

THE UNIVERSITY OF ZAMBIA
DEPARTMENT OF MIDWIFERY WOMEN AND CHILD HEALTH
SCHOOL OF NURSING SCIENCES

**EXPERIENCES AND COPING STRATEGIES OF SCHOOL-GOING BREASTFEEDING
ADOLESCENTS FROM KATIMA-MULILO AND SESHEKE SECONDARY SCHOOLS IN
SESHEKE DISTRICT, WESTERN PROVINCE OF ZAMBIA.**

BY
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**A dissertation submitted to the University of Zambia in partial fulfilment of the requirement for
the award of Masters of Science in Midwifery and Women's Health.**

The University of Zambia

Lusaka

2023

DECLARATION

I, Mooto Mutakatala, do hereby declare that this piece of work is my own, and that all the work of other persons has been dully acknowledged, and that this work has not been previously presented at this University and indeed other universities for similar purposes.

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CERTIFICATE OF COMPLETION OF DISSERTATION

We, Dr, Kabinga Marjorie Makukula and Ms Brenda Sianchapa, having supervised and read through this dissertation, are satisfied that this is the original work of the author under whose name is presented. We also confirm that the work has been completed satisfactorily and approve this dissertation for final submission.

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CERTIFICATE OF APPROVAL

This dissertation of MOOTO MUTAKATALA on EXPERIENCES AND COPING STRATEGIES OF SCHOOL-GOING BREASTFEEDING ADOLESCENTS FROM KATIMA-MULILO AND SESHEKE SECONDARY SCHOOLS IN SESHEKE DISTRICT OF WESTERN PROVINCE OF ZAMBIA is approved as fulfilling part of the requirement for the award of the degree of Masters of Science in Midwifery Women and Child Health of The University of Zambia.

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DEDICATION

This Dissertation is dedicated to my late father, Mr Stanley Mubita Mooto, for supporting and encouraging me throughout my education, as you always wanted the best out of me. Despite the meagre resources, I am grateful for your efforts to send me to school while you were still alive. Your encouragements have made me reach this far in my education.

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ABSTRACT

Introduction

The estimated rate of teen motherhood in the sub-Saharan region is 40 per cent. In Zambia, 28% of girls and young women aged 15 to 19 years are mothers or have been pregnant before, constituting more than 275,000 teenagers. In 2014, it was estimated that there were 15,000 pregnancies among enrolled girls per year. The re-entry policy was introduced in Zambia in 1997 to give a chance to pregnant girls to continue their education. However, the re-entry policy is insufficient and may not protect adolescent school-going mothers from the challenges of mothering while schooling. The challenges may be due to little or no support from school and family. Financial constraints, discrimination, and stigma may also affect their adaptation and coping strategies, ultimately leading to stress. The study aimed to explore the experiences and coping strategies of School Going Breastfeeding Adolescents from Katima-Mulilo and Sesheke Secondary Schools of Western Province in Zambia.

Methods

The study used descriptive phenomenology to explore the lived experiences of adolescent breastfeeding school girls and was conducted at Katima-Mulilo and Sesheke Secondary Schools. The study population comprised girls from Sesheke and Katima-Mulilo secondary schools who had re-entered after maternity leave. A purposive sampling technique without maximum variation was used in the study. A total of 16 participants (14 school girls who were breastfeeding and had re-entered school and two teachers) were included in the study. A semi-structured questionnaire guide was used to collect data relevant to the study's objective. Data was collected using in-depth tape-recorded interviews. The first step in analysing the data collected was to transcribe it from audio to written text, after which it was coded using Microsoft Word mixed with Nvivo version 11. The coded data were then grouped into themes, then compared and grouped under each objective under study. Finally, a spider diagram was used to show how it was navigated from themes to sub-themes under each thematic area.

Results

The findings were that the main challenges the girls experienced were how to take care of the baby while at school, poor academic performance, missing classes, no support from school authorities, financial matters, and stigma and discrimination. The coping strategies used included time management, keeping busy and ignoring.

Conclusion

Therefore, the recommendation focused on the Ministry of Education to develop a formal orientation package for re-entered girls and provide space for breastfeeding girls to interface with their babies. Further, school authorities and parents must work together with other government departments and Non-Governmental Organisations to offer financial counselling and support to the girls. The school authority and teachers should also prepare the environment, especially the peers, to receive the re-entered breastfeeding girls to avoid stigmatisation and discrimination.

As for the school-going breastfeeding adolescents, they need to adopt a positive outlook on life during their time at school through engagement in keeping busy with lessons and studying. Further, they need to welcome, appreciate and fully utilize support given by the family, school and Non-Governmental Organisations to keep the stress at bay.

Keywords: Coping Strategies, Breastfeeding, Adolescents, Experiences, School-going.

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LIST OF ABBREVIATIONS AND ACRONYMS

AFASS is Acceptable, Feasible, Affordable, Sustainable and Safe

CSO	Central Statistical Office
CSA	Centre for Study of Adolescence
DHS	Demographic Health Survey
EFA	Education for All
EQUIP	Educational Quality Improvement Program
FAWEZA	Forum for African Women Education of Zambia
MOH	Ministry of Health
MOE	Ministry of Education
NGO	Non-Governmental Organizations
UN	United Nations
UNESCO	United Nations Educational Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1. 0 BACKGROUND INFORMATION

Early motherhood is a growing phenomenon in both developed and developing countries. For instance, approximately 16 million teenage girls in Ghana become mothers yearly WHO (2016) as cited by Yussif et al. (2017) most of them from economically disadvantaged settings (Senkyire et al., 2022). In addition, the prevalence of adolescent pregnancy in the Sub-Saharan African region has been estimated to be 19.3% (Kassa et al., 2018).

In Zambia, the Adolescent birth rate for girls aged 15–19 was estimated at 135 per 1,000 from 2003 to 2018 United National Fund Population Agency (UNFPA, 2021). Thus, about twenty-eight per cent (28%) of these girls and young women are mothers or have been pregnant before, constituting more than 275,000 teenagers. In 2014, it was estimated that there were 15,000 pregnancies among enrolled girls per year Ministry of Education, Science, Vocational Training and Early Education (MESVTEE, 2014). To this confounding adolescent pregnancy rate, only 50per cent of girls who became pregnant returned to school (Raqib, 2018). Breastfeeding adolescents returning to school often find themselves undertaking roles of motherhood and pupils at home and school, a situation that can stress these adolescents and affect their schoolwork.

Adolescence is a transitional stage of physical and psychological development that generally occurs during the period from puberty to adulthood (Stehlik, 2018). The adolescence stage is also characterised by coping with new situations, such as body changes, choice of partners or a profession, new ways of thinking, personal identity, and the establishment of some emotional independence from parents, which can as well be stressful. Experiences during adolescence significantly influence the unique characteristics and maturation of individuals. One of the significant attributes of the adolescent stage is good health. However, many adolescents face challenges of high-risk behaviour leading to unplanned pregnancy and sexually transmitted infections, like HIV and AIDS.

Given this, it is necessary to have resources that allow the pupils to manage successfully these types of events, as well as skills for efficiency, reasonable and flexible use. In addition, Caycho (2016) states that family relationships and coping strategies are the most prominent personal factors that facilitate the development of adapted behaviours. Therefore, teenage mothers may need this support in adapting to the new role of motherhood and schooling.

Attitudes of school-going breastfeeding adolescents regarding the perceived relationship between breastfeeding and mother-infant bonding have adversely affected their return to school. In support of this attitude, an ethnographic study with African-American and Latina school-going breastfeeding adolescents reported that bonding was among the better-known "benefits" of breastfeeding; however, the perception was not uniform (Smith et al., 2012). Further, this study found that "bonding" would make it more difficult for breastfeeding adolescents to entrust their babies with other people, thus making their lives more difficult and complicating their return to school. Similarly, Nuampa et al. (2018) pointed out that many school-going breastfeeding adolescents lack the skills to incorporate breastfeeding or milk expression into their lifestyle as pupils. Further, the researcher stated that this may be due to a lack of knowledge and discomfort with milk expression by pump or hand. Findings may be due to not having a private place for milk expression and breastfeeding their baby at school.

Hill et al. (2015) as cited by Jama et al. (2018) claimed that social support from family, friends, and partners is among the most critical factors affecting school-going breastfeeding adolescents' infant feeding choices. Though in this study, most respondents reported not receiving this support as many were encouraged to either bottle or formula feed by family members. According to Radzyminki and Callister (2015), the continuum of care and support by skilled healthcare providers in lactation and the school system are essential in addressing this challenge.

The Zambian breastfeeding policy emphasises the need to "protect, promote and support breastfeeding" (Ministry of Health, 2014). This policy entails that implementation should be anywhere a breastfeeding mother is found, whether at work, school, or college. It goes on to state that successful breastfeeding depends on factors like social support from family, friends, and partners.

Hence, Barmao (2015) and Rozensztrauch et al. (2022) noted that a lack of this support might affect young mothers' infant feeding choices. Unfortunately, however, most do not receive this support, and many are encouraged to bottle and formula feed by family members.

United Nations Children Fund (UNICEF, 2016) reported that young women who received support and instruction in breastfeeding and pumping from healthcare professionals were more likely to begin and maintain breastfeeding after hospital discharge. Karim (2015) noted that breastfeeding may be a source of stress for a breastfeeding adolescent who is in school, and they would need support to cope with it. Becoming a mom not only creates physical changes but mental changes as well (UNICEF, 2016). Among stressors are sleepless nights, childcare arrangements, doctor appointments, attempting to finish high

school, lack of emotional support, poor healthcare access, and stresses around new life (UNICEF, 2016; Setwin & Rachel, 2019; Nkwemu et al., 2019).

In addition, school-going breastfeeding adolescents find it difficult to manage schoolwork. They feel stressed due to limited time to care for their child and prepare for schoolwork (UNICEF, 2016).

There are many other sources of stress for school-going breastfeeding adolescents. Stress could result from a lack of school, home and community support or gossip by their fellow learners concerning their status. This is supported by Tharani et al. (2017) and Tremblay et al. (2022) who state that stress among school-going adolescents' results from academic courses, limited time and divided attention. Adolescents have also faced discriminatory attitudes from teachers or school administrators and left school during pregnancy or after giving birth, while some never returned (Ajitha, 2018; Human Rights Watch, 2019; Senkyire, 2022). This experience may affect re-entry into school. According to Runhare and Vandeyar (2014), stigma and discrimination by teachers are different and more complex. They may contribute to the stereotyping and describing of these young mothers as lazy, distracted, low-performing and at risk of "contaminating other female classmates" with their behaviour. Stigmatisation and discrimination, as perceived by adolescents, may contribute to disruption in their learning patterns. Learner-mothers resorted to seeking extra lessons from teachers to cover missed classes, yet in some instances, teachers have demanded that learner-mothers pay the teacher if they want help with the missed lessons (Nkwemu et al., 2019). This demand may add to the stress of motherhood and schooling hence may resort to dropping out of school.

Undiyaundeye (2015) asserted that adolescent childbearing is often associated with numerous disruptions for girls regarding school attendance. The young mothers-learners are left to untangle the disruptions sometimes on their own without support from the Teachers or fellow pupils.

The report is in line with findings by Chigona and Chetty (2008) as cited by Nkwemu et al. (2019) who noted that many teen mothers failed to succeed with schooling because they lacked support to avoid the numerous disruptions to school attendance. Breastfeeding adolescents need support from school authorities; hence, provisions must be available to meet their special educational needs. Among these, breastfeeding or formula feeding is vital.

Prior studies indicate that school-going breastfeeding adolescents opted to formula feed as they thought breastfeeding may make it more challenging to return to school due to the combination of roles of breastfeeding and schooling.

Linares (2020) and Smith et al. (2012) affirmed that lack of school support, limited pumping space in schools, little breastfeeding or pumping time throughout the day, and lack of on-site childcare made breastfeeding more difficult. Kathy-Ann (2017) stated that many studies suggest that adolescent mothers, like older mothers, have multiple responsibilities in addition to their maternal role. Hence this multitasking of breastfeeding and schooling may be a source of stress for these adolescents. This is affirmed by a survey conducted in China by Crowley (2018) where a majority, 70%, said that they spent sleepless nights because of their breastfeeding conditions while going to school.

Prior studies also indicate that school-going breastfeeding adolescents experienced poor academic performance as a result of these duo roles. In support of poor performance by breastfeeding school-going girls, studies by Taukeni (2014) and Ojo (2020) indicated that most respondents found it difficult to study while taking care of the child. Because of this, the respondents mentioned that their academic performance was poor at school.

Interaction with adolescents' school dropouts due to pregnancy at work and home; the researcher got interested in understanding the concept of the re-entry policy in Zambia to understand its provisions when these girls have re-entered. Also, with all the challenges faced by a breastfeeding School going adolescent, as seen from previous studies, it is imperative to understand their coping and support systems in place that help them cope.

This situation, therefore, prompted the researcher to look at this research topic to explore the experiences of school-going breastfeeding adolescents regarding coping with the motherhood role.

1.1 STATEMENT OF THE PROBLEM

The re-entry policy introduced in Zambia in 1997 gives a chance to pregnant girls to continue their education. However, young-mothers' learners who have taken advantage of this policy have had to contend with a hostile school environment, where they are isolated, humiliated and stigmatised by their fellow pupils and teachers (Karimi 2015), leading to an increase in school dropouts. Further, adolescents who are breastfeeding and decide to return to school sometimes fail to cope with the stress (Moonga, 2015), which has been attributed to little or no support from school and family. Financial constraints coupled with discrimination and stigma have also affected their adaptation and coping strategies, which has ultimately led to stress.

Stress harms a person's physical and psychological well-being. For breastfeeding school-going adolescents, this may lead to detrimental effects on their physical, mental and emotional well-being and affect their baby. One of the effects of stress and failure to cope with breastfeeding whilst schooling is

increased chances of dropping out of school, thereby impacting negatively these mothers socially, psychologically and economically (David et al., 2017; Kennedy, 2017; Musyimi et al., 2018; Human Rights Watch, 2018).

In the Western province, two selected schools have recorded an increase in the number of dropouts among pupils who re-entered school after being pregnant, as illustrated below:

Table 1.1 Katima-Mulilo Secondary School Number of Re-entered Girls and Progression (2018-2020)

Year	No. of Pregnant adolescent	Adolescent who re-entered	No. Who completed Grade 12	Dropout rate
2018	12	50%	50%	50%
2019	19	58%	54%	55%
2020	5	100%	60%	60%

Source: Katima-Mulilo Secondary School Annual Report

Table 1.2 Sesheke Secondary School Number of Re-entered Girls and Progression (2017-2019)

Year	No. of Pregnant adolescent	Adolescent who re-entered	No. Who completed Grade 12	Dropout rate
2017	13	62%	63%	63%
2018	20	50%	60%	60%
2019	23	43%	50%	50%

Source: Sesheke Basic School Annual Report

Annual reports for the two schools also indicate persistent late coming, absenteeism and poor academic performance by the girls who re-entered. These problems may result from failure to manage the dual roles of motherhood and schooling that may induce some form of stress needing adaptation or coping.

Despite the Ministry of Health and General Education, the Government of Zambia implementing mitigation interventions towards this problem by creating a school counselling unit and conducting adaptation and coping mechanism awareness sessions for girls and boys. However, breastfeeding school-going girls still face difficulties in coping with the two roles, as evidenced by reduced School completion rates.

Therefore, the study sought to explore the experiences and coping strategies used by school-going breastfeeding adolescents at Katima Mulilo and Sesheke secondary schools in the Sesheke district.

1.2 STUDY JUSTIFICATION

Breastfeeding adolescents have unique needs, and most lack the skills to incorporate breastfeeding or milk expression into their lifestyle as students (Nuampa et al., 2018). As a result, breastfeeding coupled with inadequate support from peers, school management, and family may cause stress among adolescent mothers, poor academic performance, and ultimately high school dropouts. In addition, this experience contributes to vulnerability among adolescents, increasing the poverty level among populations. Most studies that have been conducted have explored the challenges and experiences of school-going pregnant adolescents in some parts of Zambia (Moonga, 2015; Nkwemu et al., 2019; Setwin & Rachel, 2019). Other studies conducted on the experiences of adolescents include the study by Katowa et al. (2017) on Experiences, needs and coping strategies of pregnant and parenting teenagers and also a study by Abotsi (2020) on Experiences and coping mechanisms of adolescent mothers and intervention programs to reduce adolescent pregnancy. Despite some similarities with the current study, the two studies did not focus on school-going breastfeeding adolescents which the current study has focused on. Katowa et al. (2017) focused on pregnant and parenting teenagers while Abotsi (2020) looked at interventions to reduce adolescent pregnancy. Therefore, there was a need to conduct the current study to have more data on lived experiences of School-going breastfeeding adolescents in Western Province.

The current study, therefore, sought to explore the experiences and coping strategies of school-going breastfeeding adolescents in two (2) Secondary Schools in the Sesheke district.

The findings will help policymakers to develop interventions that will help improve the coping mechanisms of school-going breastfeeding adolescents, thereby enhancing School completion rates.

Further, the study findings may contribute to the existing knowledge on experiences and coping strategies of school-going breastfeeding adolescents.

1.3 RESEARCH QUESTIONS

The following questions guided the study:

1. 3.1 What are the experiences of adolescents concerning breastfeeding and being in school?
1. 3.2 What are the experiences of adolescents with regard to receiving support from peers, school management and family members?
1. 3.3 What are the coping strategies used by school-going breastfeeding adolescents as they combine roles of motherhood and school?

1. 4 Research objectives

1. 4.1 General objective

To explore the experiences and coping strategies of school-going breastfeeding adolescents in secondary schools of Sesheke district in Western Province of Zambia.

1. 4.2 Specific objectives

1. 4.2.1 To explore adolescents' experiences of breastfeeding whilst in School.
1. 4.2.2 To describe the support adolescents receive from peers, school management and family members.
1. 4.2.3 To understand coping strategies used by school-going breastfeeding adolescents as they combine roles of motherhood and School.

1. 5 Conceptual Definitions of Terms

Adolescence is from the Latin verb "adolescere," which means "to grow" or "to grow to full maturity" (Stehlik, 2018). Therefore, adolescence is a period of transition with changes physically and psychologically (Stehlik, 2018).

Adolescent School-going mother: defined as girls between the ages of 10 -19 who get pregnant while at school and went back to school after giving birth (WHO, 2017).

Adolescent pregnancy is a pregnancy that occurs in girls 10–19 years of age (Habitu et al., 2018).

Experiences refer to something personally encountered, undergone, or lived through (Merriam-Webster, 2023)

Re-entry means to go back to a place where you were earlier or to an activity that you did or were doing earlier (Cambridge, 2023)

Re-entry policy is a policy that **guarantees girls the right to stay in school** as long as they choose to during the pregnancy, take maternity leave, and return to school—either the same school or a different one—after the leave (Zuilkowski et al., 2019).

Coping is the process of contending with life difficulties to overcome or work through them (Farlex, 2012).

Coping strategies refer to the specific behavioural and psychological efforts people employ to master, tolerate, reduce, or minimize stressful events (Ray, Lindop & Gibson 2009).

Stress is a process where individuals perceive and respond to events that appraise as overwhelming or threatening to their well-being of individuals (Lazarus & Folkman, 1984).

Stressors are events or conditions in someone's surroundings that may trigger stress (Sparks, 2019).

Breastfeeding or nursing, is the process of feeding a mother's breast milk to her infant, either directly from the breast or by expressing and bottle-feeding it to the infant (Ballard & Morrow, 2013).

Exclusive breastfeeding is when the baby is fed only breast milk for the first six months of his life, with no additional food or drinks (Mahak, 2021)

1. 6 Operational Definitions of Terms as Used in this Study

Adolescence is any girl between the age of 12 to 19 years and currently in school.

An Adolescent School-going mother is a young girl between 12 and 19 years becomes pregnant, gives birth, and raises or chooses to raise the child and is currently in school.

Adolescent pregnancy is a girl between 12 - 19 years who gets pregnant while in school.

Experience is a situation that an adolescent passes through as a result of breastfeeding while schooling.

Re-entry is the process of re-enrolling an adolescent mother into a secondary school after delivery and being ready to continue her studies. Re-entry may be used interchangeably with re-admission.

Re-entry Policy is a course or plan of action adopted by the government to prevent the complete dropout of adolescent mothers from school and instead promote their re-admission into the secondary school system and provide for standardization and uniformity in handling adolescent mothers in schools countrywide thereby ensuring equitable treatment.

Coping is action directed at the resolution or mitigation of a problematic situation.

Coping strategies are activities or behaviours adopted by adolescents to minimize the negative and promote a positive lifestyle.

Stress is the body's reaction of a breastfeeding school-going girl to any change that requires adjustment or response physically, mentally and emotionally.

Stressors refer to issues or situations that overwhelm and weigh down breastfeeding adolescents.

Breastfeeding is the act of feeding the baby from the breast.

Exclusive breastfeeding is when 'the infant receives only breast milk for the first 6 months.

CHAPTER TWO

LITERATURE REVIEW

2. 0 Introduction

The chapter aimed to review and analyse evidence existing in the literature on the experiences and coping strategies of school-going breastfeeding adolescents and also identify gaps in the previous studies. Ultimately, gaps inherent in the literature were identified.

To establish conceptual clarity, the chapter begins with an overview of adolescent pregnancies and the coping mechanisms of breastfeeding adolescents while schooling. Subsequent parts of the chapter are organised according to the study's objectives, beginning with a review of literature on adolescents' feelings and experiences of breastfeeding whilst in school, followed by the support received from peers, school management and family members. The last part focuses on coping strategies used by school-going breastfeeding adolescents. Among the literature reviewed were published journals, reports, systematic reviews and Books. Databases searched included Science Direct, CINHL JSTOR, PubMed and Google Scholar, among others.

2. 1 Overview of Adolescent Pregnancies and its Effect on Schooling

According to Habitu et al. (2018), adolescent pregnancy occurs in girls 10–19 years of age. Early motherhood is a growing phenomenon in both developed and developing countries, a situation that needs to be curbed to prevent effects that may arise if left unattended. Approximately 16 million teenage girls become mothers yearly (Yussif, 2017) most of them from economically disadvantaged settings (Senkyire et al., 2022). In addition, the prevalence of adolescent pregnancy in the Sub-Saharan African region has been estimated to be 19.3% (Kassa et al., 2018).

In Zambia, the Adolescent birth rate for girls aged 15–19 was estimated at 135 per 1,000 from 2003 to 2018 United National Fund Population Agency (UNFPA, 2021). Thus, about twenty-eight per cent (28%) of these girls and young women are mothers or have been pregnant before, constituting more than 275,000 teenagers.

To this confounding rate of adolescent pregnancy are associated problems. The associated problems include high maternal and child morbidity and mortality, which further affect the socio-economic development of a country (WHO, 2017). This problem is partly attributed to underdeveloped reproductive organs and a lack of knowledge and skill in taking their own care and that of their babies. In a study by

Lambonmung et al. (2022), findings indicate that adolescent pregnancy's effects include anaemia, pregnancy complications, obstetric and gynaecological risks, unsafe abortions, and psychological effects that do adversely impact the health of adolescent girls. Yussif et al. (2017) affirmed that there are more risks in pregnancies and deliveries accompanying adolescents than older women. Most of these adolescents affected by these effects are in school, and most are in secondary schools. Hence this may affect their progress in school, leading to dropouts and poor academic performance which may negatively affect the future of adolescents, their babies and the country's economic development. Secondary education is essential in national and individual development because it prepares students for vocational and professional training. Research done by Okumu (2020) has indicated that adolescent pregnancy has a significant effect on education and affects the girl's future. The findings further indicated that this contributes to the girl's poor academic performance in school and final examinations. Maemeko et al. (2018) affirmed this poor academic performance, by indicating that "the effect and impact of teenage pregnancy on academic performance included poor academic performance after the pregnancy, increased dropout because of pregnancy-related issues and negative feelings about schooling". In line with Maemeko et al. (2018) and Shefer et al. (2012) as cited by Nkosi (2019) also indicated that when teenage mothers return to school, their performance is frequently affected. Many shifted from performing well academically to becoming average or underachievers because they had to balance motherhood and schooling.

Studies have established that the increase and subsequent drop out of school girls who became adolescent mothers is an issue of great concern because once a pregnant girl leaves school, she rarely goes back, and as a result, her education is cut short. She is also affected economically, and her future and that of her child are bleak (Mwenje, 2015). "Low education levels, particularly among adolescent mothers, have been associated with a range of poor child outcomes, including malnutrition (Hasan et al., 2016), stunting (Marriott et al., 2012), and developmental delays (de Moura et al., 2010)" as cited by (Zuilkowski et al., 2019).

With evidence from these prior studies on school dropout by adolescent girls and poor academic performance, the government needed to introduce the re-entry policy in Zambia. The introduction of this policy was to address and respond to the commitment by countries to meet international targets on gender equity in education and fulfil the right to education for adolescent mothers, which led to the introduction of education policies in many countries, especially in Sub-Saharan Africa (Mwanza, 2018).

The Ministry of Education in Zambia introduced the school re-entry policy in 1997, which allows pupils who fall pregnant to return to school after giving birth (Mufalo & Kabeta, 2021). Studies conducted on the school re-entry policy found that teen mothers who re-enter school have continued to face many challenges in secondary schools (Mweemba, 2014; Karim, 2015). The findings by Maemeko, Nkengbeza, and Chokomosi (2018) revealed that "the impact of teenage pregnancy on academic performance included poor academic performance after the pregnancy, increased dropout because of pregnancy-related issues and negative feelings about schooling".

The study by Mwenje (2015) established that many interrelated factors influence the use of the policy. Among the factors is the lack of information on the actual re-entry procedure among parents and adolescent mothers leading to the use of different re-entry methods. In addition, the preference for boys' education, anchored on cultural norms which perpetuate the subordination of women, is another factor that negatively influenced the use of the re-entry policy. Finally, poverty is another factor identified, leaving parents unable to meet the cost of secondary education for adolescent mothers and their children.

2.2 Experiences of breastfeeding Adolescents whilst in School

School-going breastfeeding adolescents experience several challenges while at school. For example, a study conducted in India by Sekar (2022), which was an empirical study on adjustment problems among school-going adolescent students showed that these adolescents experienced discrimination from their peers. At times, this discrimination may have led to some of them quitting school. Similarly, a survey conducted in China by Crowley (2018) found that school-going breastfeeding adolescents experienced sleepless nights as they used to think of what to do about their situation. Another survey conducted in China by Erfina et al., (2019) revealed that teen mothers experienced sleepless nights thinking of what to do about their situation. In addition, other challenges experienced by young-mother learners upon re-entry to schools have been reported to lack the much-needed financial, emotional and social support to cope with education successfully (Karimi, 2015).

A quantitative approach was adopted where interview guides and questionnaires were used. The major criticism of the methodology is that they adopted a quantitative approach, which may not bring out their lived experiences within the natural settings. However, this gap will be filled by the current study, which has adopted the qualitative design, used a purposeful selection of respondents, and used thematic data analysis.

The data obtained from questionnaires revealed that the majority, 70%, said they spent sleepless nights because of breastfeeding conditions while going to school. However, this study was quantitative in nature

and did not capture the actual views of the respondents. Therefore, to capture the views of the respondents, there is a need to conduct the current study.

In addition, a qualitative study conducted in Nigeria by Nousiainen (2013) aimed at assessing the challenges that school-going breastfeeding adolescents faced during the study. They used qualitative methodology, which used focus group discussion to gather views and opinions. The study results showed that the majority of the respondents found it difficult to study while taking care of the child. Because of this, the respondents mentioned that their academic performance was poor at school. Despite being qualitative, the study had some drawbacks in the sense that the study included several respondents in one focus group discussion.

The gap identified is in the sampling methods, interview techniques employed, and how the research was analysed.

Every mother with a baby needs to arrange with the doctors if the child needs medical attention. As such, David et al. (2017) conducted a study in Namibia to assess whether school-going children had enough time to make appointments with doctors. The results from this study found that the majority, 65%, needed more time to meet the appointments with the doctors even when there was a need. In contrast, 45% claimed to have had time to meet the doctors when there was a need to do so, a clear indication that school-going adolescents never had time to take their children to under five clinics. However, despite the validity of the results, the study took a quantitative approach. For this reason, there was a need to conduct a qualitative study which allowed the researcher to go further and identify why school-going breastfeeding adolescents never had time to attend doctor's appointments.

In Zambia, some studies have also been conducted to assess breastfeeding mothers' challenges at school and in society. One of these studies is that of Mwansa (2017) conducted in the Eastern province of Zambia. The findings indicated that more than half 55% of the school-going breastfeeding adolescents lacked emotional support, while 45% experienced poor healthcare access. Like the above-given studies, this study was quantitative and utilised self-administered structured questionnaires with answers already provided. Therefore, the questions were closed-ended and did not allow the respondents to express themselves further. Ellis (2019) recommends using unstructured interviews that allow the researcher to probe the responses given and gain a more affluent, thicker understanding of how the respondent sees the world. In a qualitative study conducted in the Southern province of Zambia by UNICEF (2016), the finding was that school-going breastfeeding adolescents find it difficult to manage schoolwork and arrange childcare.

The study also showed that they felt stressed due to limited time to care for the child as well as prepare for schoolwork.

In addition, the study by Chauke (2013) reported that breastfeeding school-going adolescents experience stress due to a lack of support from the school, home and the community. As revealed by the study results, adolescent school-going mothers also experienced gossip from their fellow learners concerning their status. Besides, the findings indicate that they might fail to take proper care of their children because of being busy with schoolwork. Martin and Nowanga (2017) also reported that stigmatisation and discrimination were among the sources of stress experienced by Breastfeeding School going adolescents.

2. 3 Support adolescents receive from peers, school management and family members

At the global level, Singletary et al (2017) in the USA reported that breastfeeding school-going adolescents receive little or no support from school and home. On the other hand, they are usually misunderstood. Therefore, the study adopted a quantitative method using questionnaires to collect data. The findings were that about 60% of the respondents did not receive help from the school authority while 40% received support from the school authority. However, a quantitative study did not capture data concerning the types of support that these school-going breastfeeding adolescents received. Therefore, the quantitative methodology may not bring out the lived experiences and challenges that school-going breastfeeding adolescents faced.

Britwum et al. (2017), during their study, discovered that there was inadequate sexual and reproductive health education from schools and other agents, making it difficult for school-going breastfeeding adolescents to cope with the pressure they experience. Because of failure to cope with stress, many adolescents may fail to continue schooling, which may affect their future and that of their children. In addition, adolescents may feel isolated from their peers and even decide to quit school. Murray and Shur (2020) reported that high-stress levels in breastfeeding moms can lead to a problematic letdown reflex, a decrease in breast milk supply and early weaning. The study used a quantitative design with a high number of respondents. The researcher intends to deal with this gap by using the qualitative method, where purposefully selected respondents will be exposed to an in-depth interview to solicit their views, opinion and perception of the study under discussion.

At the regional level, Nousiainen (2013) conducted a study in Nigeria to assess the help that school-going breastfeeding adolescents received from the school authority. The study results showed that school-going breastfeeding adolescents were provided with a shelter to breastfeed their children in case they needed to.

This study also discovered that school-going breastfeeding adolescents could go to hospitals whenever they felt like it.

However, the study was conducted in Nigeria, which has a different educational policy and adopted a quantitative design. Because of this reason, it is essential to conduct a study in Zambia to assess what support the school authority provides to school-going breastfeeding adolescents.

Further, in a study by Anima et al., (2022) on Reflections on lived experiences of teenage mothers in a Ghanaian setting, a phenomenological qualitative study on 30 purposively selected participants revealed that adolescents received support from their relatives and partners. Data was collected by the use of narratives photo voices using in-depth interview guides. Thematic analysis was used. Even though the methodology is similar to the current study, it did not focus on Breastfeeding School going adolescents, and the number of respondents was big hence the proposed study.

In Zambia, UNICEF (2016) reported that school-going breastfeeding mothers were being supported by school authorities whenever they needed help. In addition, the study also discovered that schools received many basic needs from non-government organisations to support school-going breastfeeding adolescents. However, this survey was a mixed study design, which captured both quantitative and qualitative data. Therefore, the study only focused on quantitative data ignoring qualitative data.

Contrary to the findings given above, Moonga (2015) revealed that school-going breastfeeding adolescents never used to receive any help from the school authorities, as revealed in the questionnaires where the majority, 85% of the school-going breastfeeding adolescents said that they do not receive any help from the school authorities. In contrast, 15% received assistance from the school authorities. However, despite the truth revealed, the study was quantitative and thus lacked qualitative data.

Nsalamba and Simpande (2019) conducted a study in selected Secondary Schools of Mufulira District in Zambia, whose purpose was to investigate the effect of the Re-Entry Policy implementation on readmitted girls' performance in mathematics.

To achieve this aim, a qualitative research approach, interview guides and questionnaires as data collection tools were analysed using narrative techniques. The purposive sampling technique was used because the study targeted a specific group of people and characteristics. The sample comprised twelve teachers, twelve parents, two officers from the District Education Board Office and thirty-four re-entered girls giving sixty people. The conclusion was that the perceived poor performance in mathematics by re-entered girls is a 'socio construct' and not solely due to the Re-Entry Policy.

The use of the qualitative approach is in line with the current study. However, the choice and number of the sample should be bigger for this kind of approach. The current study will limit the number of respondents to ensure a subjective assessment of opinions, behaviour and attitudes.

2. 4 Stigma and Discrimination

Stigma is a sign of social unacceptability and the shame or disgrace attached to something socially unacceptable. Unfortunately, the stigma of being a teen mother is alive and real. Advocates say that bias against teen mothers often results in cruel social stigmatisation and is regarded as morally tainted, often placing them in separate classes and sitting arrangements lest they contaminate others with teen sexuality (Gillham, 1997).

Adolescent school-going mothers return to school in the spirit of obtaining an education. However, this might not be achieved. A study by Nkwemu (2019), conducted a study to explore the experiences of school-going mothers in Lusaka to understand their coping mechanisms in reintegration. This qualitative case study conducted in-depth interviews with 24 school-going mothers between the ages of 16–19, purposively selected from two (2) schools in the Lusaka district. The girls reported experiencing stigmatisation, discrimination, mockery and abuse from their teachers. In addition, "some community members labelled, humiliated, gossiped about and isolated the girls from their friends and classmates because of fear of influencing them.

The study did not focus on the actual breastfeeding young mothers attending school through the re-entry policy. However, the researcher was still motivated to undertake the current study, which will have to solicit the views and opinions of young breastfeeding mothers on the challenges they face in school.

Similarly, another study by Chauke, (2013) revealed that many school-going adolescents experience stigmatisation and discrimination, which may result in stress. Stigmatisation is a significant challenge and affects re-entry into school. Stigmatisation may come from the teachers, fellow learners and the community neighbourhood. According to Runhare and Vandeyar (2014), stigma and discrimination by teachers are different and more complex. They may contribute to the stereotyping and describing these young mothers as lazy, distracted, low-performing and at risk of influencing other female classmates with their behaviour.

2. 5 Coping strategies used by school-going breastfeeding adolescents as they combine roles of motherhood and School

The Coping Scale for Adolescents of Frydenberg and Lewis (1998) assesses how adolescents between 12 and 18 cope with their problems. Specifically, 18 coping strategies are differentiated that can be grouped into three basic coping styles. First, solving-problem style, to make it less stressful, working hard successfully and focusing on the upbeat and problem-solving. Other coping strategies may include seeking spiritual support, investing in close friends, seeking professional assistance, social support, and social action and seeking to belong. Finally, the other one is non-productive coping, which comprises worry strategies.

In a study that was conducted in The United States of America by Danko (2014) to assess coping strategies by school-going young girls as they re-integrate into schools, a self-administered interview was utilised. The findings were that self-blame was among the key coping strategies that the school-going breastfeeding adolescents used to cope with the stress associated with breastfeeding and school-going. In addition, the study also revealed that wishful thinking was among the key coping strategies used.

However, the study used self-administered interviews where the respondents responded to the questions independently without any probing, as the researcher was not present. Therefore, there is a need to conduct the current study, which will use in-depth unstructured interviews to collect data. Going by Ellis (2019) guided that unstructured interviews allow the researcher to probe the responses given and gain a richer, fuller understanding of how the respondent sees the world.

Using Schlossberg's Transition Theory, Gbogbo (2020) explored the lived experiences of pregnant adolescents and adolescent mothers' coping strategies during their transition to motherhood in the Hohoe Municipality, Ghana. Based on a phenomenological perspective, this qualitative study used in-depth interviews (IDIs) and focus group discussions (FGDs) on answering the research aim. The process of data gathering included eight (8) FGDs and twelve (12) IDIs held with adolescent mothers and pregnant adolescents. The findings suggest that many pregnant adolescent girls struggle to cope with early motherhood and wish they had aborted the pregnancy. Labrague et al. (2017) define coping strategies as behaviour individuals use to avoid, relieve, or react to a traumatic situation. This study revealed that participants employed a more emotion-focused strategy, like wanting to abort to cope with challenging situations. These findings are supported by Raheel (2014) who reported that in Saudi Arabia schools identify and build mechanisms for early and timely diagnosis of stress among adolescents and provide support to adolescents to adopt problem-solving coping strategies rather than emotion-focused to combat

stress. In addition, a study conducted in the United States of America by Bitvutskaya and Korneev (2021) revealed that self-blame and wishful thinking were among the critical coping strategies.

The study by Gbogbo (2020) used a phenomenological perspective and qualitative methodology to gather data; however, it fell short because it did not focus on those young mothers who are actually in school and breastfeeding. The current study will seal this gap, targeting school-going breastfeeding adolescents.

Another study was conducted in Nigeria by Nousiainen (2013) to assess the coping strategies of Breastfeeding School going girls as they re-integrate within the school system. It utilised a quantitative research design and data collection questionnaires. The findings showed that the majority, 73% of the respondents among the school-going adolescents, used tension reduction as a coping strategy. In comparison, the remaining 27% did not know what to do for them to cope with stress related to school while breastfeeding. The researcher concluded that tension reduction was the best coping strategy for stress associated with schoolwork and breastfeeding. However, the study was quantitative, which did not capture the qualitative data needed to understand the lived experience of respondents. For the above reasons, this current study proposes to use the qualitative approach.

Another study by UNICEF (2016) discovered that most of the respondents in a focus group discussion pronounced avoidance through amusement as a coping strategy for stress. In addition, the study also indicated that school-going adolescents coped with stress through self-blaming. However, despite being a qualitative study, the researcher used a large sample size, which affected the collection of all the required information. In using the phenomenological approach, a sample of between six (6) and twenty (20) individuals is sufficient (Ellis, 2019).

Sinyangwe (2018), in his study to assess the coping strategies that school-going breastfeeding adolescents, utilised to do away with the stress they encountered because of their condition. The results from this study showed that school-going breastfeeding adolescents utilised avoidance through physical activity as a coping strategy indicating that the respondents kept themselves busy with physical activities to do away with stress. Equally, the study showed that the emotional support the respondents received was one way they used to cope with the stress they faced. However, the study was qualitative but needed appropriate instruments to collect data. Therefore, there is a need to conduct the current study, which will use interviews which are usually used in qualitative studies.

Pregnant and parenting teenagers have needs that are unique to the developmental stages of Adolescence, in addition to the need common to all pregnant women. In Zambia, Katowa-Mukwato et al (2017), in a study that investigated the experiences, needs and coping strategies of pregnant and parenting

teenagers, a phenomenological approach was utilised and conducted in-depth interviews with pregnant and parenting teenagers. Participants were purposively selected to gain insight into their experiences, needs and coping strategies. The sample size was 27 participants, which was determined using the data saturation principle. Both adaptive and maladaptive strategies were identified as a means for coping, including avoidance of negativity, support from parents, relatives and partners, repentance and dependence on God, focusing on own and the child's future, and denial of pregnancy or motherhood. The criticism of this study is that the respondents were pregnant and parenting teenagers' different from this current study which targets breastfeeding school-going girls.

2. 6 Other challenges faced by school-going breastfeeding adolescents

Mweemba (2014) contends that teen mothers, who returned to school, encountered challenges arising from the negative perception among fellow learners, and the lack of support from teachers and parents. These were the findings during a study whose purpose was to establish the challenges faced by teen mothers in secondary schools in the Copperbelt Province, Zambia. The study used an interpretative phenomenological approach (IPA). IPA is an interpretative data framework (inductive approach) that captures and explores the meanings that participants assign to their experiences. This study involved 15 participants, consisting of five (5) teachers, five (5) parents of teen mothers and five (5) pupils from secondary schools. These were selected using purposive sampling. Semi-structured interviews were used to collect data, and a voice recorder was used to record the interviews. The current study has adopted the use of descriptive phenomenology propounded by Ellis (2019), which seeks only to describe the world from the point of view of the person experiencing a given phenomenon.

The findings of a study by Dankyi, Dankyi, and Minadzi (2019) indicated that the majority of respondents go through academic struggles such as the inability to attend face-to-face lectures regularly because of tiredness, sickness of a child, taking their baby to a child welfare clinic and lack of lactating rooms for breastfeeding of babies. The study aimed at investigating combining motherhood with academic life, concentrating on the struggles of student mothers. The study adopted the mixed method design affirming the qualitative data with quantitative data. The purposive and convenient sampling procedures were used to select the sample from the University of Cape Coast Distance Education, Oyoko Study Center.

Another study by Mufalo and Kabeta (2021) was conducted in selected secondary schools and their surrounding areas in the Masaiti district in the Copper Belt province of Zambia. Again, phenomenology and descriptive survey were used as research designs. The sample size for this study was one hundred

twenty (120), comprising sixty-two (62) females and fifty-eight (58) males drawn from four (4) secondary schools and their surrounding areas. Seventy-five (75) participants were randomly selected while forty-five (45) participants were purposively sampled. The qualitative data was thematically analysed, while quantitative data was analysed using Statistical Package for Social Sciences software. The study revealed that learner-mothers faced many challenges at school and in their community, and little was being done to mitigate their challenges. Furthermore, the concentration by stakeholders was mainly on the girls to re-enter school rather than on whether they would be able to cope as learner mothers. The gaps in the study include; the mixed method design, the huge sample size and the inclusion of male respondents.

2. 7 Summary of literature review

Through several kinds of research reviewed, it is clear that information concerning the topic is available. The review has adequately covered specific objectives, which include the experiences of school-going breastfeeding adolescents, support received by adolescents from school authorities, peers and family members including the coping strategies used by school-going breastfeeding adolescents as they combine roles of motherhood and school. However, the gaps in the methodologies adopted have been identified and need to be addressed. These gaps include using a quantitative approach against the recommendation by Ellis (2019) that the use of qualitative descriptive phenomenology where data collection instruments like unstructured interviews are adequate to probe and gain a more affluent and thicker understanding of how the respondent sees the world. This assertion is supported by (Maxwell, 2013), who reported that qualitative research intends to explain, describe, and interpret in depth. The other gap identified is in the area of sample size where large sample sizes were used. Therefore, there was a need to conduct the current study, which included small sample size, allowing the researcher to capture all the data from the respondents.

The current study adopted the guide from Guetterman (2015), where two concerns are used: the size of the sample (i.e., extensiveness) and the appropriateness (i.e., relevance) of the sample. In support of this approach, Ellis (2019) suggested a purposive sample being one, which selects people who have experienced the phenomenon of interest. The current study was conducted to answer the research questions at hand and bridge the gaps identified in all the literature reviewed.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

The study aimed at exploring the experiences and coping strategies of School Going Breastfeeding Adolescents in Selected schools. This chapter, therefore, presents the methodology that was used in the study. In addition, the chapter describes the study design, sample size, study setting, study population, data collection methods, data analysis, and ethical considerations.

3.1 Study design

The study adopted a qualitative research method and specifically used descriptive phenomenological design to explore the lived experiences of school-going breastfeeding adolescents. Phenomenology emphasises the meaning of an individual's perceptions, feelings and lived experiences to understand the phenomena (Lewis, 2015) deeply. The design was appropriate because the focus was to describe school-going breastfeeding adolescents' lived experiences and coping strategies.

3.2 Study setting

The study was conducted at Katima and Sesheke Secondary Schools.

3.2.1 Katima Secondary School

Katima-Mulilo Secondary School is a government-owned day school and admits both girls and boys. It is situated in Katima Mulilo Township, three kilometres from the Sesheke central business area. The school opened in 2010 to cater for the growing population of adolescents seeking education.

3.2.2 Sesheke Secondary School

Sesheke secondary school is government owned and was opened in 1966. It is situated within Sesheke township, offering both day and boarding facilities. It admits both boys and girls.

3.3 Study population

The study population comprised girls from Sesheke and Katima secondary schools who had re-entered after maternity leave.

3.4 Sampling technique

A purposive sampling technique without maximum variation was used in the study. The technique was chosen because participants who had experienced the phenomenon of interest were selected.

3.5 Sample size

Sixteen participants constituting fourteen schoolgirls who were breastfeeding and had re-entered school, and two guidance teachers, one from each school, were included in the study. Several authors have proposed different sample sizes in phenomenological studies (Ellis, 2019; Morse, 1994). However, the sample size provided richly textured information relevant to the phenomenon under study and helped reach saturation. Therefore, the smaller the number, the more detailed information is extracted from the participants.

3.6 Inclusion criteria

The inclusion criteria included:

1. Breastfeeding adolescents aged 14 to 19 years
2. Those who re-entered the school after maternity leave
3. Those belonging to Sesheke and Katima secondary school
4. Those who gave assent/consent to participate in the study.

3.7 Exclusion criteria

The exclusion criteria was;

1. Breastfeeding adolescents aged 14 to 19 years but not willing to sign the consent form
2. Breastfeeding adolescents under 18 years who would assent but whose parents refused to consent.

3.8 Data collection methods

Data were collected using in-depth tape-recorded interviews conducted in a private room with free communication. Interviews were selected because of the use of open-ended questions, which allowed the researcher some flexibility in the research process to capture relevant emerging themes. The interviewees were asked broad questions, also known as a grand tour question and then were guided through the interview via probes to facilitate participant descriptions of their experiences and coping strategies. During the interviews, the researcher took notes while recording the proceedings. Only the interviewer and

interviewee were present in the room to maintain confidentiality. This arrangement was effective because, in misunderstandings, the interviewer probed and asked follow-up questions for clarification and in-depth information. The interviews, on average, took twenty to thirty minutes each.

3.9 Data collection tool

Many forms of interviews may be used in qualitative research. However, the type adopted for this study was an in-depth semi-structured interview using an interview guide which enabled the interviewer to access what is in the inner mind of the participant. Thus, the interviewer probed for more specific answers and repeated a question when the response indicated that the respondent misunderstood. In addition, in-depth, unstructured interviews allowed the researcher to explore issues with an individual respondent by tailoring the questioning according to how the interview was progressing.

3.10 Pre-testing

A pre-test of the research instruments was undertaken to check the clarity, consistency and relevance of the questions about the purpose of the study and if the question prompts the expected responses. In addition, the pre-test was done to test the research instruments' effectiveness. As such, 6 Breastfeeding School going breastfeeding adolescents from Nakatindi Secondary School were purposely selected and used for pre-testing. No adjustments were made to the research instruments as there were no setbacks observed during the entire process.

3.11 Trustworthiness of the data

The trustworthiness or rigour of a study determines the extent to which the generated data and its interpretation, including the methods used, ensure the quality of a study. In the current study, this was achieved by following the necessary protocols and procedures to make study results worthy of consideration by other researchers.

3.11.1 Credibility

Credibility is one of the criteria for the trustworthiness of the research process, which ensures that the study measures what is intended to measure and is a true reflection of the social reality of the participants. To ensure the credibility of the study, the researcher conducted a pre-test using the data collection tools for it to be robust and able to elicit the appropriate responses. In addition, the researcher adopted the

members-checking approach and triangulation of data from interviews and observation to ensure credibility.

3.11.2 Dependability

Under dependability, the researcher used a dense description of the research method, coding procedures and triangulation, while conformability of the research rigour was achieved through triangulation and reflexivity. The sample size ensured adherence to saturation principles and that the research question was answered appropriately. Data analysis and interpretation were included through a rigorous process in line with the literature review and abiding by reflexivity. Lastly, the reporting of results came from a rigorous data analysis and interpretation process. The researcher gave a chance to respondents to counter-check the results for variation, and reviews by the supervisors were given the final impetus of rigour to the whole process.

3.11.3 Transferability

Transferability demonstrates how the research study's findings apply to other contexts like similar situations, populations, and phenomena. Transferability generalises study findings and attempts to apply them to other situations and contexts. Further, researchers cannot prove that outcomes based on data interpretation are transferable but can establish that it is likely.

One of the ways the research addressed this is the use of purposive sampling, a form of nonprobability sampling, used to maximise specific data relative to the context in which it was collected, differing from the aggregate information that would be the outcome of quantitative research. Purposive sampling considers the sample subjects' characteristics directly related to the research questions.

3.11.4 Conformability

Conformability is the degree to which another researcher could confirm the study findings. In other words, the degree of neutrality in the research study findings means that the findings were based on participants' responses and not any potential bias or personal motivations of the researcher. Furthermore, the researcher ensured that research interpretations portrayed participants' viewpoints and not skewing data to fit a particular perspective. Finally, an audit trail is provided, highlighting every step of analysing data to validate the decisions made to establish confirmability in this study. This process helped establish that the research study's findings accurately elicited participants' responses.

3.12 Data collection techniques

A semi-structured questionnaire guide was used to collect data relevant to the study objectives through the use of in-depth tape-recorded interviews conducted in a private room with free communication. These face-to-face interviews took 20 to 30 minutes and participants were put at ease before commencing the interview process. The questions guide in the data collecting instruments were divided into sections in line with the study objectives to provide information relevant to the study. Document and record review was also done to ensure that the records were tallied with the respondents' responses.

3.13 Ethical considerations

Ethical clearance was sought from the UNZA Biomedical Research Ethics Committee while permission was sought from National Health Research Authority Ref NHRA 000020/06/01/22 on January 06, 2022. Research Authorization and the Research Clearance Permit were sought from the District Education Secretary-Sesheke District and permission from School Authorities. In furtherance of observing ethics, the researcher ensured that all participants obtained verbal and written consent. Assent was obtained for those below the consenting age, and consent was obtained from their Parents/Head Teacher. Participants were assured of no victimisation and no discrimination socially or academically. Confidentiality and privacy were adhered to throughout the process. For those emotionally affected due to the nature of the study, trained counsellors were engaged to provide counselling.

The researcher did not, in any circumstance, falsify data or make claims that are not adequately supported by the finding of the research study. All secondary data sources are properly cited and acknowledged as prescribed by the HARVARD guidelines.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION OF FINDINGS

4.0 Introduction

This chapter presents the study's findings by answering the research questions on experiences and coping strategies of School Going Breastfeeding Adolescents from Katima-Mulilo and Sesheke Secondary Schools of Western Province in Zambia.

4.1 Data Management and Analysis

Since this is qualitative research, phenomenological research results are derived from the interviews' verbatim transcripts to ascertain the critical emerging messages (Ellis, 2019).

Microsoft Word software was used to analyse the data collected, accompanied by Nvivo version 11.

Table 3, under the findings below, show the process used to navigate from the text that was a transcript from the audio data. The process of reading and re-reading, and listening to the audio tapes helped in the initial identification of recurring terms/themes. Identified items/ themes were then checked for frequency or omission. Next, the prescribed data was exposed to Microsoft Word program for coding. The codes were then grouped into themes allocated to different objectives under study. The emerging themes and subthemes and then analysed and interpreted decisively. Reflexivity was exercised to detach and allow the researcher to go beyond the information from the gathered data and then make definitive and reliable conclusions (Mweemba, 2014).

The researcher adopted the thematic analysis (Ellis, 2019; Morrow et al., 2015) that is:

1. Reading the text to become familiar with the data
2. Exploring the experiences and identifying significant statements
3. Identifying meanings relevant to the phenomenon
4. Clustering the identified meanings into themes and subthemes
5. Developing an exhaustive description of the phenomenon

The results are presented in the following order; the findings from the breastfeeding learners from Sesheke secondary school, breastfeeding learners from Katima secondary school, and the guidance and counselling teachers from Sesheke and Katima schools. To identify the individual participants in this study, the alphanumeric characters L1 (e.g. Learners number one), L9 (meaning Learner number nine), TRS

(Guidance and counselling Teacher – Sesheke Secondary School), and TRK (Teacher of guidance and counselling – Katima Secondary School).

Table 4.1: Alphanumeric symbols used to identify various participants in this study

SrN	School selected	School Research participants
	Sesheke Secondary School	L1 = Breastfeeding learner number 1
		L2 = Breastfeeding learner number 2
		L3 = Breastfeeding learner number 3
		L4 = Breastfeeding learner number 4
		L5 = Breastfeeding learner number 5
		L6 = Breastfeeding learner number 6
		TRS = Guidance and Counselling Teacher Sesheke
		L7 = Breastfeeding learner number 7
		L8 = Breastfeeding learner number 8
	Katima Secondary School	L9 = Breastfeeding learner number 9
		L10 = Breastfeeding learner number 10
		L11 = Breastfeeding learner number 11
		L12 = Breastfeeding learner number 12
		L13 =Breastfeeding learner number 13
		TRK = Guidance and counselling Teacher Katima

Source: Author, 2022

4.1.1 Presentation of findings

4.1.2 Demographic characteristics

This study interviewed sixteen (16) respondents. That is fourteen (14) adolescent breastfeeding mothers, nine (9) from Sesheke, five (5) from Katima secondary schools, and one (1) teacher from each school. Their ages ranged from 15 to 19 years, while their babies were between 3 months to 2 years and six months. The school Grade range is from 8 to 12. Concerning marital status, none of the adolescents was married. The majority 8 (57%) were aged 15 years, 2 (14%) were aged 17, 1 (7%) 18 years and 3 (21%) were aged 19 years. The majority 7 (50%) were in grade 8, 3 (21%) grade 9, 2 (14%) in grade 11 and 2 (14%) in grade 12. The guidance teachers 1 was a male aged 35 living within Sesheke secondary school teacher's compound and married with teaching experience of 10 years at a secondary school. The guidance teacher 2 was a female aged 48 married with 22 years of teaching experience at the secondary school level and staying in airport area Sesheke.

Table 4.3 below shows the process of navigating from the text that was a transcript from the audio data. The process of reading and re-reading, and listening to the audio tapes helped in the initial identification of recurring terms/themes. Identified items/ themes were then checked for frequency or omission.

4.2 Findings from Breastfeeding School going girls

In this section, the interview results presented are reflected by the questions responded to by the breastfeeding adolescent mothers regarding breastfeeding and schooling as an emotional undertaking, the support given to breastfeeding adolescents, and adjusting to the new reality. The following presentation followed the sequence of objectives as they appear in the document.

Table: 4.2 Major themes, sub-themes and key statement

Major Theme	Sub-theme	Key statement
<ul style="list-style-type: none"> ● Breastfeeding and schooling an emotional undertaking 	<ul style="list-style-type: none"> ● Mothering and schooling ● Academic performance ● Divided attention at school 	<ul style="list-style-type: none"> ● Difficult to find somebody to remain with the baby while at school ● Divided time between the baby and schoolwork ● Thinking of baby while at school ● Miss class in the afternoon to rush to breastfeed the baby
<ul style="list-style-type: none"> ● Support given to the breastfeeding schoolgirl 	<ul style="list-style-type: none"> ● Family support ● Support from the school ● Support from peers 	<ul style="list-style-type: none"> ● Influential support from the mother ● No support from the father of the baby ● Poor support from the school ● Stigma and discrimination from peers
<ul style="list-style-type: none"> ● Adjusting to the new reality 	<ul style="list-style-type: none"> ● Keeping busy ● Time management ● Ignoring 	<ul style="list-style-type: none"> ● Being involved in income-generating Income ● Study after home chores and baby sleeping ● Isolate oneself and concentrate on the baby ● No formal counselling for re-entering girls

4.3 Adolescents' Experiences of Breastfeeding whilst in School

4.3.1 Theme 1: Breastfeeding and Schooling an emotional undertaking

The theme emerged from the findings that indicated that girls are in an unexpected situation of breastfeeding, mothering and schooling. Most breastfeeding school-going girls reported how bad they felt to leave their babies with other people when they went to school because they had to conform to the bitter

change. The theme was anchored on three subthemes, namely; a) Mothering and schooling, b) Academic performance, and c) Divided attention at school.

4.3.2 Mothering and Schooling

Mothering and schooling are themes that emerged during the in-depth interview with the participants. The breastfeeding school-going girls in this study have faced challenges combining mothering and schooling. The biggest challenge was the time they left the baby with caretakers while attending school. Most of them have reported that the time is too long, and in most cases, they would find the baby crying, missing the love from the mother. Typically, the girls would be away at school for 6 hours, at times 8 hours at most away from the baby, which they feel is too much for the breastfeeding girls and the baby. Below is an extract from L5, a participant from Sesheke Secondary and another one, L9, from Katima Secondary School;

".....the challenge I used to find is that I had to be leaving my baby with my neighbours and only to come back home around 14hrs or at times when I attend prep at 16 Hours..... (L5, Interview, February 2022)

....." this day when I came back home, I found my baby crying; I felt terrible I could not go to school the following day..... the period from 07:30hrs to 13:00hrs is too long for the baby not to suck"....." (L9, Interview, February 2022)

A number of the girls reported that, in many cases, they missed classes because there was no one to remain with the baby. It is not easy for anybody, including close relations, to volunteer and babysit for 6 to 8 hours and miss out on domestic and business errands. One girl from Sesheke Secondary narrated as indicated below:

..... The other day "my mother told me she was not feeling ok and asked me to remain and look after my baby"..... (L1, Interview, February 2022).

The study has established that breastfeeding school-going girls experience challenges mixing mothering and schooling. However, it is the desire of Breastfeeding School going girls to forge ahead and complete their education because of the numerous benefits that accrue afterwards.

Furthermore, mothering and schooling have brought out the phenomena of divided attention at school, another challenge that Breastfeeding school-going girls experience. Caring for the baby and doing school work need patience and emotional health. *"It is not easy at all to leave the baby with somebody else and hope to concentrate on studies at school. The first days and weeks of re-entry were terrible because the*

body will react to this length of time in which the milk is not sucked. Concentrating at home is the trickiest situation because it usually involves taking care of the baby, doing house chores, and studying. In most cases, the studies suffer because the family requires me to participate in the home chores, and the baby wants 100% attention after missing me most of the day," L1 narrated.

Some respondents narrated *that caretakers have been bringing the babies randomly to the school mainly because the baby was crying or sick. This situation has exacerbated the divided attention and stigma, and discrimination by the people surrounding the girls.*

In addition, school-going breastfeeding adolescents find it difficult to manage schoolwork. They feel stressed due to limited time to care for their child and prepare for schoolwork (UNICEF, 2016).

The study has established the precarious situation that Breastfeeding school-going adolescents will find themselves in due to the divided time between tending to the baby and schooling. Eight (8) hours is a long time for a baby to miss the mother's milk for whatever reason. To confirm this assertion, L9 went on and narrated that:

..... "Many times I have to stay away from school because no one is willing to stay with my baby"....." (L9, Interview, February 2022).

4.3.3 Academic performance

Most of the girls interviewed acknowledged that academic performance was affected by mothering after re-entry to school. The long maternity break that the girls undergo has some negative effects on their academic performance which is poor performance in school. First, the girls and teachers confirmed that no formal re-entry orientation is given to the girls when they return to school after giving birth. Due to this, it becomes challenging to catch up with lessons; worse still, the schools still need study groups and modules to help the girls. The other experience the girls go through is the stigma and discrimination by the teachers and their peers. Many have expressed discrimination, especially by their peers who find it challenging to learn with the so-called '*seniors*'. This emotional status makes the girls shy away from interacting freely with the other classmates and the teachers.

The other common experience adolescent breastfeeding mother's face is a need for more concentration at school due to divided attention. L3 indicated that caring for the baby and studying cannot be done simultaneously. She summed up her feeling and experience as tabulated below:

".....If the baby starts crying while studying, I immediately stop and take care of the baby before I continue. In the process, I lose concentration..... It is difficult to study at home because the baby would like my 100% concentration" (L3, Interview, February 2022)

A combination of unexpected and unplanned motherhood and school is challenging for breastfeeding girls. One of the girls (L11) put it candidly and said:

....." I do not attend prep because it is done in the afternoon with my baby..... (L11, Interview, February 2022).

In most cases, you would find them performing their roles as mothers by taking the child to under five clinics and attending to other house chores at the expense of school (Nkosi, 2019). Because they are still young, they have complications requiring them to visit the hospital frequently, which is impossible because of school. Most interviewees revealed they needed help balancing school needs, home chores, and personal obligations. The teen mothers noted that with the introduction of the re-entry policy combined with some advocacy, most of their friends returned to school but failed to cope with school because of other responsibilities like parenting and being a wife. This is supported by L5 who had this to say *"my friends I reported with have stopped school because they say it is difficult to concentrate with school and taking care of the baby, they say they will start when the baby is abit old"* another learner had this to say L9 *"I find it difficult to cope with being a mother and a pupil, how to divide time"*

4.3.3.1 Effect of Breastfeeding on school academic performance

The girls' other experience that has come up prominently is poor performance due to divided time. The Breastfeeding School- going adolescents have to navigate between school, home chores, and the baby. It is a norm that when they return home from school, they have to do their social obligations and other chores of their gender division. They further reported that their babies wanted their attention and to be with their babies while schoolwork was pending. L8, a participant from Katima Mulilo, secondary school and L11 narrated their experience and said;

"..... When I am at school, I always think of my baby's condition and welfare..... whether my baby has food or maybe she is crying, in this case, my concentration gets divided..... (L8, Interview, February 2022)

".....my performance is poor, the reason being that I do not have enough time to study because of the concentration on the baby.....no time to study because when the child cries at that moment, I stop studying....." (L11, Interview, February 2022).

This finding was supported by the guidance teacher (TRK), who put it as follows:

..... *"It usually becomes a challenge when the girl misses' lessons-even when she gets the notes without explanation, and comprehension does not take place".....*

..... *"the other challenge is that at this level, the learners do not have study groups and even modules"..... (TRK, Interview, February 2022)*

After missing classes for six months or more, the breastfeeding school-going girls find it challenging to catch up with lessons lost. This situation has affected the academic performance of most of the interviewed girls.

4.3.4: Divided attention

Divided attention at school is another sub-theme the Breastfeeding School going girls experienced. Caring for the baby and doing school work need patience and emotional health. *"It is not easy at all to leave the baby with somebody else and hope to concentrate on studies at school. The first days and weeks of re-entry were terrible because the body will react to this length of time in which the milk is not sucked. Concentrating at home is the trickiest situation because it usually involves taking care of the baby, doing house chores, and studying. In most cases, the studies suffer because the family requires me to participate in the home chores, and the baby wants 100% attention after missing me most of the day,"* L1 narrated.

Some respondents narrated that caretakers have been bringing the babies randomly to the school mainly because the baby was crying or sick. This situation has exacerbated the divided attention and stigma, and discrimination by the people surrounding the girls. In addition, school-going breastfeeding adolescents find it difficult to manage schoolwork. They feel stressed due to limited time to care for their child and prepare for schoolwork (UNICEF, 2016).

They were often forced to abandon their school work because the baby was crying and wanted attention from the mothers. To confirm this assertion, L3 went on and narrated that:

..... *"it is difficult to study while the baby is crying. When this happens, I must stop studying and attend to the baby before I continue"....." (L3, Interview, February 2022)*

4.4 Support adolescents received from peers, school management and family members

4.4.1: Theme 2: Support from family members, school management, and peers

This subunit will examine the support for school-going breastfeeding at home and school and will highlight the analysis and the themes and subthemes. The objective was to measure the school-going

breastfeeding girl's support from the family, school, and peers. The girls are surrounded by family and peers in which they need support in all its form. In addition, as required help is needed to settle down and concentrate on studies, support from the family and school is extremely important. The various elements that emerged will be considered under the following themes: '**support from family**', '**support from school**', and '**support from peers**'.

4.4.2 Support from Family

Most participants interviewed confirmed having experienced some family support, especially the mothers. The support given to the girls was in the form of helping to remain with the baby when the girls are at school, finances to buy milk, soap, and diapers, counselling, and emotional support. However, most of them indicated no support from the baby's father as they ignored their responsibility and hoped someone else would take it up.

This support was experienced at some points as enabling or encouraging a successful combination of breastfeeding and attending school. As it was viewed as a positive approach, the girls rested their hope and gave them the motivation to forge on with school against all odds. In addition, the support eased up the stress the girls experienced from breastfeeding and schooling.

With family support, the study established that support was more from the parents than from any other segment of society. For example, L6, one of the girls informed the researcher and narrated that:

.....my parents do much more than anybody else. They have been buying diapers and milk for my baby.....she has been taking care of my baby when I go to school".....

Another girl L3 confirmed the challenges concerning the support from the father of the baby and said:

"no support from the father of my baby because he does not buy food and diapers."

(L3, interview, February 2022)

The adolescent breastfeeding school-going girls and the guidance teachers reported the financial challenges the girls faced in providing for the babies and school. The financial challenge is exacerbated by the burden of being left with the girl's mother while the baby's father usually abandons the responsibility. It has also been reported that most girls come from poor settings. Some teachers said that most teen mothers who re-entered school ended up dropping out due to stress and depression resulting from their challenges, such as lack of financial support and poverty.

4.4.3: Support from School

The school environment is crucial because that is where the girls spend most of their time. At this trying time, they need a serene environment where they can concentrate and take a break from home chores and motherhood. The study established that the decision and inability of student mothers to re-integrate into formal education and achieve their educational aspirations were influenced to a large extent by prevailing factors such as childcare responsibilities, poor economic background, and unsympathetic teachers and schoolmates. In most cultural settings, pre-marital pregnancy among girls is stigmatized in schools and communities, mainly on moral grounds, without addressing factors that lead to pregnancy among school girls. A girl who gets pregnant while still in school is "victimised" and seen as a "waste", "a curse", "a bad omen", and "a gone case" (Matambo, 2017).

The study indicated a lack of counselling services in secondary schools. Most respondents said schools were not providing counselling services to teen mothers. Breastfeeding and schooling girls undergo much stress, especially if they combine school and mothering. Therefore, counselling is critical for them to cope emotionally with all the stress that comes with the situation.

Respondent L5 confirmed support from school teachers and said:

..... *"the teacher usually encourages me to forge ahead so that in future I take care of my baby and my poor family"* (L5, Interview, February 2022)

Concerning breastfeeding on the school premises, respondent L10 put it categorically and said:

..... *"the school does not allow breastfeeding because there is no room where you can breastfeed"* (L10, Interview, February 2022).

For Katima-Mulilo and Sesheke, the two guidance teachers added their experience concerning support from the school authority and teachers. A guidance teacher from Sesheke secondary school narrated as follows:

..... *"the girls are encouraged to seek permission in the afternoon so that they go tend to their babies "* *I also encourage them to ask teachers about unclear subjects. However, very few do so" As the school, we do not meet the girls when they report back as a group but individually for counselling."* (TRS, Interview, February 2022)

The teacher from Katima secondary school added and said:

..... *"no support is given to the girls by the school. However, they are allowed to share their challenges with not only the guidance teacher but with others.....those vulnerable are taken on by NGOs dealing with this area."* (TRK, Interview, February 2022)

Going by the response from the participants' support from the school was not structured. A formal system is needed to receive the re-entered girls and prepare them for the challenges ahead. The experience is that while attending school, their mind is still on the baby they have left with somebody else at home. The guidance teachers from the two schools narrated during the interview that the girls need to be oriented upon re-entry to prepare them academically and emotionally this is supported by the guidance teacher who had this to say *"As the school, we do not meet the girls when they report back as a group but individually for counselling."* (TRS, Interview, February 2022).

4.4.4: Support from peers

The participants from the two schools acknowledged that support from their peers was not there. First of all, the schoolmates needed to prepare on how to receive and accept those re-entering. With that visible tag of having a baby and breastfeeding, peers take advantage of and use it to ridicule and stigmatise them at every opportunity. One participant mentioned the word senior, meaning that those who have re-entered after their maternity has tested the fruits of adulthood; therefore, they are seen as seniors. The adolescent breastfeeding school-going needs their friends to lean on at this crucial time more than any other time. However, it has been confirmed by L4 that this support, at times, could be more forthcoming. She went on to recount:

..... *"My main challenge is that other pupils laugh at me and mock me as ati senior. I usually feel horrible."* L9, Interview, February 2022

4.5 Emerged themes

4.5.1 Financial challenges

The adolescent breastfeeding school-going girls and the guidance teachers reported financial challenges the girls faced in providing for the babies and school. The challenge was exacerbated because the burden was left with the girl's mother while the baby's father usually abandoned the responsibility. The financial responsibility of caring for a baby is huge and demanding, especially since the mother is schooling. The major challenge is that the baby has to continue breastfeeding, meaning other alternative measures have to be made when the mother is out of school. For the family, especially the mother of the girl, this becomes an extra and unplanned expenditure. A number of the girls confirmed that they have to do some piece work to raise funds to buy diapers, soap, and milk for the baby.

L1 had this to say concerning raising funds for the baby:

..... *"I used to sell popcorn, sausages, and flitters outside our yard, but all my capital is spent on baby food and diapers."* *"lack of money has affected me so much because food and clothes for the baby are expensive"*..... (L1, interview, February 2022)

The interviewed girls had different experiences on how to cope with the different stresses of motherhood and schooling. Some of them involved themselves in income-generating activities to cope with financial challenges.

4.5.2 Stigma and Discrimination

The study has established that adolescents have experienced discrimination and stigma in breastfeeding schools- going to Sesheke and Katima-Mulilo secondary schools. Both the girls and the teachers have indicated that no preparation is done for either of the two groups. The gap leaves girls with all sorts of abuse from teachers and peers in the form of stigmatising them and even discriminating against them, as confirmed by some responses from different respondents.

One such adolescent was L4, who had this to say;

..... *"some of my peers discriminate against me because I have a baby. They even laugh at me because I have a baby and mock me that I am a prostitute- starts crying"*..... (L4, interview, February 2022)

4.5.3 NGO support to some girls

Both guidance teachers and girls acknowledged that some of the girls are supported by NGOs that work with adolescent girls in schools. However, most of the girls said they experience financial and emotional stress in trying to meet the requirement of the school and their babies. Therefore, when the girls are identified, they are recruited in their various programs, which comprise assistance in academic matters, helping with the baby's requirements, and counselling services. For the girls who are in a school where PAGE supports them, L10 had this to say:

..... *"I usually get support from NGO called PAGE. They give us soap and clothes"*..... (L7, Interview, February 2022)

The finding was further supported by L6, who indicated that;

"..... CAMFED, an NGO, has recruited me because my family is not well up....." (L6, Interview, February 2022)

Concerning help and recruitment by NGOs, the teachers from Katima-Mulilo Secondary School had this to say;

".....for vulnerable girls, they get accepted by NGOs who provide a myriad of assistance....." (TRK, Interview, February 2022).

The NGOs work with the schools through the guidance teachers to identify the girls recruit them for the programs, and continue following them up. This support is to ensure that they settle down and cope with the situation to enable them to complete their education.

4.6 Coping strategies used by school-going breastfeeding adolescents as they combined roles of motherhood and School

4.6.1 Theme 3: Adjusting to the new reality

This theme emerged from experiences that the girls underwent of combining breastfeeding and schooling. Breastfeeding while schooling is a new reality, and different participants adopted different coping strategies. The subunit will examine the coping strategies school-going breastfeeding girls have been using in school. Sub-themes, namely, formed the themes: (i) doing piece works, (ii) Ignoring, (iii) keeping busy, and (vi) time management.

This sub-section highlights the coping strategies the breastfeeding girls used to reduce the stress they had to pass through as they navigated from the known to the unknown. The finding focused on coping strategies when it came to balancing the issue of schooling with caring for the baby. For example, it is a requirement for breastfeeding school-going adolescents to leave the baby with other people even when they know it is incorrect. The other significant source of stress is the family's financial status which hinges on the poverty levels of families.

4.6.2 keeping busy

The sub-theme of keeping busy as a strategy to cope with stress while combining breastfeeding and school came out frequently from the interviewed girls. The various coping strategies are differentiated into groups of three basic coping styles.

The girls in the current study used the solving-problem style to make life less stressful and engaged in doing piece work to raise funds in their spare time. They reported keeping themselves busy by concentrating on schoolwork and doing home chores. In addition, some girls mentioned that they usually sell various items in the nearby market or outside their yards in what is called *Tuntemba*.

..... *in coping with stress, I usually keep myself busy- getting involved in domestic chores and doing my school work. (L10, interview, February 2022)*

After missing each other for 6 hours attending school, the reunion requires the adolescent mother to breastfeed the baby, wash their clothes, and bathe them before retiring back to school work.

4.6.3 Time management

The other coping strategy is to concentrate on productive activities, especially during spare time when the girls are not at school. A number of the girls have reported that they have to manage their time by keeping themselves busy immediately after they come from school. Their spare time is well managed by washing baby clothes, bathing the baby, and helping with kitchen chores. After supper, when the baby and plates are washed, the report indicates that the girls do their homework and study before they retire to bed. While at school, teachers and counsellors advised the girls to concentrate on school, avoiding overthinking about the baby. One of the respondents, L1, narrated her experience thus:

..... *"after school, I am expected to participate in the domestic work, to manage my time, immediate I arrive from school I have to breastfeed, wash and bathing the baby, cook and get back to my school work"..... L1, Interview, February 2022)*

L2 added and said:

..... *"I do miss lunch, and I do not go back to school in the afternoon for prep because I use the afternoon to go back and attend to my baby"..... (L2, Interview, February 2022)*

4.6.4 Ignoring the happenings around

One of the coping strategies acknowledged by the interviewed girls is ignoring the happenings around her. They usually keep themselves occupied with work, school, and even the baby. These girls who use this strategy must be identified because they are candidates for counselling and treatment if necessary. To confirm this finding, one girl used the avoidance strategy and said:

..... *"I just ignore what is happening"..... (L3, Interview, February 2022)*

One coping strategy many girls use is avoidance through ignoring the happening around them, an unproductive strategy that should be observed and counselling offered.

4.7 Emerged themes

4.7.1 Stress factors

Experiences from most of the girls are that they have been stressed about combining breastfeeding and schooling. The significant stress has been exacerbated by financial challenges, especially in buying baby diapers, soap, and milk. Stress further affects the girls' concentration while at school, which affects their academic performance in the long run. Other participants said they get stressed, especially when studying, and the baby starts crying. When that happens, they have to stop whatever they are doing and attend to the baby. Likewise, *"I have to stop and attend to the baby"*. Students subjected to such stress may lack crucial coping skills and experience significant behavioural and academic problems in school. L2 about financial stress confirmed through her response and narrated that:

..... *I get stressed, especially when I am studying and the baby starts crying*.....
(L2, Interview, February 2022)

In addition, L1 gave her narration as tabulated below:

..... *"I usually get stressed when I do not have the money to buy food for my baby."
"I also get stressed when no one is available and willing to remain with my baby and end up missing classes"*..... (L1, Interview, February 2022)

Most of the girls interviewed narrated that the significant stressor is thinking of combining breastfeeding and schooling. These two full-time responsibilities need total commitment, with which more may come out of them.

4.8 What would you recommend going forward?

With all these experiences, the adolescent breastfeeding girls and their guidance teachers had several suggestions to improve the status quo. Most of the girls suggested that their burden and stress would reduce if they were supported by NGOs working in the area. Schools should also provide space for breastfeeding when girls are in school. The suggestion of schools providing space or rooms for breastfeeding was raised by a number of the girls interviewed. Below is the submission from L6, who said:

..... *"Yes, I would be happy if I was supported through taking care of my baby when I am at school"*..... *"the school should provide space for breastfeeding when we are in school"*.....
(L6, interview, February 2022)

They felt that the provision of space would assist in so many ways than one because it would increase their time in school, increase contact with their baby, and reduce their anxiety and stress levels.

A number of the girls had financial challenges to cater for the baby while schooling. This report was portrayed by L7, who put it candidly as appearing below:

....." *I want the school or NGOs to teach us how to make products that we can sell to raise money so that we do not keep on begging*".....

(L7, interview, February 2022)

Most girls and the two teachers submitted that girls' academic performance would be improved if extra tuition, study groups, and modules were introduced in schools.

TRS continued and indicated that;

..... *"the school should adopt arrangements for tuition for breastfeeding girls to catch up with the rest."*.....

The last important issue identified by the participants is a need for a formalised and planned orientation of re-entered pupils and the rest of the schools to prepare them for the challenges ahead.

4.9 Conclusion

The chapter has brought out the experiences of Breastfeeding School going girls in their natural setting. Collectively, the shared experiences were that of finding someone to care for the baby while at school became challenging. The study established that the girls desired to forge ahead and complete their education because of the numerous benefits that accrue. The other experience confirmed in the findings is balancing school work, baby care, and home chores. It has been confirmed that many a time, the girls missed afternoon classes to go home and breastfeed, thereby losing out on school attendance. While at home, baby care and home chores compete with school work and studying. The girls often have to quickly do the home chores and ensure that the baby sleeps before they can concentrate on their studies. Support to the girls was from the surrounding family, school, and peers. The study confirmed that the most significant support came from the mothers and the teachers at school. Support from peers has had more negatives than positives because they did not necessarily accept the returning girls going by the comments and interactions reported. The girls used several strategies, including keeping themselves busy doing productive work, missing afternoon lessons to attend to the baby, and using the unproductive method of ignoring. Finally, the girls and their teachers had several recommendations to improve the current

situation, including creating an enabling school environment for breastfeeding girls, supporting the girls with skills to be financially independent, and increasing funding to schools to support them.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATION

5. 0 Introduction

This chapter extensively reviewed the data gathered from the respondents captured from Sesheke and Katima-Mulilo secondary schools. The discussion focused on the objectives as they appear in chapter one. These objectives were feelings and experiences of Breastfeeding School going adolescents, support received from family, school, and peers, and coping mechanisms. The review of available data brought out themes that include breastfeeding and schooling as an emotional undertaking, support received, and coping mechanisms. A review of the relevant qualitative empirical literature in Chapter 2 also provided in-depth insights into the experiences of Breastfeeding School going, girls.

5. 1 Demographic characteristics of the sample

This study sample comprised sixteen (16) respondents. That is fourteen (14) adolescent breastfeeding mothers, nine (9) from Sesheke, five (5) from Katima secondary schools, and one (1) teacher from each school. Their ages ranged from 15 to 19 years, while their babies were between 3 months to 2 years and six months. The school Grade range is from 8 to 12. None of the adolescents were married during the time of interview. The majority 8 (57%) were aged 15 years, 2 (14%) were aged 17, 1 (7%) were 18 years and 3 (21%) were aged 19 years. The majority 7 (50%) were in grade 8, 3 (21%) grade 9, 2 (14%) in grade 11 and 2 (14%) grade 12. The 2 guidance teachers were male and female respectively with age range of 35 and 48 years. The teaching experience was 10 and 22 years at secondary school level all residing within Sesheke Township and both are married.

These findings are a true reflection of the prevailing adolescent pregnancy rates in Zambia where mostly the vulnerable age is between 15 to 19 years. Currently in Zambia, the adolescent pregnancy rate is at 30% (ZDHS, 2018) and among the stated age group. This explains why all the respondents were within this age group. Further, findings reflect the Zambian situation where secondary education encompasses the same age group (Evaluation-world 2023). It is imperative to note that none of the adolescents were married. This is in part due to the fact that the study was done in an urban setting where early or teenage marriages are not so common. The other reason maybe that programs for keeping girls in school by Non-Governmental Organisations are yielding fruits. Further, in Zambia, the government is advocating against

early marriages thus effecting the re-entry policy to give an equal chance of returning to school for all breastfeeding school-going adolescents.

On average the minority number of participants were in grade 12 which may denote the high dropout rate as noted from the statement of the problem. However, the demographic variables did not have any significant contribution to the experiences and coping strategies of school-going breastfeeding adolescents from the 2 schools. The 2 guidance teachers significantly helped to reveal data on support given to the adolescents by school management and peers including observed experiences and coping strategies of these adolescents.

5. 2 Adolescents' Experiences of Breastfeeding whilst in School

5. 2.1 Breastfeeding and Schooling: an emotional undertaking

The study established that the challenges that breastfeeding school-going girls face mainly are how to take care of the baby while they are at school. This challenge is regarded as a change in the routine of breastfeeding school-going girls. The respondents changed from single school girls to breastfeeding school-going girls, an unexpected and unscheduled change. It has been proven that neither mother of the girl nor any other relative nor aid can take care of the baby every day for at least 8 hours. The adolescent breastfeeding school participants in this study narrated that the time the baby is with the caretakers or the mother is too long.

In many cases, while returning from school, they would find the baby crying, missing the love from the mother. The finding is in line with a study by Smith et al (2012), who reported that bonding was among the better-known "benefits" of breastfeeding. However, on the other hand, "bonding" can make it difficult for them to leave their babies with others, thus making their lives more complicated when they return to school. Several studies have alluded to the point that many school-going breastfeeding adolescents need the skills to incorporate breastfeeding or milk expression into their lifestyle as pupils. However, this practice alienates respondents and requires more knowledge.

On the contrary, early motherhood appeared to cause many feelings of happiness, regret, and anxiety and a personal sense of satisfaction and accomplishment in some (Ntinda et al., (2016). The Breastfeeding School going girls struggled to leave their babies in other people's hands even when they knew it was not suitable and conducive to the baby's healthy growth.

5. 2.2 Mothering and Schooling

Study findings indicate that six (6) and, at most, eight (8) hours of separation from the baby is too long for the breastfeeding girls and the baby. As a result, the breastfeeding school-going girls and the baby will miss each other. It was experienced by the girls that they would often miss school because there was no one to look after the baby. It was even worse when combining baby care, home chores, homework, and studying. Similarly, a study by Mweemba (2014); Moonga (2015) in Namibia and Zambia respectively revealed that an overwhelming workload, lack of peer support, and too many demands at once contribute to a sense of frustration and panic that there is not enough time to complete their workloads. Time management poses an enormous challenge to teen mothers in schools. Adangabe (2020) furthermore stated that returning to school after giving birth is challenging for teen mothers because of the hardship in organizing time for both studying and parenthood. However, Prince Abotsi (2020) had a different conclusion in their study when they indicated that by applying the resource-based approach by the adolescent mothers could help them cope with their stressful situations and improve their well-being. This strategy was possible for those who understood their life situation were willing to invest their time and energy and could identify and use resources at their disposal.

5. 2.3 Academic performance

Under the sub-theme of academic performance, the study found that the girls' performance was affected due to the new reality the girls found themselves. This situation posed a significant challenge to their academic progression in school, as supported by Nkosi (2019) that teen mothers or re-entry girls had their roles as mothers, daughters, and learners co-exist simultaneously and in conflict. It was evident from the data collected that teen mothers had to perform their socially prescribed roles of daughters and mothers within their cultural setup and gender. Another survey conducted in China by Crowley (2018), indicated that the majority, 70%, spent sleepless nights because of their breastfeeding conditions while going to school.

In support of poor performance by breastfeeding school-going girls, studies by Nousiainen (2013) and Ojo (2020) indicated that most respondents found it difficult to study while taking care of the child. Because of this, the respondents mentioned that their academic performance was poor at school.

In another study by David et al., (2017) results indicated that the majority (65%) of breastfeeding school-going adolescents needed more time to meet the appointments with doctors. Every mother with a baby must arrange with the doctors if the child needs medical attention. From this study, it was a clear indication

that school-going adolescents never had time to take their children to under five clinics. UNICEF (2017) came up with similar findings when they conducted a study in the Southern province of Zambia. The study revealed that school-going breastfeeding adolescents struggle to manage schoolwork and arrange childcare. The study also showed that they felt stressed due to limited time to care for the child and prepare for schoolwork. The findings show that an individual's assessment of the transition period is a significant factor in coping. These coping strategies by girls may be in the form of modifying, controlling, and managing stress so that they can complete school.

5. 2.3.1 Effect of Breastfeeding on school academic performance

One of the emerging themes that came out of this study is the academic performance of Breastfeeding School going adolescents. When asked, most respondents indicated that it took much work to concentrate on their studies while looking after a breastfeeding baby. Several studies have reported similar this finding. One of them is Mwanamambo (2017), who indicated that the academic performance of re-admitted girls was deteriorating from good to bad. For those who already had a bad performance, it got worse after pregnancy. This finding was supported by Wekesa (2014), who reported that the perception of the performance of re-admitted mothers was Fair, 30%; Poor, 16%; Good, 5%; Excellent, 1%. In addition, the students reported that most re-admitted students feared participating in classroom discussions, which influenced their performance. The study further noted that school/family balance issue was also found to be another hindrance to the general academic performance of Breastfeeding School going adolescents. The settings in which the transition takes place and the type of day-to-day influences in the life of the individual determines the impact Goodman et al., 2006; Evans et al., 2010; Anderson et al., 2012; as cited by Griffin and Gilbert (2015). The school setting should be conducive for school-going girls to balance their new roles in addition to the situation and support at home.

Another emerging theme that has come up prominently is low performance due to divided time. For example, the Breastfeeding School going adolescent has to navigate between school, home chores, and the baby. When they returned home from school, they had to do their social obligations and other chores that were of their gender division. They further reported that babies needed their attention and wanted to be with their babies while schoolwork was pending.

Mwanamambwa, 2017; Dhaka and Musese, 2019 reported that the academic performance of the re-admitted girls was found to be deteriorating from good to bad, and those with already bad performance got worse after pregnancy. It is, therefore, recommended that Breastfeeding School- going adolescents

have access to psychotherapy and counselling services in schools. Furthermore, it is recommended that flexible learning environments be created and the provision of daycare facilities to help minimise the varying stress experienced, which consequently affects school performance.

This finding was supported by Mwanamambwa (2017), who reported that Guidance and Counseling Teachers and subject teachers reported that re-admitted girls' academic performance was adversely affected due to many challenges. The report continued and indicated that challenges included; stigmatisation, lack of enough time to study, teasing by fellow pupils, using nasty remarks against them, scorning, and lack of support from some parents. Therefore, there is a need for the whole system of re-entry to be positively involved in creating an enabling environment for the re-admitted girls to feel free and safe to complete their school.

5. 2.4 Divided attention of the Breastfeeding School going, girls

It has been established that due to the long time Breastfeeding School going girls are separated from their babies, they opt to miss the afternoon lessons to attend to the babies. Reference is made to the study by Mweemba, 2014; Moonga, 2015; Dhaka and Musese, 2019 in Namibia and Zambia respectively revealed that an overwhelming workload, lack of peer support, and too many demands at once contribute to a sense of frustration and panic that there is not enough time to complete their workloads.

Under the sub-theme of divided attention, the study findings were that teen mothers were affected by the challenge of managing the roles of a mother and the demands of school. The study revealed that parent pupils had difficulties looking after their babies and balancing with school programs since they were also still young. This finding is in line with Nkosi (2019), who revealed that teen mothers or re-entry girls had their roles as mothers, daughters, and learners, which co-exist simultaneously and in conflict. In addition, school-going breastfeeding adolescents find it difficult to manage schoolwork. They feel stressed due to limited time to care for their child and prepare for schoolwork (UNICEF, 2016).

The study established that childcare is a severe challenge to continuing formal education. For example, child caring prevents adolescent breastfeeding school-going girls from attending school or doing school work. However, family and community members also helped these adolescent mothers occasionally. Similarly, studies by Mweemba (2014) and Moonga (2015) in Namibia and Zambia respectively Mweemba revealed that an overwhelming workload and too many demands at once contribute to frustration and panic that there is not enough time to complete their workloads. These findings were echoed in the study conducted in the United States of America, where it was indicated that taking care of

a child and devoting adequate time to school is challenging for teen mothers Bityutskaya and Korneev (2021). This study is also consistent with MoE (1998) study in the Kalomo district on teen mothers who face problems organising their new lives, managing their roles as mothers, and meeting the demands of school as cited by Moonga (2015).

On the contrary, the breastfeeding adolescents felt that the pregnancy was mistimed as it occurred during schooling. This situation posed some physiological, financial, and academic challenges compelling them to devise various coping strategies of combining academic work and breastfeeding amidst limited University provisions for pregnant students (Etuah, Gbagbo & Nkrumah 2018). This looks at how personal and demographic characteristics like age, culture and health, and social status affect them in coping during this difficult and unexpected time they are going through. Thus, mothers are expected to meet the caring needs of their children and their fathers and, in many cases, guardians, besides balancing school work.

5. 3 Support adolescents received from peers, school management and family members

5. 3.1 Family support

Breastfeeding school-going girls need family support, especially when they give birth while waiting to go back to school and when they re-enter school. The support starts when the girl gets pregnant when the school and peers discriminate and do not want anything to do with a renegade girl who cannot resist the temptation. Carrying the pregnancy, especially since most of them were abandoned by the boys or male partner responsible for it, is an emotional experience. After the pregnancy experience, comes the demanding stage of looking after the baby and schooling. It is at this stage that school-going girls need support from their families.

The family is a significant constituency in the success and continuity of schooling after re-entry. Breastfeeding school-going girls need support from the family to facilitate their schooling, thus helping them navigate the many obstacles and enabling them to complete their education and become self-reliant. Most of the family support came from the parents of the girls. The parents have to shoulder the responsibility of counselling, guiding the girls and support financially. The mother is primarily responsible for teaching the girls their new roles and becoming the baby's mother while they attend school. The disruptions that go with childbearing are taken up by parents and guardians and leave the girl to concentrate on school. It was reported that the parents assumed responsibility for taking care of the child and allowed the adolescent to focus on school.

This study's findings are that girls got support from their families, where they were encouraged to forge on and complete school because the benefits were more significant than the suffering. Lack of much-needed social support was a challenge for the young-mother learners in their coping with education successfully. The study by Jama et al. (2018) reported that social support from family, friends and partners is among the most critical factors affecting school-going breastfeeding adolescents. In addition, family support influences infant feeding choices. The family members who remained with the baby either brought the baby to school for breastfeeding or bottle-feed the baby. Another study in line with this finding is that of Mwansa (2017) conducted in the Eastern province of Zambia. The results indicated that the majority of 55% of the school-going breastfeeding adolescents lacked emotional support, while 45% experienced poor healthcare access.

Still, in the area of family support, Chauke (2013) reported that breastfeeding school-going adolescents experience stress due to lack of support from home and the community. Breastfeeding girls get emotionally stressed when much-needed support is not forthcoming, especially when their immediate family members abandon them. As revealed by the study results, adolescent school-going mothers also experienced gossip from their fellow learners concerning their status. Karim (2015) also reported that stigmatisation and discrimination from family members were among the sources of stress experienced by Breastfeeding School going adolescents. On the contrary, Pigaiani (2020) reported that data was available from 306 participants, which gave a positive reading of the continuous period (57.8%), thus revealing that school commitments at home were sufficiently preserved (63.1%). In addition, findings by Ntinda et al. (2016) suggest that early mothers experience strained relationships with their fathers and receive emotional and material support from their mothers. These findings are supported by a report from Karim (2015), which indicated that the young mothers reported having received good support from their mothers, siblings, and close friends, and rarely from the father of their baby and the wider community.

A study by Setwin and Rachel (2019) concluded that the re-entry policy benefits the individual, not the school or the community, as the returning student becomes a lousy example among other students. This negative attitude has a significant impact on the learning environment. Think of a situation where two or more students are visibly pregnant and remain in school until they go on leave; what kind of lesson are they giving to the other girls? The Zambian breastfeeding policy emphasises the need to protect, promote and support breastfeeding (Ministry of Health, 2014). This policy entails that implementation should be anywhere a breastfeeding mother is found, whether at work, school, or college. It goes on to state that successful breastfeeding is dependent on factors like having social support from family, teachers, and

peers. However, most do not receive this support, and many are encouraged to bottle and formula feed by family members. Worse still, the schools under study still needed to provide a room for breastfeeding during school periods.

Undiyaundeye (2015) have asserted that adolescent childbearing is often associated with numerous disruptions for girls regarding school attendance. The young mother learners are left to untangle the disruptions sometimes on their own without support from the Teachers or fellow pupils.

Chigona and Chetty (2008) as cited in Nkwemu et al. (2019) found that many teen mothers failed to succeed with schooling because they lacked support to avoid the numerous disruptions to school attendance.

5. 3.2 Support from School

The school environment is crucial in shaping the destiny of Breastfeeding School going girls as they scratch for a future. Support from the school combines several items, including the general environment, infrastructure, teachers, administration, and fellow learners. The school environment will facilitate a conducive space for girls to feel safe to concentrate and achieve good results. It has been established that the two schools under study do not have any orientation programs for the girls who re-enter after a maternity break. One of the teachers from Katima Mulilo School reported that the girls were not given counselling lessons to settle them down. The school needed trained counsellors to offer professional services to the girls. This confession from school guidance teachers corresponds well with s Dhaka and Musese (2019) report in Namibia, which found that while many schools had a specific female teacher who counselled girls on issues pertaining to sexuality, the situation on the ground is either a teacher is formally assigned to play the counselling role by the school management or use someone who had taken the task out of her interest and initiative. Above all, none of the teachers assigned or volunteered had specific training in counselling. This situation is not conducive because returning girls must navigate these twists and turns without guidance from trained counsellors.

Several girls reported that peers accepted them after a few months of joining the school. Teachers as well supported through advice and spontaneous counselling. In support of the findings, Amuribadek et al., 2021; Karim, 2015 reported that mothering and schooling result in experiencing stress as a result of a lack of support from the school. The study results also showed that adolescent school-going mothers were being gossiped about by their fellow learners concerning their status. The findings were further supported by Britwum (2017), who discovered inadequate sexual and reproductive health education from schools

and other agents. Resulting of failure to cope with stress, some adolescents fail to continue schooling, affecting their future and that of their children. In addition, adolescents may feel isolated from their peers and even decide to quit school. Murray and Shur (2020) write that high-stress levels in breastfeeding moms can lead to a problematic letdown reflex, a decrease in breast milk supply, and early weaning. A study by Ngum et al. (2015) revealed that school-going breastfeeding adolescents never used to receive any help from the school authority. The study by Dankyi, Dankyi, and Minadzi (2019) indicated that most respondents had gone through academic struggles. These ranged from the inability to attend face-to-face lectures due to tiredness regularly, sickness of a child, taking their baby to a child welfare clinic and lack of breastfeeding rooms for breastfeeding babies.

The other findings under school support are that the two schools did not have a room or structure to support breastfeeding activities when the baby was brought to the school. One girl narrated that when the baby is brought to the school, they usually use the nearby tree for breastfeeding the baby. In support of these findings, Mweemba (2014) contends that teen mothers, who returned to school, encountered challenges arising from the negative perception among fellow learners and the lack of support from teachers and the school infrastructure environment. The young mothers perceived themselves to be discriminated against by teachers in educational support (Ntinda et al., 2016). However, Nousiainen (2013) reported that school-going breastfeeding adolescents were provided with a shelter to breastfeed their children in case they needed to. In line with the preceding, a study by Mwansa (2017), conducted in the Eastern province of Zambia, indicated that the majority of 55% of school-going breastfeeding was supported in schools.

The current study further discovered that teen mothers should have been monitored by the relevant authorities to find out how they integrated with other learners in secondary schools and what challenges they encountered at school and in the communities where they lived.

5. 3.3 Support from the Peers

School-going breastfeeding adolescents face several challenges while at school. A study conducted in the Philippines by Pogoy (2014) aimed at exploring challenges that breastfeeding school-going girl's face during their reintegration showed that their peers discriminated against them. In line with previous studies, the current study found little or no support from peers, as established by Stigma, and discrimination, as narrated by the Breastfeeding School going adolescents. However, Pigaiani (2020) reported to the contrary that data was available from 306 participants, which gave a positive reading of the continuous period (57.8%), thus revealing that almost all adolescents kept contact with their partners, friends, and teachers.

Peer support is the bedrock for settling down after the break and a facilitation space for learners to concentrate and achieve good results. Peers have a significant influence on the life of Breastfeeding School going girls. A positive attitude towards the girls will facilitate positive results, while a negative one will influence the girls in the opposite direction.

5. 4 Emerging issues

5. 4.1 Financial challenges under family support

The adolescent breastfeeding school-going reported poverty as a challenge to meeting the needs of the girls in school and coping with the baby. The elements of poverty are actual, and it is difficult to concentrate in school when the baby has no milk or food. The teen mothers recounted that they were sometimes forced to do weird manual work in people's fields to earn money to buy diapers and food for the baby. One adolescent recounted that teenage motherhood tends to increase problems of poverty and family instability. The current findings are supported by Mwansa (2017) where it was concluded that the failure to raise money to buy diapers, clothes, and food for the baby contributes to the stress of Breastfeeding School going adolescents. The study further revealed that some teen mothers did not receive financial support from the father of their child and that he rarely came to their aid. It has been a common trade where the baby's father abandons the girls to struggle and fend for the baby.

Another area that the study established is the stress breastfeeding adolescents undergo during the mix of school and breastfeeding amid financial challenges. There is a high rate of worry and pressure from teen mothers because of the extreme stress they experience at such a young age. They found themselves overwhelmed with the regular demands of being the primary caretaker of a new baby and school. Due to their breastfeeding status while schooling, pressure and stress resulted from being out of favour with their families, communities, and friends. The individual's assessment of the transition period is a significant factor in coping. It then means that adolescent breastfeeding girls are required to assess the assets available to cope with the challenge of breastfeeding and schooling.

5. 4.2 Stigma and Discrimination under school support

Mweemba (2014) states, "Stigma is a sign of social unacceptability: or the shame and disgrace attached to something regarded as socially unacceptable". He further noted that the stigma of being a teen mother is alive and real and that advocates say that bias against these mothers often results in cruel social

stigmatisation. As a result, these teens are often regarded as morally tainted and placed in separate classes and sitting arrangements lest they influence others with teen sexuality (Gillham, 1997).

The study has established that discrimination and stigma have been experienced by breastfeeding adolescents and school-going in Sesheke and Katima-Mulilo secondary schools. This assertion can be confirmed by some of the responses given by different respondents.

School-going breastfeeding adolescents face several challenges while at school. A study conducted in India by Abotsi (2020) showed that their peers were discriminating against them. At times, this discrimination made some of them quit school. In line with this finding, Karim (2015) also reported that stigmatisation and discrimination were among the sources of stress experienced by breastfeeding school adolescents. According to Nkwemu (2019), adolescent school-going mothers return to school to obtain an education. However, this might not be achieved going on the findings of his study in which he was exploring the experiences of school-going mothers in Lusaka to understand their coping mechanisms in reintegration. The girls reported having experienced stigmatisation, discrimination, mockery, and abuse from their teachers. In addition, some community members labelled, humiliated, gossiped about, and isolated the girls from their friends and classmates because of fear of 'contamination'.

Similarly, another study by Chauke (2013) revealed that many school-going adolescents experience stigmatisation and discrimination, which may result in stress. Stigmatisation is a significant challenge and affects re-entry into school. Stigmatisation may come from the teachers, fellow learners, and the community neighbourhood. According to Runhare and Vandeyar (2014), stigma and discrimination by teachers are different and more complex. They may contribute to stereotyping and describing these young mothers as lazy, distracted, low-performing, and also at risk of "contaminating other female classmates" with their behaviour. In concluding this discussion, Chumbler et al. (2016) had a different view when their study reported that adolescent mothers used positive reappraisal of life situations to create a positive self-image and resist the stress of stigma and parenting. It further went on to state that overcoming stereotypes and success in parenting were reappraised as "strength," allowing young women to feel empowered in their caregiving role.

5. 4.3 Support from NGO

Through the Ministry of Education, the Government of Zambia is always supplemented by Non-Governmental Organisations (NGOs) to identify vulnerable school-going girls and boys in schools. For

example, some NGOs are interested in Breastfeeding School going girls because, by nature, they are vulnerable and carrying a heavy burden.

Mwanamwambwa (2017) indicates that Guidance and Counseling Teachers and subject teachers reported that re-admitted girls' academic performance was adversely affected due to challenges faced in the education of re-admitted mothers. These challenges include stigmatisation, loss of friends, lack of enough time to study, teasing by fellow pupils, using nasty remarks against them, and scolding and harsh treatment. Further, lack of support from some parents who did not support the re-entry policy, and society labelled such girls as immoral.

CAMFED action empowers the most marginalised girls in rural Zambia to attain a complete secondary school education by providing them with comprehensive support, materials, and non-materials to meet their needs and inspire them to reach their full potential (Dorothy Kasanda, National Director, CAMFED Zambia, 2020). Exposing girls to quality education helps build literacy, cognitive, and social skills, making them better prepared to participate in the labor market and gain an income. In addition, according to World Bank (2014), "Girls' attendance in school during adolescence is correlated with delayed sexual initiation, later marriage and childbearing, lower rates of HIV and AIDS, lower risk of domestic violence, and fewer hours of domestic work"

5. 5 Coping strategies used by school-going breastfeeding adolescents as they combine roles of motherhood and School

5. 5.1 Adjusting to the new reality

Adolescence is a stage characterised by coping with new situations. It becomes more challenging to cope when the girl gets pregnant at school. The Government policy allows pregnant girls to return to school after maternity leave. The change in status and the inclusion of a newly born baby in the life of the girls need coping strategies that will facilitate their settling down and carrying on with life. The findings correspond with the discovery by Malahlela (2012), cited by Ncube and Mudau (2017). They reported that pregnant learners usually suffer from an inferiority complex, low self-esteem, and lack of confidence based on thinking that others were laughing or gossiping about them, limiting their association with their peers. The situation in which the respondents are and live will influence the support received from family, school and peers, which can be influenced by age, health, and social and economic status, and this will eventually enable with coping.

5. 5.2 Keeping busy

Respondents had different experiences coping with the additional stresses of motherhood and schooling. Some involved themselves in income-generating activities to cope with financial challenges, while others missed classes and ignored them. In line with this report, Katowa-Mukwato et al. (2017) investigated pregnant and parenting teenagers' experiences, needs, and coping strategies using a phenomenological approach. The study concluded that adaptive and maladaptive strategies were used to cope, including avoiding negativity, keeping oneself busy, and focusing on oneself. The child's future at times is left ignored. To support these findings, a study that was conducted in Nigeria by Nousiainen (2013) to assess the coping strategies for Breastfeeding School going girls showed that the majority, 73% used tension reduction as the coping strategy, while the remaining 27% did not know what to do. Most girls adopted tension reduction through their spare time to engage in productive activities like selling items and working for pay. Another study, in line with the findings, was done by Malahlela (2012), cited by Ncube and Mudau (2017). They reported that pregnant learners usually suffer from an inferiority complex, low self-esteem, and lack of confidence based on thinking that others were laughing or gossiping about them, limiting their association with their peers. The types, quality, and consistency of reported coping strategies and support varied in line with whether adolescents were experiencing higher or lower levels of adversity over time and according to the resources they had available within their physical and social contexts (Stapley et al., 2022).

5. 5.3 Doing piece work

The study has established that adolescents Breastfeeding School going did undergo stress and pressure while combining the function of a mother and a learner. Stress due to financial inadequacy was common among most girls. It then meant that to cope with this stress. The girls had to engage in several activities that earned them an income. To support the findings, Karimi (2015) reported that a lack of much-needed financial, emotional, and social support was a challenge for young-mother learners in their coping with education successfully. Sinyangwe (2018) assessed coping strategies used by school-going breastfeeding adolescents. Results revealed that school-going breastfeeding adolescents utilised avoidance through physical activity as a coping strategy. This finding indicates that the respondents kept themselves busy with physical activities to avoid stress. Equally, the study showed that the emotional support the respondents received was one way they used to cope with the stress they faced. Therefore, it was inevitable that the girls had to involve themselves in all sorts of fundraising activities because this was the primary

source of stress. From the experience raised by the girls, the issue of financial incapability was common. The baby needed several things, including formula milk, diapers, clothes, food, and soap.

5. 5.4 Keeping oneself busy

This coping strategy was used by most of the girls, especially during their free time. It has been reported that they had to allocate time to cater to baby care, washing clothes, cooking, and school work after school. These activities occupy their time before they realise it is time to sleep and think of the following day's activities. Raheel (2014) supports these findings and reports that in Saudi Arabia schools, adolescent school-going girls adopt problem-solving coping strategies rather than emotion-focused ones to combat stress. Pregnant and parenting teenagers have needs unique to the developmental stages of adolescence, in addition to the need common to all pregnant women. Katowa-Mukwato et al. (2017), in the study to investigate the experiences, needs, and coping strategies, adolescents used avoidance of negativity and focused on their own and their child's future. These findings are affirmed by the results of the study conducted by Nousiainen (2013) which showed that the majority, 73% of the respondents among the school-going adolescents, used tension reduction and keeping themselves busy as a coping strategy.

5. 5.5 Ignoring the happening within the surrounding

The study reported that some girls, when asked how they cope with all the stresses of mothering and schooling, responded that they ignore the happening around them. This assertion was in tandem with a study by Sinyangwe (2018), where he assessed the coping strategies that school-going breastfeeding adolescents use. The results showed that school-going breastfeeding adolescents utilised avoidance through physical activity as a coping strategy. This report indicates that the respondents kept themselves busy by ignoring the happening in their surroundings and focused on physical activities to do away with stress. Equally, the study showed that the emotional support the respondents received was one way they used to cope with the stress they faced.

Given this, it is necessary to have resources allowing the pupils to manage successfully these types of events as well as skills for efficiency, reasonable and flexible use. Caycho (2016) states that family relationships and coping strategies are the most prominent personal factors that facilitate the development of adapted behaviours. Therefore, teenage mothers may need this support in adapting to the new role of motherhood and schooling. Another study by Raheel (2014) reported that schools in Saudi Arabia

identified and built mechanisms for early and timely diagnosis of stress among adolescents and supported adolescents to adopt problem-solving coping strategies rather than emotion-focused ones to combat stress.

5. 6 Emerged theme

5. 6.1 Stress factors

Erfina et al. (2019) state that adolescents often become mothers without the knowledge, skills, and resources to deal with early motherhood, which worsens their already challenged developmental levels when combined with schooling. This stress may also be attributed to peer pressure, financial challenges, and poverty.

Further, Erfina et al. (2019) affirmed that financial stress affects academic performance while breastfeeding and schooling. Students subjected to such stress may lack crucial coping skills and experience significant behavioural and academic problems in school. Another study with similar findings was that of Mweemba (2014), who found that stress and depression were challenges encountered by learner-mothers. Similarly, the study conducted by Ngum et al. (2015) in Australia on estimates of the rate of teenage pregnancy alludes to the fact balancing the demands of family and family and school can cause many teen mothers to feel fatigued and generally stressed. Furthermore, according to the American Academy of Child and Adolescent Psychiatry, depression is common among pregnant teens. Slocum (2017) as cited by Setwin and Kabeta (2019) also affirms that teen parents are likely to subject their children to abuse and neglect because they feel overwhelmed by their unfair, ever-demanding parenting roles.

In addition to the above findings, it has been reported that women experience heightened vulnerability and faces tremendous challenges when transitioning to motherhood (Erfina et al., 2019). Adolescents often become mothers without the necessary knowledge, skills, and resources to deal with early motherhood, which adds stress to their already challenged developmental level (Erfina et al., 2015). Meghan Angley (2014) asserted that adolescent mothers that experience mental distress and specifically stressful life events and discrimination are at a greater risk of repeat pregnancy.

5. 7 Summary

This study established that school-going breastfeeding adolescents face challenges combining breastfeeding and schooling, mainly in baby care and lack of support from fathers of their babies. Most of the burden has been heaped on the girl's mother, which becomes a challenge if she is in formal

employment. In addition, the hired workers and other caretakers need to be more reliable, leaving the baby vulnerable to all sorts of treatment. This worry about baby care has been exacerbated due to the 8 hours they spend at school away from home. This challenge faced by Breastfeeding School going girls affects their concentration at school and makes them miss classes, especially in the afternoon during studies. The reports on academic performance confirm that the girls have been getting poor results. An emerging theme from the experiences of Breastfeeding School going girls and guidance teachers is the stress due to financial constraints. It has been established to have a toll on their general well-being and academic performance.

Regarding support for the girls, the school authority does not have a formalised arrangement to support the girls, and the guidance teachers are not trained counsellors. It has also been established that stigma and discrimination occur, especially at school from peers. Financial challenges have been identified as stress triggers for the girls as the baby needs concerted care and treatment.

Concerning coping strategies, the adolescents confirmed having to undergo stress and pressure while combining the function of a mother and a learner. To cope with this situation, the girls used different strategies, some of which were not good for them and the baby. As a result, adolescent girls need more support than at any other time in life. The study has established that most support came from mothers, school authorities, and teachers.

When the participants were asked what they would like to see going forward, they suggested several issues, including the school providing breastfeeding rooms, a formal well-packaged orientation to the re-entered girls, and providing tuition to girls to catch up with others. Other suggestions include linking them to NGOs that can help them with funds, training them in income-generating activities, and preparing their peers to receive the re-entered girls to avoid stigmatising and discriminating against the girls.

5. 8 Conclusion

The study established that adolescent breastfeeding school-going girls experienced many challenges in their pursuit of completing school. Adolescent girls narrated their challenges, including baby care while at school, missing classes, no support from school authorities and teachers, financial constraints, stigma, and discrimination. However, they went ahead and informed the researcher on how they have been coping with the challenges experienced, some of which included doing manual work, keeping themselves busy, and sometimes just ignoring the situation. As a result, the girls and the teachers have suggested interventions.

5. 9 Implications of the study

The study established that:

- Breastfeeding school-going adolescents experience many challenges in their pursuit of completing school.
- Adolescent girls narrated their challenges, including baby care while at school, missing classes, no support from school authorities and teachers, financial constraints, stigma, and discrimination.
- Coping with the challenges experienced, some of which included doing **manual work, keeping themselves busy**, and sometimes **just ignoring**.
- Both the girls and the teachers have suggested interventions in the future.

5. 9.1 Nursing practice

Nursing is an autonomous profession encompassing collaborative care for sick or healthy individuals, families, groups, and communities. It includes promoting health, preventing illness and caring for ill, disabled, and dying people (WHO, 2018). *On* the other hand, nursing practice can be defined as a caring-based practice in which processes of diagnosis and treatment are applied to human experiences of health and illness (Pope, 1995). By this definition, nurses and midwives are essential in caring for breastfeeding adolescents and their babies. This role is done at the district level. However, these roles can be maximised by creating opportunities that lead to them having more responsibilities, particularly in the early phases of planning for priority healthcare activities.

Implementing the study findings on the nursing practice will significantly mitigate the challenges breastfeeding school-going pupils face as they may affect the mother and baby's health. Adolescent mothers and their babies need a close bond at this crucial growth stage. The nursing staff at the district level can work with the school authority and implement activities that will make it easy for the life of the mother and child, especially concerning breastfeeding. The other finding is that of support to the Breastfeeding School going adolescents. There is a need for nurses during their interaction with school authorities during school health services to remind them of the need to support the girl child. In addition, nurses can work with guidance teachers to counsel returning school girls to help them cope with the new reality of breastfeeding and schooling, as affirmed by Berman et al. (2020), who states that healthcare decision-making has changed dramatically. Nurses must make choices based on the best available evidence and continually review available information as new evidence comes to light. Therefore, nursing practices must be informed by current scientific knowledge (World Health Organisation, 2004). In the

21st century, the provision of evidence-based health care and training is the best practice and should be possessed by every healthcare professional to meet the needs of individual clients.

The Nurses in the catchment area of the research should be aware of the needs of their clients, who in this case are the school-going breastfeeding adolescents, so they come in and bridge the gap. Therefore, our intervention during planning should focus on this population segment so that their challenges are addressed.

5. 9.2 Nursing Administration

Nursing administration strives to structure nursing work to support nurses' presence for patients and families. This component is necessary for nurses to develop relationships with those they serve. They can bring their unique knowledge within that relationship while delivering clinical care. It follows that Nursing administrators supervise nurses and other healthcare team members. They supervise all nurses and conduct performance assessments. It is important to note that the nursing administration should be based on planning because, through planning, leaders can reduce the risk of decision-making, practical problem-solving, and planning.

Wamunyima et al. (2017) state that clinical decision-making is integral to nurses' work and vital to patient health outcomes. The findings imply that nursing administrators should ensure that the results are disseminated to all mother and Child Health nurses. The planning of school health should include a strict focus on the pupils in school who are also breastfeeding. A program of counselling and follow-up at school regularly should be put in place. This program will ultimately help improve and maintain the health status of adolescent mothers and their babies.

Due to the challenges of underage pregnancies and breastfeeding while schooling, nurses in Zambia have a considerable role in helping reduce these vices and the suffering that come with it. In line with this, Wamunyima et al. (2017) emphasises the need for nurses to use research information in clinical practice and effectively use strategies to extract relevant information from many available publications.

5. 9.3 Nursing Education

Nursing education is the "formal learning and training in the science of nursing that includes functions or duties in the physical care of patients" (Encyclopedia, 2022). Thus, this primary goal for nursing education remains the same. In addition, nurses must be prepared to meet various patient needs and function as nurse leaders (Encyclopedia, 2022).

With the current findings, the implication is that this new knowledge on the challenges faced by adolescent breastfeeding school-going girls will be appreciated by the training institution and included in their curriculum. The other implication is that the training institutions should add to their outreach training the issue of adolescents in schools and outside, especially the girl child. In addition, nurse education should include health promotion, disease prevention, health protection, risk reduction, and population-based practice in its programs. With this knowledge and skills, they should be able to implement systematic planning for school health and implement them in line with the findings.

5. 9.4 Nursing Research

Nursing practice must adopt the concept of researching all the grey areas experienced during their work, especially on the effect of school-going breastfeeding girls on the baby's health. The other area of research could be whether the re-entered girls are exposed to professional counselling before, during and after the transitional period. Because nursing is a practice discipline, research needs to be conducted to address issues that directly affect nursing practice, whether in patient care, mother and child care, administration, or nursing education. According to Polit and Beck (2014), "Nursing implications are possible clinical consequences and effects of implementing the study's findings in the practice of nursing". All findings should be disseminated to all concerned nurses and other workers. The results should be included in their planning discussion and schedules to ensure implementation.

5. 10 Recommendations

In line with the study findings, the following recommendations were made:

1. The Ministry of Education in collaboration with other key stakeholders to review and amend the re-entry policy to make it responsive to the needs of different school-going groups like re-entered breastfeeding girls.
2. The Ministry of Education should consider re-entered adolescents as a unique group requiring monitoring and tracking or follow-up and strengthen the tracking as they re-enter school.
3. The Ministry of Education should develop a formalised orientation package for the re-entered adolescent breastfeeding schooling girls to ensure that they settle down in the school environment and complete their schooling.
4. The Ministry of Education should work on the infrastructure of the schools to include space where the girls, especially the breastfeeding ones, can interface with their babies during school time.

5. The school authority and teachers should prepare the environment, especially the peers, to receive the re-entered breastfeeding girls to avoid stigmatisation and discrimination.
6. The Ministry of Education to link with other Government departments like social welfare and child health unit as well as NGOs to offer support in the form of financial literacy and survival skills to Breastfeeding School going girls in alleviating financial challenges.
7. The Ministry of Education is to create a position for teacher counsellors in all secondary schools to ensure that professional psychosocial counselling is implemented.
8. The school-going breastfeeding adolescents should adopt a positive outlook on life during the time at school, this can be done through engagement in keeping busy with lessons and studying.
9. The school-going breastfeeding adolescents' need to welcome, appreciate and fully utilize support given by the family, school and NGOs in order to keep the stress at bay.

5. 11 Suggestions for future research

Future research should focus following:

1. Experiences and coping strategies of caretakers to babies of school going, breastfeeding adolescents
2. The effect of the bond of attachment to babies on concentration at school
3. The drop-out rate and academic performance of breastfeeding adolescent schoolgirls should be monitored simultaneously.

5. 12 Limitations of the study

Using only the qualitative design limited the benefits of triangulation with quantitative findings. Furthermore, purposive sampling limits the generalizability of the results as it is limited only to those with similar characteristics.

5. 12.1 Strengths of the study

The study ensured rigour and a thick description of the experiences. The right data collecting tools were used and participants undergoing the phenomenon under study were selected purposively. Pilot study was conducted to detect any pitfalls in the data collecting tool. Furthermore, reflexivity was exercised and credibility was ensured hence results for the study are trustworthy.

5. 13 Dissemination of findings

After the data analysis and production of the final report, arrangements will be made to disseminate the finding to all relevant stakeholders. The dissemination methods will include presenting to stakeholders and sharing summarised findings and recommendations. The stakeholder will include but not limited to selected communities where the study was conducted, Teachers from within the district, district and provincial Heads of Department, and NGOs working in the field of adolescents and education. Furthermore, the findings will be published in peer review journals and disseminated during nursing and teachers' conferences. In addition, a copy of the research will be put in the UNZA library.

5. 14 Utilisation of findings

The Ministry of Education will use the findings from the study and other partners to produce effective messages targeted at improving coping strategies by re-entered schoolgirls and reviewing the re-entry policy to improve its mandates, benefitting the re-entered adolescents. In addition, the information from the study may assist policymakers in understanding what measures should be put in place to improve the life of re-entered girls in schools. Finally, the study will add value to the existing literature on coping strategies for re-entering girls in schools after maternity leave.

6.0 References

- Abotsi, P. (2020). *Experiences and coping mechanisms of adolescent mothers and intervention programmes to reduce adolescent pregnancy in Lower Manya Krobo Municipality, Ghana*
- Adangabe, A. A. (2020). *Challenges Facing Teenage Mothers in School, Teachers' Perspective: The Case of WA West District*. *South Asian Journal of Social Sciences and Humanities*. 01. 01-16. 10.48165/sajssh.2020.1301.
- Ajitha, C., Thovarayi, R., Antony, J. and Shafeek, M. (2018). *Stress among school going adolescents*. *Journal of Evidence Based Medicine and Healthcare*. 5. 904-907. 10.18410/jebmh/2018/184.
- Amuribadek, A. A., Emmanuella, D. and Tigdig, J. (2021). *Exploring The Challenges Facing Teenage Mothers in School and How They Cope in the Wa West District*. *International Journal of Multidisciplinary: Applied Business and Education Research*. 2. 689-698. 10.11594/ijmaber.02.08.07.
- Anima, A. P., Kumi-Kyereme, A., Mariwah, S. and Tampah-Naah, M. A. (2022). *Reflections on lived experiences of teenage mothers in a Ghanaian setting: a phenomenological study*, *International Journal of Adolescence and Youth*, 27:1, 264-280, DOI: 10.1080/02673843.2022.2085052
- Arora, M. (2021). Firstcry Parenting <https://parenting.firstcry.com/articles/author/mahakcontent/>
- Banda, M. and Nowanga, M. S. (2017). *The Efficacy of Re-Entry Policy and its Implications on the Zambian Education System*. Kabwe Zambia.
- Ballard, O. and Morrow, A. L. (2013). *Human milk composition: nutrients and bioactive factors*. *Pediatric clinics of North America*, 60(1), 49–74. <https://doi.org/10.1016/j.pcl.2012.10.002>
- Barmao, C., Kindiki, J. and Joseph, K. (2015). *Impact of teenage motherhood on the academic performance in public primary schools in Bungoma County, Kenya*. *International Journal of Educational Administration and Policy Studies*. 7. 61-71. 10.5897/IJEAPS2014.0383.
- Berman, T. A., Synder, S. and Frandsen, G. (2020). *Korzier and Erb's Fundamentals of Nursing: Concepts, Process and Practice*. 11th ed. Pearson.

- Bityutskaya, E. V and Korneev, A.A. (2021). ‘*Subjective appraisal and orientations in difficult life situations as predictors of coping strategies*’, *Psychology in Russia: State of the Art*, 14(3), pp. 180–199.
- Cambridge (n.d). Re-enter. In Cambridge .com.dictionary. Retrieved April 3. 2023 from <https://dictionary.cambridge.org/dictionary/english/re-enter>.accessed 4:10 PM
- Britwum, O. A., Akorsu, D. A., Agbesinyale, K. P. and Aikinsu, S. K. (2017). *Case study on girls who have dropped out of school due to pregnancy and factors facilitating and/or preventing their re-entry into school after delivery*. Cape Coast, Ghana.
- Caycho, T. (2016). *Relationship with parents and coping strategies in adolescents of Lima*. Propósitos y Representaciones, 4(1). 11-59. doi: <http://dx.doi.org/10.20511/pyr2016.v4n1.86>
- Chauke, H. (2013). *The challenges experienced by teenage mothers in secondary schools: The case of Hlanganani South Circuit* Thesis University of Limpopo. <http://hdl.handle.net/10386/962>
- Chumbler, N. R., Ganashen, S., Cherry, C. O., Wright, D. G. and Bute, J. J. (2016). “*Rewriting Life Narratives: Positive Coping Mechanisms in Adolescent Mothers*” *Special Social Groups, Social Factors and Disparities in Health and Health Care. Research in Sociology of Health Care.*; 34:Bingley: Emerald.. 199–224. Available at: <https://doi.org/10.1108/S0275-495920160000034011>.
- Connelly, L. M. (2016). *Trustworthiness in qualitative research*. The Free Library (November 1), [https://www.thefreelibrary.com/Trustworthiness in qualitative research.-a0476729520](https://www.thefreelibrary.com/Trustworthiness+in+qualitative+research.-a0476729520) (accessed December 26 2022)
- Coping (n.d.). (2012). *Farlex Partner Medical Dictionary* Retrieved April 3 2023 from <https://medical-dictionary.thefreedictionary.com/coping>
- Crowley, S. (2018). *Parenting styles in a cultural context: Observations of protective parenting in first-generation Latinos*.China
- Danko, M. (2014). *Adolescent Coping Styles and Perceptions of Parental Child rearing*, *Journal of Adolescent Research*.
- Dankyi, J., Dankyi, L. and Minadzi, V. (2019). *Struggles and Coping Strategies of Student Mothers at the University of Cape Coast Distance Education*, Ghana.
- Dhaka, P. and Musese, A. (2019). *A Qualitative Analysis of Experiences, Challenges and Coping Strategies of the Namibian Teenage Mothers in the Kavango Regions*. *Psychological Studies*. 64. 10.1007/s12646-019-00496-0. Namibia

- David, S. A., Van Dyk, A., and Ashipala, D.O. (2017). *Experiences of young adolescent mothers regarding adolescent motherhood in Oshan region. Journal of Nursing Education and Practice.*
- Ellis, P. (2019). *Understanding research for Nursing Students* (4th edn). Sage Publications, London
- Erfina, E., Widyawati, W., McKenna, L., Reisenhofer, S. and Ismail, D. (2019). *Adolescent mothers' experiences of the transition to motherhood: An integrative review.* Int J Nurs Sci. 6(2): 221-228. doi: 10.1016/j.ijnss.2019.03.013.PMID:31406896; PPCID: PMC6608651.
- Etuah, P. A, Gbagbo, F. Y. and Nkrumah, J. (2018). *Coping with Pregnancy in Academic Environment: Experiences of Pregnant Students in A Public University in Ghana.*Journal of Woman's Reproductive Health. 2(2): 1.doi: 10.14302/issn.2381-862X.jwrh-18-2090.
- Frydenberg, E. (1997). *Adolescent coping: Research and theoretical perspectives.* London: Routledge
- Frydenberg, E. and Lewis, R. (1998). *The Adolescent Coping Scale: Construct validity and what the instrument Tells Us.* Cleaninghouse Washington D.C.
- Gbogbo, S. (2020). *Early motherhood: voices from female adolescents in the Hohoe Municipality, Accra, Ghana.*
- Gillham, B. (1997). *The facts about teenage pregnancies. London; Cassell. Girls' Academic Performance in Mathematics in Selected Secondary Schools of Mufulira District in Zambia.* International Journal of Data Science and Analysis.
- Guba, E.G. and Lincoln, Y.S. (1989). *What is This Constructivist Paradigm Anyway? in Fourth Generation Evaluation,* London: Sage Publications, 79-90.
- Guetterman, T. C. (2015). *"Descriptions of Sampling Practices within Five Approaches to Qualitative Research in Education and the Health Sciences". Educational Psychology Papers and Publications.* 263. <https://digitalcommons.unl.edu/edpsychpapers/263>.
- Griffin, K. A. and Gilbert, C. K. (2015). *Better Transitions for Troops: An Application of Schlossberg's Transition Framework to Analyses of Barriers and Institutional Support Structures for*

Student Veterans. The Journal of Higher Education, 86(1), 71-97.
<https://doi.org/10.2307/43694832>

Habitu, Y. A., Yalew, A. and Bisetegn, T. A. (2018). *Prevalence and Factors Associated with Teenage Pregnancy, Northeast Ethiopia, 2017: A Cross-Sectional Study*. Journal of pregnancy, 2018, 1714527. <https://doi.org/10.1155/2018/1714527>

<https://www.hrw.org/report/2018/06/14/leave-no-girl-behind-africa/discriminationeducation-against-pregnant-girl-and> accessed 17/09/2021 15:20

<https://www.statisticssolutions.com/what-is-trustworthiness-in-qualitative-research/> Accessed on 26.12.2022 12:11pm

Human Rights Watch. (2018). *Leave No Girl Behind in Africa. Discrimination in Education against Pregnant Girls and Adolescent Mothers*.

Human Rights Watch. (2019). *Dominican Republic: Policies Fuel Teen Pregnancy. Girls Need Comprehensive Sexuality Education, Health Services, Safe Abortion*, 18 June 2019.

<https://www.hrw.org/news/2019/06/18/domician-republic-policies-fuel-teen-pregnancy#> accessed 17/09/2021 15:24

Jama, N. A., Wilford, A., Haskins, L., Coutsooudis, A., Spies, L. and Horwood, C. (2018). *Autonomy and infant feeding decision-making among teenage mothers in a rural and urban setting in KwaZulu-Natal, South Africa*. BMC pregnancy and childbirth, 18(1), 52.

<https://doi.org/10.1186/s12884-018-1675-7>

Karimi, E. W. (2015). *Challenges experienced by young-mother learners upon re-entry to formal primary school. A case in one of the divisions of coastal region*. Thesis. University of OSLO.

Kassa, G. M., Arowojolu, A. O., Odukogbe, A. A. and Yale, A. W. (2018). *Prevalence and Determinants of adolescent pregnancy in Africa: a systematic review and Meta-analysis*. Reprod Health. 15(1): 195. doi: 1186/s12978-018-0640-2.PMID:30497509; PMC267053.

Kathy-Ann, M. B. (2017). *The educational aspirations of Barbadian adolescent mothers and their perceptions of support* (Doctoral dissertation, Walden University).

Katowa-Mukwato, P., Maimbolwa, C., Margaret, M. L. and Muleya, M.C. (2017). *Experiences,*

- needs and coping strategies of pregnant and parenting teenagers: A perspective from Lusaka and North Western Provinces of Zambia.* Journal of Research Development in Nursing and Midwifery. 6(4): 056-067. doi:10.14303/JRNM.2017.110.
- Kennedy, D. (2017). *Jamaica's policy for the School Reintegration of School-Age Mothers: How are we doing and where do we need to go?* P 28 Washington DC.
- Labrague, L. J., McEnroe-Petitte, D. M., Gloe, D., Thomas, L. V. and Tsaras, P. K. (2017). *A literature review on stress and coping strategies in nursing students.* Journal of Mental Health. 26(5): 471–480. doi:10.1080/09638237.2016.1244721.
- Lambonmung, A., Acheampong, C. A. and Langkulsen, U. (2022). *The Effects of Pregnancy: A Systematic Review of Adolescent Pregnancy in Ghana, Liberia, and Nigeria.* Int J Environ Res Public Health. 29; 20(1):605. doi: 10.3390/ijerph20010605. PMID: 36612928; PMCID: PMC9819978.
- Lazarus, R. S and Folkman, S. (1984). *Stress, appraisal, and coping.* New York: Springer. ISBN 0826141900
- Lewis, S. (2015). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches.* Health Promotion Practice.; 16(4):473-475. doi: 10.1177/1524839915580941
- Linares, A. Q., Bailey, D. and Ashford, K. (2020). *Enabling Nurse Students to Achieve Their Breastfeeding Goals.* Clinical Lactation. 11. 65-73. 10.1891/CLINLACT-D-18-00021.
- Maemeko, E., Nkengbeza, D. and Chokomosi, T. (2018). *The Impact of Teenage Pregnancy on Academic Performance of Grade 7 Learners at a School in the Zambezi Region.* Open Journal of Social Sciences, 6, 88-100. doi: [10.4236/jss.2018.69006](https://doi.org/10.4236/jss.2018.69006).
- Mangino, J. G. (2008). *Voices of teen mothers: Their challenges, support systems, and successes.* Washington: University of Pittsburgh
- Matambo, L. H. (2017). *“Access to Tertiary Education” Exploring the Experiences of Women with Physical Disabilities in Kamwala, Zambia.*
- Martin, B. and Nowanga, M. S. (2017). *"The Efficacy of Re-Entry Policy and Its Implications on the Zambian Education System"* International Journal of Humanities Social Sciences and Education (IJHSSE), vol 4, no. 12, 2017, pp. 83-95. doi: <http://dx.doi.org/10.20431/2349-0381.0412011>.

- Maxwell, J. A. (2013). *Qualitative Research Design: An Interactive Approach*. California: Sage Publications.
- Meghan, A. (2014). *Stress, Discrimination and Repeat Pregnancy in Adolescent Parents*. Public Health Theses. 1012. <https://elischolar.library.yale.edu/ysphtdl/1012>
- Merriam-Webster (n.d). *Experience*. In *Merriam-Webster.com dictionary*. Retrieved April 2, 2023, from <https://www.merriam-webster.com/dictionary/experience>.accessed 18:54 PM
- MESVTEE, (2014). *Annual Progress Report-Ministry of General Education*. Lusaka Zambia.
- Ministry of Health, Central Statistics Officer, and ICF International (2014). *Early pregnancy report in the Copperbelt, and North Western Province*. Lusaka: MOH, CSO, and ICF International.
- Moonga, M. G. (2015). *Challenges faced by teen mothers who re-entered school: A case of selected schools on the Copperbelt province Zambia*
- Morrow, R., Rodriguez, A. and King, N. (2015). *Colaizzi's descriptive phenomenological method*. *The Psychologist*, 28(8), 643-644.
- Morse, J.M. (1994). *Designing funded qualitative research*. In: *Denzin, N.K. and Lincoln, Y.S., Eds., Handbook of Qualitative Inquiry*, Sage Publications Ltd., Thousand Oaks, 220-235.
- Mufalo, S. and Kabeta,M.(2021). *Challenges of School Re-Entry among Learner-Mothers and Mitigation Strategies Instituted by Stakeholders in Schools in Masaiti District*. 10.20431/2349-0381.060908.
- Murray, D. and Shur, M. D (2020). *Breastfeeding and the Letdown Reflex-Very well Family*. <https://www.verywellfamily.com/the-let-down-reflex-431588>. Accessed 18.04.23:10:44pm
- Musyimi, C. W., Mutiso, V. N., Nyamai, D. N., Ebuenyi. I. and Ndetei, D. M. (2020). *Suicidal behavior risks during adolescent pregnancy in a low-resource setting: A qualitative study*. PLoS ONE 15(7): e0236269. <https://doi.org/10.1371/journal.pone.0236269>
- Mwanamwambwa, P. (2017). *Academic performance of re-admitted girls before and after pregnancy in selected secondary schools of Lusaka district, Zambia* (Doctoral dissertation, The University of Zambia).
- Mwansa, A. (2017). *Re-Entry to School after Giving Birth: An Evaluation of the Process Used to Design and Implement Policy in Zambia*. Lusaka, Zambia.

- Mwanza, M. N. (2018). *Factors that influence the use of the education re-entry policy for adolescent mothers in Monze, Zambia*. Governance and Development Policy (GDP). Thesis Hague, Netherlands.
- Mweemba, G. M. (2014). *Challenges Faced by Teen-mothers Who Re-enter School in selected Secondary Schools on the Copperbelt Province of Zambia*. Lusaka, Zambia.
- Mwenje, W. J. (2015). *Implementation of re-entry policy for adolescent mothers in public secondary schools: a case of Nakuru County, Kenya*
- Nakalanzi, A. (2018). *Effects of teenage pregnancy on academic performance: a case study of Makulubita sub county Luweero district*.
- Nousiainen, S. (2013). *Maternal and paternal parenting: Critical dimensions in adolescent functioning in Nigeria*. Journal of Family Psychology. Cambridge: Cambridge University Press.
- Nuampa, S., Tilokskulchai, F., Sinsuksai, N., Patil, C. and Phahuwatanakorn, W. (2018). *Breastfeeding experiences among Thai adolescent mothers: A descriptive qualitative study*. Pacific Rim International Journal of Nursing Research. 22. 288-303.
- “Nursing Education.” Gale Encyclopedia of Nursing and Allied Health. Retrieved December 20, 2022, from Encyclopedia.com: <https://www.encyclpedia.com/medicine/encyclopedias-almanacs-transcripts-and-maps/nursing-education> 18:45 Africa. *Studies in family planning*.
- Ngum, C. W., Liamputtong, M. C. and McMichael, P. (2015). *Early motherhood: a qualitative study exploring the experiences of African Australian teenage mothers in greater Melbourne, Australia*.
- Nkosi, N.N., and Pretorius, E. (2019). *The influence of teenage pregnancy on education: perceptions of educators at a secondary school in Tembisa, Gauteng*. *Social Work*, 55(1), 108-116. <https://dx.doi.org/10.15270/55-1-698>
- Nkwemu, S., Choolwe, N. J., Mweemba, O., Sharma, A. and Zulu, J.M. (2019). *They say that I have lost my integrity by breaking my virginity: experiences of teen school going mothers in two schools in Lusaka Zambia*. Lusaka, Zambia.
- Nsalamba G., Simpande, A. (2019). *Effect of Re-Entry Policy Implementation on Readmitted*

Ntinda, K., Thwala, S. K, Dlamini, T. P. (2016). *Lived experiences of school-going early mothers in Swaziland*. Journal of Psychology in Africa. 26(6): 546–550.doi:10.11114/JETS.V314.902.

Okumu, J. (2020). *Effects of Teenage pregnancy on the academic performance of girls in Secondary Schools in Ukwala ward, Ugenya Sub County Siaya Conty, Kenya*.

Ojo, I. O., Aina, O. A, Ani, O. B. and Onianwa, P. O. (2020). *The challenges and coping strategies of exclusive breastfeeding practices among student mothers at a Nigerian university*. African Journal of Midwifery and Women's Health. 14(2): 1-9. doi:10.12968/ajmw.2019.0016.

Pigaiani, Y., Zoccante, L., Zocca, A., Arzenton, A., Mengolli, M., Fadel, S and Ruggeri, M. *et al.* (2020). Adolescent lifestyle behaviors, coping strategies and subjective wellbeing during the COVID-19 pandemic: an online student survey. Healthcare (Basel, Swizerland). 8(4): 472. doi: 10.3390/healthcare8040472.

Polit, D. F. and Beck, C. T. (2014). *Essentials of Nursing Research: Appraising Evidence for Nursing Practice*. 8th Edition, Lippincott Williams & Wilkins, Philadelphia.

Pope. A. M. (1995). *Nursing Practice: Nursing Health, & Environment: Strengthening the Relationship to Improve the Public's Health*. Washington (DC): National Academies Press (US)

Pogoy, A. M. (2014). *Lived Experiences of Early Pregnancy Among Teenagers: A Phenomenological Study*, European Scientific Journal. 10(2).ISSN:1857-7881.

Primary and Secondary Education in Zambia (2023)|. *Grade conversion scale for Zambia* (evaluationworld.com)

Radzyninski, S. and Callister, L. C. (2015). *Health Professionals' Attitudes and Beliefs About Breastfeeding*. The Journal of perinatal education, 24(2), 102–109.
<https://doi.org/10.1891/1058-1243.24.2.102>

Raheel, H. (2014). *Coping strategies for stress used by adolescent girls*. Pak J Med Sci 2014; 30 (5):958-962.

Raj, A. and Boehmer, U. (2013). *Teenage pregnancy in South African schools: Challenges, trends and policy issues*. Mediterranean Journal of Social Sciences, 4(13), 755-760.

- Raqib, S. (2018). *Zambia Should Keep Young Mothers in School*, Human Rights Watch 2018
<https://hrw.org/news/2018/08/06/zambia> accessed 19/09/2021 16:09
- Ray, C., Lindop, J. and Gibson, S. (2009). *The concept of coping Cambridge University Press*
- Rozensztrauch, A., Klaniewska, M. and Berghausen-Mazur, M. (2022). *Factors affecting the mother's choice of infant feeding method in Poland: a cross-sectional preliminary study in Poland. Ir J Med Sci* **191**, 1735–1743. <https://doi.org/10.1007/s11845-021-02751-8>
- Runhare, T. and Vandeyar, S. (2014). *Perceptions of policy duty bearers on the inclusive education policy for pregnant teenagers in South Africa. Social Science Journal*, 31 (1), 51-62.
- Senkyire, E. K., Boateng, D., Boakye, F. O., Logo, D. D. and Ohaja, M. (2022). *Socio-economic factors associated with adolescent pregnancy and motherhood: Analysis of the 2017 Ghana maternal health survey. PloS one*, 17(12), e0272131.
<https://doi.org/10.1371/journal.pone.0272131>
- Setwin, M.M. and Rachel, K.M. (2019). *Challenges of school Re-entry among Learner mothers and Mitigation Strategies Instituted by Stakeholders in Schools in Masaiti District. International Journal of Humanities Social Sciences and Education (IJHSSE)*, 6(9), 73-82.
- Smith, P. H., Coley, S. L., Labbok, M.H., Cupito, S. and Nwokah, E. (2012). *Early breastfeeding experiences of adolescent mothers: a qualitative prospective study. International breastfeeding journal*, 7(1), 13. <https://doi.org/10.1186/1746-4358-7-13>
- Sparks, D. (2019). *Mayo Clinic Staff Stress management: Know your triggers* [Mayo Mindfulness: Know your triggers for stress - Mayo Clinic News Network](#) accessed 16.04.2023. 7:49pm
- Stapley, E., Stock, S., Deighton, J. and Demkowicz, O. (2022). *Child Youth Care Forum Teenage Pregnancy. A Qualitative Study of How Adolescents' Use of Coping Strategies and Support Varies in Line With Their Experiences of Adversity. Child & Youth Care Forum*. 52. 1-27. 10.1007/s10566-022-09682-0.
- Stehlik, T. (2018). *Educational Philosophy for 21st Century Teachers*. Springer. p. 131. [ISBN 978-3319759692](#).

- Singletary, N., Chetwynd, E., Goodell, L. S. and Fogleman, A. (2017). *Stakeholder views of breastfeeding education in schools: a systematic mixed studies review of the literature*. International breastfeeding journal, 12, 14. <https://doi.org/10.1186/s13006-017-0106-0>
- Sinyangwe, K. (2018). *Coping strategies among school going breastfeeding adolescents*. Lusaka: CDC.
- Taukeni, S. (2014). *The main challenges student mothers experience to manage their dual roles*. International Journal of Advances in Psychology, 3(3), pp.94-98.
- Tharani, A., Husain, Y. and Warwick, I. (2017). *Nurse Education Today Learning environment and emotional well-being: A qualitative study of undergraduate nursing students*. , 59, 82–87. 10.1016/j.nedt.2017.09.008
- Tremblay, L., Sanzone, M., Aubé, L. T. and Paquet, M. (2022). *Sources of Stress and Coping Strategies Among Undergraduate Nursing Students Across All Years*. The Canadian journal of nursing research = Revue canadienne de recherche en sciences infirmieres, 54(3), 261–271. <https://doi.org/10.1177/08445621211028076>
- Undiyaundeye, F. (2015). *The effect of teenage pregnancy on the girl-child in nigerian society*. International journal of multidisciplinary thought.
- UNFPA, (2021). <https://www.unfpa.org/data/world-population> accessed 17/09/2021 16:02
- UNICEF, (2016) *A survey on factors associated with school going breastfeeding Adolescents*. Lusaka, Zambia.
- Wamunyima, M. M., Akakandelwa, A. and Wamunyima, C . K. (2017). *Nurses and Use of Research Information in Clinical Practice: a Case Study of the University Teaching Hospital in Zambia* Lusaka, Zambia. WHO, (2018) *Definition of Nursing Practice*, NY, USA
- Wekesa, V. (2014). *Re-admission policy and Kenya certificate of secondary education performance in Bungoma North Sub-County, Kenya*. International Journal of Innovative Research and Development, 3(7).
- World Health Organisation, (2017), *Global Accelerated Action for the Health of Adolescents (AA-HA): guidance to support country implementation*. Geneva, Switzerland.

Yussif, A. S., Lassey, A., Ganyaglo, G. Y. K., Kantelhardt, J. E. and Kielstein, H. (2017). *The long-term effects of adolescent pregnancies in a community in Northern Ghana on subsequent pregnancies and births of the young mothers*. *Reprod Health* 14, 178
<https://doi.org/10.1186/s12978-017-0443-x>

Zambia Statistics Agency (2018). *Demographic and Health Survey*, Ministry of Health, Lusaka, Zambia. ZMB_2018_DHS_v01_M.

Zuilkowski, S. S., Henning, M., Zulu, J. and Matafwali, B. (2019). *Zambia's school re-entry policy for adolescent mothers: Examining impacts beyond re-enrollment*. *International Journal of Educational Development*, 64, 1-7. <https://doi.org/10.1016/j.ijedudev.2018.11.001>

ANNEXES: 7.0

ANNEX 7.1: Ghant chart

ACTIVITIES	PERIOD									
	Jan – Nov 2021	Dec 2021	Jan 2022	Feb 2022	March- Sept 2022	Oct – Dec 2022	Jan – April 2023		May – June 2023	
Research Proposal Writing and approval										
Clearance from UNZABREC										
Approval from NHRA										
Pretesting Research Instruments										
Distributing Research Instruments Data Collection										
Data Analysis										
Research Project Writing										
Research										
Submission										

ANNEX 7.2: Budget

Budget Category		Unit Cost (K)	Multiplying factor	Total Cost (K)
3.0 Personnel		Daily wage and per diem	Number of staff days (Number of staff x No. of working days)	
Assistants		350	2 x 5 days	3,500.00
			Sub Total	3,500.00
2Transport	10ltrs @ 24.00/litres for Researcher	3days		720.00
			Sub Total	720.00
3.Supplies and stationery		Cost per item	Quantity	
Questionnaire, consent form and information sheet Photocopying		1	300	300.00
Note pad		1	30	30.00
Pens / Pencils		5	4	20.00
Printing / Binding		50	4	200.00
			Sub total	550
			Total	4,770
			10% incidental	477
			Grand total	5,247.00

Budget Justification

This research budget has taken into consideration various aspects like stationary, human resource expenses, secretarial services and contingency.

Stationary

Stationary was used for printing the interview guides, information sheets, consent and assent forms for both the pilot and actual study. Note books for jotting down points during the interviews.

Human Resource Expenses

The budget allocation was used for lunch, fuel and allowances for the research assistants and the researcher as they had to move from point of residence to the two sites for data collection.

Contingency Fund

The 10 percent of the total budget was used to cover unforeseen expenses and to cushion the effects of inflation during the research study.

ANNEX 7.3: Participant information sheet- School going breastfeeding Adolescents above 18

INFORMATION SHEET

NAME OF INSTITUTION: THE UNIVERSITY OF ZAMBIA, SCHOOL OF NURSING SCIENCES

STUDY TITLE: EXPERIENCES AND COPING STRATEGIES OF SCHOOL GOING BREASTFEEDING ADOLESCENTS FROM KATIMAMULILO AND SESHEKE SECONDARY SCHOOLS IN SESHEKE DISTRICT IN WESTERN PROVINCE OF ZAMBIA.

INTRODUCTION

My name is **Mooto Mutakatala** student from The University of Zambia in the School of Nursing Sciences pursuing my master's degree in Maternal, Women and Child health. I am requesting you to participate in the above-mentioned research study. First of all, I would like to explain to you the purpose of the study, the benefits, any risks involved and what is expected of you before you decide whether to participate in this study or not. You should fully understand what is involved before consenting to take part. You should only agree to take part if you are completely satisfied with all the procedures involved.

The aim of this study is to explore the experiences and coping strategies of School Going Breastfeeding Adolescents from Katima Mulilo and Sesheke Secondary Schools in Sesheke District in Western Province of Zambia. Specifically, to explore adolescents' feelings and experiences of breastfeeding whilst in School, to describe the support adolescents receive from peers, school management and family members and to explore coping strategies used by school going breastfeeding adolescents.

You have been selected because of you are an adolescent in school, who is breastfeeding. You are however, free to ask questions about anything you do not understand about this study. Your participation in this study is entirely voluntary; you may choose to participate and not to participate. If you decide not to participate, it will not affect access to health care and no privileges will be taken away from you. If you agree to take part, you will be asked to sign the consent in the presence of a witness. Agreement to participate will not result in any immediate benefits.

PURPOSE OF THE STUDY

The study will explore the experiences and coping strategies of School Going Breastfeeding

Adolescents from Katima Mulilo and Sesheke Secondary Schools of Western Province in Zambia. Identified factors will be used as inputs in coming up with coping strategies for adolescent girls in schools. In addition, on a broader level the information from the study may assist policy makers to understand what measures should be put in place in order for adolescent girls cope with the stresses that go with breastfeeding while in school. .

PROCEDURE

The study will involve signing of the consent form and participating in answering questions. Your responses will be recorded on the interview schedule and tape recorded. This process will take about 30 minutes to complete. The interview schedules will be coded to ensure confidentiality. Once the interview is complete, the interview schedules and tape recorders will be kept by the researcher under lock and key.

VOLUNTARY PARTICIPATION, COST, REIMBURSEMENT AND COMPENSATION

Your participation in this study is voluntary. You have to know that you have been chosen to take part in this research because you are an adolescent in school, who is breastfeeding. You will receive no money for your participation. However, if you feel like withdrawing at any time, you are free to do so and this will not affect the care and treatment you receive.

RISKS AND DISCOMFORTS

There is no risk involved in this research though part of your time will be spent answering some questions.

BENEFITS

By taking part in this study and providing information which can help relevant authorities and policy makers use the information from the study to come up with coping strategies for adolescent breastfeeding girls in schools. Interventions developed from the study will help improve the coping mechanisms of school going breastfeeding adolescents thereby enhancing School completion rates. Other benefits include knowledge on experiences and coping strategies of school going breastfeeding adolescents. No monetary benefits will be given in exchange for information obtained by participating in this study.

CONFIDENTIALITY/ANONYMITY

The data collected do not contain any personal information about you. The discussion and information collected in this study will be kept strictly confidential. No one will link the data you will provide to identifying information you supplied (e.g., address, email).

DISSEMINATION OF INFORMATION

Information obtained in this study will be presented to the faculty of the School of Midwifery at University of Zambia, Ministry of Health, Ministry of Education and DEBS's office, Sesheke, Western Province.

For further information

We will be glad to answer your questions about this study at any time. You may contact us by phone or email.

Address for the Ethics Committee

The Chairperson,
UNZABREC,
P.O Box 50110
Lusaka.
Tel: +260977925304
E-mail:s.munsaka@unza.zm
Co- Supervisors: Mrs. Sianchapa B
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Principal Investigator: Mooto Mutakatala
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Cell: +260977889430
Lusaka

Thank you for reading this information, please ask any questions or seek clarification if you are unsure about anything.

ANNEX 7.4: Participant information sheet- parents to breastfeeding adolescents under 18 years

INFORMATION SHEET

NAME OF INSTITUTION: THE UNIVERSITY OF ZAMBIA, SCHOOL OF NURSING SCIENCES

STUDY TITLE: EXPERIENCES AND COPING STRATEGIES OF SCHOOL GOING BREASTFEEDING ADOLESCENTS FROM KATIMAMULILO AND SESHEKE SECONDARY SCHOOLS IN SESHEKE DISTRICT IN WESTERN PROVINCE OF ZAMBIA.

INTRODUCTION

My name is **Mooto Mutakatala** student from The University of Zambia in the School of Nursing Sciences pursuing my master's degree in Maternal, Women and Child health. I am requesting your child to participate in the above-mentioned research study. In this research, we will talk to school going breastfeeding adolescents where we will ask them a number of questions. When researchers conduct studies on children, we talk to the parents and ask them for their permission. After you have heard more about the study, and if you agree, that's when I will ask daughter for their agreement as well. Both of you have to agree independently before I can begin.

First of all, I would like to explain to you the purpose of the study, the benefits, any risks involved and what is expected of your child before you decide whether they participate in this study or not. You should fully understand what is involved before consenting your child to take part. You should only agree to allow your child to take part if you are completely satisfied with all the procedures involved.

The aim of this study is to explore the experiences and coping strategies of School Going Breastfeeding Adolescents from Katima Mulilo and Sesheke Secondary Schools in Sesheke District in Western Province of Zambia. Specifically, to explore adolescents' feelings and experiences of breastfeeding whilst in School, to describe the support adolescents receive from peers, school management and family members and to explore coping strategies used by school going breastfeeding adolescents.

Your child has been selected because of she is an adolescent in school, who is breastfeeding. You are however, free to ask questions about anything you do not understand about this study. Allowing your child to participate in this study is entirely voluntary; you may choose to allow your child to participate and not to participate. If you decide that your child should not participate, it will not affect access to school

programs and services and no privileges will be taken away from your child. If you agree that your child should take part, you will be asked to sign the consent form in the presence of a witness. Agreement to participate will not result in any immediate benefits to your child.

PURPOSE OF THE STUDY

The study will explore the experiences and coping strategies of School Going Breastfeeding Adolescents from Katima Mulilo and Sesheke Secondary Schools of Western Province in Zambia. Identified factors will be used as inputs in coming up with coping strategies for adolescent girls in schools. In addition, on a broader level the information from the study may assist policy makers to understand what measures should be put in place in order for adolescent girls cope with the stresses that go with breastfeeding while in school.

PROCEDURE

The study will involve you signing of the consent form on behalf of your child and your child participating in answering questions. Responses from your child will be recorded on the interview schedule and on the tape. This process will take about 30 minutes to complete. The interview schedules will be coded to ensure confidentiality. Once the interview is complete, the interview schedules and tape recorders will be kept by the researcher under lock and key.

If your daughter does not wish to answer any of the questions during the interview, she may say so and the interviewer will move on to the next question. The interview will take place within the school premises, and no one else but the interviewer will be present unless your child asks for someone else to be there. The information recorded is confidential, and no one else except the researcher and supervisors will have access to the information documented during the interview.

The tapes will be destroyed after a month from time of interview.

VOLUNTARY PARTICIPATION, COST, REIMBURSEMENT AND COMPENSATION

Your child's participation in this study is voluntary. You have to know that your child has been chosen to take part in this research because she is an adolescent in school, who is breastfeeding. Your child will receive no money for participation. However, if you feel like withdrawing your child at any time, you are free to do so and this will not affect the services and care she receive.

RISKS AND DISCOMFORTS

There is no risk involved in this research though part of your child's time will be spent answering some questions.

BENEFITS

By your child taking part in this study and providing information, relevant authorities and policy makers can use it to come up with coping strategies for adolescent breastfeeding girls in schools. Interventions developed from the study will help improve the coping mechanisms of school going breastfeeding adolescents thereby enhancing School completion rates. Other benefits include knowledge on experiences and coping strategies of school going breastfeeding adolescents. No monetary benefits will be given in exchange for information obtained by your child participating in this study.

CONFIDENTIALITY/ANONYMITY

The data collected will not contain any personal information about your child. The discussion and information collected in this study will be kept strictly confidential. No one will link the data your child will provide to identifying information she supplied (e.g., address, email).

DISSEMINATION OF INFORMATION

Information obtained in this study will be presented to the faculty of the School of Midwifery at University of Zambia, Ministry of Health, Ministry of Education and DEBS's office, Sesheke, Western Province.

For further information

We will be glad to answer your questions about this study at any time. You may contact us by phone or email.

Address for the Ethics Committee

The Chairperson,

UNZABREC,

P.O Box 50110

Principal Investigator: Mooto Mutakatala

Yeta college of Nursing and Midwifery,

Sesheke

Lusaka.

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Co- Supervisors: Mrs. Sianchapa B

Email:Marjorie.kabinga@unza.zm

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Cell: +260968631508

Lusaka

Lusaka

Thank you for reading this information, please ask any questions or seek clarification if you are unsure about anything.

ANNEX7.5: Information sheet for school going breastfeeding adolescents less than 18 years

INFORMATION SHEET

NAME OF INSTITUTION: THE UNIVERSITY OF ZAMBIA, SCHOOL OF NURSING SCIENCES

STUDY TITLE: EXPERIENCES AND COPING STRATEGIES OF SCHOOL GOING BREASTFEEDING ADOLESCENTS FROM KATIMAMULILO AND SESHEKE SECONDARY SCHOOLS IN SESHEKE DISTRICT IN WESTERN PROVINCE OF ZAMBIA.

INTRODUCTION

My name is **Mooto Mutakatala** student from The University of Zambia in the School of Nursing Sciences pursuing my master's degree in Maternal, Women and Child health. I am requesting you to participate in the above-mentioned research study. First of all, I would like to explain to you the purpose of the study, the benefits, any risks involved and what is expected of you before you decide whether to participate in this study or not. You should fully understand what is involved before consenting to take part. You should only agree to take part if you are completely satisfied with all the procedures involved.

We have discussed about this research with your parent(s)/guardian and they are aware that we are also asking you for your agreement. Your parent(s)/guardian also have to agree if you are going to participate in the research. But if you do not wish to take part in the research, you do not have to, even if your parents have agreed.

You may discuss anything in this form with your parents or friends or anyone else you feel comfortable talking to. You can decide whether to participate or not after you have talked it over. You do not have to decide immediately.

The aim of this study is to explore the experiences and coping strategies of School Going Breastfeeding Adolescents from Katima Mulilo and Sesheke Secondary Schools in Sesheke District in Western Province of Zambia. Specifically, to explore adolescents' feelings and experiences of breastfeeding whilst in School, to describe the support adolescents receive from peers, school management and family members and to explore coping strategies used by school going breastfeeding adolescents.

You have been selected because you are an adolescent in school, who is breastfeeding. You are however, free to ask questions about anything you do not understand about this study. Your participation in this study is entirely voluntary; you may choose to participate and not to participate. If you decide not to participate, it will not affect access to health care and no privileges will be taken away from you. If you agree to take part, you will be asked to sign the consent in the presence of a witness. Agreement to participate will not result in any immediate benefits.

PURPOSE OF THE STUDY

The study will explore the experiences and coping strategies of School Going Breastfeeding Adolescents from Katima Mulilo and Sesheke Secondary Schools of Western Province in Zambia. Identified factors will be used as inputs in coming up with coping strategies for adolescent girls in schools. In addition, on a broader level the information from the study may assist policy makers to understand what measures should be put in place in order for adolescent girls cope with the stresses that go with breastfeeding while in school.

PROCEDURE

The study will involve signing of the consent form and participating in answering questions. Your responses will be recorded on the interview schedule and tape recorded. This process will take about 30 minutes to complete. The interview schedules will be coded to ensure confidentiality. Once the interview is complete, the interview schedules and tape recorders will be kept by the researcher under lock and key.

VOLUNTARY PARTICIPATION, COST, REIMBURSEMENT AND COMPENSATION

Your participation in this study is voluntary. You have to know that you have been chosen to take part in this research because you are an adolescent in school, who is breastfeeding. You will receive no money for your participation. However, if you feel like withdrawing at any time, you are free to do so and this will not affect the care and services you receive at this school.

RISKS AND DISCOMFORTS

There is no risk involved in this research though part of your time will be spent answering some questions.

BENEFITS

By taking part in this study and providing information which can help relevant authorities and policy makers use the information from the study to come up with coping strategies for adolescent breastfeeding girls in schools. Interventions developed from the study will help improve the coping mechanisms of school going breastfeeding adolescents thereby enhancing School completion rates. Other benefits include knowledge on experiences and coping strategies of school going breastfeeding adolescents. No monetary benefits will be given in exchange for information obtained by participating in this study.

CONFIDENTIALITY/ANONYMITY

The data collected do not contain any personal information about you. The discussion and information collected in this study will be kept strictly confidential. No one will link the data you will provide to identifying information you supplied (e.g., address, email).

DISSEMINATION OF INFORMATION

Information obtained in this study will be presented to the faculty of the School of Midwifery at University of Zambia, Ministry of Health, Ministry of Education and DEBS's office, Sesheke, Western Province.

For further information

We will be glad to answer your questions about this study at any time. You may contact us by phone or email. You may also wish to talk to someone else that you know like your guidance teacher or counsellor, it's still fine.

If you choose to be part of this research, I will give you a copy of this paper to keep for yourself.

You can ask your parents to look after it if you want.

Address for the Ethics Committee

The Chairperson,
UNZABREC,
P.O Box 50110

Principal Investigator: Mooto Mutakatala
Yeta college of Nursing and Midwifery,
Sesheke

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Lusaka

Thank you for reading this information, please ask any questions or seek clarification if you are unsure about anything.

ANNEX 7.6: Participant information sheet Guidance Teachers

INFORMATION SHEET

NAME OF INSTITUTION: THE UNIVERSITY OF ZAMBIA, SCHOOL OF NURSING SCIENCES

STUDY TITLE: EXPERIENCES AND COPING STRATEGIES OF SCHOOL GOING BREASTFEEDING ADOLESCENTS FROM KATIMAMULILO AND SESHEKE SECONDARY SCHOOLS IN SESHEKE DISTRICT IN WESTERN PROVINCE OF ZAMBIA.

INTRODUCTION

My name is **Mooto Mutakatala** student from The University of Zambia in the School of Nursing Sciences pursuing my master's degree in Maternal, Women and Child health. I am requesting you to participate in the above-mentioned research study. First of all, I would like to explain to you the purpose of the study, the benefits, any risks involved and what is expected of you before you decide whether to participate in this study or not. You should fully understand what is involved before consenting to take part. You should only agree to take part if you are completely satisfied with all the procedures involved.

The aim of this study is to explore the experiences and coping strategies of School Going Breastfeeding Adolescents from Katima Mulilo and Sesheke Secondary Schools in Sesheke District in Western Province of Zambia. Specifically, to explore adolescents' feelings and experiences of breastfeeding whilst in School, to describe the support adolescents receive from peers, school management and family members and to explore coping strategies used by school going breastfeeding adolescents.

You have been selected because of you are the guidance teacher at this school, who is working directly with re-entered breastfeeding adolescents. You are however, free to ask questions about anything you do not understand about this study. Your participation in this study is entirely voluntary; you may choose to participate and not to participate. If you decide not to participate, it will not affect access to health care and no privileges will be taken away from you. If you agree to take part, you will be asked to sign the consent in the presence of a witness. Agreement to participate will not result in any immediate benefits.

PURPOSE OF THE STUDY

The study will explore the experiences and coping strategies of School Going Breastfeeding

Adolescents from Katima Mulilo and Sesheke Secondary Schools in Sesheke District in Western Province of Zambia. Identified factors will be used as inputs in coming up with coping strategies for adolescent girls in schools. In addition, on a broader level the information from the study may assist policy makers to understand what measures should be put in place in order for adolescent girls cope with the stresses that go with breastfeeding while in school.

PROCEDURE

The study will involve signing of the consent form and participating in answering questions. Your responses will be recorded on the interview schedule and tape recorded. This process will take about 30 minutes to complete. The interview schedules will be coded to ensure confidentiality. Once the interview is complete, the interview schedules and tape recorders will be kept by the researcher under lock and key.

VOLUNTARY PARTICIPATION, COST, REIMBURSEMENT AND COMPENSATION

Your participation in this study is voluntary. You have to know that you have been chosen to take part in this research because you are the guidance teacher at this school, who is dealing directly with breastfeeding adolescents who have re-entered. You will receive no money for your participation. However, if you feel like withdrawing at any time, you are free to do so and this will not affect the care and treatment you receive.

RISKS AND DISCOMFORTS

There is no risk involved in this research though part of your time will be spent answering some questions.

BENEFITS

By taking part in this study and providing information which can help relevant authorities and policy makers use the information from the study to come up with coping strategies for adolescent breastfeeding girls in schools. Interventions developed from the study will help improve the coping mechanisms of school going breastfeeding adolescents thereby enhancing School completion rates. Other benefits include knowledge on experiences and coping strategies of school going breastfeeding adolescents. No monetary benefits will be given in exchange for information obtained by participating in this study.

CONFIDENTIALITY/ANONYMITY

The data collected do not contain any personal information about you. The discussion and information collected in this study will be kept strictly confidential. No one will link the data you will provide to identifying information you supplied (e.g., address, email).

DISSEMINATION OF INFORMATION

Information obtained in this study will be presented to the faculty of the School of Midwifery at University of Zambia, Ministry of Health, Ministry of Education and DEBS's office, Sesheke, Western Province.

For further information

We will be glad to answer your questions about this study at any time. You may contact us by phone or email.

Address for the Ethics Committee

The Chairperson,
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Lusaka

Thank you for reading this information, please ask any questions or seek clarification if you are unsure about anything.

ANNEX 7.7 Consent Form for Parent/Guardian

CONSENT FORM

TITLE OF STUDY: To explore the experiences and coping strategies of School Going Breastfeeding Adolescents from Katima Mulilo and Sesheke Secondary Schools in Sesheke District in Western Province of Zambia.

Dear respondent

Good morning/afternoon.

My name is **Mooto Mutakatala** student from The University of Zambia in the School of Nursing Sciences. The aim of this study is: To explore the experiences and coping strategies of School Going Breastfeeding Adolescents from Katima Mulilo and Sesheke Secondary Schools in Sesheke District in Western Province of Zambia.

Your participation will involve answering questions that will be asked through an interview. There are no known risks or known benefits to you that would result from your participation in this research.

Be assured that if you take part in the discussion, the University will not keep the interview guide. I will be writing your responses under secure conditions and access is limited to designated staff only. Protection of confidentiality is assured to you, as your identity will not be revealed in any publication resulting from this study. Your participation in this research study is voluntary I am not allowed to pay you for participating in this interview. You may choose not to participate and you may withdraw your consent to participate at any time. You will not be penalized in any way should you decide not to participate or to withdraw from this study.

This is not to evaluate or criticize you, so please do not feel pressured to give a specific response and do not feel shy if you do not know the answer to a question. I am not expecting you to give a specific answer; I would like you to answer questions honestly telling me about what you know.

Feel free to answer questions at your own pace.

Do you agree to participate in this interview?

Yes ___ No ___ *if yes, continue*

Do you have any question before we start? (*Answer questions*).

I have been asked to give consent for my daughter to participate in this research study which will involve her being interviewed. I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily for my child to participate in this study.

Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Day/month/year

If illiterate

I have witnessed the accurate reading of the consent form to the parent of a potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness _____

Thumb print of participant



Signature of witness _____ Date _____

Day/month/year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the parent of a potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. Participation in an interview
2. Confidentiality will be maintained
3. Interview will be tape recorded

I confirm that the parent was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this informed consent form has been provided to the parent or guardian of the participant.

Name of Researcher/person taking the consent_____

Signature of Researcher /person taking the consent_____

Date _____

Day/month/year

An informed Assent form will _____ OR will not _____ be completed.

May I start now?

Contact Information

If you have any questions or concerns about this study, or if any problems arise, please contact the following.

Address for the Ethics Committee

The Chairperson,

UNZABREC,

P.O Box 50110

Lusaka.

Tel: +260977925304

E-mail:s.munsaka@unza.zm

Principal Investigator: Mooto Mutakatala

Yeta college of Nursing and Midwifery,

Sesheke

Cell no: 0977 502912

email mootomutakatala@gmail.com

ANNEX 7.8 Consent Form for Adolescents 18 Years And Above

TITLE OF STUDY: To explore the experiences and coping strategies of School Going Breastfeeding Adolescents from Katima Mulilo and Sesheke Secondary Schools in Sesheke District in Western Province of Zambia.

Dear respondent

Good morning/afternoon.

My name is **Mooto Mutakatala** student from The University of Zambia in the School of Nursing Sciences. The aim of this study is: To explore the experiences and coping strategies of School Going Breastfeeding Adolescents from Katima Mulilo and Sesheke Secondary Schools in Sesheke District in Western Province of Zambia.

Your participation will involve answering questions that will be asked through an interview. There are no known risks or known benefits to you that would result from your participation in this research.

Be assured that if you take part in the discussion, the University will not keep the interview guide. I will be writing your responses under secure conditions and access is limited to designated staff only. Protection of confidentiality is assured to you, as your identity will not be revealed in any publication resulting from this study. Your participation in this research study is voluntary I am not allowed to pay you for participating in this interview. You may choose not to participate and you may withdraw your consent to participate at any time. You will not be penalized in any way should you decide not to participate or to withdraw from this study.

This is not to evaluate or criticize you, so please do not feel pressured to give a specific response and do not feel shy if you do not know the answer to a question. I am not expecting you to give a specific answer; I would like you to answer questions honestly telling me about what you know.

Feel free to answer questions at your own pace.

Do you agree to participate in this interview?

Yes ___ No ___ *if yes, continue*

Do you have any question before we start? (*Answer questions*).

I have been asked to give consent to participate in this research study which will involve being interviewed. I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to participate in this study.

Name of Adolescent _____

Signature of Adolescent _____

Date _____

Day/month/year

If illiterate

I have witnessed the accurate reading of the consent form to the parent of a potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness _____

Thumb print of participant



Signature of witness _____ Date _____

Day/month/year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the adolescent and to the best of my ability made sure that the participant understands that the following will be done:

1. Participation in an interview
2. Confidentiality will be maintained
3. Interview will be tape recorded

I confirm that the adolescent was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this informed consent form has been provided to the adolescent.

Name of Researcher/person taking the consent_____

Signature of Researcher /person taking the consent_____

Date _____

Day/month/year

An informed consent form will _____ OR will not _____ be completed.

May I start now?

Contact Information

If you have any questions or concerns about this study, or if any problems arise, please contact the following.

Address for the Ethics Committee

The Chairperson,

Principal Investigator: Mooto Mutakatala

UNZABREC,

Yeta college of Nursing and Midwifery,

P.O Box 50110

Sesheke

Lusaka.

Cell no: 0977 502912

Tel: +260977925304

email mootomutakatala@gmail.com

E-mail:s.munsaka@unza.zm

ANNEX 7.9 Consent Form for Guidance Teacher

CONSENT FORM

TITLE OF STUDY: To explore the experiences and coping strategies of School Going Breastfeeding Adolescents from Katima Mulilo and Sesheke Secondary Schools in Sesheke District in Western Of Province of Zambia

Dear respondent

Good morning/afternoon.

My name is **Mooto Mutakatala** student from The University of Zambia in the School of Nursing Sciences. The aim of this study is: To explore the experiences and coping strategies of School Going Breastfeeding Adolescents from Katima Mulilo and Sesheke Secondary Schools in Sesheke District in Western Province of Zambia.

Your participation will involve answering questions that will be asked through an interview. There are no known risks or known benefits to you that would result from your participation in this research.

Be assured that if you take part in the discussion, the University will not keep the interview guide. I will be writing your responses under secure conditions and access is limited to designated staff only. Protection of confidentiality is assured to you, as your identity will not be revealed in any publication resulting from this study. Your participation in this research study is voluntary I am not allowed to pay you for participating in this interview. You may choose not to participate and you may withdraw your consent to participate at any time. You will not be penalized in any way should you decide not to participate or to withdraw from this study.

This is not to evaluate or criticize you, so please do not feel pressured to give a specific response and do not feel shy if you do not know the answer to a question. I am not expecting you to give a specific answer; I would like you to answer questions honestly telling me about what you know.

Feel free to answer questions at your own pace.

Do you agree to participate in this interview?

Yes ___ No ___ *if yes, continue*

Do you have any question before we start? (*Answer questions*).

I have been asked to give consent to participate in this research study which will involve being interviewed. I have read the foregoing information. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to participate in this study.

Name of Guidance Teacher _____

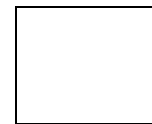
Signature of Guidance Teacher _____

Date _____

Day/month/year

Name of witness _____

Thumb print of participant



Signature of witness _____ Date _____

Day/month/year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the guidance teacher and to the best of my ability made sure that the participant understands that the following will be done:

1. Participation in an interview
2. Confidentiality will be maintained
3. Interview will be tape recorded

I confirm that the guidance teacher was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this informed consent form has been provided to the guidance teacher.

Name of Researcher/person taking the consent _____

Signature of Researcher /person taking the consent _____

Date _____

Day/month/year

An informed Assent form will _____ OR will not _____ be completed.

May I start now?

Contact Information

If you have any questions or concerns about this study, or if any problems arise, please contact the following.

Address for the Ethics Committee

The Chairperson,

UNZABREC,

P.O Box 50110

Lusaka.

Tel: +260977925304

E-mail:s.munsaka@unza.zm

Principal Investigator: Mooto Mutakatala

Yeta college of Nursing and Midwifery,

Sesheke

Cell no: 0977 502912

email mootomutakatala@gmail.com

ANNEX 8.0 Assent Form for School Going Breastfeeding Adolescents Aged Less Than 18

ASSENT FORM

TITLE OF STUDY: To explore the experiences and coping strategies of School Going Breastfeeding Adolescents from Katima Mulilo and Sesheke Secondary Schools in Sesheke district in Western province of Zambia.

Dear respondent

Good morning/afternoon.

My name is **Mooto Mutakatala** student from The University of Zambia in the School of Nursing Sciences. The aim of this study is: To explore the experiences and coping strategies of School Going Breastfeeding Adolescents from Katima Mulilo and Sesheke Secondary Schools in Sesheke district in Western Province of Zambia

Your participation will involve answering questions that will be asked through an interview. There are no known risks or known benefits to you that would result from your participation in this research.

Be assured that if you take part in the discussion, the University will not keep the interview guide. I will be writing your responses under secure conditions and access is limited to designated staff only. Protection of confidentiality is assured to you, as your identity will not be revealed in any publication resulting from this study. Your participation in this research study is voluntary I am not allowed to pay you for participating in this interview. You may choose not to participate and you may withdraw your consent to participate at any time. You will not be penalized in any way should you decide not to participate or to withdraw from this study.

This is not to evaluate or criticize you, so please do not feel pressured to give a specific response and do not feel shy if you do not know the answer to a question. I am not expecting you to give a specific answer; I would like you to answer questions honestly telling me about what you know.

Feel free to answer questions at your own pace.

Do you agree to participate in this interview?

Yes ___ No ___ *if yes, continue*

Do you have any question before we start? (*Answer questions*).

I understand the research is about looking at Experiences and coping strategies of school going breastfeeding adolescents and that I will be interviewed and my responses tape recorded.

I have read this information, or it had the information read to me. I have had my questions answered and know that I can ask questions later if I have them.

I agree to take part in the research. OR

I do not wish to take part in the research and I have not signed the assent below. _____ (initialled by child/minor

Only if child assents:

Name of child _____

Signature of child: _____

Date _____

Day/month/year

If illiterate

I have witnessed the accurate reading of the assent form to the child, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness _____ Thumb print of participant

Signature of witness _____ Date _____

Day/month/year



I have accurately read or witnessed the accurate reading of the assent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given assent freely.

Name of researcher _____

Signature of researcher _____

Date _____

Day/month/year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the child understands that the following will be done:

1. Participate in an interview
2. Confidentiality will be kept
3. Interview will be tape recorded

I confirm that the child was given an opportunity to ask questions about the study, and all the questions asked by her have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this assent form has been provided to the participant.

Name of Researcher/person taking the assent _____

Signature of Researcher /person taking the assent _____

Date _____

Day/month/year

Copy provided to the participant _____ (initialed by researcher/assistant)

Parent/Guardian has signed an informed consent ___Yes ___No _____ (initialed by researcher/assistant) May I start now?

Contact Information

If you have any questions or concerns about this study, or if any problems arise, please contact the following.

Address for the Ethics Committee

The Chairperson,

UNZABREC,

P.O Box 50110

Lusaka.

Tel: +260977925304

E-mail:s.munsaka@unza.zm

Principal Investigator: Mooto Mutakatala

Yeta college of Nursing and Midwifery,

Sesheke

Cell no: 0977 502912

email mootomutakatala@gmail.com

Annex: 8.1 Interview guide for the young mothers

Variable of interest	Question to verify the variable
Demographic characteristic of the respondent	Can you tell me about yourself (age, grade, age of child, place where you live)
What are the challenges that you face as a school going breastfeeding adolescent?	
What are the stressors that you undergo while breastfeeding and schooling?	
How does support from your peers, school management and family members affect the stress levels, as you are schooling and breastfeeding?	
How do financial matters affect your stress, levels while schooling and breastfeeding?	
What do you think should have been done differently to ease your stay in school?	

ANNEX 8.2 Interview Guide for the Girl's Counsellor (Teacher)

Variable of interest	Question to verify the variable
Demographic characteristic of the respondent	Can you tell me about yourself (age, role in school, period in service, place where you live)
What are the challenges that school going breastfeeding adolescent face?	
What support does the school give to schooling and breastfeeding young mothers?	
Is there anything that the school should have done differently to easy the stay of schooling breastfeeding young mothers?	

ANNEX 8.3: Letter to the district education secretary

The District Board Secretary

Sesheke District Office

P. O. Box 9600008

Sesheke

Dear Sir/Madam,

RE: REQUEST TO CONDUCT RESEARCH IN YOUR SCHOOLS.

I am a student doing Master of Science in Maternal and Child Health at the University of Zambia and would like to carry out research on exploring experiences and coping strategies of School Going Breastfeeding Adolescents from Katima Mulilo and Sesheke Secondary Schools of Western Province in Zambia. The method of data collection is administering of an interview guide to respondents. Therefore, this letter is to inform you that this research will take place in the schools within your district.

Your favorable response will be highly appreciated.

Yours faithfully,

MM

Mooto Mutakatala.

ANNEX 8.4: Approval letter UNZABREC



**UNIVERSITY OF ZAMBIA
BIOMEDICAL RESEARCH ETHICS COMMITTEE**

Telephone: +260 977925304

Ridgeway Campus

Telegrams: UNZA, LUSAKA

P.O. Box 50110

Telex: UNZALU ZA 44370

Lusaka, Zambia

Fax: + 260-1-250753

E-mail:

unzarec@unza.zm

Federal

Assurance

No.

FWA00000338

IRB00001131 of IORG0000774

15th December 2021

Your REF. No. 2247-2021

Mrs. Mutakatala Mooto,
University of Zambia,
Department of Maternal and Child Health,
P.O Box 50110, **Lusaka.**

Dear Mrs. Mooto,

RE: EXPERIENCES AND COPING STRATEGIES OF SCHOOL GOING BREASTFEEDING ADOLESCENTS FROM KATIMAMULILO AND SESHEKE SECONDARY SCHOOLS OF WESTERN PROVINCE IN ZAMBIA (REF. NO. 2247-2021)

The above-mentioned research proposal was presented to the Biomedical Research Ethics Committee on 15th December, 2021. The proposal is approved. The approval is based on the following documents that were submitted for review:

- a) **Study proposal**
- b) **Questionnaires**
- c) **Participant Consent Form**

APPROVAL NUMBER : REF. 2247-2021

This number should be used on all correspondence, consent forms and documents as appropriate.

APPROVAL DATE : 15th December 2021 TYPE OF APPROVAL : Standard
EXPIRATION DATE OF APPROVAL : 14th December 2022

After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the UNZABREC Offices should be submitted one month before the expiration date for continuing review.

- **SERIOUS ADVERSE EVENT REPORTING:** All SAEs and any other serious challenges/problems having to do with participant welfare, participant safety and study integrity must be reported to UNZABREC within 3 working days using standard forms obtainable from UNZABREC.
- **MODIFICATIONS:** Prior UNZABREC approval using standard forms obtainable from the UNZABREC Offices is required before implementing any changes in the Protocol (including changes in the consent documents).
- **TERMINATION OF STUDY:** On termination of a study, a report has to be submitted to the UNZABREC using standard forms obtainable from the UNZABREC Offices.
- **NHRA:** You are advised to obtain final study clearance and approval to conduct research in Zambia from the National Health Research Authority (NHRA) before commencing the research project.
- **QUESTIONS:** Please contact the UNZABREC on Telephone No. +260977925304 or by e-mail on unzarec@unza.zm.
- **OTHER:** Please be reminded to send in copies of your research findings/results for our records. You are also required to submit electronic copies of your publications in peer-reviewed journals that may emanate from this study. Use the online portal: unza.rhinno.net for further submissions.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Sody Mweetwa Munsaka', with a horizontal line drawn through the middle of the text.

Sody Mweetwa Munsaka, BSc. MSc., PhD

CHAIRPERSON

Tel: +260977925304

E-mail: s.munsaka@unza.zm

ANNEX 8.5: Letter to the Director NHRA

The University of Zambia

School of Nursing Sciences

P O BOX 50110

Lusaka

The Director /CEO

National Health Research Authority

Pediatrics Centre of Excellence

University Teaching Hospital

Lusaka Zambia

Dear Sir/Madam

RE: REQUEST FOR MY RESEARCH PROPOSAL TO BE REVIEWED.

I'm a student doing Master of Science in Nursing at the University of Zambia and would like to carry out a research on Experiences and coping strategies of school going breastfeeding adolescents from Katima-Mulilo and Sesheke Secondary schools of Western Province Zambia.

The method of data collection is administering of a semi structured interview guides to respondents. The proposal was approved by the Ethical committee, UNZABREC. My approval number: REF. 2247-2021. Therefore, this letter is to request you to review my research proposal for approval from your office.

Your favorable response will be highly appreciated.

Yours Faithfully,

M.M

Mooto Mutakatala

ANNEX 8.6: Approval letter NHRA

NATIONAL HEALTH RESEARCH AUTHORITY



Paediatric Centre of Excellence, University Teaching Hospital, P.O. Box 30075, LUSAKA

Chalala Office Lot No. 18961/M, Off Kasama Road, P.O. Box 30075, LUSAKA

Tell: +260211 250309 | Email: znhrasec@nhra.org.zm | www.nhra.org.zm

Ref No: NHRA000020/06/01/2022

Date: 6th January, 2022

The Principal Investigator,

Mutakatala Mooto,

University of Zambia,

Lusaka, Zambia.

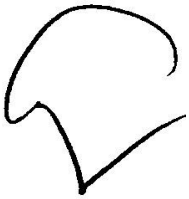
Dear Mutakatala Mooto,

Re: Request for Authority to Conduct Research

The National Health Research Authority is in receipt of your request for authority to conduct research titled **“Experiences and Coping Strategies of School going Breastfeeding Adolescents from Katimamulilo and Sesheke Secondary Schools of Western Province in Zambia.”**

I wish to inform you that following submission of your request to the Authority, our review of the same and in view of the ethical clearance, this study has been **approved** on condition that:

1. The relevant Provincial and District Medical Officers where the study is being conducted are fully appraised;
2. Progress updates are provided to NHRA quarterly from the date of commencement of the study;
3. The final study report is cleared by the NHRA before any publication or dissemination within or outside the country;
4. After clearance for publication or dissemination by the NHRA, the final study report is shared with all relevant Provincial and District Directors of Health where the study was being conducted, University leadership, and all key respondents. Yours sincerely,



Prof. Godfrey Biemba

Director/CEO

National Health Research Authority