfort in sharing. These discussions allowed for a deeper

exploration of issues raised through other tools and provided a forum for collective storytelling and sharing of experiences.

Facilitators ensured that the sessions were interactive, child-friendly, and sensitive to the needs and comfort levels of all participants. The data gathered from these activities were then analysed in detail, to inform the study's findings and recommendations.

### ***Procedures and ethics***

This study used a strategic sampling method, intentionally selecting participants from Lesotho's diverse ecological landscapes. Participant recruitment, supported by local community leaders and educators, aimed to achieve demographic balance, including both genders, various socio-economic statuses, and a range of abilities. The data gathering process commenced with an introduction to participatory methods, designed to be age-sensitive and culturally appropriate. Sessions began with clear explanations of the study's aims and the expected involvement, using child-friendly language to explain the tools and highlight the importance of the children's contributions.

Before data collection, ethical clearances were obtained both from UNICEF and a governing Institutional Review Board. Informed consent and assent were meticulously secured, ensuring participants were aware of their voluntary engagement and their right to withdraw at any time. Confidentiality and anonymity were foundational to maintaining the study's integrity, with a careful approach to sensitive subjects and support available for those who might disclose distress.

Group discussions and key informant interviews were conducted by trained facilitators, with an emphasis on inclusivity and comprehension. Data from various participatory tools and group dialogues underwent thematic qualitative analysis to identify recurring themes and insights, which were categorized and interpreted according to the study's guiding questions. The presentation of findings was carried out with profound respect for the children's dignity and the authenticity of their voices. Interpretations and conclusions were drawn with deep sensitivity to the cultural nuances and real-world experiences of the participants.

### ***Limitations and strategies for Mitigation***

The study acknowledges certain limitations and has implemented corresponding mitigation measures to ensure the integrity and applicability of its findings. A purposive sampling strategy was chosen to select diverse districts representative of Lesotho's four ecological zones, which could potentially

introduce bias into the sample. To address this, the selection process involved consultation with local leaders and school officials, aiming for comprehensive demographic representation. Despite the careful design, the qualitative nature of the Participatory Learning and Action (PLA) tools might introduce subjectivity into the responses. This was mitigated by employing trained facilitators who delivered the sessions in an age-appropriate, culturally sensitive manner, ensuring clarity and inclusiveness throughout the interactions.

Ethical considerations were paramount, with prior approval obtained from an Institutional Review Board and the implementation of informed consent and assent processes to ensure voluntary, well-informed participation. Confidentiality was rigorously maintained, with sensitive data anonymized during analysis to protect individual privacy. The thematic analysis of data from PLA tools and group discussions has inherent limitations in interpretation, which were addressed by careful, culturally contextual consideration of the findings.

This approach, combined with the diversity of participants, including in-school and out-of-school children, children with disabilities, and those from minority groups, enabled a rich, multi-faceted view of the children's circumstances and needs. The study's conclusions are presented with a strong commitment to respecting the dignity and voices of all participants, ensuring that the resulting strategies for UNICEF Lesotho are deeply informed by the lived experiences of the children they aim to serve.

## **Results and Discussion**

This participatory research, spanning Lesotho's unique diverse ecological domains, provided an invaluable opportunity to hear directly from the nation's youth. Their narratives shed light on a labyrinth of challenges, encompassing educational barriers, nutritional deficiencies, and gaps in child protection mechanisms, each interweaving to form a complex tapestry of lived realities. Remarkably, amidst such trials, the resilience exhibited by these children and youth stands out, not merely as a beacon of hope but as a dynamic force urging action. This resilience, reflective of profound strength and adaptability, does not merely soften the impact of adversity but acts as a driving impetus for change. It underscores the critical importance of having interventions not only aimed to alleviate immediate adversities, but that also strategically invest in cultivating this inherent resilience, thereby fostering a foundation for sustainable development and a more prosperous future.

The subsequent subsections are dedicated to analysing the identified challenges within the core areas of education, nutrition, and child protection. The study took a rigorous approach to dissect the intricacies of these issues, further enriched by the inclusion of the children's own narratives and calls for support

and change. Through these detailed insights, we aim to contribute to forging a path toward impactful policy recommendations and to evidence-based programmatic interventions in Lesotho.

### ***Educational Challenges***

Throughout Lesotho's diverse ecological zones, children's accounts of educational barriers have emerged as a central theme of concern, evidencing the intricate challenges impeding their access to and the full participation in formal education. Despite these impediments, there is a unanimous recognition of education's intrinsic value to their future aspirations. The prevalent issue of school dropouts is particularly acute, with financial limitations exerting undue pressure on families. This economic strain is exacerbated for children with disabilities, who face additional costs to ensure mobility and access to essential specialized aids, thereby increasing their risk of disengagement from the educational system.

“Another challenge is not having access to the education we want, such as not being able to afford high school and tertiary fees” (Female participant).

“Some of us did not return to school for our families no longer have income, because some of our parents lost jobs both in Lesotho and South Africa” (Male participant).

“Parents have less money, so there are needs like clothes, food and other services, like health and transport, so there was no money to access other basic items” (Female participant).

Compounding these financial barriers are the significant geographical challenges: extensive travel distances to educational institutions impose considerable physical and logistical burdens on students. The absence of fundamental infrastructure, such as bridges, and the presence of natural obstacles, like flooded rivers (particularly intense during winter), disrupt the continuity of education for many.

“Schools are very far from our village, especially the high school, and sometimes in winter we have the challenge of money to access the transport” (Female participant).

Moreover, participants voiced several apprehensions over educational quality, highlighting schools' resource scarcity and a lack of essential teaching materials. A particularly poignant challenge noted was the inability to heat the classrooms during the harsh winter months, a factor that significantly deters attendance and hampers the learning process. Conversely, a discerning observation was made by young people concerning the variability in parental attitudes towards education.

“Children in the classroom that don't have the same access to books and school materials, so they have to share; therefore, they think it would be better if everyone has the same access to school materials” (Male participant).



Additionally, some participants noted that a lack of educational background in parents sometimes translates to a diminished comprehension of the importance of education, resulting in a lack of proactive support for their children's educational endeavours. This insight suggests that educational initiatives must also address parental engagement, ensuring that the value of education is understood across generations to foster a supportive environment for the youth's academic pursuits.

"Because some of our parents are not educated, they do not know what they are supposed to do when their child wants to go to school" (Female participant).

Another notable linguistic hurdle presents itself in districts such as Quthing, where the educational framework fails to integrate indigenous languages (*e.g.*, Sephuthi) into the curriculum. This oversight leads to a cultural and linguistic disconnect, prompting some students to withdraw from the formal education system in search of settings more attuned with their cultural identity. To curtail the impact of such linguistic barriers and reduce dropout rates, an inclusive curriculum that embraces these native languages would be a clear added value to children and youth in Lesotho.

The provision of education for children with special needs is also confronted with considerable challenges. The facilities that do exist are primarily located in the capital, Maseru, which presents an obstacle for those residing in more remote districts. The centralization of these services, coupled with the high costs associated with accessibility, places a significant burden on families outside the capital, often resulting in these children not receiving the education they require. The infrastructure in and around educational institutions is another area where inadequacies are evident. As one poignant observation highlights,

"It is heart breaking to see children with wheelchairs struggling to move around because the roads to and from school are not accommodating. Even here around the centre they cannot easily access everywhere they need because there are no ramps [to access the office, dining hall and toilet]. Their wheelchairs are constantly broken, they need to be fixed and we do not have spare wheelchairs" (UNICEF LCO, 2023, p. 22).

In sum, these findings elucidate that while children in Lesotho are acutely aware of and affected by the formidable educational barriers they face, they still regard education as a critical lever for personal and communal advancement. It is imperative for stakeholders, including policymakers and educators, to systematically dismantle these barriers. Ensuring equitable access to education is not only a matter of fulfilling a fundamental right but also a strategic imperative for the nation's development. Only through such targeted interventions can we ensure that every child has the opportunity to fulfil their educational potential and contribute positively to the fabric of Lesotho's future.

## ***Nutrition and Health***

From the eyes of children, the impact of nutritional deficiencies and the reluctance of women to breastfeed and care for their young ones can be a bewildering and distressing experience. These little ones often bear the brunt of inadequate nutrition, which can lead to stunted growth, weakened immune systems, and a struggle against illness. They might not fully understand the complexities of climate change and its effects on agriculture, but they certainly feel the gnawing pangs of hunger when crops fail, and food becomes scarce.

“We have planted vegetables at our gardens, and we are able to get vegetables throughout the season, but [in recent years] the scorching sun and rains have destroyed our vegetables” (Female participant).

“Heat waves and severe drought. In 2015, it was worse, we would beat animals that drank at the dams where we were trying to harvest water; there was scarce water even at the rivers” (Male participants).

Also, the absence of nearby health centres poses a formidable challenge to children. It's not just about the long journeys they must endure; it's also the fear and uncertainty that come with missing vital healthcare. Young mothers, who are often their primary caregivers, must make difficult choices between caring for their children and seeking medical assistance. For these children, the establishment of health posts closer to their communities is a pressing need. Having healthcare within reach means faster access to treatment when they fall ill and a greater chance of their mothers receiving the necessary prenatal and postnatal care. It means less time spent suffering and more time spent playing, learning, and growing.

“We are not all close to the health centre . . . I live on the other side of the river; thus, I end up not going to the health centre since I might just die on the way, which is one other challenge that makes more people not to go to the health centres . . . There is a need for one more health centre and the bridge. There is also a need for an ambulance and a toll-free to pick-up the sick. In addition, the roads are bad; thus, when referring, the people arrive at the referral hospitals already dead” (Female participant).

Despite the previously mentioned challenges, when children look at the world, they see a future full of possibilities. They see a world where they can be healthy, explore their surroundings, and dream "big dreams" (Male participant). However, these dreams can be difficult to achieve, considering the nutritional deficiencies and the limited access to healthcare they face daily. The distribution of drought-resistant seeds and education on farming practices may not be something they fully comprehend, but they understand the difference it makes when there's more food on their plates. For children, the world can feel frightening when they see their mothers endure long journeys to far-off health centres.

### ***Access to Clean Water, Sanitation, and Hygiene***

Accessing clean water is a significant challenge for most children, affecting their daily lives and overall well-being. From a child's perspective, the struggle to obtain clean water often means long, tiring journeys to distant water sources. This not only takes up a lot of their time but also exposes them to physical dangers and the risk of injury. Additionally, the time spent fetching water could otherwise be used for education and play, limiting their opportunities for learning and recreation. Moreover, the quality of the water they manage to collect may be compromised, putting their health at risk due to waterborne diseases. From their viewpoint, access to clean water means more time for education, safer health practices, and a chance to lead healthier and happier lives.

“The water sources we use are not covered, animals drink from there and we also fetch water for cooking, drinking and bathing from there. We often get sick from using the water, the common illness is throwing up and diarrhoea” (Female participant).

The widespread practice of open defecation and the lack of access to sanitation facilities create significant challenges for children, affecting their health and dignity. From the perspective of children, having to relieve themselves in the open can be not only uncomfortable but also a threat to their well-being. It exposes them to health risks, as they may come into contact with harmful pathogens, leading to diseases and infections.

"Yet, during rainy seasons, toilets tend to overflow and become unusable, in which case people practice open defecation, and often practice open defecation, in which case human faeces flows into and contaminates water sources. Animal faces also washes down from the mountains, which affects well and spring water. Some people even throw dead dogs into the springs, which contaminates the water supply. Despite the various ways in which water is contaminated, during heavy rains, many people have to use and drink dirty and contaminated water which causes water-borne illnesses and causes diarrhoea" (UNICEF LCO, 2023, p. 18).

For girls, the lack of proper sanitation facilities becomes even more pronounced during menstruation. From their point of view, managing menstrual hygiene without access to sanitary products and private spaces can be a source of high levels of distress and discomfort. Many girls miss school during their periods, not only because they lack the necessary products but also because they fear embarrassment and stigma. This absence from school hinders their education and limits their prospects.

"Lack of access to personal hygiene items was also identified a reason that girls do not attend school, particularly when they are menstruating; as a result, they are at-risk of fall behind in their studies and eventually dropout" (UNICEF LCO, 2023, p. 3).

Addressing the issues related to clean water and sanitation from the perspective of children highlights the importance of safeguarding their health, dignity, and education. Providing WASH facilities, hygiene

education, and access to sanitary products is not only a matter of infrastructure but also a matter of ensuring that children can lead healthy, dignified, and fulfilling lives.

### ***Child protection considerations***

Child protection considerations are not just abstract concepts; they are deeply intertwined with the very real worries and concerns children and youth in Lesotho grapple with daily. When children embark on long and hazardous commutes for essential services like healthcare and education, their worries are not about traffic or delays but about crossing dangerous terrains and the fear of violence, including episodes of sexual and gender violence, they might encounter. The challenges faced by children in Lesotho go beyond the physical dangers of their journeys; they have profound implications for their emotional and psychological health as well. Within the scope of child protection, the full extent of their vulnerability becomes starkly apparent. It's not only the tangible threats that loom over them but also the intangible strain on their mental and emotional well-being, a factor that is often overshadowed, especially when support systems fail to fully grasp or address their needs. A female participant vividly expressed the distressing dynamics of seeking help after sexual assault, stating,

"Rape is painful and we are afraid to go to the clinic because we are often asked of where we were, what were we doing and sometimes accused of not being honest about being raped but we slept with that person willingly, now we want to waste state resources" (Female participant).

This testimony not only highlights the immediate trauma of the experience but also reveals the additional layers of distress caused by the scepticism and judgment they may encounter in places that should offer refuge and aid. It is incumbent upon child protection services, healthcare providers, and the wider community to ensure that a compassionate and non-judgmental approach is central to the support offered to these young survivors. Fostering an environment where children can seek and receive the help they need without fear of disbelief or blame is a critical step in safeguarding not only their physical and psychological safety, but also nurturing their overall well-being.

Child labour, another pressing issue, is intimately connected with children's discourses and worries about their future. For these young minds, their dreams and aspirations are often overshadowed by the fear of being forced into labour, denying them the chance to learn and grow. The thought of missing out on school, friends, and opportunities because of exploitative work is a constant source of distress. Strict enforcement of laws against child labour and early marriage is not just an abstract concept; it is a shield against the worries that plague these children, protecting their right to education and a brighter future.

"To support education, young people thought that there needs to be strict laws against child labour, including forced child labour and children working under harsh conditions, in keeping

with international standards. They recognize that laws related to child labour also need to be enforced" (UNICEF LCO, 2023, p. 13).

Also, the absence of school feeding schemes deeply affects children's concerns about attending school. From their perspective, this challenge is not limited to the meals; it is about the hunger that distracts them from learning and the anxiety of being unable to concentrate in class. Ensuring access to nutritious food in schools directly addresses these worries and helps children focus on their studies, alleviating their concerns about falling behind.

"Secondary schools do not have school feeding programmes; thus, young people do not have access to nutritious foods at school, as they typically do at the primary level. Hunger negatively affects one's ability to concentrate on learning" (UNICEF LCO, 2023, p. 3).

In sum, child protection measures are intrinsically tied to the lived experiences, discourses, and worries of children in Lesotho. Recognizing and addressing their very real concerns about safety during long commutes, the fear of child labour, and the challenges of attending school without proper nutrition is not only a policy imperative but a compassionate response to the worries that weigh heavily on these young shoulders. By taking tangible steps to protect their rights and well-being, we can offer them hope, security, and the opportunity to flourish.

## **Conclusion**

Through this study, children and adolescents across Lesotho have described numerous challenges and barriers to their education, health, protection, and overall well-being. As they navigate these socioeconomic hurdles, their resilience and forward-looking vision contrast with their present adversities and reflect their hopes for an improved future. The insights derived from their narratives are vital, offering a foundational basis for interventions grounded in the unique perspectives, needs, and priorities of children and youth. This approach would represent a significant shift from adult-centric policymaking and programming to a more balanced and inclusive approach.

The geographic isolation of Lesotho's highlands highlights stark disparities in healthcare access, underscoring the urgency for a comprehensive health strategy that is sensitive to both cultural and regional nuances. This research reveals how poverty exacerbates conditions like malnutrition and food insecurity, disproportionately affecting the most vulnerable populations, including those with disabilities and gender-marginalized groups. Addressing these issues requires public health strategies rooted in equity to unlock the potential within every child and adolescent.

The prevalence of HIV/AIDS, alongside other significant health issues such as tuberculosis, mental health disorders, and non-communicable diseases, creates a complex matrix of challenges for the youth. These problems are worsened by systemic deficiencies in healthcare infrastructure and professional

resources, necessitating a strategic expansion of both preventive and therapeutic services, especially in isolated areas. Additionally, the connection between educational access and health is undeniable. Obstacles to education, whether financial burdens, logistical challenges due to remoteness, or cultural and linguistic barriers, require a multifaceted approach. This approach must include infrastructural development and inclusive curricular reforms, engaging all relevant stakeholders in a concerted effort to dismantle the systemic barriers that hinder education and, consequently, the overall well-being of the youth.

Climate change adds another layer of complexity, altering agricultural patterns and threatening food security, which directly affects the health and development of the youth. A thorough scientific analysis of the link between environmental changes and public health is crucial to strengthen health systems against the unpredictable impacts of climate change. Furthermore, gender dynamics and the specific health risks and access issues associated with them call for tailored public health initiatives that address the unique needs of girls and boys. Additionally, the perspectives and experiences of children with disabilities must be integrated into health policies to ensure that the strategies are proactive and inclusive.

In conclusion, the way forward involves harnessing the inherent resilience and optimism of Lesotho's youth and incorporating their voices into the core of policy and program development. By adopting a youth-centric approach that combines scientific research with real-world experiences, public health strategies can become as dynamic and multifaceted as the challenges they aim to address. Ensuring every child's right to grow, learn, and thrive will not only address immediate health concerns but also empower them to shape their destinies and, ultimately, the future of Lesotho.

Based on the insights gathered from this study, the following recommendations are put forth to address the systemic challenges faced by the youth of Lesotho and to harness their resilience in shaping a sustainable and equitable future:

- **Establish Comprehensive, Inclusive Educational Infrastructure:** Prioritize upgrading the educational facilities, especially in rural and highland areas, to ensure accessibility for all children, including those with disabilities. This infrastructure must include proper heating systems for winter months, ramps, and resources for special needs students. Additionally, the initiative should promote the integration of local languages into the curriculum to preserve cultural identity and improve student engagement.
- **Strengthen Healthcare Accessibility and Quality:** Increase the healthcare workforce by investing in capacity building and recruiting skilled professionals, particularly in rural regions,

and improve the distribution of medical supplies. Provide the necessary support to community health outposts to provide preventive, diagnostic, and therapeutic services closer to children and their families. These efforts should be supported by policies that facilitate the swift repair and replacement of essential aids for children and youth with disabilities.

- **Enhance Nutrition and Food Security Programs:** Develop and deploy comprehensive nutrition programs targeting at-risk populations, such as children of young mothers and children raised in economically disadvantaged families. These programs should include the distribution of fortified foods and drought-resistant seeds, along with education on sustainable farming practices. School feeding programs should be expanded to cover all mandatory levels of education, ensuring children have access to nutritious meals to support their learning.
- **Expand Child Protection Mechanisms:** Implement more robust child protection frameworks that prioritize the safety and psychological well-being of all children. Enforce the existing laws (e.g., against child labour) and ensure that survivors of abuse have access to compassionate and competent care. Additionally, promote child and youth participation in discussions about their protection, encouraging a culture where children and youth feel empowered to express their needs and actively participate in shaping the policies that affect their lives.

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## **Declaration of Interest Statement**

The authors confirm that there are no conflicts of interest to disclose.

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