

**PSYCHOSOCIAL CHALLENGES AND COPING STRATEGIES AMONG
ADOLESCENT SCHOOL GOING MOTHERS, IN LUSAKA DISTRICT OF
ZAMBIA.**

BY

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I, **Shanny Nkwemu** declare that this dissertation submitted to the University of Zambia as partial fulfillment of the award of the degree of Master of Public Health (Health Promotion and Education) is my own work and has not been submitted either wholly or in part for another degree to this University or any other or Institute of Higher Education.

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DEDICATION

This study is dedicated to my late husband Johnstone Mwambazi, my dearest mother Elina Nkwemu Mapondo, my late father Francis Nkwemu and the entire Nkwemu family for understanding and support during my absence from home for many months. To my son Yoran Mwambazi thanks for the love you showed during moments when I was away at school.

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ACRONYMYS

ASRH	:	Adolescent Sexual Related Health
ASGM	:	Adolescent School Going Mothers
CCDF	:	Child Care and Development Fund
CCDF	:	Child Care Development Fund
FAWEZA	:	Forum for African Women Educationist in Zambia
HIV	:	Human Immune Virus
MOE	:	Ministry of Education
NGO	:	Non - Governmental Organization
PPAZ	:	Planned Parenthood Association of Zambia
REP	:	Re-Entry Policy
SSA	:	Sub Sahara Africa
UNDP	:	United Nation Development Program
UNESCO	:	United National Education Scientific and Culture Organization
UNFPA	:	United Nations Population Fund
UNICEF	:	United National Child Education Fund
VCT	:	Voluntary Counseling and Testing
WAR	:	West Africa Region
WHO	:	World Health Organization
ZARD	:	Zambia Association for Research Development
ZDHS	:	Zambia Demographic Health Survey
ZNEC	:	Zambia Nation Education Coalition

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Definition of Terms

Adolescence

Adolescence can be described as a period of great storm and stress as well as physical, mental and emotional potential. It is seen as a period of energy alternating tiredness, adoration with expressive despair, childish selfishness with unselfishness, vanity with humility, tenderness with cruelty, curiosity with apathy (Lefson, 1997).

Teenager

A teenager is viewed as an individual in the process of gradual transition from childhood to adulthood.

Teenager Mother

Phoenix defines teenage mothers as women who become pregnant before they are twenty, are young and are having children early in their reproductive careers.

Adolescent school going mother

Phoenix defines adolescent school going mothers as girls between the ages of 10 -19 who get pregnant while at school and went back to school after giving birth.

Cultural norms

Cultural norms is defines as the standards of behaviour as determinant by the community beliefs, values and customs as well as belonging to a specific group (Dlamini, 2002).

Spiritual belief

Spirit refers to the part of the individual created to stand in relationship with God

ABSTRACT

Introduction: Although adolescent school going mothers consider going back to school after giving birth, they may not be able to succeed mentally and academically if the support they need from the teachers, fellow pupils and the community is inadequate. The girls experience challenges and fail to combat stigma attached to them as young mothers. They feel disempowered and therefore, become resistance which in most cases may lead to unwanted behavior and drop out of school. The purpose of this study was to explore the psychosocial challenges faced by adolescent school going mothers and how they are coping.

Method: A qualitative case study design was used. Data was collected through in-depth interviews among 24 adolescent school going mothers between the ages of 16–19 who were purposively selected from 2 schools in Lusaka district. Data was analysed using a thematic method. From the information recorded in each discussion, major themes and sub-themes were identified. Scripts were transcribed into Nvivo 10.

Results: The findings of the study revealed that the girls had challenges; they were stigmatized and discriminated by some teachers, labelled by the community they lived in, gossiped and isolated by their fellow classmates. Despite all these challenges, some girls coped positively with the situation through spiritual intervention and resilience while other coped negatively through beer drinking and staying away from home. This resulted in low self-esteem, inferiority complex, and identity crises on the young mothers. The girls found it difficult to adjustment to motherhood as well as do their schoolwork.

Conclusion: The challenges experienced by young mothers in three environments cause the girls not to balance between schoolwork and motherhood. All this happens because they are not emotionally supported by the teachers, fellow pupils and the community; as a result they become resistance and adopt undesirable behaviours. While beer drinking and skipping school days may be beneficial to the teen mother, it may lead to their failure as learners. There is a need therefore, to address the teachers, community and the learners in the schools, to highlight the challenges which teen mothers are facing so that health support programs specifically designed to meet the need of adolescent school going mothers be integrated into the school curriculum.

Keywords; Adolescent, school, mother, going, challenges,

CHAPTER ONE

1.0 Introduction

1.1 Background Information

Adolescent pregnancy is a global concern because most of the girls engage into unprotected sex as early as 12 years, especially in the Sub Saharan African Regions (Oyaro, 2008). According to UNICEF (2004) 14 million girls get pregnant in the Region annually and majority of the victims of pregnancies are schoolgirls (UNICEF, 2004). Therefore, the number of girls dropping out of school has increased. In South Africa, approximately 50,000 cases of pregnancy were recorded among school girls in 2009 (Shefer et al., 2012) while in Zambia 26,600 school girls got pregnant in 2013 (Central Statistical Office, 2014). Teenage pregnancy has posed a great danger to the health and education sectors because the girls are in danger of sexual transmitted infection and early marriages (UNICEF, 2004).

A study done in South Africa revealed that adolescent school going mothers have a number of psychosocial challenges and fail to complete their education when they return to school (Chigona and Chetty, 2008). Adolescent school going mothers are stigmatized and discriminated by teachers and their classmates causing them to have low self-esteem (Anyon, 2008). They experience unbearable pressure in the community because they are labelled as deviate, as a result they find themselves into intolerable behaviors such as prostitution (Beesham, 2000).

Some communities humiliate school going mothers and discourage them from returning to school for fear of contaminating other learners. They are given all sort of bad names such as Molakluoa (outcast) and Matlakala (trash) ((Mokobocho-Mohlakoana, 2005). Such names are an indication of how negatively societies view teenage motherhood. In addition to this, the unmarried school-going mothers and their children are not given space within the family tree which makes them feel like outcasts. In Sesotho culture, only married women and their children have space within the family tree (Makatjane, 2002).

Different studies have been carried out to explore the challenges of adolescent school going mothers (Pillow, 2006). Adolescent school going mothers are denied a supportive and trusting environment which provides security at school and in the community and are failing to cope with their situation as young mothers (Chauke, 2013). They are emotionally challenged by the conventional myths which describes them as 'others' (Anyon, 2008). The

unhealthy educational environment which validates the psychosocial challenges does not support adolescent school-going mothers, therefore, they feel inferior (Cohen et al., 2007). This could also be because there are no policies which deals with mockery, teasing or marginalizing of adolescent school going mothers in most schools, therefore, adolescent school going mothers fail to cope with their new roles as young mothers (Molapo et al., 2014).

Meanwhile, an example on the issue of expulsion of pregnant school girls is the elimination of all form of discrimination against young mothers in schools (Chelisa, 2002). Adolescent school going mothers are socially, psychologically and emotionally immature and really young to be mothers, for this reason, they need emotional support from the people around them (Anyon, 2008). However, teachers and administrators ignore the provision of equal opportunities of adolescent mothers in school and stigmatize the girls in front of other learners which caused the learners to skip school days frequently (Kaufman et al., 2001).

A study by Larson (2004), revealed that 1 in 10 adolescent mothers suffered from serious emotional disturbances because the emotional feelings of the girls remains unattended, where 70% of adolescent school going mothers did not receive psychosocial health services. As a result, attempted suicide and drug abuse becomes high among the girls which lead to behaviors such as hopelessness and isolation (Wang, 2008).

Additionally, Eggleston (2000), revealed that adolescent school going mothers experience feelings change and are frightened with being torn between the responsibilities of adolescence and motherhood. Adolescent school going mothers felt depressed because of their unique unusual experiences of dual responsibilities (Molapo, 2002). They felt abandoned and rejected by partners and peers, questioning and not understand what was happening to them (Kaufman, 2008).

Most studies carried out on adolescent school going mothers in developed countries revealed that young mothers undergo psychosocial challenges such as depression, stress, low self-esteem, stigmatization and discrimination (Beesham, 2000). The studies show that some adolescent mothers were given support; they had their own schools and clinics where they did not mix with other learners but those coming from poor families were not supported (Chigona & Chetty, 2007).

However, in Zambia, pregnancy cases among school girls have been increasing (MOE, 2009). Planned Parenthood Association of Zambia (PPAZ) reported that by 2013 there were over 17,600 cases of pregnancies among school girls in Lusaka while in 2014, 26,600 school girls got pregnant in Lusaka Province (CSO, 2014). Most of these girls who got pregnant dropped out of school while others engaged into early marriages. However, in 1997 the government of Zambia through the Ministry of Education came up with the re-entry policy to allow teen mothers go back to school after giving birth (MOE, 2008). These school girls get pregnant as early as 12 years (Mokobocho-Mohlakoana, 2005). As a result, most of these young mothers go back to school after giving birth (Huang, 2014). In 2010 it was estimated that 90.1% of these young mothers went back to school after giving birth (FAWEZA, 2013).

A study by Hamusonde (2003), pointed out that adolescent mothers have a challenge because government schools in Zambia do not provide day care services. Nevertheless, he did not reveal the challenges of adolescent mothers. Little is known about the experiences of the girl and how they are coping in schools. Therefore, this study will explore the psychosocial challenges and the coping strategies of adolescent school going mothers.

1.2 Statement of the Problem

Teen pregnancy has continued increasing in Zambia. A lot of these young mothers return to school after giving birth. As a result, the number of teen parenting has increased in schools (MOE, 2009). In 2010 approximately 90.1% adolescent mothers were re-admitted in school (FAWEZA, 2013). It is not well known whether the girls face some challenges when they return to school as young mothers in Zambia. Studies conducted in South Africa pointed out that adolescent school going mothers face a number of challenges and fail to cope with the dual identity (Chigona & Chetty, 2008). The girls are stigmatized, discriminated, isolated and humiliated by the teachers, community and fellow classmates (Kaufman et al., 2001). They face difficulties and undue pressure because there are no professional to help them combat stigma attached to them (Chauke, 2013). However, there is limited literature published on the challenges experienced by adolescent school going mothers in Zambia and how they are coping. This study explored the psychosocial challenges and coping strategies among adolescent school going mothers.

1.3 Justification

This study will give insight into the challenges experienced by adolescent school going mothers in Lusaka district of Zambia. The results will help to make sure that health support programs specifically designed to meet the need of adolescent school going mothers be integrated into the school curriculum. The schools will be aware that young mothers go through challenges such as stress, low self-esteem, stigma and discrimination and therefore, should be treated like learners with special needs. The study will be significant to the schools so that comprehensive medical care and support groups should be part of the school-based program.

1.4 Research Question

1. What are the psychosocial challenges among adolescent school going mothers?
2. What are the coping strategies of adolescent school going mothers?

1.5 OBJECTIVES

Main objective

- To explore the psychosocial challenges and coping strategies of adolescent school going mothers in two selected schools in Lusaka.

Specific objective

- To explore the experiences adolescent school going mothers face with regard to teachers and fellow pupils at school.
- To explore the experiences adolescent school going mothers face with the community.
- To explore how adolescent school going mothers are coping.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of literature related to psychosocial challenges and coping strategies of adolescent school going mothers. It looked at the related work on how adolescent school going mothers coped. It revealed the challenges adolescent school going mothers went through. The chapter opened with the global view of psychosocial challenges and coping strategies among adolescent school going mothers. Most of the literature documented used constructivism paradigm where qualitative approach was used. Constructivism paradigm was used because of the nature of the study which needed to explore the experiences of the participant. Most of the literature used either case study or phenomenological theory. However, few studies used post-positivism paradigm where both quantitative and qualitative approach was applied. Therefore, the gaps to be filled by the present study were highlighted.

The situation of adolescent school going mothers is accounted for globally (Pillow, 2004). Example of few authors on young mothers in schools include a survey conducted by Mitchell (2014) in Canada on the psychosocial impact of adolescent parenting revealed that interruption in education and the attainment of individual goals and lack of parental support at a time when the girls are emotionally vulnerable affects them. The transition to motherhood is reported to put adolescents at a great risk for psychological distress, adolescent mothers have been shown to be more likely to present with symptoms of depression when compared with their non-parenting peers and older mothers (Fonda, et al, 2012).

Evidence of psychological distress among Brazilian pregnant adolescents has been reported by Freitas et al (2003), who conducted a case-controlled study to compare the psychosocial profile and suicidal behavior among pregnant and non-pregnant adolescents. The findings indicated that adolescent pregnancies were associated with; substance use, low level of social support, depression, traumatic life events and other psychosocial difficulties. The study found that pregnant and parenting adolescents had higher prevalence rates than non-pregnant girls, for attempted suicide, depression and anxiety. These findings were supported by a cross-sectional study conducted in Southern Brazil by Pinheiro et al (2009). They found that

suicidal behavior or intentional deaths or attempts to take one's life, were relatively common features in pregnant teenagers. A wide range of psychiatric disorders, most notably major depressive disorder and panic disorder remained associated with suicidal behavior after adjustment.

Moreover, Mollborn and Morningstar et al (2011) found that teenage mothers had higher levels of psychological distress than their childless adolescent peers. They suggest that the experience of teenage childbearing did not appear to be the cause, as teenage mothers' distress levels were already higher than their peers before they became pregnant. The literature concerning Jamaican adolescent parenting primarily describes negative experiences such as substance abuse and sexually transmitted infections. Additionally, there is evidence indicating that Jamaican adolescent mothers experience feelings of sadness, shame and emotional turmoil (United Nations Population Fund, 2014).

Furthermore, a qualitative study by French et al (2007) conducted in England on the young people's knowledge and use of contraceptive services over initial stages and other sexual reproductive services. The findings were that 77% of women interviewed, knew a service that they used to obtain information about sex. Despite the fact that teenagers knew different contraceptive measures they continued to fall pregnant and thus becoming teenage mothers not knowing the challenges that awaits them as they return to school to continue with their studies.

Another study of qualitative in nature was conducted by (Shaningwa, 2007) in Namibia to investigate the educationally related challenges faced by teenage mothers when they returned to school. The findings revealed that teenage mothers' challenges ranged from social exclusion to the need to manage the dual responsibility of motherhood and studying. (Dlamini, 2002) conducted a qualitative study in the Southern Hho-hho region of Swaziland to explore and describe the problems experienced by teenage mothers face physically, socially, culturally, emotionally, spiritually, economically and educationally. Their findings were that teenage mothers experienced problems in almost all the dimensions of a holistic being. The source identified that a lack of support from individuals and institutions has the major cause. Teenage mothers reported being devastated, fearful, lonely, frustrated and unhappy.

Zondo (2006) conducted a qualitative study in the informal settlements outside Ethekwini to explore the challenges faced by teenage mothers in schools using semi-structured interviews. His findings were that teenage mothers experienced difficulties in balancing their educational responsibilities and taking care of their babies.

Chigona & Chetty (2007) also researched the topic of teenage mothers; the duo endeavoured to determine how teenage mothers coped with schooling and how much support was rendered to them. The findings indicted that teenage mothers in Cape Town received insufficient support, both physically and emotionally and consequence were that many teenage mothers quit school or did not succeed with schooling, because they lacked the support to avoid numerous disruptions of school attendance. The transition to motherhood is reported to put adolescents at a great risk for psychological distress, adolescent mothers have been shown to be more likely to present with symptoms of depression when compared with their non-parenting peers and older mothers.

2.2 Symptoms of Psychosocial Challenges

2.2.1 Stress

Stressors in everyday life affected adolescent school going mothers' emotional state. Stress is an imbalance between the perceived demands of parenting and available resources (Asarnow et al, 2001). Pinheir (2008), on the study conducted on adolescent mothers revealed that attempted suicidal behavior, intention deaths, depression, physical abuse and other psychosocial difficulties were common among adolescent mothers. In support to this cross section study, a Survey conducted in Canada by Mitchell et al (2014) stated that despite adolescent mothers having a teen clinic, emotional distress and attempted suicidal behavior were reported to be very high. This was because adolescents were not emotionally supported by the people around them especially at school and in the community.

Another study revealed that girls tended to disassociate themselves due to aggressive verbal comments by the teacher and the boys (Oyaro, 2008). Adolescent school going mothers experienced problems of mockery, harassment, violence and insensitive attitude from the community and school (Chigona and Chetty, 2007). Therefore, the performance of adolescent mothers in class was negatively affected. The studies further stated that adolescent mothers

tended to have low self-esteem as a result of being harassed and most of them dropped out of school (Chigona and Chetty, 2008).

A study by Wang and Crane (2001), reported that stressors such as the new roles experienced by adolescent school going mothers affected their mental health. Parental stress tends to be higher among adolescent mothers, balancing school work and parenting (Kalb and Raymond, 2003). The study further stated that stress among adolescent school going mothers leads to sadness, self-pity and boredom (Larson, 2004). The difficult position adolescent mothers occupy highlighted their different roles and status as children, parents and school girls (Molapo, 2014).

The studies pointed at stress among adolescent school going mothers to cause depression (Milan et al., 2004). The study also revealed that about 70% of adolescent mothers did not access mental health services (Wang and Crane, 2001). Similar studies conducted revealed that adolescent school going mothers had no time to do their school work at home because the moment they reached home they had to switch to baby-sitting. (Molapo 2012, (Bischoff and Koebe); Cohen, Manion & Morrison, 2002). Some parents did not give enough time to adolescent school going mothers to do their school work (Robson, 1985 in Chigona and Chetty, 2003).

Studies done in developed countries stated that adolescent school going mothers were well taken care of by the government. However, in developing countries little literature had been documented on what measures should be put in place in order to cope with stress. This study had revealed that adolescent school going mothers were stressed; however, nothing has been done to help adolescent school going mother cope with stress.

2.2.2 Mood Disorder

A phenomenological study which used naturalistic paradigm was conducted and revealed that depression was another symptom leading for psychosocial challenge among adolescent school going mothers (Pogoy et al., 2014). Depression according to psychodynamic theory was a disorder that linked to object loss. Adolescent mothers perceived themselves to have been lost their integrate and their virginity, this is because of shame of having sex at a young age which resulted to pregnancy (Gee and Rhodes, 2003), (Eggleston, 2000). This puts adolescent mothers at risk and consequently prone to school dropout and parenthood hardships. The survey conducted among South African adolescent going mothers by

(Molapo et al., 2014) indicated the highest number of depression among adolescent mothers. The survey further revealed that adolescent mothers were at risk of mental problems. However, psychosocial challenges of adolescent school going mothers were more serious than what society perceived them (Cohen et al., 2007). The study revealed that these challenges could be dealt with especially with the help of the school administrators by providing sexual reproductive education programs like counselling to help the girls combat stigma (Cohen, 2013).

2.2.3 Humiliation

Adolescent mothers were humiliated by their fellow peers as they continued mocking and teasing them (Kaufman et al., 2001). In his qualitative study Kaufman (2001), further stated clearly how one adolescent mother felt humiliated when her friend drew a cartoon holding a baby on the black board and wrote the girl's name. Issues of humiliation, sexual abuse by male pupils and teachers were among other psychosocial challenges experienced by adolescent school going mothers (Letourneau et al., 2004). The study further revealed that young mothers were humiliated and harassed by their classmate especially girls.

Teachers also did not give adolescent school going mothers chance to learn as they gave other learners (Mwaba, 2000). Instead, teachers said words that passed bad impression on adolescent school going mothers in front of other learners (Mwaba, 2000). On the other hand, learners also had the zeal to tease adolescent school going mother because of the teacher's attitudes towards adolescent mothers (Molapo, 2012). Other studies also revealed that adolescent school going mother were humiliated by their family members and teachers (Makatjane, 2002 and (Mokobocho-Mohlakoana, 2005). The study revealed that teachers and some parents did not understand adolescent mother's situation and no one wanted to listen to them. Therefore, adolescent mothers had no one to explain their situation and share their parenting problems (Masuku, 1998).

Studies have pointed out that adolescent school going mothers were humiliated at school by teachers and peers as well as by the community. Most of the literature reported that most of these young school going mothers dropped out of school. However, the researchers did not look at how adolescent school going mothers who remained in school were coping with the issue of humiliation. Therefore, this study explored the coping strategies of adolescent school going mothers.

2.2.4 Stigmatization and Discrimination

A study by Arlington Public School (2004), pointed out that young mothers were being stigmatized and discriminated not only by their peers but by the teachers and the community too. Adolescent mothers were stigmatized in many ways by the teachers and the community (Sibeko, 2012). Persistence effort to reduce stigma and its harmful effects should have been the concern of teachers (Cappa et al., 2011). Stigmatization had been perceived as the violation of teaching ethics and teachers should work to protect girls and adolescent mothers in schools. Arlington Public School (2004) in their report stated that adolescent mother's experienced undue pressure from teachers, classmates and the community they lived in. Adolescent school going mothers were given different names and were isolated (Molapo, 2012). However, discrimination and exclusion at school and from the society was because of what (Pillow, 2006) described as discourse of contamination. Adolescent school going mothers were marginalized and excluded from peer (Molapo, 2012).

Adolescent school going mothers experience unbearable pressure from teachers, peers and classmates (Chigona and Chetty, 2007). The study points out that adolescent school going mothers are discriminated and excluded in most school activities. A similarly study noted that adolescent school going mothers were being stigmatized by their fellow classmates especially boys (Maphoti et al., 2014). A study by Oyaro (2008), further states that stigma and discrimination by teachers are the reasons that contributes to adolescent mother's low self-esteem in schools. The author also observes that adolescent mothers' classmates tend to treat adolescents in a humiliating way (Oyaro, 2007).

The studies did not look at how adolescent school going were coping with stigma and discrimination. However, this study assessed how adolescent school going mothers were coping.

2.2.5 Rejection and Victimization

Nzama (2004), Molapo (2012) adolescent school going mothers were rejected by their classmate who did not feel comfortable sitting on the same desk with adolescent mothers. Adolescent school going mothers were not accepted by their peer/ friends in their social circle. They were looked upon as having done something which was not acceptable in the society (Sifuna, 2008). Rejection and victimization caused adolescent mothers to be lonely

and isolated themselves. In concurring with Nzama (2004), indicated that the girls were victimized by teachers and the peer because of their physical changes. The physical change on adolescent mother's bodies also confused and affected adolescent mothers who were in the process of undergoing changes from childhood to adulthood (Masuku 1998).

Most literature had shown that qualitative approach was mostly used in these studies. Most of the researchers used both in-depth interview and focus group discussion. Data was collected using audio recorder while in some cases notes were taken. A survey conducted by Chigona and Chetty (2007) used a phenomenological theory and revealed that adolescent school going mothers faced a number of psychosocial challenges. According to the survey, participants were selected from four randomly selected Schools. Participants included teachers from the same schools. A focus group discussion was conducted. Data was collected using audio recorder. The recorded data was later transcribed. Themes were identified.

A similar study was conducted by Molapo (2012) in Lesotho where a qualitative approach was adopted. The study used case study research design. Participants were purposively selected from five (5) secondary schools. Adolescent school going mothers were selected. The findings of the survey revealed that adolescent school going mothers had a number of challenges. In concurring with the survey done by Molapo (2012), different studies conducted by (Pillow, 2008, Mohlokoana and Mokobocho, 2002 Chigona and Chetty, 2008), revealed that adolescent school going mothers were stigmatized, discriminated, harassed and victimized by the community and the school. Some community members labelled the girls by giving them bad names such as 'others' meaning girls with low morals.

The studies further states that teachers were not trained on how to handle adolescent mother in school. The studies used individual interviews although Focus Group Discussion were used (Molapo, 2012). Nevertheless, similar themes had been identified in all the studies. However, the studies had stipulated the challenges of adolescent school going mothers in general but did not take keen interest to find out how adolescent mothers were coping in schools. Studies conducted in developed countries had stated the coping strategies of adolescent school going mothers. Little literature had been done on how adolescent school going mothers were coping in most developing countries.

However, in Zambia few studies had been conducted on adolescent. Therefore, most of the studies done focused on re-entry policy. Other studies looked at the factor influencing teen pregnancy and the contributing factors of adolescent drop out. Therefore, this study used the constructivism paradigm like Chetty (2008), Singh N. (2002) as well as Tayler-Ritzler and (Berglund et al., 1997) used in their studies on adolescent school going mothers' experiences with the teacher, peer and the community.

This study aimed to explore the psychosocial challenges of adolescent school going mothers. The study further revealed how adolescent school going mothers were coping with their new role as mother and learners. The findings of the study stated that adolescent school going mothers were psychologically traumatized. This was because off the guiding rule of culture which makes it difficult to discuss any issues pertaining sex.

2.3 Coping Strategies among Adolescent School Going Mothers

2.3.1 Support from the Government and the Community

The community and the government in developed nations responded to the needs of young mothers and their children. According to National Center for Children in Poverty (NCCP, 2002), the USA government promoted a culture of responsibility in communities. This was in order to prepare communities meet the needs of families with young children. The main target was those that faced multiple risk factors such as poverty, unemployment, and inadequate housing and food resources. The state played a critical role in establishing program regulations, collecting data and allocating funds (NCCP, 2002).

Approximately 7 billion dollars was spent each year (Chauke, 2013) revealed. The money was spent on both young mothers and the infants left by the teenage mothers while attending schools. This excluded actual money contributed by charitable organization. Technical Analysis paper No 42, US, further stated that 46% of single teenage mothers and their children received public assistance. 50% of national Child Care and Development Fund (CCDF) budget was given to adolescent mothers.

The USA government developed strategies to help improve its care and support system. It was meant for both young mothers and the infant left by adolescents while attending schools. These strategies were tailored in such a way that they were comprehensive, coordinated and continuous. Consequently, some teenager mothers failed to cope up and resort in delinquent

behaviors. Adolescent mothers resorted in beer drinking, drug abuse as well as prostitution (Huang et al., 2014). In USA the annual cost for teenage pregnancy and estimated cost is \$7 billion (Huang et al, 2014). The funds were collected from lost tax revenues, child health care, foster care and involvement with the justice system (Nduli, 2012).

2.3.2 Counselling Services

As the literature shows, much of the coping strategies had been documented in developed countries and very little had been done in developing countries. Adolescent school going mothers were coping well in developed countries because they were supported (Pogoy et al., 2014). A Cross Section study conducted in Brazil by Freitas et al (2003) reveal that adolescent school going mothers in most developed countries had their own clinics and school. According to the study, adolescent school going mothers undergo counseling before they go back to school. Counseling services according to Mitchell et al (2014) were available all the time. Mothers in developed countries according to (Nelson, 2013) had their own school were they did not mix with the peer.

Most of the literature documented in developed countries on adolescent school going mothers indicated that adolescent mothers were well supported. Adolescent school going mothers had access to these psychosocial services like counseling. However, in developing countries very little literature had been documented to show how adolescent school going mothers were coping at school. Therefore, this study revealed that adolescent school going mothers were coping with their new roles. Hence, they find themselves in delinquent behaviors such as beer drinking, smoking as well as prostitutions so as to withstand the pressure they were going through. Despite some of these studies showing similarities with the current study, the difference is that most of these studies were conducted in other countries. The researcher wanted to explore the psychosocial challenges experienced among adolescent school going mothers in Lusaka district of Zambia with regard to the teachers, community, peers and how they coped.

2.3.3 Theoretical framework

To understand issues and find answers to the research questions, we employed ecological systems theory which was developed by Bronfenbrenner Urie (1979). It identifies five environmental systems with which an individual interacts. The theory provides the framework from the societal, community, family, intrapersonal and interpersonal level. This theory has being used by Svanemyr et al., (2015) in the study concerning the issues on

enabling an environment for adolescent sexual and reproductive health. Ecological theory systems state how people interact with others and with various systems in the environment. It looked at the barrier that affects adolescents at each level and how they can be helped.

This theory has been adopted in this study because it works to show how adolescent mothers are misinterpreted in various systems around them. It is important to view its interactive patterns and the undeclared rules that govern the members' behavior towards young mothers. Essa (2011) opined that families work well together, community often is able to make effective decisions. However, due to the norms and values that govern the community, issues pertaining adolescent school going mothers are unacceptable. In addition, understanding the family means looking at its functioning within the larger context. This theory has been fused in this study because the study explores on the experiences of young mothers at different levels that has been used by Bronfenbrenner (1979).

At the society level, laws and policies provide a framework for adolescents' including specifying programs for adolescent school going mothers. Systems have been made concerning adolescent school going mothers and their access to health care services. However, in practice, their laws and policies may not always be in line with cultural norms and their standards. Some countries have laws to protect adolescents from sexual violence or those that enable adolescents to access safe abortion due change.

However, even where good laws exist, they need to be implemented including through political commitment, adequate resources allocation, capacity building, and the creation of systems of advocacy. Laws prohibiting marriage before the age of 18 years have been made, but the enforcement of the laws is irregular or absent, and the laws are routinely violated without any sanction.

This puts adolescent school going mothers at a risk of not being protected because even the policy makers see it wrong for a young girl to go back to school after giving birth. There is need to promote law and policy related to adolescent school going mothers, their health issues, social and educational spheres to build broader societal norms and helping adolescents realizing their human rights

At community level, community mobilization can foster intergenerational communication in support of adolescent school going mothers and ASRH. By engaging in public education

efforts, community members learn about ASRH issues in culturally sensitive ways, increasing the prospects for attitudinal change. There is some evidence that the involvement of key community gatekeepers, including religious leaders, can generate wider community support. However, no community mobilization interventions have been put in place for adolescent school going mothers, especially on ASRH service utilization and sensitization as young mothers. One challenge to community mobilization is often the attitude and perception of the community on young mothers. Stigma and discrimination is more common than empathy.

At relationship level, parents and members of the extended family have always been important in the sexual and reproductive knowledge and development of young people. This research shows that the communication between adolescents and parents on issues such as sexual relationships, early pregnancy, HIV and contraceptive is often very limited. Barriers to communication about sexuality include lack of parental knowledge, reliance on school teachers and a perception that talking about sexuality encourages sex. It is possible to improve the content of the discussions and to raise awareness of and challenge social and cultural norms that hinder communication about sexuality.

At individual level, self-pity, resilience and stigma are linked to greater vulnerability for a variety of reasons. Young women are at increased risk of STIs, HIV and early marriages, because of lack of information about sex education. There is a need to focus on empowering adolescents including through efforts such as those that build their confidentiality and emotional feelings.

It is from this that teen mothers' challenges can be understood. Bronfenbrenner (1979) noted that the society level has a trickle-down effect on cultural norms. These cultural norms, access to resources and policies pose psychosocial challenges to adolescent school going mothers. The community level involves changes that occur overtime, not only in the characteristics of adolescent school going mothers but also in the future of adolescent school going mothers' life. The ecological theory is suitable for this study because it talks of the most immediate system that affects the teen mothers.

These structures directly have challenges on adolescent school going mothers and these include relationship with fellow pupils (school), the immediate family and the community.

The psychosocial challenges that adolescent school going mothers face in terms of school are as a result of direct interaction with family, classmates/peers, the community, policies, access to resources and cultural norms and changes that take place overtime because of emotion feelings and their coping mechanism.

According to this framework, adolescent school going mothers experience a number of psychosocial challenges. In developing countries adolescent school going mothers are stigmatized and discriminated by teachers, classmates and the community. As a result, adolescent school going mothers experienced low self-esteem, humiliation, victimization and shame.

Adolescent school going mothers were labelled and were neither supported morally nor spiritually by the community, teachers and peers. Consequently, they find ways and means of coping with their dual identity as a mother and learner. Psychosocial services for adolescent school going mothers were overlooked. Therefore, they become too stressed with their new roles.

The distribution of ecological theory has been used in this study in order to facilitate understanding of the psychosocial experiences that affected adolescent school going mothers and how they are coping when they return to school. The theory helped the researcher explore the challenges of young school going mothers experienced with the teachers, and the community. In addition, the theory helped the researchers, identify the impact of the challenges adolescent school going mothers experience at school as having skipping school days while at home they are forced to engage into unwanted behaviours such as beer drinking. The theory assisted the researchers to develop some assumptions: that young mother go through stigma and discrimination and therefore, should be treated like learners with special needs. The researchers also assumed that health support programs specifically designed to meet the need of adolescent school going mothers be integrated into the school curriculum.

2.4 Summary

This chapter had discussed the views of other researchers on adolescent school going mothers and the coping strategies. The chapter has stated the challenges adolescent mothers faced. Challenges such as discrimination, stigmatization, stress and emotional feelings have been discussed. The chapter has also discussed how adolescent school going mothers find it

difficult to cope with the dual identity of young mothers such as the responsibility of being a mother and a learner. They were marginalized by the community. As a result, they found it difficult to cope and engaged themselves in unhealthy activities. They found it difficult to cope because they were disassociated from their childhood friends, community even with the teachers. Finally, the chapter has discussed how adolescent school going mothers lack psychosocial health services. The next chapter will discuss the methodology part of the research.

CHAPTR THREE

3.0 METHODOLOGY

3.1 Study Design

This was a qualitative study which focused on understanding psychosocial challenges adolescent school going mother experienced as learners and mothers (Cresswell, 2007). It emphasized on describing the meaning of several individual's experiences and perception (Cresswell, 2007). This method acted as a fundamental need assessment for future research and resource allocation.

A case study design was used to explore the state of affairs as it existed through direct interaction with the participants (Cresswell, 2007). This method allowed the respondents to express themselves and used any language they were comfortable with without any restriction. Qualitative method uncovered diverse opinions, perceptions, and unexpected results in order to understand challenges and coping strategies as they were perceived by adolescent school going mothers.

3.2 Study Sites

The study was conducted in Lusaka District at Kalingalinga Basic School and Arakan Girls Secondary School in Lusaka Province. Kalingalinga Basic School is located in one of the high-density compounds in Lusaka and Arakan Girls Secondary is located in medium density areas of Lusaka urban. The two schools were purposively selected with the help of the District Education Board Secretary's Office who availed the information on schools with adolescent school going mothers. Lusaka district was chosen because it has the highest number of adolescent mothers (MOE, 2014).

3.3 Study Population

The study population was adolescents aged 16-19 who got pregnant while at school and went back to school after giving birth. Adolescents were drawn from two government schools that had re-admitted young mothers as learners. In order to identify the girls we discussed with the guidance teachers of each school through the headteachers, to assist with the names of the girls who were mothers. This was done with the help of the class teachers. The girls were

talked to and asked if they were willing to take part in the study with consent from their parents.

3.4 Sample and Sampling Procedures

The sampling approach which was used to select the sample of the study was purposive sampling. Purposive sampling was conducted because participants' characteristics were defined. The participants were selected on the basis of being adolescent school going mothers, aged 16-19 and having giving birth and returned to school. The participants were selected from Kalingalinga Basic School and Arakan Girls Secondary School using maximum variation sampling which was a type of purposive sampling aimed at looking at the subject in all available angles to achieve a better understanding. Adolescent in each age group had have experiences and coping strategies which were important to the study. The researcher used the above categories of age group because literature shows that adolescent school going mothers have experiences at school with the teachers, pupils, the community, family as well at individual level.

3.5 Sample Size

Twenty-four adolescent were selected from the two study site according to the two age groups from 16-17 years and 18-19 years, in anticipation that the experiences of young and older adolescents might differ. The sample of 24 was derived at by selecting twelve participants from each school. The twelve were derived at by selecting six girls from the two age groups per school from 16-17 and 18-19.

3.6 Data Collection

In order to know what the girls' challenges were and whether there was support given, it was important to find out first what their experiences were. In-depth interview was conducted which allowed face to face interaction between the researcher and the respondent so as to facilitate access to their experiences. Interview offered access to young mothers' idea, thoughts and memories in their own words. This gave me first hand encounter with the girls as mothers performing their parenting role and as learners pursuing their education. The interaction with the teachers, community and the family was of interest to the researcher as we wanted to know and understand better their experiences and the challenges they encounter as they went back to school as mothers.

The use of interview guide helped the researcher to explore and collect contextual and in-depth information from the girls. The purpose of using these questions was to have participants to reconstruct their experiences with the context of teenage motherhood. A voice recorder was used to ensure that data collected was accurate and credible. It also enabled the researcher to participate fully in the research process. The participants were informed about the use of the voice recorder. During the interviews, field notes were taken down to avoid reliance on recalled memory of which would have led to omission of important facts.

3.7 Data Analysis

All the individual interviews with adolescent school going mothers were audiotaped after agreeing with the participants to do so. A digital audio recorder was used to record the interviews, recorded files were downloaded on the computer to prepare for transcribing. All transcripts were imported into Nvivo 10 for analysis and transcribed the information into a verbatim which was reviewed by all the authors involved in the study. As data was being coded on these themes, memos were continually written about the themes. Memos of key statements, ideas and attitudes were noted down using as much as possible the words in the text. Quotes of participants' actual words on each theme were linked to appropriate memos. Similar codes were grouped together to create nodes.

These were sources of codes. Thematic analysis was performed through the process of coding in six phases in order to create recognized, meaningful patterns. These phases are: familiarisation with data, generating initial codes, searching for themes among codes, reviewing themes, defining and naming themes, and finally producing the final report.

Data was familiarized by reading and re-reading the same data while paying attention to patterns and occurrence. At this point, the researcher focused on data that addressed the research question. This marked my coding process. Generation of initial codes was done by documented information on psychosocial challenges and the coping mechanisms including how patterns occur in the various categories.

This involved listing of items from the data set that had reoccurring pattern. Meaningful parts of data related to the research question were organized and examined. The lists of themes were combined to the coded data with proposed themes. Some themes were emerged

from the data in cases where the following issues occurred; repeated ideas, indigenous terms, metaphors, analogies as well as similarities of the participants' linguistic expression. Missing information from the data was addressed at this point. The researcher critically looked at how the themes supported the collected data. If the analysis seemed incomplete, the previous phase was reviewed to identify the gap. The major themes and sub-themes which were considered within the data were identified. The researcher wrote the whole analysis to identify the story of each theme and its significance. It is at this stage that the researcher came up with the names of the themes.

Finally, they revealed the final themes and the report was written according to the themes that made meaningful contributions to answering research objectives. The researcher presented the dialogue connection with each theme in support of increasing constancy of the results. The following themes were presented. School related challenges, Community related challenges and Family related challenges and Individual challenges. Data quality was ensured through data validity and reliability.

3.8 Data validity and Reliability

Validity was attained by asking the interviewee to listen to the voice recorder after data collection to verify what they said during the interview process. In addition, the researcher also allowed the interviewees to read the transcript to consent whether what has been written reflected what they said, and also comment and give some clarifications. The researcher also ensured validity by not fabricating responses. Concerning reliability, the researcher compared the findings with those of other researchers (Beesham, 2000; Chigona & Chetty, 2008; Molapo, 2012). This study is reliable because the factors taken into consideration are the confidence of the researcher regarding the truth of the findings based on the research design informants and context.

3.9 Ethical Issues

This study involved issues of pregnancies which are very sensitive, they actually, become more sensitive in this study especially that it involves adolescent school going mothers. Talking to them on their situation may cause anxiety and shame upon them.

3.10 Approval

The needs of the participants were the priority of this study. In order to ensure the safety and rights of the participants, approval and clearance was sought from the Excellence in Research Ethics and Science (ERES) reference number 2015-June-026. Both written and verbal permission was sought from District Education Board Secretary Offices (DEBS) to carry out the study in the mentioned schools. Verbal permission was also gotten from the Headteachers of the two schools where data was collected. Oral and written informed consent were obtained from each participant after explaining the purpose, benefits and risks and how the information would be used and assuring them that the information would be held in confidence. The signing of consent forms was only done after all questions and possible doubts from participants had been cleared. The informed consent was an ongoing process. Assent forms were given to the parents of the pupils who were under 18 years. Consent forms were also signed by pupils above 18 years of age. Those that had agreed to participate signed the forms; they were still free to withdraw from the study without any penalties.

3.11 Respect for Participants and Confidentiality

Anonymity was assured since the participants' names were not to be written or mentioned in the study. The participants had privacy during the interviews. Data was not available to any unauthorized persons. All data collection tools used to gather information will be destroyed after publication of the results. No name was used and the participants were assured that information would be used only for the improvement of adolescent school going mothers' challenges in schools. The benefits and likely risks were communicated being that the research findings though may not benefit the participants immediately but was to be used to inform policy makers in order to improve the well-being of adolescent school going mothers. The participants were also assured that no physical harm was anticipated in the study as the study did not involve the administrators.

3.12 Autonomy

Participants were informed that they had the right to decline participation in the study from the onset or withdraw from participation at any time during the study. All research materials that contained participants' responses will be destroyed after seven years in line with ethical approval standards. All voice recordings were deleted immediately after completion of transcription.

CHAPTER FOUR

4.0 FINDINGS

4.1 Introduction

This chapter presents a qualitative perspective and it explores the experiences and coping strategies of adolescent school going mothers at Kalingalinga Primary school and Arakan Girls Secondary School. This chapter starts by presenting an overview of the results. A brief description of the participants is shown below and is followed by the presentation of major themes such as; school-related challenges, community-related challenges, family related challenges and individual challenges. Verbatim quotations have been used to illustrate sub-themes. To ensure anonymity and confidentiality of the participants relevant demographics characteristics have been used.

4.2 Demographic Characteristics of Adolescent School Going Mothers

The details below are the demographic descriptions of adolescent school going mothers who were interviewed in both schools. Adolescent school going mothers were compared in terms of age, grade, marital status and the family they were coming from. Participants were between the ages of 16 to 19. The study showed that about 3 girls were 16 years, 10 girls were 17 years, 8 were 18 years while 3 were 19 years. Adolescent school going mothers ranged from grade 8 to grade 12. So, much motherhood is between the ages of 16 and 17 having 11 pupils in grade 9. Grade 10 pupils were 05, Grade 8 and 11 pupils had 3 each the least being Grade 12 pupils who were 2. However among the respondents, only 2 pupils were married while 22 were either living with their parents or guardians.

Table 1. *Demographical Characteristics*

Age of Adolescent	No. Per Age	Grade of Adolescent	No. Per Grade	Married
16 years	03	8	03	
17 years	10	9	11	
18 years	08	10	05	
19 years	03	11	03	
		12	02	02

The table below shows the major themes and sub-themes that emerged from the data. These themes were the basis for presentation of the data.

Table 2. Major and Sub-themes

Major themes	Sub- themes
School- related challenges	<p>Experience with teachers</p> <ul style="list-style-type: none"> • Disapproving remarks by teachers • Teachers reminding the girls about their past • Lack of support from teachers • Mockery from the teachers <p>Experience with pupils</p> <ul style="list-style-type: none"> • Stigmatization • Isolation and rejection • Gossip from fellow pupils
Community-related challenges	<ul style="list-style-type: none"> • Multiple roles • Relationship with the community • Community fearing that girls will teach others immoral issues • Social insecurity
Family related challenges	<ul style="list-style-type: none"> • Support from home • Parenting and schooling • Forced early marriages • Labelling as deviances • Babysitting
Individual challenges	<ul style="list-style-type: none"> • Physical change • Low self-esteem • Inferiority complex • Identity crises

4.3 School related Challenges

Overview, adolescent school going mothers experienced challenges in the way some teachers and classmates at school treated them when they went back to school after giving birth. These experiences will be discussed in this chapter.

4.4 Experience with the teachers

The challenges adolescent school going mothers faced at school with regard to teachers are tabulated below; some teachers used disapproving remarks towards the girls, teachers reminding the girls of their situation or past, lack of support from teachers when the girls miss lessons and mockery.

4.4.1 Teacher Refusing To Help Out Girls When They Miss Out Class Due To Child Care

Some teachers isolated the girls and refused to explain the work that had been covered when they were absent. They felt as though they were not as important as other pupils. Most of the young mothers preferred to go to other schools where they were not known. In relation to this, one adolescent school going mother revealed that:-

...the times that I miss lessons to attend to my child when she is sick, teachers have never helped me with the notes or subjects that I don't understand clearly especially mathematics, they always tell me to ask from my friends...so these days I don't even ask them because even if I ask they refuse to help me (18years grade 12 pupil).

4.4.2 Teachers' continuously reminding adolescent school going mothers of their past mistake

Some girls reported that some teachers revealed to the girls that there was no syllabus for adolescent school going mothers. Apparently, adolescent school going mothers felt inferior because teachers did not involve them in school activities. One adolescent school going mother who was chosen as a prefect was dropped by the teacher for no reason she attributed to her status as a mother. She had this to say;-

They said that at school here we don't have syllabus for mothers, so we don't know where to put you even if you come here.... They don't treat me like a pupil, they treat me like I am just a mother who is like an intruder at school, and they don't treat me like a member of the school. I was chosen as a prefect, a month later, I was dropped just because of my situation I think (17years grade 9 pupil).

4.4.3 Disapproving remarks by teachers

Some girls revealed that they were accused of being responsible for tarnishing the image of the school such as increasing the number of failures and influencing bad behavior on other pupils. Therefore, some teachers expressed negative attitudes as they considered the girls as problematic. One adolescent school going mother narrated that;

...each time the teacher poses a question in class and if I fail to answer he pass negative comments on me that I am just increasing the number of failures in schools and that I am just a problem (18 years, grade 10 pupil).

4.4.4 Mockery from teachers

Some adolescent school going mothers reported that they were mocked by their teachers. One participant revealed how the science teacher kept embarrassing her because she refused to have sex with him. The teacher used them as examples when teaching reproductive health. Adolescent school going mothers were emotionally affected by the words spoken to them by the teachers. The girls revealed that they were marginalized. Below is how one of them narrated the situation:-

The teacher posed a question in class which I failed to answer. Then he told me to stand outside while he was still teaching. Then he told me to follow him to his office. I followed him and he asked me who the father to my child was, and then he said that you girls like eating big people's fruits and it will cost your life. What pained me most was to be asked that how was it...(17years grade 9 pupil).

Teachers' mockery attitude towards some adolescent school going mothers made the learning environment for the girls unfriendly and so hurting to the point that some young mothers contemplated going to another school. Some teachers said words that showed corrupt impression on adolescent school going mothers even reached to the extent of telling the girls to go for Voluntary Counselling and Testing (VCT) with the intention to hurt them emotionally. The following remarks are worth quoting at length.

When I put on this T-shirt the one I am wearing now (Virgin Power Virgin Pride) he tells me that why are you wearing that T-shirt, why weren't you reading it, you are just bringing shame to the school, he liked talking evil things, nasty things that I should go for Voluntary Counselling and Testing (18 years grade 12 pupil).

The study revealed that adolescent school going mothers faced some challenges with the teachers as they re-return to school after giving birth. Some girls revealed that some teachers

had no kind words for adolescent school going mothers and do not support the girls emotionally.

4.2 Experiences with the fellow pupils/peers

In this section, the researcher will present findings from adolescent school going mothers with regard to their classmates/peers at school. It was found that adolescent school going mothers had the negative experiences with their classmates. The girls had challenges of being: stigmatised, gossiped, isolated and rejected from their fellow pupils at school. The graph below shows the number of girls who had challenges with fellow classmates.

4.2.1 Stigmatization

The results revealed that the common challenges most adolescent school going mothers faced was stigmatization or biased perception that the school is encouraging immoral behaviours. They were laughed at by their friends for having lost their virginity. Such talks brought discomfort among the young mother who felt neglected by their friends. The judgments came about because of their situation. A 17 years grade 9 pupil asserted;

My classmates like saying that the school is encouraging immorality by allowing mothers to continue with school when they are supposed to be home looking after their babies. What hurt me most is that, the ones who like saying that were my best friends before I got pregnant, they are the ones I was sharing with about my boyfriend...they say that I have lost my integrity by breaking my virginity. My former best friend is the one in the forefront of saying that I have thrown away my culture and values of being a virgin.

4.2.2 Gossip from fellow learners

The study revealed that most of the girls reported that some learners in schools were always gossiping about their status and saying evil things about them. Participants revealed that some girls would share young mothers' private affairs with other girls in class which they did not also understand. Some girls narrated how they felt when classmates were gossiping about who the father of their babies were and how their baby looks. They shared their experiences like this;

Some learners especially the senior girls talk carelessly and even make up stories about me and my baby. I heard one of the girls telling others about the father of my baby, that he is an old man and that the baby looked angry. The moment she saw me they laughed and changed the story. I felt bad and wanted to beat her up, now I

thought of my baby and warning I got from some teachers. They would have supported her not me. (16 years grade 8 pupil).

4.2.3 Isolation and rejections

Adolescent school going mothers were prone to being lonely and isolated, mostly because of the negative feedback from fellow pupils. Most of the girls were shunned by their friends for fear of being classified in the same category with adolescent school going mothers. The rapport between adolescent school going mothers and their classmates/peers were normally poor. The reasons were that pupils who were not mothers categorize themselves as being privileged not to fall in the set-up. The following quotation was justified by a 17 years grade 10 pupil.

My friends have run away from me telling me that we used to tell you these same things but you never listened we can't play with you because you are a mother now we are two different people.

The study revealed that most of the girls had challenges with their fellow pupils at school as they reported back to school after giving birth. Most of the girls stated that they were rejected by their friends because of their situation as mothers.

4.3 Community Related Challenges

4.3.1 Experience with the Community.

This section will present the challenges of the girls with the community. The following were the sub-themes that emerged: Community fearing that girls will teach others immoral issues, Social insecurity, multiple roles and relationship with the community girls as having low morals.

4.3.2 Community Fearing That The Young Mothers Will Teach Other Girls Bad

Morals

Some adolescent reported that community members were not pleased to see adolescent mothers going back to school with other girls who had no babies. Their argument was that adolescent mothers would teach their children immoral activities they had engaged in, especially that of sex before marriage. One adolescent school going mother said this with a grieving heart;

...the community I lived in before my aunty chased me was very hostile and did not want me to continue going to the same school as they said I would influence other girls with immoral activities, I do not feel very comfortable using some short cut routes while going to school because of the remarks that some community members make when I am passing by (17 years grade 9 pupil).

4.3.3 Social Insecurity

Most of the girls were neither considered as girls nor suitable mothers. They were called by all sorts of names which were embarrassing. They also found themselves hanging between girls who could not accept them because they had babies and their mothers who did not take them because they were not married. Pressure from the community was so high that only those adolescent school going mothers with resilience managed it. They were disassociated from their childhood friends in whom they confided. One 18 years, grade 10 adolescent schools going mother disclosed the following;

...The people who ill-treated me were my mother's friends, you know they talk a lot, they say she knows everything that is involved in marriage. It really pains me, I can't share my problems with anyone. They all think that I am a prostitute.

4.3.4 Multiple Roles

The role of women and girls in our African cultural are defined. These characters shape the way individuals live within the family as well as within the wider community. The experience of some young mothers revealed their roles as learners, mothers and wives. They feel abused by their husbands. A 19 years married grade 12 adolescent school going mother had this to say:

...I feel victimized even by my husband; sometimes you find that I want to start off for school that's when he asks me to have sex. Meanwhile at night he can even do four times. I have really lost weight, the baby also wants to suck at night now even him to...Now me (crying), when I am in class I start dozing, I am not at peace, sometimes even if I tell him that I am sick. He would want to do it.

The study revealed that the community in which the girls lived had a big impact on the girls' emotions, instead of supporting the girls, the community perceived the girls as having low morals.

4.4 Family Related Challenges

This section presents the findings from adolescent school going mothers in relation to their family. It was noted that some family members kept a distance from the girls and did not want to support them. This forced some families to force the girls into early marriages. The girls had challenges of; lack of support from home, parenting and schooling, forced early marriages, Labelling as deviances and Babysitting.

4.4.1 Experience With The Family

4.4.1.1 Adolescent School Going Mothers Being Labelled As Deviances By The Family

The study revealed that some adolescent school going mothers have been labeled as deviant. Some parents had not accepted their daughter's situation and stopped talking to the girls. Instead, parents showed love to the siblings of the girls. One adolescent school going mother narrated how her father threatened to shoot her and used abusive language on her. This was what a 17 years grade 10 pupil said:

..My step mother calls me 'deva' meaning (someone who is naughty) even my father normally tells me that you are not my child; you are a disgrace to me. You just brought shame to my family and that really hates, coming from my own father its bad...they call me with all hurting names which sometimes I don't understand...

4.4.1.2 Lack of Support By The Family

The status of the family determined whether to keep the girl or marry them off. They believed that once a girl has a child, she is supposed to be married off. Most affected were the young mothers from vulnerable families. These young mothers were forced into marriage even if they were not willing to do so. This following statement depicts a real experience one adolescent school going mother had;

My family members have been insisting that I get married. The family to the baby's father did not want me to get married into their family. It has really been a challenge because some are forcing me to get married; the other side is telling me that I can't get married to their son (18 years grade 11 pupil).

4.4.1.3 Baby Sitting

In responding to the question on how adolescent school going mothers coped with their dual responsibilities, the findings of the study revealed that some girls found it difficult to do their school work at home. This was because the moment they knocked off from school, they had

to switch to babysitting and do other house chores. Adolescent school going mothers reported that they did not have time to concentrate on their school work. The struggle that one adolescent school going mother experience is narrated below;

...I don't eat at times, you know whereby you have a child you are from school and when you go back home, all what you do instead of studying, is washing, changing nappies and when you look at your child you feel bad like it's all because of me that she was getting all that humiliation, whereby when I look at my child I really feel bad (18years grade 11pupil).

Sometimes I feel like just leaving this child on the street. I have no time for my school work, the moment I reach home they give me the baby (16 years).

Adolescent school going mothers were not supported by the family as some family members regarded their situation as shameful. The study revealed that some girls were forced into early marriages or some parents resorted not to talk to the girls for some time.

4.5 Individual Related Challenges

In this section, I will present experiences of adolescent school going mothers and their situation. These includes: Time management, Physical change, Low self-esteem, Inferiority complex and Identity crises.

4.5.1 Physical Change

Furthermore, most of the girls revealed that the penalty related with adolescent school going mothers was the bodily changes that fascinated the attention of other pupils. These modifications also disturbed and puzzled adolescent school going mothers who were still in the process of undergoing changes from childhood to adulthood. The girls faced open mockery from their fellow pupils who called them by different names like 'Bana Kulu' meaning grandmother. The disgrace felt by an 18 years grade 10 pupil young mothers is richly arrested by the following confessional remark:

My classmates like teasing me that, most of the things on you have changed, especially the young girls in class. My breasts have grown big yes even my tummy... I feel shy and ashamed because they like gossiping, saying all nasty things about me, may be you have a flu, like last week I had a flu they started saying that 'kanayaka manje' meaning she is now infected. I felt so embarrassed.

4.5.2 Time Management

Most of the girls reported that they were under pressure with their new role/situation. They had no time to take their babies to the clinic because the time they were supposed to go to the clinic they were in class. This prompted the young mother to justify why they missed their appointment and the baby's appointment at the clinic. This can be noted from the comments made by some adolescent school going mothers who said:

...I fail to do my schoolwork and take care of the baby at the same time, most of the times I report late for school because I have to make sure that I feed the baby and wash her nappies. My performance at school has gone down. (Grade 11, 18years).

4.5.3 Identity Crises

Some of the girls reported having been isolated by the community because of the terrible dogmas (belief) and views that people perceived about such girls when they associate with their daughters who are still young and going to school. One young mother revealed how she was stopped from doing her duties in church because of her situation. She revealed that some community members perceived young mothers as prostitutes. One adolescent school going mother whose father is a pastor said that;-

... they stop their daughters to play with me. I don't have friends in the camp who are not mothers, they talk ill things, like the school is encouraging prostitution (crying continues) (16years, grade 9 pupil).

4.5.4 Inferiority Complex and Low Self Esteem

The study revealed that most adolescent school going mothers were gripped with an inferiority complex, lack of assurance thinking that their peers were looking down on them or gossiping about them, they also had a problem of low self-esteem which leads to loneliness. Most adolescent school going mothers showed a reserved behavior or were not ready to associate with peers anymore. The following verbal quotes supported the above findings:

They mock me and gossip about me, you find that the way they laugh is to make me feel bad and ashamed. They no longer want to play with me, that I will teach them bad manners, they call me prostitute, even in class they didn't want to be near me (17 years grade 9 pupil).

In summary, adolescent school going mothers had challenges because of the situation they found themselves. The girls experienced low self-esteem and shame upon themselves

because of their status as mothers at a tender age. Some of the girls experienced physical changes which brought anxiety.

4.6 Coping for Young Mothers

The last section of the study looked at how adolescent school going mothers coped with the situation. The table below illustrates the sub-themes emerged on how the girls coped.

Table 4. Major and sub-themes.

Major theme	Sub-themes
Coping of young mothers	Behavioral Change <ul style="list-style-type: none"> • Skipping school days • Beer drinking and smoking • Staying away from home • Resilience • Spiritual Intervention

4.6.1 Resilience

The findings of the study revealed some girls overcome whatever nasty comments through self-defense. They endure ridicule by ignoring. The results showed that the only way they could complete their education well without been disturbed was to ignore any comments and be stubborn. One adolescent school going mother narrated how she uses defense mechanism to overcome stress, stigma and low self-esteem. To justify the statements, an 18 years old grade 11 pupil was quoted saying;

I am trying hard not to pay attention to what the others are saying because if I pay attention I will fail again in my education, I know that in the end I would benefit from education and I would live a better life with my child. I pretend as if there is nothing going on and concentrate on my books because if I was to concentrate on what they are saying I would stop school.

4.6.2 Spiritual Intervention

The coping searches lead some girls for spiritual and religious intervention. They rely on religious beliefs for their situation. This enables them to pray to their God for divine

direction and help them to complete their education and find good jobs for the betterment of their babies. For some, their spirituality or religiosity serves as a protective factor and contributes to their ability to cope effectively. This can be confirmed from the following respondent who said that:

I pray to God telling him to forgive me for what I did and give me the strength to overcome whatever bad things the community and my friends are saying about me. When we meet with my friends who are in the same situation we pray and read the bible. Yes I am guilt, most of the people have neglected me but God will not live me.

(19 years, grade 10 pupil).

4.6.3 Skipping Some Days at School

Most adolescent school going mothers felt like outcasts because of the society's norms and its values. Adolescent school going mothers were regarded as unfit schooling subject. The girls manifested their resilience to this through rejection and isolation through staying away from school.

I would skip school for some days and stay at home...I would stay away from school just to avoid hearing bad comments from the teacher and my classmates...(17 years grade 9 pupil).

4.6.4 Beer Drinking and Smoking

The study revealed that some of the young mothers involve themselves into delinquent behavior such as beer drinking and smoking. They found themselves in the state of denial, self-pity and low self-esteem. These young mothers felt it was better to stay with strangers in the bars. The findings revealed that the performance of young mothers was affected at school. Adolescent school going mothers had this to say to justify their feelings;

I feel better when I am drunk because I feel relieved from pressure it's better I drink and smoke even if they talk then I stand on my own, when I am normal I can't stand with what they say, yes to drink beer it has helped me be where I am now, without this maybe I would have drank poison (18years grade 10 pupil).

4.6.5 Staying Away From Home

Few adolescent school going mothers whose guardians had no kind words for them preferred staying away from home because they were forced to find the person responsible for the

pregnancy. They were involuntary to start a new life. Young mothers felt neglected by the family who did not show any sympathy at all. One adolescent school going mother who is currently staying alone narrated how she was chased away by her aunty. She had this to say;

Most of the times when I knock off I don't go home, I stay with my friends in Kamanga. My father would think that I am with my mother in Kanyama, even my mother would think I am with my father because they divorced but my father married another woman.....I find it difficult to be with them because of the way they treat me, I feel bad...My mother would always force me to call the father to my child and ask him to bring money (17 years grade 9 pupil).

4.6.6 Summary

This chapter has presented the findings on experiences of adolescent school going mothers from two schools. The findings have been presented according to the three study objectives. The main focus was on the experiences of the girls with the teachers, community, family and fellow classmates. It was found that the girls were perceived wrong with the teachers, community, classmates and the family which made it difficult for them to cope with the situation. However, the girls found ways of coping with the situation. It was found that some girls engaged themselves in unwanted behaviour such as beer drinking and smoking, staying away from home, while others committed themselves to religious intervention.

CHAPTER FIVE

5.0 Discussion of the Findings

This study aimed to explore the psychosocial challenges and coping strategies among adolescent school going mothers. This chapter will discuss the findings that emerged from the study as can be seen in chapter four.

5.1 Adolescent School Going Mothers' Experience With Regard to the Teachers and Fellow Pupils/Peers

Adolescent school going mothers face some challenges at school. This is because the schools have inadequate sexual reproductive health educational programs to help them combat stigma. Such programs are not integrated in the school curriculum. Programs like psychosocial counselling are supposed to be rendered to the girls to prepare their emotional feelings which can cause depression, loneliness and low self-esteem among others. Molapo, (2012), teachers have programs that guide them into what they should teach in schools (syllabuses) that are designed by the Ministry of Education where young mothers are treated just like any other learners because the syllabus does not provide anything special for them.

However, in South Africa (Pillow, 2004) the policy created a relatively progressive space around adolescent school going mothers' sexuality. The girls had the right to access sexual reproductive health services (SRHS), which included among others, access to contraceptives, terminations of pregnancies, Sexual Reproductive Education Health (SREH) services and counselling services. Even if such programs were available, the implementers were biased and worked towards discouraging adolescent school going mothers from continuing their education successfully. This was because the education personnel remained hesitant in implementing educational programs for young mothers for fear of encouraging immorality in school. In the event where the school stuck to the policy, the community found ways of intimidating teenage mothers on their way to and from school as a way of preventing them from attending school (Chigona & Chetty 2008, Molapo, 2012, Chauke, 2013 & Arlington Public School, 2000)

On the contrary, Pogoy et al. (2014) schools worked as encouragements to adolescent school going mothers and were always prepared to administer relevant education programs dedicated to assisting young school going mothers. Such programs were readily available in

schools and counselling started as soon as the girl noticed her pregnancy. Perhaps the differences in the findings between this study and that of Pogoy et al (2014), could be that the latter study was conducted in developed countries where the health and educational systems involved programs for young mothers in schools. This study showed that sexual educational programs are not available in schools. Therefore, comprehensive efforts aimed at reducing stigma and its harmful effects among young mothers in schools should be a concern for teachers. It is clear that even if these girls are in school, they are mentally affected because of judgmental words used on them which may cause depression. Meanwhile, stigmatization in schools is the violation of teaching ethics and teachers should work to protect the girls. Stigmatization is an attribute that is deeply discrediting and puts adolescent school going mothers in a position of shame and disgrace because of teachers' attitudes (Cohen, et al 2007, Sibeko, 2012, Molapo, 2012).

Young mothers are not helped academically by teachers especially with the missed lessons the time they are taking care of their babies. Teachers regard ASGMs' situation as an individual issue and none of their business. Similar findings were reported (Karimi, 2015), that young mothers were not helped with the missed lessons the time they were in the hospital to take care of their sick babies. They were not given enough time to do their work at school as a result they were referred to other learners to help them with what has been learnt while they were not present due to their commitments as young mothers (Pillow 2004).

On the contrary, Bhana et al., (2010), teachers would like to support and help ASGM with their situation. Therefore, they feel incompetent to deal with extra lessons missed because of the nature of the curriculum which did not accommodate ASGM. Some studies show that, girls were helped by teachers with the lessons they missed because they wanted to reduce the number of failures in school, not that girls were exceptional learners. They could arrange for extra lessons with the teacher so that they did not lag behind in their school work during the period of absence from school. The current study revealed that teachers were not willing to assist the girls as they took the issue of parenting in school as something which is not acceptable. The difference could have been that the study by Felton and others was conducted in Namibia where the policy on the education system are well implemented, (Felton and Haihambo-Muetudhana, 2002), Chauke, 2013, Nduli, 2012).

Most of the studies which offer contrary results are international and were conducted in developed countries where education system is tailored in such a way that all the programs

meant to help adolescent school going mothers are well integrated into the school curriculum, unlike in the current study. Furthermore, in developed countries, psychosocial counselling services started as soon as the girl notices her pregnancy. In the current study, girls are not offered with sexual reproductive health services such as psychosocial counselling and other services. Furthermore, in developed countries girls had their own schools and a clinics where the services were easily accessed, such as sexual reproductive, termination of pregnancy and contraceptives.

Addressing these issues requires putting in place appropriate programs and strategies to deal with the challenges ASGM face. Such plans could help teenage mothers overcome the negative reactions they encounter from their teachers and fellow pupils/peers without being emotionally hurt and becoming overwhelmed with the situation. It is important to consider having professionals to come and inform teachers about handling adolescent school going mothers.

5.2 Adolescent School Going Mother's Experience in the Community

The study revealed that motherhood in school is regarded as shameful. Cultural norms and values related to sexuality among the school girls create a negative attitude for adolescent girls' rejection, humiliation, and victimization from the community. Within the community are people who are against the girls to return to school after giving birth. Mohlakoana-Mokobocho (2005), due to the cultural values, beliefs and traditions of the Basotho people, the young mothers find it very difficult to withstand the intimidations and ridicules from the community where girls were referred as 'poor student' or 'incapable students', who behave uncontrollably, irresponsibly and immorally and called "other girls" meaning girl with low morals. Chigona & Chetty, (2008), the community was against the returning of adolescent mothers to school for fear that the girls would influence other learners who were not in their situation to engage in pre-marital sex as a result, some community members demanded the expulsion of the young mothers despite the managing law.

On the contrary, the National Center for Children in Poverty (NCCP, 2002), in the USA government promoted a culture of responsibility in communities in order to prepare them to meet the needs of families with young children. Approximately 7 billion dollars were spent each year on both young mothers and the infants left by the teenage mothers while attending schools (Chauke, 2013), which is not the case with the current study, where teen mothers are

not supported by the family. Most families reject young mothers because of the country's dominant culture that puts more value on the children in the sense that most parents expect to get something like money or any kind of animals from their daughters' husbands as lobola. Furthermore, parents' anger on young mothers' situation cause the girls to get away from the family home. These girls are bound to leave their parental home to reserve the family's status, putting the girls in dangers of depression, destitute, living in poverty and at risk of becoming homeless, or sexually abused (The Centre for Reproductive Rights, 2013). Motherhood is a challenge requiring support and community involvement regardless of the mother's age. Lack of consistent support for teenage mothers from their families who believe that the girls should face the consequences makes the girls vulnerable (Breheny and Stephens, 2007). Majority of the girls run away from home to live in rented small rooms because they suffer beatings from their brothers which makes it difficult for them to concentrate in their school work (Banda 2005).

As a result, the girls are left with the burden of raising the child with little help from the families, consequently, ASGM fail to do their school work because the support they get from home is inadequate to manage their academic work. Pillow (2004), parents/guardians were hesitant to assist their daughters and separate themselves from the girls because they felt ashamed that the community would label them for their daughters' action. Meanwhile, the girls are mostly too young and emotionally immature when they first get pregnant and need support.

It is hard for ASGM to find friends in their age group with whom they can share parenting experiences because they are disassociated from their childhood friends who gossiped about them. This cause low self-esteem and prevent the girls from making the best out of their schooling and lives. They always felt criticized and not cared for by their fellow peers (Maphoti et al., 2014), Oyaro, 2008, Molapo, 2012, Nzima, 2004).

It is for this reason that ASGM face problems in organizing their new lives, managing the roles as mothers and meeting the demands of school. They find themselves in a state of denial and low self-esteem (Pillow, 2004). The process of undergoing a change from childhood to adulthood affects and confuses young mothers. Therefore, adolescent school going mothers are more likely to suffer from mood disorder (Eggleston, 2000, Nzama, 2004).

It may be useful that the schools work hand in hand with other stakeholders available in the community to provide necessary services for ASGM. However, as much as such facilities can aid the girls, the communities may not accept the initiative because that would be seen as encouraging immorality in schools. There is need to explain to the community on the rights of the girl child on education and emphasis to the community that mental health services for teen mothers is important (Molapo, 2012, Oyaró, 2008, Chigona & Chetty 2008).

5.3 Strategies Used To Combat Stigma By Adolescent School Going Mothers

Despite the challenges experienced by adolescent school going mothers, some girls became resistance and adopt undesirable behaviors such as beer drinking and skipping school days. Alcohol consumption during breastfeeding is dangerous not only that it can lead to fetal alcohol syndrome and babies who are born with FAS have health problems (Louw and Louw, 2007). It can also cause low performance among young mothers at school hence increasing the chances of dropping out of school. If they become susceptible to drinking beer, smoking dagga and using drugs they may expose themselves to lung cancer. (Kheswa and Pitso, 2014) such girls may ignore going to school and involve themselves in unsafe sex which may lead to a second pregnancy and sexual transmitted infections (STIs). Nzouankeu et al, (2010), adolescent school going mothers who engage themselves in drug abuse and beer drinking are at risk of sexually transmitted infection as compared to non-drug abuse or beer drinking adolescents.

However, upon releasing the mistakes other girls made, they focused on religious intervention to cope with the situation, which enables them to pray to their God for heavenly direction and help to bear their condition. The study consistent with the findings of (Adams and Zulu, 2010) who revealed that the coping search for young mothers often leads some to search for spiritual and religious guidance. Conner and others, support the ideas of Abraham and Jewkes on the role of spirituality and religion as a coping mechanism (Conner et al., 2006). Despite experiencing challenges, adolescent school going mothers gained appreciation for what matters in life by relying on religion and spiritual belief for their situation (Martinez et al., 2012).

It is clear that schools fear for their reputation, afraid that the presence of adolescent mothers will degrade the status of the school. Emotional support for the girls is an important factor that can reduce the girl's stress, stigma and depression and assist them to cope effectively.

Learner responds to these in a strategic way to avoid disrupting their education. It is important for both the community and stakeholders to develop strategies that can help adolescent school going mothers balance between school works and parenting.

5.4 Summary

The chapter presented the discussions on adolescent school going mothers' experiences. The study established that the schools lacked sexual reproductive health services and programs to assist the girls to cope with the situation. Even where such programs existed they were not well implemented for fear of encouraging immorality in schools. The community also regarded the situation as culturally wrong to allow young mother going back to school. Therefore the girl could not discuss issues about sexuality with their parents. The girls were left to struggle with the situation with little or no help at all.

CHAPTER SIX

In this chapter, the conclusion and implications of the study will be acknowledged followed by the recommendations, finally the limitation.

6.0 Conclusion

In conclusion, adolescent mothers choose to continue with their education because they are still young to end their education career. However, based on the results of the current study, it may be pointed out that adolescent school going mothers experience challenges with the teachers, fellow pupils and the community. Instead of the girls getting emotional support from the three environments; they are misunderstood and get pressure from the teachers, isolated by their fellow pupils and labelled by the community. Since adolescent mothers are not getting support, it is difficult for them to combat stigma attached to them as young mothers which is more unlikely that these girls would finish their schooling successfully. Consequently, in trying to overcome their situation, the girls have anxiety and find themselves into undesirable behaviours such as prostitution and drug abuse which can cause sexual transmitted diseases (STI).

It is unfortunately that some teachers do not understand the teen mother's situation and the girls are expected to perform just like other pupils who are not in the same situation. The problem comes when the girls miss lessons to attend to the baby. Young mothers are expected to miss lessons for one reason or another, this leaves the girls with the burden to catch up with the lessons they missed. However, some teachers are not willing to help when the young mother fail to understand the concept of the lesson because she was busy with the baby.

Even if it may be expected that teachers would help the girls to deal with their situation, teachers may need proper guidance and sensitization on how to manage young mothers emotionally, that is teachers may need trainings on how to cope with young mothers so that they do not make the lives of the girls difficult because of their irresponsibility.

Adolescent school going mothers are also misunderstood by fellow learners, that is the girls are isolated when it comes to group work in class which may affect the girls negatively. There is need to make the learning environment for young mother conducive. That is, the education department may introduce separate classes or schools for these girls, making sure

that this does not exclude them from any right to acquiring education; it could be optional to those who feel they cannot cope within the normal school. The advantage of having separate schools for teen mothers is that it would give them a chance of meeting learners who are in a similar situation and support each other. This would also help to eliminate the community's idea of contamination. That is, there would be no fear from other parents when they see a young mother going to school because she is separated from the so-called normal learners. If the young mothers are to continue learning in the regular school, then professional counselling should be readily available for them if they are to withstand the ridicule from other learners and teachers.

However, skipping school days, as a way of resisting negative practices like ridicule from the teachers may not help the teen mother succeed academically. When a learner skips classes, it means she may not be able to get the knowledge that other peers are getting by listening to the teacher and learning in a group. Because she misses a number of lessons it may not be easy for her to satisfy the requirements for one to succeed academically. While the above suggestion may help teen mothers complete their schooling successfully, the best solution would be to find preventative measures to reduce the occurrences of teenage pregnancies. There is a need therefore, to address all the learners in the schools to highlight the challenges which teen mothers are facing so that the unaffected learners will become aware of the situation, in the hope of discouraging behaviours that lead to teenage pregnancies. There is also a need to make the youth realize that they are exposing themselves to risks of contracting HIV/AIDS if they engage in unprotected sex.

Adolescent school going mothers may not be able to succeed academically if the support they need from school, fellow pupils and the community is inadequate. While resistance and skipping school days may be favourable to the girls, it may lead to their failure as learners.

6.1 Implication

This study should assist policy makers as they struggle with the problem of adolescent school going mothers in schools. The rights of the girls should be considered when making the policies concerning educational programs and be within the context of culture norms. It should also alert the policy makers that policies relating to young mothers in schools are not correctly implemented. Therefore, they should ensure that such policies are followed in schools by conducting workshops and make sure that health support programs specifically

designed to meet the need of adolescent school going mothers are integrated in the school curriculum. The schools will be aware that young mothers go through challenges such as stress, low self-esteem, stigma and discrimination and therefore, comprehensive medical care and support groups should be part of the school-based program. Teachers should be dynamic not static.

6.2 RECOMMENDATIONS

- To ensure the policy issues relating to adolescent school going mother be implemented in schools. They should make sure that such policies are observed by conducting workshops or in-service training for teachers to prepare them in turning schools into adolescent mother friendly zone.
- To create a supporting atmosphere for youth sexual related health through advocacy and policy improvement and implementation support, including technical training in adolescent sexual related health issues,
- There is a need to improve access to youth friendly health services, school-based interventions and community outreach activities for young mothers.
- There is a need to construct a proper understanding as a team so that adolescent school going mother should rebuild their personality than that of being dishonest person, a failure in life but that of a confident person that carries unit in the community.

In future adolescent school going mother need to be counselled, motivated and not humiliated, discriminated as well as being stressed. They need to be treated with uttermost of respect. They should be given more freedom to express themselves. A forum group or platform should be created by government so that fellow adolescent school going mothers can get together and discuss the challenges they were going through to give encouragement to each other.

6.3 Limitation of the Study

- ❖ Firstly, generalizability of the findings of the study is a limitation in most studies which is an exceptional to this study. The study was conducted in one setting with a small sample of respondents drawn from one district in Lusaka. The findings of the study may not be representative of other settings. Similar studies are therefore necessary in other settings for comparability of research findings.

- ❖ Another limitation was using an interview as a qualitative method of gathering information is that the respondents are not free to express their innermost feelings, because the respondents are face to face with the interviewer. The respondents were fearful of how an interviewer might perceive them after the interview. To overcome this shortfall of hiding information, follow up and probing questions were asked after respondents gave their initial responses. In certain instances, questions were rephrased to ensure that the respondent did in fact state her view on the question.

- ❖ The study was limitation because it focused on adolescent school going mothers only. It would have included young mothers who dropped out of school after being re-admitted and those who got married immediately after getting pregnant to get wider perception on what made them to marry or stop school.

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APPENDIX I

PARTICIPANT INFORMATION SHEET

Dear participant

My name is Shanny Nkwemu. I am a Public Health Masters student at the University of Zambia. I would like to invite you to participate in a research study that I am doing. Research is the process used to learn the answer to a question. In this study I want to learn about psychosocial challenge and coping strategies among adolescent school going mothers. Through this research I hope to gain a better understanding of how young mothers are coping.

Participating in this study would mean being interviewed at a time that is convenient for you. During the interview you will be asked questions about psychosocial challenges of becoming a mother, wife and a learner and how you are coping.

Procedures

This interview will take approximately 1 hour. It will be done in a private place. If you permit us, we will tape record the interview to help pick all that you will say. If not, we will ask you if it is okay for us to write notes. The information from tape or notes will be typed in full, to help us fully understand of what you will say. Your name will not be included in the tape and the typed documents.

Benefits

There will be no direct and immediate material and financial benefits to you. In general, this study will help contribute towards the development of practical interventions which will be effective to meet the needs of adolescent school going mothers.

Risks/discomforts

We do not expect you to have any major problems because of your participation in this study. But, some information you may tell us may be personal. In case of any emotional breakdown during the interview, you will be referred to psychosocial counselors for counseling services to you. The interview will be conducted in a confidential manner and setting.

If there are any questions that you do not want to answer during the interview you have the right to choose not to answer them. There are no rights or wrong answers to the questions asked, I simply want to know about your psychosocial challenges of being a young mother. You may also stop the interview at any time if you no longer want to participate. Participating in this study is voluntary, it is your choice.

If you would like to take part in this study, I will request your permission to audio record your interview so that I can listen to the interview again. I am the only person who will be allowed to listen to the audio recording of your interview, and your identity and personal information will not be shared with anyone else. However, should I need the assistance of a transcriber (someone who will write out the recorded interviews) then that person will also listen to the recordings of your interview; however they are not allowed to share the information with anyone else. I (and possibly a transcriber) will then write up your interview (transcripts), but any identifying information about you will be left out. The audio recordings of your interview and the transcripts will be kept in a safe place where no one can access it. Once the research report has been completed, the audio recordings and transcripts of your interview will be kept in a safe place for 6 years if no articles are published or for 2 years after the article has been published thereafter they will be destroyed. The research report may use quotes from your interview, but no identifying information will be included. The final report will be available to the public and can be accessed through the University. If you would like, a summary of the results of the study can be made available to you. Should you want to find out the results of this study you can contact me using the details provided at the bottom of this form or ask me to send you a copy after our interview. If you would like to participate in this study please could you fill out the two consent forms attached. If you are under the age of 18 years, please could you ask a parent or legal guardian to give you permission to participate by asking them to fill in the parental consent forms attached. You would need to return all these form to me if we meet for an interview. If there is anything you do not understand in this information sheet, please feel free to ask.

If you have any more questions about the study please feel free to contact me or my research supervisor using the details given below.

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LUSAKA

Shanny Nkwemu (PI)

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If you would like to report any problems or complaints that you have concerning participating in this study you may contact the University of Zambia, School of Medicine, Department of Public Health. P.O. Box 50110

Lusaka.

APPENDIX II

Consent Forms (English)

University of Zambia

School of Medicine

Department of Public Health

Consent Form (English)

Read the following to the respondents before commencing the discussions

Dear Participants,

I am studying and investigating on the psychosocial challenges and coping strategies of adolescent school going mothers in both Primary and Secondary schools in Lusaka district of Zambia. The purpose of this study is to explore the psychosocial challenge and coping mechanism among adolescent school going mothers.

As part of the overall evaluation of my study, I am inviting you to participate in a series of interview that will be held in two different schools. Please be informed that your participation in this study is entirely voluntary and you are free to withdraw at any point. If you feel comfortable with this study please complete the following form. All names will be removed.

This study and its procedures have been approved by ERES. All what is required of you is to honestly respond to the questions that I will be asking you.

In case you want to know more about me and this study and also in the event that you have issues with me and the study, please do not hesitate to contact the committee.

I _____ agree to participate in this study.

I understand the purpose of this study and know about the benefits, risks and inconveniences that this study entails.

I understand how confidentiality will be maintained during this research.

I understand the use of data with respect to publication, communication and dissemination of results.

I understand that I am not obliged to participate in this study; I am free not to answer certain questions and to withdraw from the study at any point. I freely consent and voluntarily agree to participate in this study.

Date_____ Signature_____

APPENDIX III:

Assent Form for Adolescents Aged 10 -17

I am Shanny Nkwemu from the University of Zambia. I am doing a study on psychosocial challenges among adolescent school going mothers and their coping strategies at Kalingalinga Primary School and Arakan Girls Secondary School. I am asking you to take part in the research study because I want to get information on experiences of adolescents mothers.

For this research, I will ask some questions about your experiences of being a mother. We will keep all your answers private and will not show them to your guardian.

We don't think that any big problems will happen to you for being part of this study, but you might feel sad when we ask about bad things that happened to you. There are no physical risks involved in this study. However, you may feel uncomfortable answering some of the questions. You may refuse to answer any questions that you do not want to answer or questions that make you feel uncomfortable. You may stop the interview session at any time. Your responses or participation in this study will not affect you in any way.

There is no direct benefit to you personally for participating in this study. However, your responses will be expected to generate information that will not only be used to produce an academic paper, but also contribute to your health care needs as adolescent school going mothers.

You do not have to be in this study if you do not want to. You may stop being in the study at any time. If there is a question you don't want to answer, you are free to keep quiet. Your guardian was asked if it is okay for you to be in this study. Even if they say it's okay, it is still your choice whether or not to take part.

You can ask any questions you have, now or later. If you think of a question later, you or your guardian can contact me on 0955 843797.

Sign this form only if you have had all your questions answered and you have talked to your legal guardian about this research, and agree to take part in this study.

Your Signature	Printed Name	Date
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Legal Guardian(s) Signature	Printed Name	Date
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Researcher Explaining Study Signature	Printed Name	Date
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APPENDIX IV

INTERVIEW GUIDE

QUESTIONS ON ADOLESCENT SCHOOL GOING MOTHERS

In-depth Interview Guide – Adolescent School Going Mothers

Interviewee's Particulars

Name of Zone.....RegionDistrict.....

Name of School.....Date: ____/____/____ Start Time: ____/____

End time: ____/____(Total Time spent:_____)

Name of Interviewer:

Introduction

Hello, my name is ----- and this is -----.

We want to thank you for agreeing to take part in this interview. I will be leading the interview and ----- will be taking notes.

We are asking you to take part in this interview that will help us to better understand the psychosocial challenges and coping strategies of adolescent school going mothers. Sometimes an interview will lead to better understanding of the issues because then we get to hear the experiences of each individual. I would like to encourage you who have decided to participate to share openly and honestly about any questions you will be asked. We want to hear your experiences and how you are coping as adolescent school going mother. What you will tell us will help us to have clear picture on the challenges of adolescent school going mothers and find a way how they can best be helped. We will also make recommendations that may help them how to cope at school and in the community. Before we start, we would like you to know a few things.

We would like to ask you not to use real names or anything that will identify you or others. Instead, you will use the numbers that have been assigned. Please be honest in sharing your options and challenges as this will help us make better recommendations to meet the need of

adolescent school going mothers. We will give you some information about the challenges and coping mechanisms of adolescent school going mothers at the end of the interview.

We will ask for your permission to tape record this interview because there will be a lot of information that neither I nor the note taker will be able to remember or write down. There will also be times when I will ask to follow up questions so that I can better understand what you are saying. By tape recording this interview, we can also make sure that our notes do not leave out the most important information you have shared. The meaning of your view points and experiences will also not change. This interview will approximately last about an hour.

Do you have any questions before we start?

With your permission I would like to turn on the tape recorder and begin the interview?

Before starting the interview, under each theme, please read the theme introduction and all questions sorting under that theme.

(INTERVIEWER: START RECORDING)

SECTION A

- Can you tell me a brief introduction about yourself?

- Tell me about your family?

- What do you know about re-entry police?

- How did you happen to know about this policy?

- What made you to go back to school after giving birth?

SECTION B

Psychosocial challenges of adolescent school going mothers

Tell me, how was the reaction of your friends in class when you came back.

- How is the relationship with your family?
- How is the relationship with the community members?
- What is your experience with your family?
- What is your experience with teachers at school? Probe further.

Did you ever felt humiliated, stigmatized, harassed discriminated and victimized by anyone? (If yes) who and how? So, what did you do?

- Anything more that you would want to share?

SECTION C

Adolescent's coping mechanism.

- Tell me how you are managing at school as a mother? (If married) and as a wife?
- Have you ever been helped by either your family, community or the teachers?
- There are times when you take your baby to the clinic for under five. Are you freely allowed by the school authorities?
- Have any of the peers helped you in any way?
- If (yes) how?
- If (no) why?
- What do you think is the best way to address this situation?

SECTION D

Closing remarks

- Do you have anything that you would like to tell me?

- Do you have any questions?

Thank you for your participation.