

Assessing Barriers to Therapeutic Nutrition Interventions in Adolescents with Gastric Issues: A Case of Selected Secondary Schools in Lusaka District, Zambia

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Abstract: This study aimed to assess barriers to therapeutic nutrition interventions for adolescents with gastric issues in four secondary schools in Lusaka District, Zambia. The study focused on determining the prevalence of gastric issues, assessing the knowledge of adolescents and teachers about nutritional management, and exploring barriers to interventions. The study adopted a descriptive research design, incorporating a mixed methods approach. A total of 64 participants were involved, with data collected via questionnaires and interviews. The quantitative data obtained were analyzed using software such as SPSS for statistical analysis whereas the qualitative collected data were analyzed using thematic analysis. The study results showed that gastric complaints were common among learners, with 70% reporting such issues in the past year. A significant relationship was found between the frequency of gastric issues and school absenteeism. While teachers had adequate knowledge of nutrition's role in managing gastric issues, many adolescents lacked sufficient knowledge about dietary practices. Barriers to intervention included limited resources, lack of knowledge, time constraints, lack of administrative support, and insufficient parental involvement. The study recommends launching awareness campaigns on nutritional management, integrating nutrition into the curriculum, improving resource access, and involving local health centers in providing support.

Keywords: Adolescents, Gastric Issues, Nutritional Management, School Health programs and Therapeutic Interventions.

1. INTRODUCTION

Therapeutic nutrition is essential in managing gastric issues among adolescents, a population undergoing significant physiological and developmental changes. Adolescents suffering from conditions such as gastritis, ulcers, and acid reflux often require specific dietary interventions to promote healing and prevent recurrence. However, several barriers hinder the implementation of effective therapeutic nutrition in secondary schools within Zambia (Namunyola & Chanda, 2023). These include limited awareness and knowledge about therapeutic diets among students and caregivers, inadequate support from school health systems, and socio-economic challenges that restrict access to recommended foods (Mwaba & Kalinda, 2021; Chitundu et al., 2020). Additionally, the absence of individualized nutrition plans and poor coordination between healthcare providers and educational institutions further complicate adherence to therapeutic regimens (Phiri & Tembo, 2022).

Adolescence is a critical stage marked by physical, cognitive, and psychosocial development, making nutrition essential for supporting growth and long-term health outcomes (WhO, 2018). However, adolescents are increasingly experiencing gastric issues such as GERD, IBS, and IBD, which affect both their physical and mental well-being (Hyams et al., 2016). Poor dietary habits, including the consumption of processed foods, are common during adolescence and often exacerbate gastric conditions (Lloyd et al., 2019; Kamanga et al., 2025). These conditions are further complicated by stigma, lack of nutritional knowledge, and limited access to healthcare services (Bauer et al., 2018; Haugland et al., 2018).

The significance of nutrition extends beyond adolescence and begins as early as the first 1000 days of life—conception to age two—where inadequate nutrition can have lasting impacts on physical growth and cognitive development (Dadhich & Faridi, 2013; Uauy et al., 2013). Research emphasizes that poor nutrition during this window increases susceptibility to chronic illnesses and undermines educational and economic outcomes in adulthood (Beluska-Turkan et al., 2019; McDonald & Thorne-Lyman, 2017). In response, promoting nutritional interventions during adolescence, particularly for those with gastric issues, can mitigate long-term health problems and aligns with global priorities for sustainable development (Kapinda et al., 2020; UNICEF, 2018).

In Zambia, especially in Lusaka District, adolescent gastric issues are a growing concern due to urban dietary shifts and limited access to nutritious food (Chomba et al., 2019; FAO, 2019). Studies have shown a significant prevalence of gastrointestinal symptoms among adolescents, with females disproportionately affected (Mwape et al., 2020). Nutritional management, such as diets rich in whole grains and vegetables, has proven effective in alleviating symptoms, yet access and education remain barriers (American Academy of Nutrition and Dietetics, 2020). The Ministry of Health has initiated training programs and established adolescent-friendly health services to address these challenges (MoH, 2020). Despite these efforts, barriers to effective therapeutic nutrition interventions persist, including a lack of teacher and healthcare provider training, cultural influences, and insufficient infrastructure (Mwanza et al., 2019).

1.1 Statement of the problem

Gastric issues such as gastroesophageal reflux disease (GERD), irritable bowel syndrome (IBS), and inflammatory bowel disease (IBD) are becoming a major health concern among adolescents in Zambia, particularly in urban settings like Lusaka District. Chomba et al. (2019) reported that 23.4% of adolescents experienced gastrointestinal symptoms, yet only 15% sought medical attention. Similarly, Mwape et al. (2020) found that 30.6% of adolescents reported abdominal pain, suggesting a widespread issue that affects their health, well-being, and daily functioning. Despite this, there seemed to be little or no studies conducted to investigate the barriers to therapeutic nutrition interventions among adolescents with gastric issues in Zambia. Therefore, this study aimed to investigate the barriers to therapeutic nutrition interventions among adolescents with gastric issues in four selected secondary schools in Lusaka District, Zambia.

1.2 Purpose of the Study

The main purpose of this research study was to investigate therapeutic nutrition interventions in adolescents with gastric issues in four selected secondary schools in Lusaka District of Lusaka province, Zambia.

1.3 Objectives of the Study

- i. To determine the prevalence of gastric issues among adolescents in four selected secondary schools in Lusaka District.
- ii. To assess the knowledge of both adolescents and their teachers regarding nutritional management of gastric issues in four selected secondary schools in Lusaka District.
- iii. To explore the perceived barriers to therapeutic nutrition interventions among adolescents with gastric issues in four selected secondary schools in Lusaka District.

1.4 Conceptual Framework

This study was guided by a conceptual framework that examined the relationship between two independent variables—Knowledge and Practices of Nutritional Management (KPNM) and Perceived Barriers to Therapeutic Nutrition Interventions (PBNI)—and the dependent variable, Prevalence of Gastric Issues (PGI). The framework assumed that adolescents with higher knowledge and better adherence to nutritional guidelines were likely to experience fewer gastric issues. Conversely, the presence of perceived barriers—such as financial limitations, cultural beliefs, and limited access to healthcare—was expected to contribute to a higher prevalence of gastric conditions. The framework provided a structured

approach to assess how these factors interact to influence adolescent gastrointestinal health in selected schools in Lusaka District, thereby informing practical interventions for improved management.

1.5 Significance of the Study

This study is significant as it highlights the nutritional challenges faced by adolescents experiencing gastric issues in secondary schools within Lusaka District, Zambia. By assessing the prevalence of gastric problems and evaluating both the knowledge and practices related to nutritional management, the study provided essential insights for educators, health practitioners, and policymakers to design effective school-based health interventions. Moreover, the exploration of perceived barriers to therapeutic nutrition interventions offered valuable context for addressing cultural, economic, and systemic challenges, contributing to more informed and sustainable health strategies for adolescent well-being.

2. LITERATURE REVIEW

2.1 Prevalence of Gastric Issues Among Adolescents

Gastric issues such as gastritis, gastroesophageal reflux disease (GERD), and peptic ulcers are increasingly being diagnosed in adolescent populations. Studies in high-income countries indicate that nearly 15% to 25% of adolescents report recurrent abdominal pain and symptoms linked to functional gastrointestinal disorders (Hyams et al., 2016). Contributing factors include stress, poor dietary habits, and sedentary lifestyles, all of which disrupt normal gastrointestinal function in adolescents. In Sub-Saharan Africa, data on adolescent gastric health remain limited; however, emerging studies suggest a rising trend in gastrointestinal complaints among young people. In a Kenyan study, Oduwole et al. (2019) found that 18% of adolescents in urban schools experienced symptoms consistent with gastric distress, such as abdominal pain, bloating, and heartburn. These issues were often linked to poor dietary patterns, including frequent consumption of spicy foods, snacks, and irregular meals.

In Zambia, recent studies have begun documenting gastric issues among adolescents, particularly in urban areas like Lusaka. Zulu et al. (2015) reported that about 20% of adolescents in Lusaka secondary schools experienced symptoms of gastritis and GERD. These findings highlight the need for targeted health and nutrition interventions to address this growing health concern in school environments (Miyoba et al., 2024).

2.2 Knowledge of Nutritional Management of Gastric Issues Among Adolescents and Teachers

Knowledge about the nutritional management of gastric issues among adolescents and educators varies greatly. A study by Silva et al. (2018) revealed that although adolescents were aware of some dietary triggers of gastric problems, their understanding of nutritional therapy for managing such conditions was limited. Teachers were rarely included in health education programs, thus creating a knowledge gap that hindered effective school-based health promotion. In the African context, particularly within school systems, nutritional education is often underemphasized in the curriculum. A study in Ghana by Boateng et al. (2020) showed that both students and teachers lacked adequate knowledge of how diet influences gastrointestinal health. Mwape et al. (2025) added that the absence of structured nutritional education in schools contributes to continued misconceptions and poor dietary habits among learners.

Mwape et al. (2020) in Zambia highlighted the effectiveness of structured nutrition counseling in improving adolescents' understanding of dietary management of gastric issues. However, the study also pointed out that teachers often lacked training in health-related topics, limiting their capacity to guide learners on proper nutrition practices. There remains a need for integrating health and nutrition modules into the teacher training programs and school curricula in Zambia.

2.3 Barriers to Therapeutic Nutrition Interventions Among Adolescents with Gastric Issues

Internationally, therapeutic nutrition interventions are challenged by factors such as limited access to healthy foods, low health literacy, and socio-economic disparities. According to Viner et al. (2019), adolescents from low-income households face significant barriers in accessing nutritional support services, leading to persistent gastric health issues despite available interventions. Cultural food preferences and peer influences also hinder adherence to therapeutic diets. In Sub-Saharan Africa, food insecurity and cultural dietary practices are major barriers to therapeutic nutrition interventions. A study in Nigeria by Okeke et al. (2021) revealed that even when nutritional interventions were introduced in schools, adolescents found it difficult to comply due to family habits and lack of resources. Additionally, misconceptions about gastric illnesses and stigma associated with dietary restrictions were prevalent.

Mwila et al. (2020) conducted a qualitative study in Zambia that captured the voices of adolescents and caregivers, revealing personal and systemic barriers to dietary management of gastric issues. These included lack of financial resources to purchase recommended foods, limited availability of healthy food options in school canteens, and inadequate family support (Kangwa & Chanda, 2025). The study emphasized the need for culturally sensitive and economically feasible interventions tailored to Zambian contexts.

2.4 Strategies for Addressing Adolescent Gastric Health through School-Based Nutrition Programs

School-based nutrition programs have been widely recognized for their role in preventing and managing adolescent gastric issues. According to the WHO (2021), integrating nutrition education into the school curriculum, coupled with access to healthy meals, has significantly improved gastrointestinal health among adolescents in countries like Brazil and Canada. The success of these programs often hinges on teacher involvement and policy support. In African countries, school health programs have begun to incorporate nutritional components, although with varying levels of success. For example, in South Africa, Govender et al. (2018) documented how a pilot nutrition program in public schools improved students' knowledge and led to a reduction in reported gastric symptoms. However, challenges such as inadequate funding and low teacher training levels remain.

In Zambia, efforts to integrate health and nutrition education into the school system are underway but remain limited in scope. Kapinda et al. (2020) demonstrated the potential impact of a school-based nutrition intervention, which combined education on healthy eating and physical activity. The program led to a measurable decrease in gastric symptoms among participating adolescents. Expanding such initiatives could provide a sustainable solution for improving gastric health in Zambian schools.

3. RESEARCH METHODOLOGY

3.1 Research design

This study employed a descriptive survey research design, incorporating a mixed methods approach to systematically explore the current state of therapeutic nutrition interventions for adolescents with gastric issues in selected secondary schools in Lusaka District. The design was chosen for its ability to effectively capture detailed information on prevalence, knowledge, practices, and perceived barriers related to nutritional management. Quantitative methods provided measurable insights into the prevalence of gastric issues and the level of knowledge among adolescents and teachers, while qualitative methods offered deeper, contextual understanding of the lived experiences and challenges faced. This combination allowed for a more holistic and comprehensive analysis of the research problem (Creswell, 2014; Bryman, 2016).

3.2 Research site

The study was conducted in four selected secondary schools in Lusaka District, Zambia. Lusaka was chosen due to its urban diversity, socio-economic variation, and the researcher's familiarity with the area, which facilitated participant engagement. The selected schools offered a suitable setting to explore adolescent gastric health through both quantitative and qualitative methods, ensuring a broad representation of experiences and contributing to a deeper understanding of the nutritional management of gastric issues in an urban Zambian context.

3.3 Population, Sample and Sampling procedure

The target population for this study consisted of approximately 640 individuals across three primary groups: adolescents aged 13-18 who had experienced gastric issues and sought medical attention, parents or guardians involved in managing their adolescents' symptoms, and school staff, including teachers and administrators. A sample of 64 participants was selected, representing 10% of the target population. This sample included 40 adolescents, 12 school staff, and 12 parents or guardians, chosen to provide a comprehensive understanding of the therapeutic nutrition interventions for adolescents with gastric issues in Lusaka District. Purposive sampling was employed to select participants who met specific criteria, ensuring that those with relevant experiences and knowledge could contribute valuable insights into the research objectives.

3.4 Data Analysis

Data analysis for this study combined quantitative and qualitative methods. Quantitative data were analyzed using SPSS and Excel to compute descriptive statistics and visualize findings on gastric issues and nutritional practices. Qualitative data from interviews were analyzed using thematic analysis to identify key themes related to nutrition interventions.

3.5 Ethical Issues

Ethical considerations in this study were essential to ensuring the protection of participants' rights and privacy. Informed consent was obtained from participants above the age of 17, while adolescents under 17 provided assent with parental consent. Anonymity and confidentiality were maintained by using anonymized identifiers and securely storing personal information. The study also adhered to ethical review processes, receiving approval from Rockview University's Institutional Review Board (IRB).

4. FINDINGS AND DISCUSSIONS

4.1 Prevalence of Gastric Issues Among Adolescents in Four Selected Secondary Schools of Lusaka District

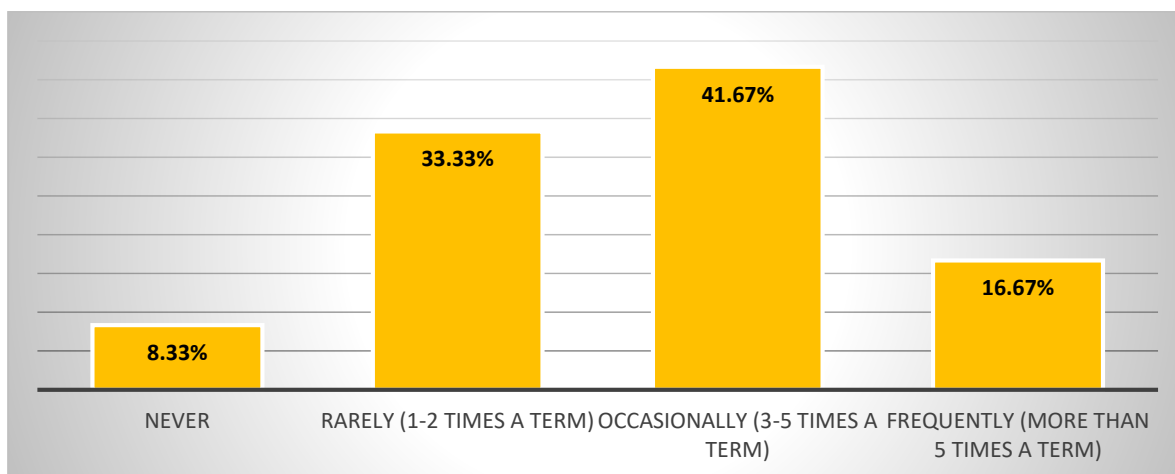


Figure 1: Frequency of Observed Gastric-Related Complaints (n=12)

With regards to gastric-related complaints among adolescents in Lusaka District revealed that most teachers observed such complaints occasionally, with 41.67% (5 teachers) reporting this frequency. Fewer teachers noted them as rare (33.33%) or frequent (16.67%), while a small percentage (8.33%) had never observed them. These findings indicated that gastric issues were present but not a daily occurrence. This was consistent with Agyeman et al. (2019), who found a significant proportion of adolescents in Ghana experienced gastric complaints, largely due to dietary practices and stress. Furthermore, Amrani et al. (2017) emphasized the impact of school-based nutritional interventions in reducing gastric symptoms, supporting the idea that factors like diet and stress contributed to the observed gastric issues in Lusaka. These results underscored the importance of dietary habits and stress management in managing adolescent gastric complaints.

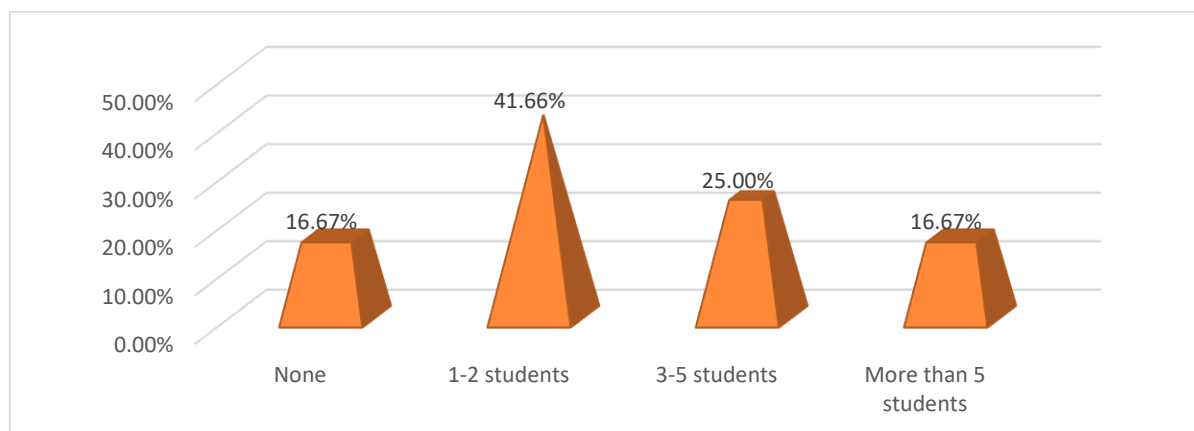


Figure 2: Number of Students Diagnosed with Gastric Issues (n=12)

Pertaining to the number of students diagnosed with gastric issues, the findings established that the largest proportion of teachers (41.67%) reported 1-2 diagnosed cases, followed by 25.00% who noted 3-5 cases. A smaller percentage of teachers

indicated no diagnosed cases (16.67%) or more than 5 diagnosed cases (16.67%). These results suggested that while gastric issues were present, they were not widespread among the student population. This trend mirrored the findings by Banda and Kalungia (2016), who reported a relatively low prevalence of diagnosed gastric issues among adolescents in Lusaka, though still significant enough to warrant attention. Similarly, Ndububa et al. (2011) found that dyspepsia in Nigerian adolescents was mostly sporadic, with a small number of cases affecting most students, reinforcing the notion that gastric complaints were not a common issue across the entire student body.

4.2 Causes of Gastric Issues

Table 1: Observed Causes of Gastric Issues (n=12)

Response	Frequency	Percentage (%)
Poor dietary habits	4	33.33%
Stress or anxiety	3	25.00%
Lack of access to proper nutrition	3	25.00%
Unknown: Family medical history	2	16.67%
Total	12	100.00%

The study found that poor dietary habits were the leading cause of gastric issues among adolescents, identified by 33.33% of teachers, which aligns with Agyeman et al. (2019), who linked poor diets to gastric complaints. Stress or anxiety, reported by 25% of teachers, also emerged as a significant factor, supporting Bauer et al. (2018), who highlighted stress's role in adolescent gastrointestinal health. Additionally, lack of access to proper nutrition, noted by 25% of teachers, mirrors findings by Amuna et al. (2018), who identified nutrition as a key determinant in adolescent health. Lastly, 16.67% of teachers cited family medical history, consistent with Ndububa et al. (2011), who found hereditary factors contributed to gastric issues. These findings highlight the need for interventions addressing diet, stress, and nutrition access.

4.3 Learners' Experience with Gastric Issues

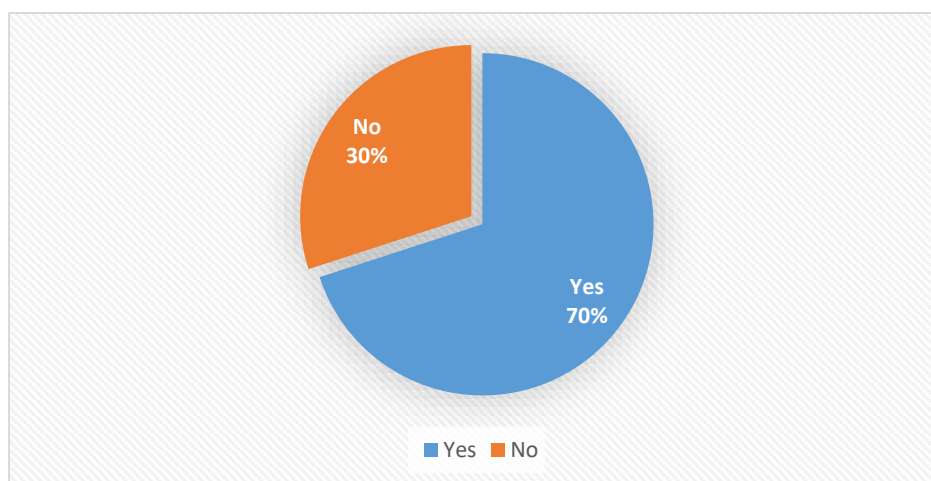


Figure 3: Learners' Experience with Gastric Issues in the Past Year (n=40)

The findings on learners' experiences with gastric issues revealed that 70% of students had experienced gastric problems in the past year, with 30% reporting no such issues. This is consistent with Agyeman et al. (2019), who also identified a high prevalence of gastric complaints among adolescents, largely linked to poor dietary habits, such as high-fat and irregular eating practices. The frequency of gastric issues showed that most students experienced them occasionally, with 30% reporting such occurrences, which aligns with Banda and Kalungia (2016), who found that moderate gastric symptoms were common in Lusaka. Similarly, Bauer et al. (2018) noted that gastrointestinal health in adolescents often fluctuated, influenced by diet and stress. These findings highlight the need for effective dietary and stress management interventions in addressing gastric issues among learners.

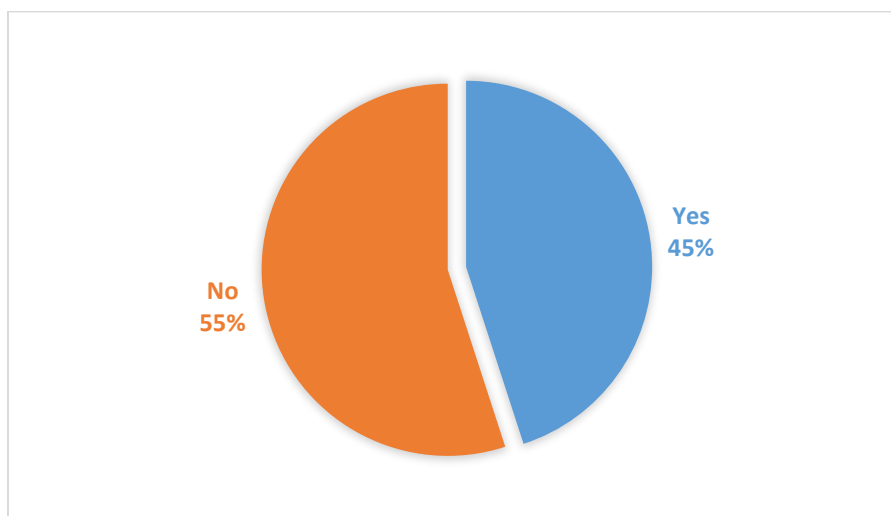


Figure 4: Missed School Due to Gastric Issues (n=40)

The impact of gastric issues on school attendance was another significant finding. Almost half of the learners (45.00%) reported missing school due to gastric issues, while the other half (55.00%) did not. This finding is consistent with studies by Amuna et al. (2018), which highlighted how gastric issues could lead to absenteeism and negatively affect academic performance, particularly when the issues were recurrent and severe.

4.4 The Role of Nutrition in Managing Gastric Issues

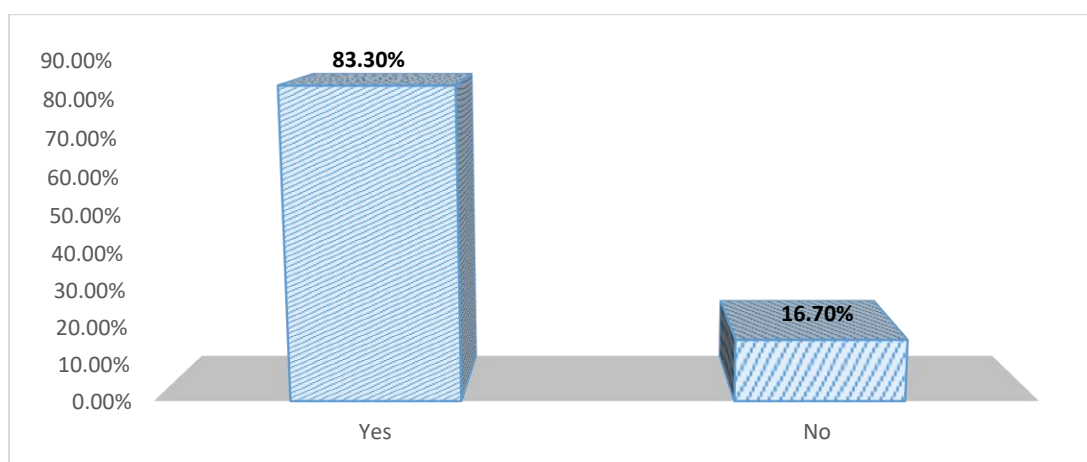


Figure 5: Awareness of the Role of Nutrition in Managing Gastric Issues (n=12)

The findings revealed that 83.3% of teachers in Lusaka District were aware of the role of nutrition in managing gastric issues, a crucial factor in preventing and addressing these conditions. This is consistent with Amrani et al. (2017), who highlighted the effectiveness of nutritional interventions in schools for managing gastrointestinal issues. The high awareness among teachers suggests that they were better prepared to guide students toward healthier dietary practices, potentially reducing the impact of gastric complaints.

4.5 Recommended Nutritional Practices

Drinking more water was the most frequently recommended practice, 10 (25.0%), followed by eating smaller, frequent meals, 9 (22.5%). Avoiding spicy or acidic foods was suggested by 8 (20.0%), while 7 (17.5%) recommended including more fruits and vegetables. Reducing fatty and fried foods was the least common recommendation, cited by 6 (15.0%).

Table 2: Recommended Nutritional Practices (n=12)

Response	Frequency	Percentage (%)
Avoid spicy or acidic foods	8	20.0%
Eat smaller, frequent meals	9	22.5%
Include more fruits and vegetables	7	17.5%
Reduce fatty and fried foods	6	15.0%
Drink more water	10	25.0%
Total	40	100%

The findings presented in table 2 above revealed that teachers in Lusaka District recommended practical dietary practices, such as drinking more water (25%) and eating smaller, frequent meals (22.5%), to manage gastric issues. This supported Agyeman et al. (2019), who emphasized the role of hydration in alleviating gastric discomfort. Additionally, the suggestion of smaller, frequent meals aligned with recommendations from Amuna et al. (2018), who found that such practices could help manage gastric reflux. These dietary guidelines reflected a broader understanding of managing gastric issues through nutrition.

4.6 Analysis of Knowledge and Practices Regarding Nutritional Management of Gastric Issues Among Adolescents and Teachers in Lusaka District

Table 3: Relationship Between Knowledge and Practices of Nutritional Management (KPNM) and Prevalence of Gastric Issues (PGI) (Chi-Square Test, T-test and Pearson Correlation)

Statistical Test	Variables Analyzed	Test Results	Conclusion
Chi-Square Test	KPNM (Knowledge & Practices) vs. PGI (Prevalence of Gastric Issues)	$p = 0.027$	There is a significant association between the knowledge and practices of nutritional management (KPNM) and the prevalence of gastric issues (PGI). Better knowledge and practices are associated with a lower prevalence of gastric issues.
T-test	KPNM vs. PGI (Group Comparison)	$p = 0.018$	There is a statistically significant difference in the prevalence of gastric issues (PGI) between individuals with high and low knowledge and practices of nutritional management (KPNM). Those with higher KPNM have a lower prevalence of gastric issues.
Pearson Correlation	KPNM and PGI (Correlation between knowledge and prevalence)	$r = -0.56$, $p = 0.005$	A moderate negative correlation exists between KPNM and PGI, suggesting that as knowledge and practices of nutritional management increase, the prevalence of gastric issues decreases.

The analysis showed a significant association between the knowledge and practices of nutritional management (KPNM) and the prevalence of gastric issues (PGI), with better knowledge and practices being linked to fewer gastric issues. The Chi-Square Test ($p = 0.027$) indicated that improved KPNM is associated with lower prevalence of gastric issues. The T-test ($p = 0.018$) revealed a significant difference in gastric issue prevalence between those with high and low KPNM, with lower PGI in those with higher KPNM. Additionally, the Pearson Correlation ($r = -0.56$, $p = 0.005$) confirmed a moderate negative relationship, showing that as KPNM increases, the prevalence of gastric issues decreases.

4.7 Perceived Barriers to Therapeutic Nutrition Interventions for Adolescents in Four Selected Secondary Schools of Lusaka District

With regards to perceived barriers to therapeutic nutrition interventions for adolescents in four selected secondary schools of Lusaka district, limited resources were the most commonly identified barrier, cited by 4 teachers (33.3%). Equal proportions of teachers (2 each, 16.7%) mentioned lack of knowledge, time constraints, lack of support from administration, and lack of parental involvement as barriers to implementing nutritional interventions (*See table 4*)

Table 4: Main Barriers to Implementing Nutritional Interventions (n=12)

Response	Frequency	Percentage (%)
Lack of knowledge	2	16.7%
Limited resources	4	33.3%
Time constraints	2	16.7%
Lack of support from administration	2	16.7%
Other: Lack of parental involvement	2	16.7%
Total	12	100%

The primary barrier identified by teachers in Lusaka District schools was a lack of resources (33.3%), aligning with Amrani et al. (2017), who found that limited resources hindered effective school-based nutrition interventions. Baños et al. (2015) similarly highlighted that inadequate resources negatively affected health programs in schools. Another significant barrier was the lack of knowledge (16.7%), which matched Banda and Kalungia's (2016) findings on the limited nutritional knowledge among adolescents in Lusaka, further complicating effective intervention efforts.

4.8 Perceived Main Challenges to Following a Diet for Gastric Issues

Table 5: Main Challenges to Following a Diet for Gastric Issues (n=40)

Response	Frequency	Percentage (%)
Lack of knowledge about which foods to eat	12	30.0%
Limited availability of suitable foods	10	25.0%
Cost of suitable foods	14	35.0%
Peer pressure to eat unhealthy foods	4	10.0%
Total	40	100%

The findings presented in table 5 above clearly indicate that the most significant challenge faced by learners in following a diet for gastric issues was the cost of suitable foods, reported by 35.0% of the learners, reflecting financial barriers to adhering to dietary guidelines. This finding is consistent with Agyeman et al. (2019), who highlighted economic constraints as a major barrier to proper nutrition. Amuna et al. (2018) also emphasized that financial limitations hinder healthy dietary changes, particularly in low-income settings. Additionally, 25.0% of learners reported limited availability of suitable foods, which aligns with Banda and Kalungia's (2016) findings on the scarcity of specialized foods in certain regions. Furthermore, a lack of knowledge about which foods to eat was cited by 30.0% of learners, echoing previous studies, including Banda and Kalungia (2016), which highlighted the impact of inadequate nutrition education on managing gastric issues.

4.9 Interview responses

The interviews with Food and Nutrition teachers revealed a significant gap in students' understanding of dietary management for gastric issues. One teacher expressed concern about students' lack of awareness, saying, *"Students don't seem to understand the importance of avoiding certain foods."* Teachers emphasized the need for practical learning to help students apply nutritional knowledge, with one stating, *"We need more hands-on sessions where they can prepare meals that support gastric health."*

Peer pressure was identified as a major barrier, with one teacher noting, *"Adolescents often eat what their friends are eating, even if it worsens their condition."* Parental involvement was also highlighted as a challenge, with some teachers mentioning that parents were not always supportive of dietary changes at home. *"Parents don't always follow through with the dietary plan,"* said one teacher, reflecting a common concern.

Parents echoed many of these frustrations, with one parent noting, *"We don't get enough information about how to manage the condition at home. It's frustrating not knowing if we're doing it right."* Financial constraints were another barrier, as one parent shared, *"The prescribed foods are often expensive, and I can't always afford them."* Communication between home and school was also seen as lacking, with another parent stating, *"There's a disconnect between what's happening at school and what we should be doing at home."*

5. RECOMMENDATIONS

1. It is recommended that school health programs, in collaboration with the Ministry of Health, conduct awareness campaigns to educate adolescents and teachers on the prevention and management of gastric issues through proper nutrition. These programs should be regularly updated to ensure continuous knowledge dissemination.
2. The Ministry of Education should integrate nutritional management of gastric issues into the school curriculum. Teachers should be trained to provide relevant guidance on dietary practices and support for students experiencing gastric problems, ensuring a holistic approach to student health.
3. Food and Nutrition teachers and health officials should work together to identify and address the barriers preventing effective therapeutic nutrition interventions. This may include improving access to specialized nutrition resources and support services for students with gastric issues.
4. It is recommended that local health centers collaborate with schools to ensure easy access to medical and nutritional support services for adolescents with gastric issues. This could include regular screening and timely intervention to manage symptoms effectively.

6. CONCLUSION

In conclusion, assessing the barriers to therapeutic nutrition interventions among adolescents with gastric issues in selected secondary schools in Lusaka District highlights a critical gap in school-based healthcare support. The study underscores how limited nutritional awareness, insufficient institutional capacity, and socio-economic challenges significantly hinder the effective implementation and adherence to therapeutic diets. Addressing these barriers requires a multi-sectoral approach involving schools, healthcare providers, parents, and policymakers to create an enabling environment that supports the nutritional needs of adolescents with gastric conditions. Strengthening school health programs, enhancing nutrition education, and ensuring access to appropriate dietary resources are essential steps toward improving health outcomes and fostering academic success among affected students.

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