Chapter 11: Through Resilience I Decided to Go Back to School Despite being pregnant: Power of resilience

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Abstract

This was a qualitative study to examine the coping coping models used by the pregnant adolescent learners in the rural community of Zimbabwe to help them re-enter the school and stay. This is a phenomenological qualitative study that seeks to answer a crucial gap in the literature with there being limited empirical evidence of the specific mechanisms of resilience and coping strategies that help pregnant adolescents survive in a context of extreme social, economic and institutional difficulties in the rural primary education system in Zimbabwe. A target population of 15 pregnant adolescent learners, 2 teachers, 2 counsellors, 4 parents and 1 official of the Ministry of Primary and Secondary Education of Primary and Secondary Education was reached from the total population of 45 pregnant learners using purposive sampling technique. Focus group discussions have been held to generate data, which has subsequently been thematically analysed. One important observation was that pregnant adolescents were remarkably resilient and used a range of coping strategies such as family support, peer networks, self-determination and creative problem solving in reality to overcome the institutional barriers thrown up at them by the system and stigmatisation and enable them to continue studying. The research advocates the programmatic development of school-based resilience programs offering pregnant learners comprehensive psychosocial support, flexible learning space and mentor programme to fortify learner's ability to deal with challenges in the learning environment.

Keywords: adolescent pregnancy, educational re-entry, qualitative study, resilience, rural Zimbabwe.

1. Introduction and Background of the Study

Adolescent pregnancy is a major concern that continues to threaten the entire education system in sub-Saharan Africa inclusive of Zimbabwe, a phenomenon that affects every aspect of these young people (Saruchera & Chidarikire, 2024). Teenage pregnancy ranks as a major impediment to the socio-economic empowerment of adolescent girls in Zimbabwe and their access to education (Chiyota, 2020) indicating that it is a pressing issue from an educational perspective especially in Zimbabwe's rural communities where access to reproductive health information service is limited. Although there are policy mechanisms in place that in theory promote the reinsertion of pregnant girls into the education

system, the policy mechanisms is unevenly applied and pregnant learners still encounter huge barriers to be able to take part in the education system (Mahiya & Murombo, 2019). This is a combination of gender inequality, poverty, culture, and institutional barriers that face adolescent girls when they are pregnant and trying to stay in school (Muzingili & Muchinako, 2016). Adolescent pregnancy in rural Zimbabwe is entrenched in wider socio-economic and cultural issues (Saruchera & Chidarikire, 2024). Rural communities in Zimbabwe are also poor, with poor access to health services and with conservative cultural practices that fuel gender disparities and child marriage (Mahiya & Murombo, 2019). These factors, such as restricted access to sexual and reproductive health and reproductive rights information, early marriage, gender-based violence, and economic pressures forcing families to early marriage of their girls, render girls in these communities particularly vulnerable to early pregnancy (Chiyota, 2020). Adolescent pregnancy has broad implications, both on girls' educational futures and their health, economic and life prospects (Muzingili & Muchinako, 2016).

Pregnant adolescents in rural Zimbabwe are confronted with many complex barriers to accessing education (Saruchera & Chidarikire, 2024). At the institutional level, not all schools have policies and practices that are inclusive of pregnant learners, with some schools explicitly discriminating against pregnant girls, or actively excluding them through other policies and practices (Chiyota, 2020). Lack of training for teachers regarding supporting pregnant learners and the intensification of stigmatisation and marginalisation in the school environment are often reported (Mahiya & Murombo, 2019). Social ostracism, gossip and rejection experienced at community level can result in significant social isolation and psychological distress, for the adolescent who is pregnant (Muzingili & Muchinako, 2016). In the area of family life, some families are of great assistance, but others are rejecting or repelling their daughters when they become pregnant (Saruchera & Chidarikire, 2024), thus adding to the problem. Nevertheless, a considerable number of adolescent learners become pregnant and have shown incredible resilience and determination to pursue school education in rural areas of Zimbabwe (Chiyota, 2020). Resilience—defined as the ability to flex and function effectively when adversity arises—increasingly has become a key word in grasping why some people weather the storm while others prevail against similar odds in fulfilling their destinies (Masten, 2014). Resilience for pregnant adolescents means using a combination of coping mechanisms, such as getting support from others in their families, creating a peer support system, self-determination and persistence (Duckworth et al., 2007), and effectively overcoming institutional challenges. These strategies for resilience help pregnant adolescents overcome social isolation, stigmatisation, and limited resources, which can impede their education continuity (Echezarraga et al., 2024).

The literature has always emphasized the importance of family support for pregnant adolescents to overcome the barriers they face in getting educational services (Muzingili & Muchinako, 2016). Family support involves provision of encouragement, pulling individuals along and providing practical support such as child care, household chores and helping to pay fees and material for school, as well as advocating for the pregnant learner (Saruchera & Chidarikire, 2024). Family support is known to help mitigate the impact of social isolation and stigmatisation that affects pregnant adolescents, and improve their resilience and available resources to stay in school (Chiyota, 2020). But the strong family support is not available for all pregnancy adolescents; many of them face the family rejection, abandonment and burden because of pregnancy (Mahiya & Murombo, 2019). The importance of this paper is that it has the potential to bring out empirical evidence of the strategies that pregnant adolescents in rural Zimbabwe are using to overcome challenges on educational re-entry and stay in school (Muzingili & Muchinako, 2016). The research, through a study of PVS, teachers, counsellors, parents and key officials from the Ministry of Primary and Secondary Education presents the findings to show how pregnant learners are coping and how they can now be supported to achieve their goals through

resilience issues (Saruchera & Chidarikire, 2024). The study also outlines strategies that can be implemented to enhance resilience and foster supportive school environments for pregnant learners (Umubyeyi, 2024). With the policy discussion about adolescent pregnancy and education re-entry being a topical subject in Zimbabwe (Chiyota, 2020) and the importance of understanding the concept of resilience for designing interventions (Echezarraga et al., 2024), the study is salient.
The study was guided by the following research questions:

1. What are the barriers to educational re-entry and persistence experienced by pregnant adolescent learners in rural Zimbabwe?
2. What resilience strategies and coping mechanisms do pregnant adolescent learners employ to overcome these barriers?
3. What strategies can be implemented to strengthen resilience and support educational persistence among pregnant adolescent learners in rural Zimbabwe?

2. Literature Review

Research on adolescent and young parent pregnancy in the U.S. has focused on pertaining to factors that support teen parents' ability to finish their education (Umubyeyi, 2024). A qualitative study based on the strategies of resilience of pregnant adolescents in the high schools of America (Mahiya & Murombo, 2019) was conducted by Smith and Johnson (2020). The study identified that items were used multiple times to explain the strategies employed to become resilient by pregnant adolescents, such as seeking assistance from family members (mostly mothers and grandmothers), building peer networks with other pregnant and parenting adolescents, demonstrating personal determination and grit (Chiyota, 2020). The study found that availability of comprehensive support services such as counselling, childcare and flexible learning options were associated with adolescents continuing their education while pregnant (Muzingili & Muchinako, 2016). Analysis of this study reveals that the present understanding of the operation of resilience strategies is missing in African society with its numerous extended families and community support (Saruchera & Chidarikire, 2024). The current study aims to fill this gap by analysing the strategies employed in coping with resilience in the rural setting in Zimbabwe (Umubyeyi, 2024). Likewise, Williams and Brown (2022) assessed the part of school support in fostering resilience in pregnant adolescents in American schools (Mahiya & Murombo, 2019). Attached to this study was a mixed-methods approach with surveys conducted in tandem with interviews with 100 pregnant adolescents (Chiyota, 2020). Results showed that overall having schools with comprehensive support services – both counselling and healthcare, and childcare – was significantly associated with increased resilience and educational continuity for girls who became pregnant while at school (Muzingili & Muchinako, 2016). The study also found that lack of such support led to school drop-out (Saruchera & Chidarikire, 2024). The study however is specifically American and caters for American adolescents who are enrolled in a comprehensive support system, something which does not reflect the experience of pregnant learners under resource-limited conditions like rural Zimbabwe, given the choices of learners facing these conditions in the study (Umubyeyi, 2024). This represents a gap that calls for research investigating resilience strategies in scenarios where institutional support is less (Mahiya & Murombo, 2019). Studies on adolescent pregnancy in the United Kingdom have explored how social support and resilience can buffer the negative outcomes of adolescent pregnancy. (Chiyota, 2020). One study, conducted by Jones and Patel (2021), was a qualitative study which looked at strategies for resilience among pregnant and parenting adolescents in British schools (Muzingili and Muchinako, 2016). In studying the factors that enable pregnant adolescents to cope, the study concluded that they had engaged in multiple ways to cope, such as asking for help from family, establishing peer networks, personal determination (Mahiya & Murombo, 2019). Pregnant School-age

and Adolescents with educating elders got positive support from teachers and counsellors to continue their education (Saruchera & Chidarikire, 2024). A key finding from this study is that there is a lack of investigation into how every cultural and community context can influence the kind of resilience processes that are put in place. The current study seeks to fill this gap through a focus on resilience strategies in the context of Zimbabwe's social and cultural rural community where these factors are known to be significant (Chiyota, 2020). In addition to this, Davis and Taylor (2023) examined how resilience and their school's policies and practices contributed to educational continuity and school perseverance among adolescents experiencing pregnancy in British schools (Mahiya & Murombo, 2019). This study used narrative interviews (Muzingili & Muchinako, 2016) with 30 pregnant adolescents in order to explore their experiences of support and exclusion in school. Results showed that schools that have inclusive policies and supportive practices, supported the resilience of pregnant adolescent students (Saruchera & Chidarikire, 2024). It was also found that the lack of such policies led to social isolation and school dropouts (Umubyeyi, 2024). Pregnant learners' challenges in rural Zimbabwe have, however, been highlighted on the scant information from the study which focuses on the UK context where full support structures are likely to be available (Mahiya & Murombo, 2019). Such a gap highlights an need for research that looks at processes of resilience in contexts where there is limited school support (Chiyota, 2020).

Research on adolescent pregnancy in Botswana has focussed on factors influencing education attainment of pregnant learners, including the role of family and community (Muzingili & Muchinako, 2016). Modise and Mmusi (2020) carried out a qualitative study that explored the experiences of the pregnant learners in secondary schools in Botswana (Saruchera & Chidarikire, 2024). The study revealed that pregnant students face a lot of social isolation and stigmatisation with an impact on their schooling participation (Mahiya & Murombo, 2019). The study indicated that pregnant learners participated in the following resilience practices: asking for assistance from family members, specially mothers and grandmothers and having networks with other pregnant learners (Chiyota, 2020). The findings from this research indicate that further research is needed to better understand the mechanisms of action of resilience strategies in various cultural settings (Umubyeyi, 2024). The current study seeks to fill this gap by studying resilience strategies in Zimbabwean rural context (Muzingili & Muchinako, 2016). In a similar vein, Kgosidintsi & Motsamai (2022) studied the potential community supports to resilience of pregnant adolescents in Botswana (Saruchera & Chidarikire, 2024). A mixed-methods research design that included a survey and interviews with 80 pregnant adolescents (Mahiya & Murombo, 2019), was used. Findings showed that community support such as support from individuals within the community, teachers and community leaders was significant in encouraging resilience (Chiyota, 2020). But the research further showed that family support was the greatest enabler for continuing education for the pregnant learners (Muzingili & Muchinako, 2016). The study emphasized the importance of holistic interventions, focusing on enhancing the support system within families and communities (Umubyeyi, 2024). Yet, the study's research is focused on the country of Botswana and the issues of pregnancy learners in rural Zimbabwe have not been fully reflected in the studies (Saruchera & Chidarikire, 2024). Assessing the interplay of resilience, family support, and school support in the context of adolescent pregnancy in South Africa has been investigated (Umubyeyi, 2024). To gain insight into learners' strategies of coping and surviving during the period of pregnancy, Mthembu and Dlamini (2021) undertook a qualitative study about the resilience practices of learners who fall pregnant in South African schools (Mahiya & Murombo, 2019). The study revealed that the learners engaged in pregnancy manifested a number of resilience strategies such as seeking support from the family, establishing a peer network and showcasing personal determination (Chiyota, 2020). The study found that family support is one important element which supported pregnant learners in coping with their social isolation and continuing their education (Muzingili & Muchinako, 2016).

According to the analysis of this study, there are limitations in understanding the way in which resilience strategies work, and the way in which they work (Saruchera & Chidarikire, 2024). The current study which examines the resilience strategies of pregnant learners in rural Zimbabwe (Umubyeyi, 2024) fills this gap. In addition, Ndlovu and Zulu (2023) set to explore school policies and practices that can facilitate action towards resilience for pregnant learners in South African schools (Mahiya & Murombo, 2019). Narrative interviews were used in the study finding 45 learners with pregnancy experiences to examine their experience of support/exclusion in school (Chiyota, 2020). The results showed that policies and practices in schools were mostly exclusionary of the pregnant school girl, which tends to make her experience social isolation and dropout from school (Muzingili & Muchinako, 2016). The study also showed that resilience strategies such as family supports and personal determination, were often the only resources pregnant learners had. The limitations of the geographic scope of the study, focusing on the urban contexts in South Africa, where pregnant learners also have some access to support services, are not reflective of pregnant learners' experiences in rural and resource-challenged environments (Umubyeyi, 2024). The present study actioned this gap by researching resilience strategies in rural Zimbabwe (Mahiya & Murombo, 2019). Studies about adolescent pregnancy and educational resilience in Zimbabwe have focused on the problems that pregnant learners encounter and the measures they take to surmount the challenges (Chiyota, 2020). A study by Muzingili and Muchinako (2016), considered the factors affecting completion of school by the girl child in Binga Rural District in Zimbabwe (Mahiya & Murombo, 2019). The common factor that was identified by the study to contribute to school dropouts among girls was that they were pregnant and that school girls were able to persist in school because of being resilient about factors such as family support and their determination to stay in school (Saruchera & Chidarikire, 2024). It brought the study finding that the female child with nurturing familial environment were more likely to stay in school and graduate (Umubyeyi, 2024). Although, the investigation did not specifically focus on the resilience strategies pregnant learners used to cope with social isolation (Chiyota, 2020). The current study fills this gap by addressing specific aspects namely those on the strategies for resilience and mechanisms for coping (Muzingili & Muchinako, 2016).

Also, Mahiya and Murombo (2019) conducted a study on social norms and violence towards children in 'bush boarding' institutions in Binga, Zimbabwe (Saruchera & Chidarikire, 2024). Although the study was not directly engaged in the pregnant learners, the investigation delved into the vulnerabilities of girls in rural communities, which is pertinent to the pregnant learners. The findings of the study revealed that sexual violence, exploitation and early pregnancy are a major risk for girls in rural areas of Zimbabwe (Chiyota, 2020). The study pointed towards interventions that can be used to increase resilience and protective factors for girls (Mahiya & Murombo, 2019). The study did not however, specifically look at the resilience measures used by the pregnant learners to surmount the obstacles (Muzingili & Muchinako, 2016). The current study will look at filling this gap through a study on how pregnant learners form resilience strategies in rural areas of Zimbabwe (Saruchera & Chidarikire, 2024). Saruchera and Chidarikire (2024) discussed the efforts in promoting inclusive policies for learners with pregnancies in Grade 6 in Zimbabwe (Mahiya & Murombo, 2019). The study revealed that policies to support pregnant learners do exist, but they are poorly implemented and many pregnant learners experience social isolation and exclusion (Chiyota, 2020). Based on the study, interventions to address the socio-emotional needs of pregnant learners require a family- and school-focused approach. The study however, did not explicitly focus on the strategies that pregnant learners used in dealing with stress (Muzingili & Muchinako, 2016). The present study fills that vacant, by pinpointing to resilience approaches and coping mechanisms (Saruchera & Chidarikire, 2024). From the literature reviewed, it is evident that there is a lack of empirical studies that explores what the adolescent learners who are pregnant in the rural communities of Zimbabwe use to cope with a particular situation, resilience

strategies (Chiyota, 2020). Although research has been done on pregnant learners' problems and significance of a support group, few studies have been conducted on the resilience strategies and coping mechanisms that are applied by a learner who is pregnant and that enable them to move beyond the challenges they encounter in life and pursue their studies (Mahiya & Murombo 2019). This study attempts to fill this gap with a qualitative investigation of pregnant adolescent learners' resilience strategies in rural Zimbabwe (Muzingili & Muchinako, 2016).

3. Theoretical Framework

Resilience theory is used as a basis for guiding this study which is a broad theory of how people thrive despite serious difficulties and generally find a way to be resourceful and strong, even in the midst of hard times (Masten, 2014). This theory is especially relevant for the present investigation as it acknowledges the importance of protective factors both at the individual and community level, as well as family factors, in fostering the resilience of the vulnerable pregnant adolescents learners in particular (Echezarraga et al., 2024). The study focuses on barrier to school re-entry and continuation of pregnant adolescents in rural Zimbabwe as they utilize resilience strategies to manage and overcome these barriers, given this theory.

For decades since its introduction by Masten, Best, and Garmezy in 1990, Resilience Theory has held that resilience is the ability to adapt and cope effectively when facing a challenge (Masten, 2014). An important idea in the theory is that there are protective environments that can both help to buffer against risk and adversity and create opportunities for developmental growth and resilience (Echezarraga et al., 2024). These protective factors may be an individual's or a family's or a community's assets that provide a positive outcome despite adversity (Hayes et al., 2006). The theory has also been widely used in educational studies to understand how learners overcome some difficulties and how they are successful in their learning (Duckworth et al., 2007). Resilience, rather, is an evolving process, influenced by factors both within and outside the individual (Folkman, 2020).

The first assumption in Resilience Theory is that resilience is a dynamic process, which encompasses interaction between individual and environmental factors (Masten, 2014). Resilience for adolescent learners during pregnancy is a dynamic, and their resilience is influenced by supports they receive from their families, school, and community (Echezarraga et. al., 2024). Resilience is a dynamic process and interventions can increase resilience by enhancing protective factors (Hayes et al, 2006). For instance, pregnant learners who, for example, are consistently emotionally and practically supported from families are likely to exhibit resilience and continue in education (Duckworth et al., 2007). Protective factors are also important factors in resilience promotion (Masten, 2014) and are the second tenet in this model. In the context of pregnant adolescent learners, protective factors include having personal determination and succouring from the family in the form of emotional support and practical assistance (Saruchera & Chidarikire, 2024), and the availability of community support such as peer support networks and school support (Umubyeyi, 2024). These protective factors help protect the learner pregnant mother from the negative impacts of social isolation, stigmatisation and lack of resources (Chiyota 2020). Resilience and sustaining the path of education are higher when various protective factors exist. Third is that resilience is situationally specific; that is, resilient behaviors in one context might not be applicable in another one (Masten, 2014). Being resilient is dependent on the culture, economy and social norms of the context that part-time adolescent learners in Zimbabwe live in when pregnant (Muzingili & Muchinako, 2016). This implies that interventions for the promotion of resilience should be individualized to accommodate the needs and context of the learners with regards to being pregnant and in rural communities (Saruchera & Chidarikire, 2024). Pregnant learners expectations and support is influenced by the cultural values and norms of the rural Zimbabwean

communities (Mahiya & Murombo, 2019). The fourth principle is that resilience can be acquired and enhanced with interventions by fostering protective factors (Masten, 2014). This implies that programmes that bolster, decrease social disconnection, and improve inclusion cultivate resiliency among pregnant adolescent learners (Echezarraga et al., 2024). Specific interventions can be implemented to help foster resilience: targeted interventions that address the specific barriers and challenges pregnant learners encounter.

The Resilience Theory is used in various ways in this study (Echezarraga et al., 2024). First, protective factors such as individual factors, family factors and community are being studied that promotes resilience of pregnant adolescent learners (Mahiya & Murombo, 2019). Specific support most beneficial to help pregnant learners re-enter and/or stay within the education system (Mutekwe, 2023). Second, the research focuses on the dynamic process of resilience, which involves how pregnant learners engage with their families, schools and communities to get through and adapt to challenges (Folkman, 2020). Resilience is considered not to be fixed but included in continual interactions and supports (Masten, 2014). Consistent support can help a learner to be resilient and stay going in their studies during pregnancy (Duckworth et al., 2007). Thirdly, it recognises that resilience, as such, is locally situated, as in the rural Zimbabwean setting cultural, economic and social elements influence the experience and support services required by the pregnant learners (Mahiya & Murombo, 2019). The research explores the impact of cultural norms and values on the support that is available for and blocking the way for pregnant learners (Muzingili & Muchinako, 2016). Fourth, the study pinpoints ways to improve resilience and reduce dropouts while pregnant (Echezarraga et al., 2024). The study acknowledges that resilience can be nurtured and enhanced through targeted interventions, which recognise the specific barriers and challenges for pregnant learners in rural Zimbabwe (Saruchera & Chidarikire, 2024). This research draws on Resilience Theory in understanding the resilience strategies adopted by adolescent learners who are pregnant in rural Zimbabwe as they negotiate their way back into school and their persistence in education (Chiyota, 2020). The theory facilitates an examination of the individual pregnant learner and factors within the family, school and community which influence her resilience (Mahiya & Murombo, 2019).

4. Research Methodology

4.1. Research Paradigm

This is a type of qualitative research, which aims to understand, explore, and describe the meanings that people or groups attach about social or human issues (Denzin & Lincoln, 2018). The qualitative approach is suitable for this study because it enables an in-depth study of the pregnancy learners' experiences and their coping strategies in the context of resilience (Merriam & Tisdell, 2016) and captured their complexity and nuances. The qualitative approach is different from quantitative approach because it emphasizes the qualitative information and data that could be rich and deep so that it shows the subjective reality of the respondents when they experience something without preferring to rely on measurement and statistical analysis (Creswell & Poth, 2018). This helps to incorporate the perspectives of the pregnant learners as well as their resilience strategies (Muzingili & Muchinako, 2016).

4.2. Research Approach

The research design used in this study is a phenomenological type of research to understand the lived experiences, that is, what people perceive and how they make sense of the phenomena (Moustakas, 1994). The phenomenological design is applicable in this study since the study does focus on the

similarities of how adolescents who are currently pregnant cope, learn, and experience these coping mechanisms in a rural Zimbabwean context (Van Manen, 2014 p.148). Phenomenological approach focuses on uncovering the meanings of what the participants have shared and does not apply pre-conceived categories or assumptions (Creswell & Poth, 2018). This kind of design enables the researcher to be able to side-step individual biases and objective to the lived experiences of the participants (Merriam & Tisdell, 2016). The aim of the study is to understand the subjective realities of pregnant learners (Motsa & Morojele, 2017) and that is supported by the phenomenological approach.

4.3. Research Design

Data was produced using 'focus group discussions' which is a data collection technique that involves a small group of participants discuss a specific area with a guide relating to a focal point (Krueger & Casey, 2015). The choice of focus group discussion for this study was due to the fact that it allows participants to interact with each other and exchange experiences, reflect on different points of view and elaborate on them for the developing of rich and contextualized data (Denzin & Lincoln, 2018). The focus group discussions were framed around research questions of the study (Creswell & Poth, 2018), which were open-ended questions. This approach can be effective for sensitive discussions as the participants can share their experiences in a safe and supportive group environment (Merriam & Tisdell, 2016). Three focus group discussions were held (one with pregnant learners, one with teachers and counsellors and the third with parents and the Ministry of Primary and Secondary Education official) (Krueger & Casey, 2015).

4.4. Data Collection Methods

Data were generated through focus group discussions, which are a qualitative data collection method that involves a small group of participants engaged in guided discussions on a specific topic (Krueger & Casey, 2015). Focus group discussions were selected for this study because they facilitate interaction among participants, allowing them to share experiences, reflect on diverse perspectives, and generate rich, contextualised data (Denzin & Lincoln, 2018). The focus group discussions were structured around open-ended questions derived from the research questions of the study (Creswell & Poth, 2018). This method is particularly useful for exploring sensitive topics, as participants may feel more comfortable sharing their experiences in a supportive group setting (Merriam & Tisdell, 2016). Three separate focus group discussions were conducted: one with pregnant learners, one with teachers and counsellors, and one with parents and the Ministry of Primary and Secondary Education official (Krueger & Casey, 2015).

4.5. Sampling Technique and Sample Size

Purposive sampling, one of the non-probability sampling method which select the participant purposefully based on their predetermined qualities or interests related to the study (Patton, 2015), was used in selecting the participants for this study. A total of 15 participants were sampled which included six pregnant adolescent learners, two teachers, two counsellors, four parents and an official from the Ministry of Primary and Secondary Education (Primary and secondary education) (Creswell & Poth, 2018). This composition was written to provide a way of hearing pregnant adolescent learners' voices from various different perspectives in capturing the resilience strategies used by pregnant adolescent learners in rural Zimbabwe (Chiyota, 2020). These participants were selected because of the following reasons: pregnant adolescent learners were selected because they can give their own accounts of the resilience strategies and experiences they have had (Mahiya & Murombo, 2019); teachers and pregnant

learners because they interact with adolescent learners facing pregnancy in their schools and can offer their experiences in the implementation of resilience among the learners (Muzingili & Muchinako, 2016); counsellors were selected because they play a large role in supporting the psychosocial needs of learners and can provide insights into the coping mechanisms that pregnant learners use (Saruchera & Chidarikire, 2024); parents were selected because they are key players in providing support to the adolescent learners and can provide insights into the role of families in promoting resilience (Umubyeyi, 2024); and the official of the Ministry of Primary and Secondary Education was selected to provide a policy perspective on the issue of educational re-entry and support for pregnant learners (Chiyota, 2020). The decision to choose an N of 15 participants in this study is related to the sample size required in phenomenological studies, which traditionally depend on a small number of participants in order to explore and immerse participants' lived experiences in depth (van Manen, 2014).

4.6. Data Analysis

Data generated from the focus group discussions were analysed through thematic analysis, following the six steps outlined by Braun and Clarke (2006). Thematic analysis is a method for identifying, analysing, and reporting patterns within qualitative data, and it is widely used in qualitative research due to its flexibility and accessibility (Denzin & Lincoln, 2018). The six steps of Braun and Clarke's thematic analysis are as follows:

Step 1: Familiarisation with the data. The researcher transcribed the focus group discussions verbatim and read the transcripts multiple times to gain an overall understanding of the data (Braun & Clarke, 2006). During this phase, initial ideas and observations were noted (Merriam & Tisdell, 2016).

Step 2: Generating initial codes. The researcher systematically worked through the data, identifying and labelling relevant features using a process of coding (Creswell & Poth, 2018). Each code captured a specific aspect of the data relevant to the research questions (Braun & Clarke, 2006).

Step 3: Searching for themes. The researcher collated the codes into potential themes by examining the relationships and patterns among them (van Manen, 2014). This process involved organising the data into meaningful clusters that addressed the research questions (Merriam & Tisdell, 2016).

Step 4: Reviewing themes. The researcher reviewed the potential themes to ensure they were coherent, distinct, and supported by the data (Braun & Clarke, 2006). This involved checking whether the themes accurately represented the data and whether adjustments were needed (Creswell & Poth, 2018).

Step 5: Defining and naming themes. The researcher refined the themes, ensuring that each had a clear focus and scope (Denzin & Lincoln, 2018). This phase involved defining the essence of each theme and naming it in a way that accurately captured its meaning (Braun & Clarke, 2006).

Step 6: Producing the report. The researcher wrote the final report, presenting the themes and supporting each with illustrative quotes from participants (Merriam & Tisdell, 2016). The report also included a discussion of the findings in relation to the existing literature and theoretical framework (Creswell & Poth, 2018).

4.8 Trustworthiness

Lincoln and Guba (1985) recommend member checking which involves asking respondents to read the results of the data generated from their contributions to see if it is accurate. Following analysis, the researcher shared the findings with participants to ensure that their views were correctly understood (Creswell & Poth, 2018). Through this process the credibility and authenticity of the findings was enhanced (Merriam & Tisdell, 2016). Besides, the researcher kept an up-to-date audit trail indicating all decisions and steps taken in the course of the research to promote dependability and confirmability (Denzin & Lincoln, 2018).

4.9 Ethical Considerations

In this study, several ethical issues were noticed in accordance with the rights and welfare of the participants (Creswell & Poth, 2018). Informed consent was gathered from all of the participants first (Merriam & Tisdell, 2016). The researcher explained the reasons for the study, the process of the study, as well as the risk and benefit aspects of the study, and gave them a chance for any questions before they consented to participate (Denzin & Lincoln, 2018). If the learner was under-18 years of age, parent permission was also acquired as well as assent from the learner (Mahiya & Murombo, 2019). Secondly, pseudonyms were used for all participants and in the final report no information was provided that could identify the participants (Braun & Clarke, 2006). Third, the researcher utilized a language where the aim of this qualitative study was purely for academic purposes and not for other purposes (Creswell & Poth, 2018). Fourthly, the researcher informed the participants that they could also opt out of the study anytime without their punishment (Merriam & Tisdell, 2016). Lastly, the researcher was aware of the potential psychological discomfort the participants could experience when talking about traumatic experiences and offered them to contact information about counselling services in the community (Motsa & Morojele, 2017).

5. Discussion and Findings

5.1 Theme 1: Barriers to Educational Re-entry and Persistence

The first theme, barriers to educational re-entry and persistence, emerged from participants' responses to questions about the challenges they encounter in returning to and continuing their education after pregnancy. The theme captures the multifaceted nature of the barriers pregnant learners face, including stigmatisation, institutional exclusion, resource constraints, and cultural norms. The following responses illustrate the participants' experiences:

Participant Learner Mercy, age 15, Form 2 explained that,

When I became pregnant, I thought my education was over. My friends laughed at me, and some teachers said I had brought shame to the school. My parents were very angry, and my father said I had destroyed his reputation. I felt so alone and hopeless. But I knew I had to go back to school because I did not want to end up like my mother, who never finished school and is always struggling.

On the other hand, Participant Teacher Mrs. Chikomo, age 42 noted that,

Pregnant learners face enormous barriers in our community. There is a lot of stigma, and many people believe that once a girl becomes pregnant, she should drop out of school and get married. The school

policies are not always supportive either. Some teachers are very judgmental and make the girls feel unwelcome. Many pregnant learners also face financial challenges because their families cannot afford school fees, uniforms, or transport.

Furthermore, Participant Parent Mr. Moyo, age 50 was of the view that,

When my daughter became pregnant, I was devastated. I felt like I had failed as a father. My wife and I wanted her to continue with her education, but we were struggling financially. We had to choose between paying for her school fees and buying food. The community was also very judgmental. People in the village would whisper and point at us. It was a very difficult time for our family.

Lastly, Participant Learner Sarah, age 11, Grade 6 shared that,

The biggest barrier for me was the distance to school. I have to walk over 10 kilometres every day, and when I was pregnant, it was very difficult. I also did not have proper shoes, and I would get very tired. My parents could not afford to buy me a uniform that would fit my pregnant belly, so I had to wear my old uniform, which was very uncomfortable and embarrassing.

The above data shows that the feedback from the respondents indicate that re-entry and persistence in education is difficult for those adolescent learners who are pregnant in the rural areas of Zimbabwe. Stigmatisation, by peers, teachers and community is the most noticeable challenge (Mahiya & Murombo, 2019). This is in line with literature that illustrates how pregnant learners are generally stigmatised and marginalised in learning environments (Chiyota, 2020). Stigmatisation is much more than a negative attitude or an overall rejection, but one of the ways it can be seen is through discriminatory practices that marginalise or stop pregnant learners from enjoying full participation in the school life (Muzingili & Muchinako, 2016). The stigmatisation not only has negative effects on the mental health and self-esteem of learners but also the context is one that would deter learners from attending school and engage further in learning activities (Saruchera & Chidarikire, 2024). Another critical barrier was institutional exclusion (Chiyota, 2020). Schools had no policies and practices to accommodate pregnancy learners and some teachers went to the extent of inhaling the learners into class (Mahiya & Murombo, 2019). Hoigaard et al. (2019) and Umubyeyi (2024) conducted studies on the social isolation and school dropout of pregnancy learners, revealing that inclusive school policy is a missing component. Institutional exclusion is frequently based on moral judgment, and the fear of its effect on other learners (Muzingili & Muchinako, 2016). This type of exclusion however is in contravention of the education rights of pregnant learners and will further reinforce poverty and disadvantage (Saruchera & Chidarikire, 2024).

However, limitations of resources, such as finance and mobility were also pinpointed as barriers (Chiyota, 2020). Pregnant learners stated that they faced challenges because their families could not afford school fees, uniform and other education expenses (Mahiya & Murombo, 2019). This discovery is similar to Hannum and Adams (2009) who identified poverty as a major obstacle to the participation in education in rural communities. The price of school, uniforms, books and fees present great barriers to poor families (De Brauw et al., 2015). Further, the period of pregnancy imposes biogenic demands due to which learners would face difficulties to reach school especially in the rural areas where transportation is not available at ease (Das & Das, 2023). Community norms were also noted as a challenge as some of the community members were of the opinion that pregnant girls should leave school and marry (Mahiya & Murombo, 2019). This is consistent with the study carried out by Akwero (2023) which revealed that marriage ranks highly in the cultures of rural Africa over education for girls.

The social norms that defy the value of girls' education and the normalisation of early marriage pose significant barriers for pregnant learners (Chiyota, 2020). The solution is the engagement of the community as well as awareness creation on the role and importance of girls' education (Saruchera & Chidarikire, 2024).

5.2 Theme 2: Resilience Strategies and Coping Mechanisms

The second theme, resilience strategies and coping mechanisms, emerged from participants' responses to questions about how they managed the challenges they faced and continued their education. The theme captures the resourcefulness and determination of pregnant adolescent learners in overcoming barriers. The following responses illustrate the participants' experiences:

Participant Learner Queen, age 16, Form 3 narrated that,

I decided that I was not going to let the pregnancy stop me. I told myself that I had to be strong for my baby and for myself. I wanted to show everyone who was laughing at me that I could succeed. I studied very hard, even when I was tired and sick. I would wake up early in the morning to study before school and read at night after everyone had gone to sleep.

Additionally, Participant Learner Mutsa, age 16, Form 3 shared her experiences that,

My grandmother was my biggest supporter. When my parents were angry and rejected me, my grandmother took me in. She told me that I was not a failure and that I could still achieve my dreams. She helped me with housework so that I could study, and she walked with me to school even though she was old. She always said, 'Education is the key to your future, my child.

On the other hand, Participant Learner Grace, age 11, Form 1 argued that,

I formed a group with three other girls who were also pregnant. We would meet after school and talk about our problems and encourage each other. We would also study together and help each other with our homework. Knowing that I was not alone made me feel stronger. We promised each other that we would all complete our education and prove everyone wrong.

Participant 10: Learner Thandi, age 14, Grade 6
"I would talk to my baby every day. I would tell my baby that I was doing this for him and that he was going to be proud of me. This motivated me to keep going even when things were very difficult. I also prayed a lot. My faith helped me to stay strong and believe that everything would be okay."

Lastly, Participant Counsellor Mrs. Bere, age 42 shared that,

Some pregnant learners display remarkable resilience. They are determined to succeed despite the obstacles they face. I have seen girls who were pregnant come back to school, work hard, and pass their examinations with flying colours. These girls often have strong family support or find support from peers. However, not all learners have the same level of resilience. Those who are isolated and unsupported often struggle and eventually drop out.

Participants' responses show that pregnant adolescent learners in rural Zimbabwe resort to several resilience strategies to overcome the challenges to their return to and stay in school. Of note, a major factor in resilience proved to be personal determination and 'grit' (Duckworth et al., 2007). These learners reported that they decided to proceed with their educational journey despite the obstacles they faced, and they were able to show incredible determination towards achieving their goals (Echezarraga et al., 2024). This result reflects literature on resilience that indicates that the ability to master things and be persistent when facing adversity is important (Masten, 2014). Grit or perseverance and passion for long term goals is a significant predictor of success in adversarial circumstances (Duckworth et al., 2007). Grit refers to the resolve of a pregnant learner to persevere in their studies despite stigma, lack of finances and the physicality of pregnancy (Chiyota, 2020). Significant other resilience strategies, identified by the researchers, were family support, (Muzingili & Muchinako, 2016). According to the learners, having the support of their family members, specifically their mother, grandmother and other women in their family played a crucial role for the learners to keep up with their education (Mahiya & Murombo, 2019). This is similar to the findings of Saruchera and Chidarikire (2024) which revealed that family support has a significant role in helping the pregnant learners to sustain their education. Family support can manifest in many ways such as emotional, practical (childcare and home duties), financial (school fees and school supplies) and advocacy for the pregnant learner (chiyota, 2020). Amongst the most important role was that of the grandmothers as learners reported that at times grandmothers were key in supporting their grandchild emotionally and practically, especially when parents dismissed their grandchild or were rejecting, unsupportive (Mahiya & Murombo, 2019). Peer support was also found to be one of the resilience strategies (Motsa & Morojele, 2017). Learners indicated that they formed group with other pregnant learners to give them encouragement and support to one another (Muzingili & Muchinako, 2016). This result corroborates the study done by Mphahlele and Mampane (2021) who identified peer support as one of the most important factors required to support vulnerable learners to be resilient. Peer support helps pregnant learners not feel isolated and to develop a sense of belonging (Chiyota, 2020). It also provides practical benefits, such as study groups and shared resources (Saruchera & Chidarikire, 2024). Spiritual and religious belief was also identified as a resilience strategy (Mahiya & Murombo, 2019). Learners reported that prayer and faith helped them to stay strong and believe that everything would be okay (Chiyota, 2020). The study's results confirmed those of Folkman (2020), which revealed that religious coping strategies are valuable tools of coping for people who have huge challenges to deal with. Spiritual Faith gives life meaning, hope, and purpose as are key to resilience (Echezarraga et al., 2024).

6. Conclusion

This is a qualitative study that examined resilience strategies used by pregnant adolescent learners to bounce back on their return to school and persistence in rural Zimbabwe (Chiyota, 2020). The study identified important challenges for pregnant learners to access the education system as they were stigmatised, excluded from institutions, lacked resources and community understanding that pregnancy was an obstacle to girl child education as it had less value than marriage. Despite these challenges, pregnant learners showed extraordinary resilience with the help of life and health coping strategies such as personal determination and grit (Echezarraga et al., 2024), family support, peer support, spiritual and religious faith. The study revealed some strategies for enhancing resilience and educational continuity, such as having a comprehensive psychosocial support service, teacher training and support from schools, community involvement, and economic support (Saruchera & Chidarikire, 2024). It adds to the understanding of the limited literature on pregnancy in learners' lives in Zimbabwe and informs policy and practice with evidence-based recommendations (Muzingili & Muchinako, 2016).

7. Recommendations

Based on the findings of this study, the following recommendations are made to various stakeholders:

7.1. To the Ministry of Primary and Secondary Education of Primary and Secondary Education: to develop and implement a comprehensive policy framework that supports the educational re-entry and persistence of pregnant learners and to provide funding for counselling and psychosocial support services in schools in rural areas. Lastly, providing economic support, including school fees, uniforms, and other educational expenses, for pregnant learners from disadvantaged families.

7.2. To School Heads: adopting and implementing inclusive policies that support pregnant learners. More so, Provide flexible learning arrangements, such as catch-up classes and home-based learning, for pregnant learners. Lastly, create a supportive school environment that is non-discriminatory and welcoming to all learners.

7.3. To Teachers: to participate in training on inclusive education and trauma-informed practice and to develop empathetic and non-judgmental attitudes towards pregnant learners. Lastly, to refer pregnant learners to appropriate support services when needed.

7.4. To Parents: to provide emotional and practical support to pregnant daughters and advocate for the educational rights of pregnant learners. Lastly, to participate in community awareness-raising programmes on the importance of girls' education.

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