

**LIVED EXPERIENCES OF PREGNANT STUDENTS AT THE  
UNIVERSITY OF VENDA, LIMPOPO PROVINCE**

By

**THABETHE REBECCA LINDOKUHLE**

*A mini- dissertation submitted in partial fulfilment of the requirement for the degree:*

**Masters of Public Health (MPH)**

**Department of Public Health**

**School of Health Sciences**

**University of Venda.**

Supervisor : Prof AK Tugli

Co-supervisor : Ms SA Mulondo

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## DECLARATION

I, Thabetha Rebecca Lindokuhle, hereby declare that *Lived experiences of pregnant students at the University of Venda, Limpopo Province* for the degree of Master of Public Health at the University of Venda, School of Health Sciences is my original work, and has not been submitted to any other institution for the same purpose. I also declare that all citations, materials and sources used have been accordingly acknowledged by complete references.

Signature .....

Date.....

## DEDICATION

This mini-dissertation is lovingly dedicated to my family. Thank you for your love and support. To my supervisors, Prof AK Tugli and Mrs SA Mulondo, thank you for your guidance and on-going support. You always motivated me to persevere. Lastly, to my son, Nathan, you are my inspiration.

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## LIST OF ACRONYMS

<i>AIDS</i>	Acquired Immune Deficiency Syndrome
<i>ANC</i>	Antenatal Care
<i>HEAIDS</i>	Higher Education HIV and AIDS Programme
<i>HIV</i>	Human Immune Deficiency Virus
<i>IPA</i>	Interpretative Phenomenological Analyses
<i>SASA</i>	South African Schools Act
<i>STDs</i>	Sexually-Transmitted Diseases
<i>UNIVEN</i>	University Of Venda
<i>USA</i>	The United States of America
<i>WHO</i>	World Health Organization

## ABSTRACT

Pregnancy can be a great experience. However, for some, it is not, especially when they are still students. Pregnant students experience many challenges, which include dropping out of school. Pregnant students thus need support from family members and friends to cope.

The purpose of the study was to explore the lived experiences of pregnant students at the University of Venda, Limpopo Province.

The study was conducted at the University of Venda (UNIVEN), situated in the scenic Vhembe District of the Limpopo Province. A qualitative approach, using a phenomenological design, was used for this study. A sample size of 20 pregnant students was selected from the target population through convenience sampling and data were collected through a semi-structured interview. An interpretative phenomenological approach was used to analyse the data.

The study findings show that pregnant students encounter countless experiences, such as maternal stress and anxiety, inability to cope, poor concentration, low self-esteem, absenteeism and poor performance. In addition, pregnant students relied on the social support they received from friends, family and partner to cope.

The study recommends that the institution should offer adequate services to pregnant students, such as attending Antenatal Care (ANC) at the University Clinic to reduce the likelihood of absenteeism and dropout rate amongst pregnant students.

**Keywords:** Experiences, Pregnancy, Students, University.



## CHAPTER 1

### INTRODUCTION AND BACKGROUND OF THE STUDY

#### 1.1. Background to the study

Pregnancy among young females is increasing, especially at tertiary institutions. According to Lebeso, Maputle, Mabunda and Chauke (2015), more and more students are getting pregnant and this increase is worrisome, given the alarming trend of Human Immune Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) pandemic and other sexually-transmitted diseases (STDs). In addition, pregnant students are vulnerable to adverse health effects. Among 210 million pregnancies that are reported every year worldwide, almost 529,000 females die from pregnancy-related challenges (Shiferaw, Gashaw & Tesso, 2015).

In the United States of America (USA), 80% of female students between the ages of 18 and 24 years at higher institutions were found to be sexually active (Coetzee & Ngunyulu, 2015). At the University of Jigjiga - Ethiopia, 78.53% of students were found to be sexually active (Mavhandu-Mudzusi & Asgedom, 2016), whilst 74% of undergraduates in higher education institutions are sexually active in the Gauteng Province of South Africa (Coetzee & Ngunyulu, 2015).

Reproductive health-related challenges are the leading cause of mortality and morbidity among women worldwide (Egemba & Ajuwon, 2015). In developing countries, youths are faced with reproductive health problems such as unplanned pregnancy, early childbearing, unsafe abortion, HIV/ AIDS and other sexually-transmitted diseases (Dida, Darega, & Takele, 2015). According to Mavhandu-Mudzusi and Asgedom (2016), college students are at high risk of contracting HIV due to sexual risk behaviour.

Unguided sexual activities, pregnancies and high attrition rate among pregnant students are a common sight in most educational institutions. According to the National Campaign (2015), 61% of community college students who fell pregnant while studying did not complete their studies, and about 38% of the students who dropped out from the community college cite pregnancy as a cause of dropping out of school.

In his findings, Karimi (2015) states that between 10 000 and 13 000 females drop out every year due to pregnancy. Among these students, only 1200 return to school after giving birth. In

the same vein, Ikamari, Izugbara and Ochako (2013) reported that almost 13 000 female students drop out of school every year due to pregnancy in Kenya.

In South Africa, the South African Schools Act (SASA) 84 of 1996 stipulates that pregnant students are allowed to be in school while pregnant and can return after giving birth. This is in accordance with the Promotion of Equality and Prevention of Unfair Discrimination Act (No 6 of 2000) which clearly states that students who become pregnant should not be unfairly discriminated against (Willan, 2013). This might have contributed to an upsurge in pregnancy rates in educational institutions.

According to Gama (2008), there is an increase in the pregnancy rate at the University of Zululand because students hardly use contraceptives. In their study, Tladi and Jali (2014) pointed out that the University of Limpopo (Turfloop campus) is experiencing a drastic increase in pregnancy despite the presence of the Health Centre which offers contraceptives. This is also the case at the University of Venda, where pregnancies reported at the campus health centre rose from 77 in 2011 to 104 in 2013 (Campus Health Centre, 2014).

Pregnancy has dire effects on students at universities. This is because among the students who fall pregnant, only around a third continues schooling while the rest drop out and return to school after giving birth (Willan, 2013). In addition, pregnant students have a lower possibility of completing their studies because after giving birth, they stay at home and take care of the babies (Pogoy, Verzosa, Coming & Agustino, 2014).

Pregnancy is a threat to the students' psychological well-being, and this can lead to mental health problems, including substance abuse (WHO, 2008). Being a mother-to-be can trigger psychological disorders such as anxiety, stress, inability to make a decision, fear of the future and frustration, and these challenges can have a negative impact on students' studies (Mamhute, 2011).

## **1.2. Problem statement**

Although contraceptives are freely available on campuses of various educational institutions in South Africa, the pregnancy level among female students is still high. In a study conducted at the University of Venda by the Higher Education HIV and AIDS Programme (HEAIDS), a participant remarked that “ 3 or 4 students in any one module are pregnant”(HEAIDS, 2010: 33). Furthermore, from the UNIVEN Campus Health report of 2014, pregnancy cases also rose from 77 in 2011 to 104 in 2013.

Pregnancy, by its nature, whether intended or unintended, can be very demanding and challenging, especially among students who have to juggle between the demands of studying and pregnancy. As a Registered Counsellor and living within the UNIVEN campus, the present researcher comes across a number of pregnant students on a daily basis, with some abandoning their studies. As a result of limited reproductive and maternal healthcare support services on campus, the researcher is concerned with how pregnant students manage and cope with both the demands of their academic work and pregnancy.

### **1.3. Rationale for the study**

Studies by Anyanwu, Goon and Tugli, (2013) and Lebese, Maputle, Mabunda and Chauke, (2015) have been conducted at the University of Venda in relation to pregnant students. However, those studies have only focused mainly on students' knowledge, attitudes and perceptions regarding student pregnancies. No known studies have focused on the lived experiences of pregnant students. Hence this study became necessary to bridge this gap.

### **1.4. Significance of the study**

The results of this study may provide vital information and recommendations to the management of the University of Venda on ways and strategies to provide support to address the needs and retention of pregnant students in the institution. The study is also expected to be useful for healthcare providers and health workers on campus, to provide the necessary support for pregnant students and policy makers in making policies that favour vulnerable students. The study is also expected to directly benefit the pregnant students by linking them with relevant sources of information and services that will assist them during the course of their study.

### **1.5. Purpose of the study**

To explore the lived experiences of pregnant students at the University of Venda.

### **1.6. Objectives**

The following were the specific objectives of the study:

- 1.6.1. To investigate the experiences of pregnant students at the University of Venda.
- 1.6.2. To determine the coping strategies of these students.

## 1.7. Research questions

The following were the specific questions of the study:

1.7.1. What are the experiences of pregnant students at the University of Venda?

1.7.2. What are the coping strategies of these pregnant students?

## 1.8. Definition of terms

- **Student:** A person who has registered and studying at the university (Univen, 2014). For the purpose of this study, a student is any learner who is registered at the University of Venda.
- **Pregnancy:** Pregnancy refers to a state of carrying a developing embryo or foetus within the female (Zungu & Manyisa, 2009). For the purpose of this study, pregnancy will refer to female students (under and postgraduate) who are pregnant.
- **University:** A high-level educational institution in which students study for degrees and academic research is done (Bosampra, 2001). For the purpose this study, a University will refer to the University of Venda, situated in Thohoyandou.
- **Experiences:** are the sum total of the conscious events which compose an individual life (Erich, 2003). For the purpose of the study, experiences will refer to the challenges pregnant students encounter at the University of Venda.

## 1.9. Structure of the study

The study consists of five chapters and they are structured as follows:

### Chapter 1: Introduction

Chapter one focuses on the background of the study on the lived experiences of pregnant students. The background of the study helps the researcher to put the study into perspective. The chapter discusses the rationale, problem statement, objectives and research questions of the study. The aim of the study was provided to help the researcher remain focused on what the study should entail. The chapter ends by highlighting the structure of the study.

### Chapter 2: Literature review

This chapter focuses on the review of literature relevant to the topic, which helped the researcher familiarise himself/herself with the experiences of pregnant students in other contexts. The following themes were identified, psychological experiences, academic

challenges, socio-economic experiences, health-related experiences and cultural experiences. The chapter ends by discussing the coping strategies of pregnant students.

### **Chapter 3: Research methodology**

Chapter three provides details about the research methodology that was used for this study. The research design for this study is also presented. This study is qualitative in nature. The strength of a qualitative research is that it gives an in-depth understanding of the phenomenon being studied. As the study sought to understand the experiences of pregnant students, semi-structured interviews were conducted. Data were analysed through Interpretative Phenomenological Analyses. The chapter also gives an account of the sampling method that was used and the ethical considerations as required in research.

### **Chapter 4: Results and discussion of the findings**

This chapter presents the data that were obtained from participants. Interpretative Phenomenological Analyses (IPA) were used to analyse the data. The emergent themes, sub-themes and categories are discussed in this chapter.

### **Chapter 5: Summary, limitations, conclusions and recommendations**

This chapter presents the summary, conclusion, limitation of the study and recommendations of the study. The conclusion is based on the research findings. Recommendations to identified stakeholders are also made. Lastly, suggestions for further researchers are given.

#### **1.10. Summary of the chapter**

This chapter has introduced the title of this study to the reader. The researcher presented the background of lived experiences of pregnant students and the aim was indicated, including the objectives and research questions. The chapter ends by outlining the structure of this study.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1. Introduction

This chapter focuses on the literature review related to the experiences of pregnant students. The literature review places a research project in context. It shows the path of prior research and how the current project is linked to the former (De Vos, Strydom, Fouche & Delport, 2011). A literature review is an excellent source for focusing on a topic, as it reduces the chances of focusing on irrelevant and out-dated information. Finally, it provides the framework of the research and identifies the area of knowledge that tends to expand. The literature review focussed on the psychological, physical, socio-economic and health-related experiences of pregnant students during pregnancy.

#### 2.2. Experiences of pregnant students

##### 2.2.1. Psychological experiences

Different Psychological experiences amongst pregnant students have been identified. Pregnancy amongst students can have an undesirable impact on the expected mother's mental well-being (Nordin, Wahab & Yunus, 2012).

##### 2.2.1.1. Maternal stress

Though pregnancy can be a wonderful experience in a woman's life, it can also be stressful (Guardino & Schetter, 2014). Stress can be defined as an adaptive reaction towards a life-threatening event (Książek, Grabska, Trojanowska, Slowinska, Dreher, Scirka & Dreher, 2015). Maternal stress is a kind of stress experienced during pregnancy by pregnant students. Stress during pregnancy is the result of physical and psychological changes that come along with pregnancy and the new role of being a mother which is about to unfold (Sarani, Azhari, Mazlom & Sherbaf, 2015).

Too much stress during pregnancy can lessen the chances of carrying the pregnancy to full term, causing a miscarriage (Peoples, Thrower & Danawi, 2014). It can also affect the unborn baby in long-term developmental outcomes, such as the poor functioning of the hypothalamus and pituitary gland, increasing levels of stress hormones, causing a delay in walking and speaking. Stress also results in learning and memory difficulties, and as well as emotional or behavioural problems on the unborn baby (Sarani et al., 2015). Maternal stress

can be detrimental to students. In addition exposure to severe stress leads to poor performance (Basol, Carneiro, Guimaraes, Okabayashi, Carvalho, Da Silva, Cortes, Rohdel & Eizirik, 2015).

### **2.2.1.2. Maternal anxiety**

Pregnancy is a life experience that comes with much uncertainty about the future. Pregnant students have to adapt to too many changes (Staneva, Bogosian & Wittskowski, 2015). Such changes include balancing an academic life with pregnancy and planning for the baby's future. According to Guardino and Schetter (2014), pregnant students experience anxiety due to excessive worry about the ability to take care of the unborn baby.

According to Adams, Daly and Morgan (2014), pregnant women are vulnerable to antenatal anxiety. This also applies to pregnant students. Guardino and Schetter (2014) highlight the effects of antenatal depression, which include preterm delivery and low birth-weight. According to WHO (2010), approximately 8.0% of preterm birth were experienced in South Africa.

### **2.2.1.3. Maternal depression**

Maternal depression is a serious mental health problem among women. Approximately 15% of pregnant women experience maternal depression (Morikawa, Okada, Ando, Aleksic, Kunimoto, Nakamura, Kubota, Uno, Tamaji, Hayakawa, Furumura, Shiino, Morita, Ishikawa, Ohoka, Usui, Banno, Murase, Goto, Kanai, Masuda & Ozaki, 2014). According to Yilmaz, Yilmaz, Cakmak, Karsli, Gultekin, Dogan, Kara and Kucukozkan (2016), maternal depression has also been observed among pregnant students.

Maternal depression is common during pregnancy and comprises of several symptoms, such as poor concentration, fatigue, inability to make a decision and short temperateness (Haring, Smith, Bodnar & Ryan, 2011). If such symptoms are experienced by students, they are likely to be detrimental to academic performance.

According to Van den berg and Manhute (2013), for students to achieve their educational goals they have to be mentally stable. Therefore, depressed pregnant students have a lower chance of achieving their potential as students. This is caused by maternal depression which affects students academically and psychologically. This is because pregnant students are preoccupied with thoughts of feeling unloved or unaccepted by others (Ugoji, 2013).

Maternal depression among pregnant students should be treated because if not it will lead to postpartum depression, which is depression after giving birth (Peltzer & Shikwane, 2011). According to Zubaran, Schumacher, Roxo and Foresti (2010), the prevalence rate of postpartum depression in South Africa is 34.7%. Postpartum depression has a negative impact on the mothers' interaction relationship and relationship with the newborn.

#### **2.2.1.4. Eating disorders**

Pregnant students are vulnerable to eating disorders (Njango & Gichuho, 2014). In addition, pregnancy is a phase characterised by weight gain. Therefore, due to fear of gaining weight, pregnant students may not eat healthily and this may lead to malnutrition to the foetus (Fornari, Dancyger, Renz, Skolnick & Rochelson, 2014). This is undesirable, taking into consideration that the foetus's development depends on the prenatal diet (Kesmodel, Underbjerg, Kilburn, Bakketeig, Mortensen, Landro, Schendel, Bertrand, Grove, Ebrahim & Thorseni, 2010).

Eating disorders comprise of three types; namely, anorexia nervosa, binge eating and bulimia nervosa. They are characterised by abnormal eating patterns such as food restriction, purge and binge eating (Watson, Torgersen, Zerwas, Reichborn-Kjennerud, Knoph, Stoltenberg, Siega-Riz, Von Holle, Hamer, Meltzer & Ferguson, 2014). According to Fornari et al. (2014), pregnant students suffering from eating disorders experience the following symptoms: fear of gaining weight and being occupied with feelings of being fat and abnormal electrolytes, such as a low serum potassium level.

Eating disorders during pregnancy can have dire effects on the foetus (Lowe, Kopeika, Micali & Ash, 2012). In addition, Eating disorders during pregnancy can lead to medical problems for the pregnant students. These include kidney damage and psychological problems such as suicide (Watson et al., 2014).

#### **2.2.1.5. Poor concentration**

Pregnant students experience poor concentration because of inability to get enough rest due to the demands of their academic work (Mamhute, 2011). According to Piccardi, Verde, Bianchini, Morgagni, Guariglia, Strollo and Tomao (2014), poor concentration can be a result of cognitive changes during pregnancy. As far as students are concerned, poor concentration can lead to poor performance amongst pregnant students.

### **2.2.1.6. Low self-esteem**

Self-esteem refers to the value people have for themselves. People with a positive self-evaluation have a high self-esteem and those with a poor self-evaluation have a low self-esteem (Abadi, 2012). Low self-esteem during pregnancy leads to a negative relationship with the unborn baby (Macula, Vale & Carmona, 2010).

According to Ugoji (2013), there is a correlation between low self-esteem and teenage pregnancy. This also applies to pregnant university students. The results of low self-esteem during pregnancy can be triggered by body changes such as weight gain; therefore, a pregnant student may start to feel unattractive due to these changes (Inanir, Cakmak, Nacar, Guler & Inanir, 2015).

### **2.2.2. Academic experiences**

Different academic experiences amongst pregnant students have been identified. These include absenteeism, failure to write examinations and school dropout. Motherhood amongst young female students has been found to be an obstacle to educational success amongst young females in South Africa (Kheswa & Pitso, 2014).

#### **2.2.2.1. Absenteeism**

In 2006 the South African Department of Education found that more than 72, 000 pregnant students were absent from school (Mushwana, Monareng, Richter & Muller, 2015). Pregnant students adopt the tendency of staying absent most of the school days (Malahlela, 2012). Mcnee (2013) echoes the same idea and further explains that the reason for absenteeism among pregnant students could be illness associated with the pregnancy or when a doctor has ordered bed rest.

#### **2.2.2.2. Failure to write examinations**

According to Zungu et al. (2009), pregnant students encounter academic-related challenges, such as failure to write examinations because of giving birth during the examination period. This implies that they have to write the missed examination the following year. According to Van Den Berg and Manhute (2013), no arrangements are made to enable pregnant students to write missed examination in some cases. This can lead to pregnant students failing to complete their studies in record time.

### **2.2.2.3. School drop-out**

Pregnant students usually drop out of school. In New York, 70% of student mothers dropped out in the 21<sup>st</sup> century. In Tanzania between 2004 and 2008 28 600 females dropped out of school because of pregnancy (Maluli & Bali, 2014). As can be seen, pregnancy is associated with school dropout in most African Countries (Willan, 2013). However, this is not the case in South Africa, whereby pregnant students delay in completing school instead of dropping out. The reason for pregnant students' dropout is that pregnancy can affect the intellectual and working abilities of students (Sekgobela, 2008). Though they have different reasons for dropping out, some students drop out due to inability to cope with the challenges they encounter as pregnant students (Karimi, 2015).

Pregnant students are allowed to stay in school until they are about to give birth (Maluli et al., 2014). However, across studies, pregnancy is associated with school dropout (Sittichai, 2012). Van Den Berg and Manhute (2013) argue that some pregnant students are propelled to drop out from the university due to the physical health challenges they encounter.

Netshikweta and Ehlers (2002) posit that during pregnancy, students perform badly. However, this is not always the case, as some pregnant students are still able to perform well regardless of being pregnant (Maluli et al., 2014). Some pregnant students do not return to school and failure to complete their studies means that they have wasted their time (Sittichai, 2012). Lack of education due to school dropout will mean that mothers will have to settle for low-paying and unsatisfying jobs (Pogoy et al., 2014). However, in some schools, pregnant students do not drop out by choice but are expelled due to their pregnancy (Akintande, 2010).

### **2.2.3. Socio-economic experiences**

Pregnant students may encounter socio-economic experiences in relation to their pregnancy. Such students may feel disempowered as a result of being discriminated against and lack of support could lead to failure as students (Karimi, 2015).

#### **2.2.3.1. Financial difficulties**

The majority of pregnant students are financially unstable and sometimes the partner responsible for the pregnancy refuses to take responsibility (Sekgobela, 2008). Consequently, the family of the pregnant student will end up incurring the financial burden of taking care of the pregnant student and the child (Anyanwu & Tugli, 2013). This can result in financial

strain on the family (Njango & Gichuho, 2014). According to Waldman (2008), experiencing financial difficulties amplifies stress during pregnancy, and also increases the likelihood of depressive symptoms.

Additionally, due to lack of financial support from parents after becoming pregnant, some of the students end up dropping out of university (Sekgobela, 2008). In some cases, some parents stop supporting their children once they get pregnant, as they want them to be responsible for the baby they will be giving birth to. However, this often causes the student to discontinue their studies due to financial difficulties (Van den berg & Mamhute, 2013).

### **2.2.3.2. Stigmatisation**

Due to the cultural expectations of having a child after marriage, pregnant students are afraid to disclose their pregnancy to their close relatives because of fear of being stigmatised (Ugoji, 2013). Pregnant students are also stigmatised because of societal beliefs about pregnancy. This is because society has a negative view about pregnancy whilst still in school. It views pregnant students as sexually promiscuous and irresponsible (Mamhute, 2011). One would expect teachers to support pregnant students, but according to Karimi (2015), pregnant students are also stigmatised by their teachers because teachers view pregnant students as adults, who do not qualify to be in the classrooms.

### **2.2.3.3. Inadequate support**

During pregnancy, support from people within one's social circle is vital for easier adaptation to the situation. Sadly, pregnant students experience inadequate support from their partners, friends and family members. Inadequate support during pregnancy can lead to depression (Saleh, Bahei, El-Hadidy & Zayed, 2013). Van den berg and Mamhute (2013) argue that most parents give up on their pregnant students. This may lead to stress and depression.

Poor support from parents, family members and friends is due to their being disappointed with the pregnant student (Netshikweta & Ehlers, 2002). Most parents expect their children to go to university and get married before they give birth. However, when things do not go according to plan, the parents become disappointed and will not be willing to support the pregnant student. Some pregnant students are, therefore, forced to leave their parental homes to save the family from shame, and this may leave students homeless (Karimi, 2015).

The pregnant student also needs emotional support, not only from family members and friends, but also from lecturers. Akintande (2010) highlights that pregnant students do not

always get social support. In a study done by Haring et al. (2011), they alluded that social support serves as a protective factor against depression during pregnancy. Pregnant students need social support from lecturers to cope with their studies (Willan, 2013).

#### **2.2.3.4. Substance use**

Substance use during pregnancy is a serious health problem all over the world (Slamberova, 2012). Evidence shows that substances can pass through the placenta and affect the unborn child (Behnke & Smith, 2012). Substance use during pregnancy affects both mother and the unborn child because pregnant students who engage in substance use often do not attend antenatal care (Wong, Ordean & Kahan, 2011).

Smoking during pregnancy is a global concern, leading to negative health results such as preterm birth, stillbirth and long-lasting effects on the child, such as attention-deficit hyperactivity disorder and child obesity (Tabb, Huang, Menezes, Silva, Chan & Cury, 2015). In western countries, foetal alcohol exposure is one of the leading causes of birth defects (Kesmodel et al., 2010).

#### **2.2.4. Health-related experiences**

Health-related experiences have been identified amongst young pregnant females. Pregnancy amongst young females is a public health concern because of the implications it has on the mother and the baby (Hanson, McMahon, Griese & Keynyon, 2014). In South Africa, HIV is higher amongst pregnant women than the general population (Christofides, Jewkes, Dunkle, Nduna & Sterk, 2014).

##### **2.2.4.1. Maternal death**

Pregnant students sometimes delay seeking antenatal care services, as they are usually confused about the next step to follow after discovering about their pregnancy (Zungu & Manyisa, 2009). Failure to attend antenatal care can result in maternal death. In the United States, it has been reported that there are almost one million pregnancy losses every year (Peoples et al., 2014). Therefore pregnant students need regular and proper medical attention, to ensure that they remain healthy throughout their pregnancy. According to Netshikweta and Ehlers (2002), the reason students fail to use prenatal clinic services is due to the poor relationship between pregnant students and the prenatal clinic staff.

#### **2.2.4.2. Sexually-transmitted infections**

Pregnancy amongst students is associated with negative health outcomes such as HIV/AIDS (Birungi, Undie, MacKenzie, Katahoire, Obare & Machawira, 2015). According to Willan (2013), pregnancy among teenagers is a sign that teenagers are involved in unprotected sex. Female students at the university also get pregnant. This could also be the result of unprotected sex. There is also an increase in HIV/AIDS rates, yet young people continue practising unsafe sex.

#### **2.2.4.3. Minor disorders related to pregnancy**

According to Yilmaz et al. (2016), morning sickness affects approximately 70%-80% of all pregnant women, including pregnant students at the university. Such symptoms begin at week 4-6. Morning sickness is characterised by nausea and vomiting during pregnancy. Almost every pregnant woman experiences morning sickness during early pregnancy, with different symptoms, including gagging, retching, vomiting, dizziness, and fatigue (Mckerracher, Collard & Henrich, 2015). These symptoms wear the body out and cause one to feel exhausted. Therefore, such symptoms, when experienced by pregnant students, can be detrimental to the students' academic progress.

#### **2.2.5. Cultural experiences**

Culture has contributed greatly to pregnancy amongst female students (Kheswa & Pitso, 2014).

##### **2.2.5.1. Cultural expectations**

“Culture is a fuzzy set of basic assumptions and values, orientations to life, beliefs, policies, procedures and behavioural conventions that are shared by a group of people, and that influence (but do not determine) each member's behaviour and his/her interpretations of the meaning of other people's behaviour” (Spencer-Oatey, 2012). In some cultures, pregnancy is viewed as immoral. Therefore, pregnant students will hide the pregnancy for as long as possible.

Pregnant students are not supported by culture to continue with schooling (Mamhute, 2011). In some cultures, women are still viewed as homemakers, not as career women (Omwancha, 2012). In contrast, some cultures do not disapprove of pregnant students due to the value placed on fertility (Nkwanyana, 2011).

### **2.3. Coping strategies used by pregnant students**

As a result of the stigma attached to pregnant students, it is important to understand how these students cope (Agunbiade, Titilayo & Opatola, 2009). Different strategies have been used by pregnant students to cope with pregnancy and their studies.

#### **2.3.1. Social support**

According to Mamhute (2011), pregnant students who have social support from their peers cope better with their studies, and they do not experience negative symptoms such as fear and loneliness. Support attained from friends helps pregnant students to accomplish their educational goals such as passing examinations and completing their studies (Van den Berg & Manhute, 2013).

Karimi (2015) points out that teachers should give support to pregnant students, so that they can be able to complete their studies and be in a good position to get employment. Providing social support to pregnant students will contribute to a healthy pregnancy (Abadi, 2012). Social support helps pregnant students by minimising pregnancy complications and also improves birth outcomes by increasing birth-weight (Hetherington, Doktorchik, Premji, McDonald, Tough & Sauvea, 2015).

#### **2.3.2. Positive reappraisal**

Pregnant students use positive reappraisal as a way of coping with their challenges by transforming their negative experiences to positive ones (Abadi, 2012). Guardino and Schetter (2014) add that in order to cope with pregnancy-related challenges, pregnant students view the pregnancy as a good contribution to their lives. According to Johnson, Gooding, Wood and Tarrier (2010), a positive reappraisal is used by pregnant students because it has the ability to reduce stress and depression. Pregnant students perceive their challenges as un-stressful (Matthieu & Ivanoff, 2006).

#### **2.3.3. Escape-avoidance coping**

Escape-avoidance is about disengaging one from a stressful event and its emotional consequences by refusing to believe that it is real (Basol et al., 2015). Pregnant students use escape-avoidance as a way of coping with stressful events they encounter during pregnancy. Though some pregnant students use escape-avoidance as a way of coping, such a strategy is associated with lower psychological well-being, depressed symptoms and anxiety during

pregnant (Abadi, 2012). Pregnant students avoid stressful events to avoid being overwhelmed with their challenges (Allen & Leary, 2010).

#### **2.3.4. Preparation for motherhood**

Transition to motherhood comes with physical, psychological and social changes that may leave pregnant students vulnerable (Habel, Feely, Hayton & Zelkowitz, 2015). It changes how a pregnant student views life (Prinds, Hvidt, Mogensen & Buus, 2013). Therefore, preparation for motherhood is one the measures developed during pregnancy. Pregnant students psychologically prepare for motherhood and by so doing reduce the stress during pregnancy (Guardino & Schetter, 2014).

#### **2.3.5. Prayer**

Pregnant students use prayer as a way of coping with the challenges they encounter and preparing themselves for giving birth. Prayer creates positive mental and physical results (Wachholtz & Sambamoorth, 2011). According to Esperandio and Ladd (2015), pregnant students use prayer for coping because prayer is helpful when going through challenges.

It is believed that prayer gives one the strength to deal with challenges and hope for the future (Cherewick, Kohli, Remy, Murhula, Kurhorwa, Mirindi, Bufole, Benywesize, Ntakwinja, Kindja & Glass, 2015). It enhances the well-being of an individual (Simao, Caldeira & Carvalho, 2016). Prayer also reduces stress and anxiety (Bhatia, 2009).

#### **2.3.6. Substance use**

Irrespective of the effects of substance abuse on both the mother and the unborn baby, pregnant students use smoking and drinking alcohol as a way of coping with the challenges encountered during pregnancy (Guardino & Schetter, 2014). Substance use during pregnancy can lead to inadequate nutrition for the mother and the unborn baby (Slamberova, 2012).

A high level of stress during pregnancy leads to substance use (Guardino & Schetter, 2014). Therefore, pregnant students engage in substance abuse as a way of coping (Ugoji, 2013). Kesmodel et al. (2010) noted that one drink of alcohol per day can cause preterm labor, spontaneous abortion and stillbirth.

#### **2.4. Summary of the chapter**

The chapter presented an overview of the experiences encountered by pregnant students. These experiences include psychological, academic, socio-economic, health-related and cultural encounters which were discussed. The chapter ends by looking at the coping strategist used by pregnant students.

## CHAPTER 3

### RESEARCH METHODOLOGY

#### 3.1. Introduction

This chapter discusses the research design, the study area, study population, sampling method, plan for data collection, data collection instrument, data analysis, ethical considerations and dissemination of results.

#### 3.2. Research design

The study employed a qualitative, phenomenological design approach. According to Seamon (2015), phenomenological design describes and interprets human experiences. The advantage of using the phenomenological approach is that the researcher is able to interpret the experiences of the participants by listening to their stories (Campbell, 2011). The phenomenological design was suitable for this study because the researcher seeks to understand lived experiences faced by pregnant students. This study also provided an opportunity for pregnant students to share their everyday life experiences.

#### 3.3. Study setting

The University of Venda was the chosen study area for this study. It is situated in Thohoyandou in the scenic Vhembe District of the Limpopo Province of South Africa (Figure 1). The university was established in 1982. It offers a full-range of courses straddling the humanities, social sciences, natural and applied sciences. It has become an important player in the African higher education landscape, contributing significantly to the human resources and development needs of the country and region. The district municipality is made up of four local municipalities; namely Musina, Thulamela, Makhado and Mutale. The University of Venda is located in the Thulamela Local Municipality in Thohoyandou. It has a total number of 15 210 students (in the year 2016) of which 8227 are females. There is a health care centre at the university. However, pregnant students are referred to external clinics for antenatal care.

### **3.4. Target population and sampling**

#### **3.4.1. The target population**

Gray (2004) defines the study population as the total number of possible units or elements that can be included in the study. The study targeted female students enrolled at the University of Venda, Limpopo Province.

#### **3.4.2. Sampling method**

Sampling is the process of selecting the sample (Leedy & Ormrod, 2010). A sample is the proportion of individuals selected from a larger population. The sample selected was considered adequate for the purpose of the study (Wysocki, 2008).

The researcher used convenience sampling whereby a sample accessible to the researcher was selected for the study. The reason of using convenience sampling was that it was easily carried out with few rules of selecting a sample (Mugera, 2013).

##### ***3.4.2.1. Inclusion criteria***

- Visibly pregnant students
- Pregnant students enrolled at the University of Venda
- Pregnant students of any age and level of study

##### ***3.4.2.2. Exclusion criteria***

- Pregnant but not enrolled at the University of Venda.

##### ***3.4.2.3. Sampling size***

Considering that it is a qualitative study, interviews were conducted until data saturation stage was reached. Based on the inclusion criteria, the researcher envisaged to have 20 participants for this study.

### **3.5. Data collection tool**

The researcher used a semi-structured interview guide for collecting data. In a semi-structured interview, the researcher has a set of questions but may ask additional questions on what the participants are saying to get further information. A semi-structured allows the researcher to be flexible because he/she does not have to follow a list of questions. The researcher formulated a central question; namely, “what are the experiences you encounter as a pregnant student?” and themes to remind him/her of the topics to cover. The interview

guide consisted of open-ended questions based on the specific objectives. The reason for using a semi-structured interview for this study was that it allowed room for unexpected issues during the interview, which the researcher could explore in more detail with further questions (Pietkiewicz & Smith, 2014).

### **3.6. Data collection procedure**

This study employed a semi-structured interview guide that was developed and used to collect data from the participants. The researcher set appointments with participants and availed herself on the date agreed. The researcher provided details about the study. Participants were informed about their rights of participation in the study. One central question was asked during the interview “what are the experiences you encounter as a pregnant student?” The researcher asked probing questions during the interviews to get an in-depth understanding. A voice recorder was used during the interviews for recording. However, permission for recording was sought from the participants prior to the commencement of the study. Field notes were taken to capture non-verbal responses. Each interview took a maximum of 1 hour.

#### **3.6.1. Pre-testing**

The researcher conducted pre-testing with three individuals with similar characteristics. These participants did not form part of the main study. Pre-testing was conducted prior to the beginning of the main study. Pre-testing was conducted using the interview guide of the actual study. Pre-testing allowed the researcher to make adjustments to the study materials and the data collection procedure. It also allowed the evaluation of the questions asked, so as to ascertain if participants could feel uncomfortable or cause any confusion (Hurst, Arulogun, Owolabi, Akinyemi, Uvere, Warth & Ovbiagele, 2015).

### **3.7. Measures to ensure trustworthiness**

Trustworthiness in qualitative research is conceptualised as the validity or rigour of a given study (Morrow, 2005). Trustworthiness in this study was discussed under the following aspects credibility, dependability, transferability and conformability. All these aspects address the appropriateness and effectiveness of the methodologies used in collecting and analysing data.

### **3.7.1. Credibility**

Credibility refers to the truthfulness of the research findings. It is established by making sure that the research findings truly represent the information drawn from the participants' original data and is the correct interpretation of the participant's original views (Anney, 2014). For the purpose of this study, credibility was ensured through prolonged engagement, meaning the researcher spent enough time with participants to build up trust. During the interviews, participants were probed about their lived experiences as pregnant students to reinforce the data collected and ensure that the data obtained could be trusted by the readers (Anney, 2014). The researcher also ensured credibility by involving a supervisor to provide scholarly guidance throughout the study. The findings were shown to participants to allow them to confirm if the information reflected their true opinions. The researcher used a voice recorder and field notes to record verbal and non-verbal responses, to increase the reliability of information collected during the interviews. An independent coder was asked to transcribe the collected data to emphasise the truthfulness of the data.

### **3.7.2. Dependability**

Dependability addresses the issue of reliability. If the same research was to be repeated in the same setting with the same participants and with the same results obtained (Shenton, 2004). The researcher ensured dependability by giving an explication of the entire research process, how data were collected and analysed and recommendations made. An independent coder was used to ensure dependability. The use of a voice recorder and field notes ensured dependability. Ongoing supervision with the supervisor took place to ensure dependability of the findings of the study.

### **3.7.3. Confirmability**

According to Shenton (2004), confirmability refers to the extent which the research results could be verified by other researchers. The researcher took the transcribed data back to the participants for confirmation. An extensive literature review was done to identify similarities and differences in the study findings and to confirm whether existing literature supported the findings or not. The researcher documented her own role in the research process, including assumptions, biases, or reactions that might influence the collection and interpretation of data (Ulin, Robinson & Tolley, 2005).

#### **3.7.4. Transferability**

According to Anney (2014), transferability focuses on whether the research findings can be applied to other circumstances with other participants. To ensure transferability the researcher provided a clear description of the sampling method used to select the study participants. The researcher clearly outlined the methodology used and provided a clear step by step framework of how data were collected and analyzed.

### **3.8. Data analysis**

Data analysis means transforming and modeling data that are collected with the goal of highlighting the essential information, coming up with a conclusion and supporting decision-making (Patton, 2002). The researcher used Interpretative Phenomenological Analyses (IPA) for analysing the interview transcripts. For the purpose of this study, the IPA framework was suitable because it aimed at getting an in-depth exploration of how individuals interpreted a particular phenomenon being studied (Pietkiewicz & Smith, 2014). Data were analysed using the following steps suggested by Pietkiewicz and Smith (2014).

#### **3.8.1. Multiple reading and making notes**

The first step is to closely and repeatedly read the transcripts. If interviews were recorded, and the researcher has to listen to the audios a couple of times to familiarise or immerse himself/herself with the data. Through continuous listening, the researcher gets new understandings. At this phase, it is vital for the researcher to take notes of his/her observations, and to make comments of potential significance. The notes focused on the content of the discussion, the language that was used and highlighted the emotional responses of participants.

#### **3.8.2. Transforming notes into emergent themes**

This stage entails the researcher working with the written notes from the transcripts. The notes from the transcripts should reflect the source materials. At this stage, the researcher transformed the notes into emerging themes. The researcher formulated a concise phrase at a slightly higher level of abstraction.

#### **3.8.3. Seeking relationships and clustering themes**

At this stage, the researcher looked for connections between emerging themes and groups them together according to their similarities. After grouping themes together the researcher

provided each cluster with a descriptive label. Some of the themes were left out if they did not fit well or they did not have enough supporting evidence. The final list contained themes and subthemes. Thereafter the researcher used a traditional method of pen and paper and wrote the comments and supporting quotations from the transcript.

### **3.9. Ethical considerations**

Ethical considerations were observed throughout the study, in order to protect participants from any form of harm. To ensure the safety of participants, the researcher considered the following ethics: permission to conduct the study, informed consent, confidentiality and anonymity, the right to privacy and avoidance of harm.

#### **3.9.1. Permission to conduct the study**

The proposal was presented to the School Higher Degree Committee (SHDC) and also submitted to the University Higher degrees for approval and for quality control. The proposal was further submitted to the Research Ethics Committee of the University of Venda for ethical clearance. After getting the ethical clearance from the Ethics Committee, permission was sought from the student directorate to interview the subjects.

#### **3.9.2. Informed consent**

Informed consent is important because no one should be forced to participate in a study. Participation should be voluntary (Akinsola, 2005). Sufficient information regarding the study was provided to participants before the commencement of the interviews. Informed consent highlighted the aim of the study and the risk or risks involved. Only participants who signed the informed consent formed part of this study.

#### **3.9.3. Confidentiality and anonymity**

To ensure anonymity the researcher ensured that the participants' identities remained anonymous by keeping their names from being seen by the public. Furthermore, their names were not written in all the reports. The researcher referred to participants by their code numbers so that they could remain anonymous (Neuman, 2010). Confidentiality was assured in order to improve the quality of responses. Whatever was discussed during the interviews remained confidential. Participants were assured that the transcripts and the audio recordings would be kept in a lockable cupboard and they would only be assessed by the researcher and the supervisor.

#### **3.9.4. The right to privacy**

To ensure privacy, the researcher ensured that data were collected at an exclusively convenient place for the participants. The researcher ensured that the research report would not be presented in such a way that other participants would know how particular participants performed (Leedy & Ormrod 2010). Furthermore, data were collected individually to ensure the privacy of participants.

#### **3.9.5. Avoidance of harm**

Participants can be exposed to harm, whether in a physical or emotional manner. Harm to participants in social sciences is likely to be of emotional nature, although physical injury cannot be ruled out (De Vos et al., 2011). The researcher should never injure or harm the participants. If a particular research procedure produces unpleasant effects for participants, the researcher should have a valid reason for conducting it (Bless & Higson-Smith, 2000).

The researcher ensured that no physical, psychological or emotional harm occurred to the participants. The researcher constructed questions in an appropriate manner that was in no way judgmental, to avoid inflicting anxiety and psychological trauma during the interviews. Participants who appeared depressed during interviews were referred for counselling.

#### **3.10. Scope of the study**

The study focused on pregnant students at the University of Venda because of the nature of the study and its objectives. Only pregnant students were included in this study; hence, caution should be exercised when generalising the results.

#### **3.11. Dissemination of results**

The findings of this study and recommendations will be kept at the University of Venda library. The findings will also be published in peer-reviewed and accredited national and international journals, as well as presented at seminars and conferences. Finally, the findings will be made available to student affairs directorate to inform university policy with respect to the support needed by pregnant students.

#### **3.12. Summary of the chapter**

This chapter provides the details of the research methodology that was used. This includes research design, study setting, the target population and sampling method, data collection tool and plans for collecting data, measures to ensure trustworthiness and ethical consideration

and data analysis. Finally, the scope of the study and how the results will be disseminated was highlighted.

## CHAPTER 4

### 4. RESULTS AND DISCUSSIONS OF THE FINDINGS

#### 4.1. Introduction

This chapter presents the findings of the study. Interpretative Phenomenological analyses were used to analyse the data. The findings are organised in terms of themes, sub-themes and categories originating from data analysis. This chapter illustrates the findings from the in-depth interviews that were conducted with 12 pregnant students. Table 4.2 summarises the main themes, sub-themes and categories developed.

The purpose of the study was to explore the lived experiences of pregnant students at the University of Venda, and the objectives were:

- To investigate the experiences of pregnant students at the University of Venda.
- To determine the coping strategies of these students

#### 4.2. Presentation of findings

Twelve pregnant students from the University of Venda participated in the in-depth interviews. The results are presented in Themes, sub-themes and categories (see Table 4.2).

##### 4.2.1. Participants' socio-demographic information

A total of 12 pregnant students participated in the study. A summary of the demographic information of participants is provided in Table 4.1 below. Two (n=2) of the twelve participants were in their first year. Two (n=2) were doing 2<sup>nd</sup> year. The majority of

participants (n=6) were doing 3<sup>rd</sup> year and two (n=2) were in their 4<sup>th</sup> year. As presented, ages of participants ranged from 19 -23 years, wherein the majority were between ages 21 – 22 years (n=5).

**Table 4.1: The demographic information of the participants (n=12)**

<i>Characteristics</i>	<i>Category</i>	<i>Frequency</i>	<i>Percentage (%)</i>
<i>Age</i>	19 – 20	4	33
	21 – 22	5	42
	23 and above	3	25
<i>Level of study</i>	1	2	16
	2	2	16
	3	6	50
	4	2	16

### **4.3. Experiences of pregnant students**

Research participants expressed a couple of experiences they encountered as pregnant students. The findings of the study yielded two main themes namely; experiences of pregnant students and the coping strategies used by participants. The study yielded four sub-themes namely: psychological, academic, socio-economic experiences and coping strategies used by pregnant students. Sixteen categories also emerged from this study (see Table 4.2).

**Table 4.2 Experiences of pregnant students**

THEMES	SUB-THEMES	CATEGORIES
1. <b>Experiences of pregnant students</b>	Psychological experiences	<ul style="list-style-type: none"> <li>- Denial</li> <li>- Shame</li> <li>- Maternal Stress and Anxiety</li> <li>- Inability to cope</li> <li>- Poor concentration</li> <li>- Low-self esteem</li> </ul>
	Academic experiences	<ul style="list-style-type: none"> <li>- Absenteeism</li> <li>- Poor performance</li> <li>- Failure to write exams</li> </ul>
	Socio-economic experiences	<ul style="list-style-type: none"> <li>- Financial difficulties</li> <li>- Discrimination</li> <li>- Inadequate support</li> </ul>
2. <b>Coping strategies</b>	coping strategies of Pregnant students	<ul style="list-style-type: none"> <li>- Social support</li> <li>- Resilience</li> <li>- Prayer</li> <li>- Perseverance</li> </ul>

### ***4.3.1. Theme 1: Experiences of pregnant students***

Under this theme, sub-themes were developed; namely, psychological, academic and socio-economic experiences.

#### ***4.3.1.1. Sub-theme 1: Psychological experiences***

Psychological experiences which pregnant students encounter at the University of Venda include denial, shame, maternal and anxiety, inability to cope, poor concentration and low self-esteem. These categories are discussed below.

##### ***4.3.1.1.1. Category 1: Denial***

Participants were asked about their first reaction to the pregnancy, and the findings of the study revealed that some of the participants were in denial. To support the above discussion, the following excerpts were recorded:

*“I was angry and frustrated. I couldn’t accept it. I thought maybe something was wrong. Before I would skip my periods. I thought maybe I was not pregnant, so I didn’t take it seriously but my mom took me to the doctor to confirm that I’m pregnant” (P10).*

Participant twelve said:

*“Like I kinda joked about it at first because I was not sure but I did feel like something wasn’t right so I joked about it. I was always joking about it. Suddenly, I realised that this thing was real. When I got tested, my mind went to another level, I was like, really?” (P12).*

The findings of the study reveal that at first, it was not easy for participants to accept that they were pregnant; they were in denial. The findings correlate with the findings of Dalton (2014) who asserts that denial is the first reaction amongst pregnant students when they discover about the pregnancy. Therefore, the assumptions are that the pregnancies amongst participants were not planned or anticipated.

A study conducted in Gauteng by Chohan (2010) further confirms the findings of this study by indicating that pregnant students fail to accept the reality of the pregnancy. In a similar

vein, a qualitative study by Sodi (2009) indicated that the first reaction to pregnancy amongst young females is to be in denial.

#### **4.3.1.1.2. Category 2: Shame**

Some of the participants indicated that they experienced feelings of shame as a result of falling pregnant while studying. To support this the following excerpts were recorded:

*“I’m so ashamed, why did I fall pregnant now?” (P1).*

*“My parents are strict, they don’t want to mix up things, I feel ashamed that I have disappointed them” (P8).*

Participant five said:

*“When I’m at home, I don’t go out often. I don’t want people to see me, they will say she went to the University and she came back pregnant” (P5).*

Participants were ashamed because of their pregnancy. There are different factors that contribute to feelings of shame amongst them. These factors include falling pregnant while studying, disappointing their parents and fear of how the community will receive the news. The findings of the study correlate with the findings of a qualitative study conducted in Limpopo Province by Skobi (2016) which found that pregnant students experience feelings of shame about their pregnancy.

A study by Sheffer, Bhana and Morrell (2013) indicate that pregnant students feel ashamed because pregnancy continues to be perceived as shameful in some societies. Pregnant students feel ashamed because having a child out of wedlock is perceived as shameful. To make matters worse, children born out of wedlock are referred to as illegitimate (Chauke, 2013). To further support these findings, from a religious point of view, fornication is regarded as a sin (The Bible King James Version, 2009), so this can contribute greatly to pregnant students feeling ashamed of the pregnancy.

#### **4.3.1.1.3. Category 3: Maternal stress and anxiety**

Most participants indicated that they were stressed and some experienced feelings of anxiety. There are different factors that contribute to maternal stress and anxiety among pregnant

students at educational institutions. One of the contributing factors is poor support and rejection by a partner. The following excerpt was recorded:

*“Ya well; I do get stressed a lot but then ah! You know just looking at the situation right now, the boyfriend has decided to live his own life right now and I have mine right now. I’m having stress on how am I going to cope and everything. Although I have enough support from home at some point, I wish he could be there just to support me, at some point I stress, you know, cry”.* (P1).

The findings of the study revealed that lack of support from the partner contributes to stress during pregnancy. These findings are similar to those of a study that was conducted in South Africa by Malahlela (2012). The study points out that those pregnant students feel stressed because it appears as if pregnancy does not affect the father of the baby in the sense that the father is able to carry on with his life. In a similar vein, Agunbiade et al. (2009) explained that pregnancy only affects females as it can easily be observed, especially when it is pre-marital

In this study, one factor contributing to stress and anxiety during pregnancy hinges on disclosure to parents or guardians about being pregnant. P5 expressed herself by saying:

*“I was so scared because my family didn’t know about it, I was thinking how I am going to confront them and tell them about the pregnancy. It was so stressing. Sometimes I didn’t attend classes due to the stress that I didn’t tell my parents about the pregnancy. That was affecting me. I would just wake up feeling tired, just thinking about it and not going to class”* (P5).

Having to disclose the pregnancy to parents invoked stress among pregnant students. They were afraid of how their parents would receive and react to the news. Furthermore, participants stated that parents had high expectations of them; therefore, breaking the news to them was not easy. The findings of this study are similar to the ones of Matlala, Nolte and Temane (2014), who indicated that pregnant students are afraid to confide in their parents about the pregnancy. They were afraid that their support base would be eroded if they failed to disclose it to their parents for fear of being rebuked and scolded.

The findings of the study suggest that pregnant students have a poor relationship with parents. As a result, they were afraid to disclose to their parents or guardians about their pregnancy. Research by Kheswa and Pitso (2014) shows that a healthy relationship between a

child and a parent should be characterised by an open and honest communication as well as constructive engagements. When this fails, then a climate of fear and suspicion will erode the confidence and trust for openness and disclosure of matters pertaining to pregnancy.

Another contributing factor was excessive worry about the well-being of the child and fear of labour. The following excerpts were recorded:

*“Sometimes I worry about if I’m going to get a healthy child or if I’m going to get an operation” (P2).*

*“The baby like, it’s scary and it’s my 1st time. I’m scared. What kind of a baby will I give birth to? And how will be the pains of labour?” (P7).*

*“When you are pregnant you think a lot. Most of the times I think about the kid [unborn baby]. The kid will be born and I won’t be around. Will I be able to support the kid?” (P12).*

The findings of the study reveal that the well-being of the baby was a concern amongst some of the participants. A study done by Dalton (2014) indicates that due to uncertainty during pregnancy, a mother worries about the well-being of the child. Some of the participants were anxious about their ability to support the child. These findings correlate with the findings of Guardino and Schetter (2014), which point out that pregnant students worry excessively about their ability to take care of the upcoming baby.

#### **4.3.1.1.4. Category 4: Inability to cope**

The majority of participants indicated that they were unable to cope with pregnancy and their studies. However, this phenomenon was experienced mostly by participants who were in their 2<sup>nd</sup> and 3<sup>rd</sup> trimesters. Participants indicated that juggling between studies and pregnancy is a struggle. The following excerpts were recorded:

*“It is very hard being a pregnant student. When you are a student you have things to do, you have to attend classes, you have to wake up in the morning, you have to go up and down attending classes and you are pregnant and you are tired. You are always hungry and you have to use the bathroom every 10 minutes, you know it’s not easy,*

*you have assignments, group meetings, everything is just too much. The pressure is just a lot for a pregnant person to handle” (P5).*

*“Sometimes I don’t feel like doing anything, just want to sit down or sleep the whole day. Somewhere or somehow when we have a test or an assignment, especially group assignment because individually I can manage but when it’s a group assignment because you have to go and meet, ya it becomes challenging because you will find that now I’m sick and the group members need you that side and if you don’t participate they will exclude you” (P8).*

*“It’s challenging because you have to run around classes, you don’t attend in one place, you have to go to this class and the other class” (P12).*

The findings of the study show that pregnant students struggle to cope with the hassles of pregnancy and studies. Just like every other student they are expected to attend classes, write assignments and other educational responsibilities and they struggle to meet up with the demands. The findings of the study reveal that studying becomes a burden to these students. In support of this assertion, Mamhute (2011) argues that pregnancy makes it undesirable for pregnant students to continue with schooling and face other commitments of life.

The findings of the study show that some of the pregnant students had difficulties moving between classes. They found this very tiring and hectic. To corroborate this view, Matlala et al. (2014) indicate that moving between classes could be detrimental to the health of pregnant students.

Participant seven indicated that being pregnant and away from home with no support from family members and her partner were the reasons she was failing to cope. She expressed herself this as follows:

*“Like I’m alone here, my parents are somewhere there and then my boyfriend is there, I’m alone, sometimes I feel stressed because I come back from school tired, maybe I’m feeling some pains and I have to cook” (P7).*

These findings were also echoed by Van Zyl, Van der Merwe and Chigeza (2015), who pointed out that juggling various roles during pregnancy without the necessary support leaves pregnant students feeling overwhelmed. In the same vein, Watts, Liamputtong and Mcmichae

(2015) state that coping between pregnancy and school is challenging. On the contrary, not all participants are struggling to balance pregnancy and their studies. One participant put it as follows:

*“It’s [pregnancy] not affecting me negatively, ya it’s not, I’m coping with it” (P6).*

The findings of the study reveal that some pregnant students are able to cope with pregnancy and their studies. According to Chauke (2013), some pregnant students are able to cope with their studies and this might be due to individual circumstances.

#### **4.3.1.1.5. Category 5: Poor concentration**

Four of the participants indicated that they were unable to concentrate during class as a result of fatigue. However, this phenomenon was mostly experienced by pregnant students in the 2<sup>nd</sup> and 3<sup>rd</sup> trimester of pregnancy. The following excerpts were recorded:

*“When I’m not tired I concentrate normally but when I’m tired I fall asleep” (P6).*

*“I usually can concentrate for a period of time, maybe the lecture is a double period, which is about two hours long. After an hour I lose it. When the lecture begins everything is fine but after an hour then you can see it’s been too long, I feel tired and I want to eat, sometimes I find myself yawning so much that I can’t control it” (P9).*

*“If I’m feeling sleepy that’s when I’m not able to concentrate” (P10).*

Participant twelve clearly stated that:

*“The concentration level is not there” (P12).*

The findings of the study show that pregnant students experienced low concentration level. Lack of concentration during class could be detrimental to pregnant students bearing in mind that a student ought to concentrate in class in order to achieve their learning outcomes and also to progress. In support of this finding, Chauke (2013) states that lack of concentration lowers educational performance amongst pregnant students.

The study also revealed that fatigue contributed to pregnant students failing to concentrate during lectures. According to Mamhute (2011), the reason pregnant students fail to

concentrate in lectures is their inability to get enough rest due to the demands of their school work.

#### **4.3.1.1.6. Category 6: Low self-esteem**

Two participants reported that they had developed low self-esteem as a result of gaining weight. To support this, the following excerpts were recorded:

*“You see, girls are always dressed up cute, looking beautiful and you just look at yourself and you are turning out to be this fat person every day. I think I get jealous hey. Sometimes I feel like I’m ugly and girls will give you that look and you start asking yourself what is she looking at and you here at F54 [student residence] we have older people, they just look at you and don’t say anything, that makes me feel uncomfortable” (P5).*

Participant six said:

*“As you can see I’m big, I’m fat, I’m ugly. I no longer care about my beauty. It worries me, I’m worried about it. I don’t like to be ugly. I’m not happy” (P6).*

As a result of gaining weight during pregnancy, two participants lost their self-esteem. These participants no longer felt comfortable with their looks. They addressed themselves as “fat and ugly”. Inanir et al. (2015) reported similar findings by stating that due to weight gain during pregnancy, pregnant students may feel unattractive. In another study, Dalton (2014) found that one thing pregnant students did not like about pregnancy was weight gain which also contributes to low self-esteem (Chauke, 2013).

#### **4.3.1.2. Sub-theme 2: Academic experiences**

Academic experiences which pregnant students encounter at the University of Venda include absenteeism, poor performance and failure to write examinations. These experiences are highlighted below:

#### **4.3.1.2.1. Category 1: Absenteeism**

The majority of participants indicated that they bunk lectures more often. Different factors contributed to absenteeism among pregnant students, including having to attend Antenatal Care services (ANC). To support this assertion, the following excerpts were recorded:

*“Sometimes I don’t attend classes because I have to go to the clinic” (P4).*

*“What affects my class attendance is maybe I have an appointment to go to the clinic that day early in the morning that is where I sacrifice and not attend classes” (P9).*

Pregnant students have to choose between attending lectures and going to the clinic for Antenatal Care (ANC). Millennium Development Goal (MDG) 4 aims to improve the maternal health of pregnant mothers and their unborn babies by ensuring that mothers attend ANC regularly (Matlala et al., 2014). However, for a pregnant student to ensure the wellbeing of her unborn baby, she has to sacrifice attending lectures.

A study by Malahlela (2012) argues that pregnant students bunk lectures because they have to attend ANC. However, not every student bunked classes as a result of attending ANC. Other reasons, such as feeling sick and fatigue could be the underlining cause. The following excerpts were recorded:

*“I always attend classes, I’m always in class unless if I’m feeling dizzy or something but I don’t just wake up and decide not to attend classes, I always want to be in class” (P5).*

*“I don’t attend (classes), I don’t want lie coz sometimes I feel tired, sleepy and I can’t attend class feeling tired coz if I go to class, I will sleep” (P6).*

*“There are days when I’m like I can’t attend this class, let me attend the later ones because I’m too exhausted, I didn’t sleep enough” (P11).*

*“When I attend at 8, 9 and maybe 10 and the next class is at 3 or 2 sometimes I fall asleep and then wake up 10 minutes to the class and then I don’t go, that’s where they really get affected” (P9).*

*“Sometimes you feel nauseous then you have a class at 8 and you nauseous and you can’t go to class, it’s hard” (P7).*

The study findings reveal that illness and fatigue prevented some of the students from attending lectures. According to Matlala, et al. (2014), pregnancy disturbs the schooling of pregnant learners. On the same vein, Mcanee (2013) states that illness during pregnancy contributes to absenteeism amongst pregnant students, and this can have a negative impact pregnant students’ academic performance (Skobi, 2013).

#### **4.3.1.2.2. Category 2: Poor performance**

The majority of participants indicated that they were not performing well. The following excerpts were recorded:

*“It [pregnancy] affects them [studies] negatively but in my case, so far what I have seen is even if it’s negative because my marks are low but at least it is a pass” (P9).*

*“I didn’t qualify very well because I was stressed but then I passed my exams” (P7).*

*“Firstly in my 1<sup>st</sup> semester, I didn’t qualify to sit for the exams for three modules, I qualified for 5 modules because I always felt dizzy” (P10).*

*“Compared to last semester, this semester is not that good. I managed to get good semester marks but not like last semester” (P11).*

The findings reveal that some of the participants no longer perform well academically. In an earlier study, Mamhute (2011) found that the educational performance of pregnant students becomes retarded is worrisome due to problems associated with pregnancy. Some of the participants narrated their experiences of poor performance as follows:

*“While you are studying the baby starts kicking, and you can’t sit straight. I go and study in the library for about two hours then come back and put a sponge on the floor and lie there. That way I can study but sitting doesn’t do for me, sitting is just out of the picture” (P5).*

*“It’s difficult because you can’t even sit for an hour because of back pains” (P11).*

*“It [pregnancy] does affect your studies. I get lazy, lazy to take a book and study, like this Saturday I was writing but having to take a book and study was something else” (P12).*

Though the findings suggest that it is not easy to study when one is pregnant, this is not the case with others, as revealed in the following excerpts:

*“Well, I really don’t have any problem with my studies” (P1).*

*“I’m performing very well, quite very well because last semester I got 3 distinctions” (P2).*

According to Maluli et al. (2014), some pregnant students perform well regardless of the pregnancy. These findings were also made by Apraricio, Pecukonis and O’Neale (2015) posit that pregnant students perform very well because of working extra hard to ensure that the pregnancy does not hinder them from completing their studies.

#### **4.3.1.2.3. Category 3: Failure to write examinations**

Fears over examinations were also expressed by some of the participants. One participant expressed this issue as follows:

*“I’m worried because I don’t know the exact date I’m going to give birth, probably November. I will have to apply for the special exam but it worries me a lot because the special exam is not easy” (P6).*

Participant nine who was in her 3<sup>rd</sup> trimester was worried that she might give birth anytime during the exam. She stated that if she misses her examinations then she will apply for the special examinations, the following excerpt was recorded:

*“Obviously I have to request for a special exam, that’s the only way” (P9).*

According to the literature, it is quite a norm for pregnant students to miss their examinations (Zungu et al., 2009). However, in this study, none of the participants missed any examinations due to their pregnancy. However, Mamhute (2011) in his study indicated that pregnant students who give birth during their examinations are forced to write the special or supplementary examinations.

### **4.3.1.3. Sub-theme 3: Socio- economic experiences**

The study participants expressed a range of issues pertaining to financial difficulties, stigmatisation and inadequate support from the institution and their partners.

#### **4.3.1.3.1. Category 1: Financial difficulties**

Some of the pregnant students reported that they experienced financial difficulties. The following excerpts were recorded:

*“Financially, I’m not managing, not like before. I still get the same allowance, but it doesn’t last like before. I think maybe before when I buy some grocery I would buy anything. But this time around I have to buy 100% juice, fruits and vegetables, so the groceries aren’t enough” (P3).*

*“Financially, I’m coping well because much of the money I have to spend on food. But I can no longer buy clothes because I have to eat healthy” (P4).*

The findings of the study reveal that financial difficulties were a common experience for some of the pregnant students because their needs and wants have increased as a result of their being pregnant. In line with these findings, Aparicio, Pecukonis and O’Neale (2015) confirm that young mothers are prone to financial difficulties. Furthermore, Barmao-Kiptanui, Kindiki and Lelan (2015) and Mamhute (2011) added that financial difficulties could be detrimental to pregnant students since it can have a negative impact on their studies and could also contribute to drop-out rate at educational institutions.

#### **4.3.1.3.2. Category 2: Discrimination**

Three of the participants experienced some form of discrimination from other students and friends. One of the participants experienced negative comments from male students. To this end, the following precepts were recorded:

*“Ah! Some of them they are judging me, even now. But because I know what I want, I don’t care about them. What I want is God in my life to protect me. I don’t care about what people are saying about me” (P2)*

*“Ya, but not all of them, even boys do that. I’ve had some saying you look ugly, it’s a good thing she got pregnant, and she deserves it. It’s a bad thing and stuff like that. It*

*makes you cry, this other guy even told me that it's a good thing that I fell pregnant because I rejected him, I didn't want to be with him. It is really sad" (P5).*

*"Well, people are really saying bad things to me. People never stop talking, like some friends from high school are talking but I care less about those" (P1).*

According to Matlala et al. (2014) being discriminated against on the basis of pregnancy, can be very devastating and can also affect one's ego. It can also render a person's life not worth living. Alluding to this Van Zyl et al. (2015), stated that pregnancies among students are perceived with negativities.

In a study conducted in Yoruba Communities, Southwestern Nigeria by Agunbiade et al. (2009) found that pregnancy amongst young females is labelled as "bird pregnancy, sorrowful pregnancy, unwarranted pregnancy and shameful pregnancy". This stereotyping subcategory reveals that pregnant students are not treated fairly. This could be very agonising and can trigger suicidal attempts (Skobi, 2013).

#### **4.3.1.3.3. Category 3: Inadequate support**

The absence of adequate support in the form of a well-equipped clinic, counselling services, and other facilities on the university campus can worsen the plight of pregnant students. One participant expressed her frustrations in the following statement:

*"I feel like it is not a good thing because a lot of girls are pregnant and you can find that you don't have money to go to Block G [outside clinic]. Myself, I attend my check-ups at home, every time I have an appointment I have to go home" (P5).*

On the question of availability of support for pregnant students, one participant responded:

*"No, I don't know" (P2).*

Alluding to these findings, Chauke (2013) in his study indicated that pregnant students do not get enough support from their educational institutions. On the same issue, Barmao-Kiptanui et al. (2015), in a study conducted in Kenya point out that pregnant students with little support from the school make it difficult for them to continue schooling. Chohan (2010) also added that poor support from institutions could worsen the living conditions of pregnant students.

On the question of provision of support to alleviate the plight of pregnant students, conflicting views were expressed by the participants. The following excerpts point to this notion:

*“Ah I think is not a bad idea. Isn't it this is a learning institution? Sometimes if they allow that it will be like they are promoting pregnancy” (P3).*

*“It's good because if we use the Univen Clinic, it will encourage students to fall pregnant” (P4).*

*“For the University, it's not their responsibility to look after us” (P9).*

In support of this notion, Chauke (2013) emphasised that the reason for poor support at schools is that it might encourage learners to fall pregnant. To accentuate this point, Sheffer et al. (2013) further point out that some educators were of the view that if the schools offer any kind of support, it would seem as if student pregnancy is permitted. Regarding the support from partners, participant one indicated that:

*“Ya well, I do get stressed a lot but then ah! You know just looking at the situation right now, the boyfriend just decided to live his life right now and I have mine right now. Having to stress on how am I going to cope and everything. Although I have enough support from home but then at some point, I wish he could be there just to support me, at some point I stress, you know cry” (P1).*

This finding of not getting the partner's support can be very stressful to the pregnant student. To this end, Van Zyl et al. (2015), in their study, did acknowledge that young pregnant students do not get adequate support from their partners.

#### **4.3.2. Theme 2: Coping strategies of pregnant students**

In their quest to succeed academically and survive, pregnant students are compelled to use some strategies to cope, notwithstanding the odds in their institution. Their coping strategies were solicited and presented under the following sub-theme:

#### **4.3.2.1. Sub-theme1: strategies of pregnant students**

The findings of the study revealed that pregnant students encounter negative experiences. However, they have to employ different strategies, such as social support, resilience, prayer and perseverance.

##### **4.3.2.1.1. Category 1: Social support**

The majority of pregnant students expressed the view that the social support they received from families, friends and partners was their source of strength and consolation. The following excerpts speak to this:

*“My parents call to ask if whether I’m doing well and at the end of the month they send me some money” (P2).*

*“My friends are being supportive, they are not judgemental even my parents calls and checks on me. Even my boyfriend is supportive” (P4).*

*“My mom, my friends, and boyfriend. You see this friend that I have always tells me to work hard in my studies. My mom also tells me to study hard” (P5).*

*“Even with my school work, when I’m doing an assignment or whatever, he [boyfriend] is the one who will say let’s go to the library, sometimes he types my work, even cooks” (P8).*

*“My mom, whenever when I feel like I don’t want to go to school in the morning, she will make sure that I do so” (P10).*

*“He [boyfriend] is supportive about the whole thing, it’s helpful to have a supportive partner” (P11).*

The study findings revealed that having support from families, friends and partners helped pregnant students to cope better. Some of the participants got support from their partners in the form of encouragement and that kept them going. According to Bowman (2013), having support from a partner is key during pregnancy. It helps bring relief and bolster self-esteem that often assists in reducing the likelihood of developing depression.

The study findings correlate with those of Mitchel et al. (2014), who found in their study that pregnant students coped better when there was some encouragement from people close to them. To further support these findings, an earlier study by Bowman (2013) indicated that support from family members is significantly related to a positive mental well-being during pregnancy. In addition, Skobi (2013) also added that pregnant students need support from friends, peers and relatives which, of course, goes a long way to cushion their lives and minimises their stressed and depressed.

To support the above discussion the following excerpt was recorded:

*“I haven’t experienced depression or stress because of the pregnancy because I think it has to do with the social support you have around you. Mostly I’m surrounded by people who care about me” (P9).*

Furthermore, another participant said as a result of support from home, she was performing well, and to this end, the following excerpt was recorded:

*“My studies changed positively because everyone is supporting me at home. They are always calling me, asking how I’m coping with the pregnancy” (P6)*

The study findings reveal that social support reduces the likelihood of developing health-related disorders, including mental conditions. The question of support has never been overemphasised. These findings correlate with those of Saim (2013) and Barmao-Kiptanui et al. (2015), who stated that social support during pregnancy reduces the chances of developing stress and that mothers require support regardless of age and economic background.

#### **4.3.2.1.2. Category 2: Resilience**

Some of the participants indicated that pregnancy brought a lot of difficulties, they saw no need of focussing only the negativities associated with the pregnancy and its consequences. To support the above discussion the following excerpts were recorded:

*“My aunt told me that instead of focusing on the negative, I should focus on the positive side. Those words keep me strong each and every day. Ok fine, things might not be really going on so well but there is still a positive side behind the situation. Fine it happened now, I wasn’t ready but there is still light at the end of the tunnel, so I’m trying to be positive at all times” (P1).*

*“I’m just being positive you know because I know what I want. I tell myself that I don’t want this pregnancy to control me or to stop me to continue with my studies” (P2).*

Developing a positive attitude during pregnancy or in any stressful situation is very relieving, as suggested by Aparicio et al. (2015). In their view, Watts et al. (2015) view challenges during pregnancy as preparation for motherhood; and also prepare pregnant students to cope and be motivated to work harder, so as to provide for their children (Bowman, 2013).

#### **4.3.2.1.3. Category 3: Prayer**

Amongst the twelve pregnant students, four participants found prayer very helpful for coping with the challenges they encounter during pregnancy. The following excerpts were recorded:

*“I pray, I pray every time, in the morning and when I sleep. I pray for the baby and I thank God that though even this pregnancy was not planned but it is a blessing that comes from Him and I thank Him that He protected this child because at first when I found out that I was pregnant, I really wanted to perform an abortion but God protected this innocent child” (P2).*

*“I just pray to have a healthy baby, to have a normal baby” (P5).*

*“I often do speak to God through prayer. I usually do pray and also pray for the baby just to stay healthy until birth” (P9).*

And participant twelve said:

*“Everything you do, you got to pray. You do it like that. You’ve got to pray for the better. Every time you come across a difficult situation you pray. I pray that I pass all my modules and giving birth the normal way” (P12).*

Facing the unknown can be very traumatic, especially for the expectant mother who may not know the outcome of the state of health of her child. Hence, undoubtedly, expectant mothers are compelled to resort to prayer. According to Skobi (2013) and Cherewick et al. (2015), prayer gives one the strength to deal with difficulties; and

also provides the spiritual guidance and consolation to deal with the anxiety of giving birth (Simao et al., 2016).

#### **4.3.2.1.4. Category 4: Perseverance**

The study findings reveal that being pregnant and studying at the same time could be a daunting task and very challenging. This situation calls for perseverance and self-motivation. To support the above discussion, the following excerpts were recorded:

*“You tell yourself that now that you are pregnant you have to study, you have to work hard. If I fail they will blame the pregnancy, so I have to make sure that I push” (P3).*

*“I will expect my baby to perform well at school so I must be that example, the first example to the baby so I have to pull up the socks” (P6).*

*“It’s like, I’m going to have a baby. I have to be strong just for the baby” (P7).*

Participants eight said:

*“Since I got pregnant I’m improving. I don’t know why but I’m improving and I’m surprised that this thing [pregnancy] is pushing me to study hard so that I won’t disappoint my parents again. This thing [pregnancy] is like pushing me hard. I tell myself that I have to push harder so I can pass with flying colours so my parents won’t be disappointed” (P8).*

*“I think about my child’s future, that’s what push me forward even when I’m feeling tired, disturbed and dizzy, I try and work and sleep a bit so I can continue studying” (P10).*

*“I will attend the morning class then in between I will take an hour or two and go to the library and study then go back and attend” (P10).*

The study findings revealed that it is not easy to be pregnant and be a student at the same time. However, pregnant students were willing to put in extra effort so that they can pass. The desire to provide a good future for the unborn baby encouraged pregnant students to work extra hard so that they can achieve their goals (Mamhute, 2011; Aparicio et al., 2015). In the

same vein, Chohan (2010) in his study, argues that perseverance amongst pregnant students was the only way to achieve their educational goals.

#### **4.4. Summary of the chapter**

This chapter analysed the data collected from pregnant students at the University of Venda and the results were discussed with literature control. The chapter discussed the educational experiences of pregnant students, such as absenteeism, poor concentration and poor performance. The chapter concluded by highlighting the coping strategies adopted by pregnant students in order to cope with challenges emanating from pregnancy.

## **CHAPTER 5**

### **SUMMARY, LIMITATIONS, CONCLUSION AND RECOMMENDATIONS**

#### **5.1. Introduction**

This chapter presents the summary of the findings of the study, limitation of the study, conclusions and recommendations based on the data that were analysed in the previous chapter.

#### **5.2. Summary of the study**

The purpose of the study was to explore the lived experiences of pregnant students at the University of Venda, Limpopo province. The objectives of the study were as follows:

- To investigate the experiences of pregnant students at the University of Venda
- To determine the coping strategies of these pregnant students

The study was qualitative in nature. The population was female students at the University of Venda. The study used a convenience sampling method to select pregnant students. The study involved twelve pregnant students. Semi-structured interviews were used to collect data from participants and data were analysed using the Interpretative Phenomenological Analyses.

### **5.3. Limitation of the study**

Because this was a qualitative study, its results, therefore, cannot be easily generalised to other population. This is because the study was only limited to pregnant students who were enrolled at the University of Venda.

### **5.4. Conclusion**

The following were the conclusions of this study:

- Pregnant students experienced maternal stress and anxiety due to different factors
- Pregnant students experienced fatigue and as a result of fatigue, pregnant students experienced poor concentration during lectures.
- Due to weight gain, some pregnant students develop low self-esteem.
- Some pregnant students were unable to balance between pregnancy and their studies.
- Pregnant students bunked lectures because they had to attend ANC.
- Pregnant students were faced with the possibility of not writing examinations because they were due to give birth during examinations time.
- Pregnant students experienced financial difficulties because there was a need to buy healthy food.
- Some pregnant students were discriminated against by other students.
- Pregnant students were not getting enough support from the university.
- Social support from partners and family members was the source of the strength for pregnant students.
- Pregnant students had to persevere so as to avoid dropping out of school.

### **5.5. Recommendations**

Based on the research findings and conclusions of the study, the following recommendations were made:

### **5.5.1. Recommendations for pregnant students**

- Pregnant students should be educated about the resources available for them at the university, such as counselling.
- Pregnant students should prioritise their work, having a personal timetable to help them finish their educational activities on time.
- Pregnant students should attend ANC during breaks to avoid bunking lectures.
- They should engage more in group activities, so that they can get assistance from other students, to avoid poor performance.
- Pregnant students should be willing to put in extra work to achieve their goals.
- Pregnant students should carry out awareness campaigns to educate other students about the challenges of student pregnancy.

### **5.5.2. Recommendations for policy makers (University of Venda)**

- Draw a policy that will allow pregnant students to attend ANC at the institution
- Draw a policy that ensures that pregnant students are referred for counselling.
- The policy must have inputs from all stakeholders including pregnant students.

### **5.5.3. Recommendations for the University of Venda**

- More campaigns should be staged to educate students about the use of contraceptives.
- Campaigns should be conducted for pregnant students to empower themselves about coping skills during pregnancy.
- The university should provide more information about the resources available for pregnant students.

### **5.5.4. Recommendations for parents**

- Parents should offer support to their pregnant students.
- Encourage pregnant students to further their studies.

### **5.5.5. Recommendations for future researchers**

- Investigate the factors that contribute to student pregnancy at a tertiary level.
- Research on the policies available for pregnant students at a tertiary level.
- Investigate the factors that contribute to maternal anxiety and stress amongst pregnant students.

- ✓ Contributing factors to poor performance amongst pregnant students.
- ✓ Contributing factors to poor concentration amongst pregnant students.
- ✓ Factors that lead to absenteeism amongst pregnant students.

## 5.6. Summary

The study was summarised according to the aim and objectives of the study, limitation of the study and recommendations. The chapter also calls for future research to be conducted.

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## **APPENDIXES**

### **APPENDIX 1: INTERVIEW GUIDE**

**A SEMI-STRUCTURED INTERVIEW GUIDE WILL BE USED FOR THE STUDY.**

**The interview schedule and questioning**

**Time limit 1 hour**

The researcher will start by introducing herself and extending her gratitude to the participants for agreeing to take part in the study. After this phase, the researcher will discuss the ethical considerations and confidentiality issues so that participants can talk about their lived experiences freely.

### **Section A: Demographic information**

Age :

Level of study :

Marital status :

### **Section B: challenges of pregnant students**

The researcher's central question is: "what are your experiences as a pregnant student?" During the interview, the researcher will ask probing questions so participants can elaborate, such as the following:

- What was your reaction when you discovered that you are pregnant?
- What was your partner's reaction when you disclosed the pregnancy to him?
- Tell me about the changes you've experienced since you got pregnant.
- Tell me about the educational experiences you encounter as a pregnant student.
- Tell me about the psychological experiences you encounter as a pregnant student.
- Tell me about the social experiences you encounter as a pregnant student.
- Tell me about the physical experiences you encounter as a pregnant student.
- Tell me about the coping strategies you use to cope with the challenges you encounter as a pregnant student.
- Tell me about the support available for you as a pregnant student.

## **APPENDIX 2: CONSENT FORM**

### **Title of Research Project: LIVED EXPERIENCES OF PREGNANT STUDENTS AT THE UNIVERSITY OF VENDA, LIMPOPO PROVINCE**

My name is Rebecca Lindokuhle Thabethe. Student NO. 11605603. I am a Masters student at the University of Venda, studying for Masters in Public Health. I'm conducting a study entitled: Lived experiences of pregnant students at the University of Venda, Limpopo

province. The study has the following objectives: To investigate the experiences of pregnant students at the University of Venda and to determine the coping strategies used by pregnant students.

The study has been described to me in a language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way. I also agree that the researcher can audio record the conversation.

**Participant's signature** : \_\_\_\_\_

**Date** : \_\_\_\_\_

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

**Study Coordinator's Name:** Thabethe R.L [rebeccathabethe@gmail.com](mailto:rebeccathabethe@gmail.com)

Department of Public Health, University of Venda, Private Bag X5050, Thohoyandou, 0950

### **APPENDIX 3: INFORMATION SHEET**

**Dear participant**

**Title of the study**

## Lived experiences of pregnant students at the university of Venda

### **Introduction**

You are kindly invited to take part in this study. This information leaflet provides you with information about what the study entails so that you can decide whether to take part in the study or not. Before you agree, first read and understand what the study entails. If you do not understand anything, you are allowed to seek clarity.

The interview will take approximately 1 hour. If you agree to participate, you will be asked questions concerning the challenges which you encounter as a pregnant student. Take note that there is no right or wrong answer. My role as a researcher is to listen attentively and not be judgemental. If you are uncomfortable with some of the questions that I might ask during the interview, you should let me know.

### **The nature and purpose of the study**

To explore the lived experiences of pregnant students at the University of Venda, Limpopo Province.

### **Confidentiality**

The information that will be provided during the interview will be kept confidential. All participants will be given codes to be used when transcribing interviews. These codes will only be known by the researcher. The answers provided by the participants will be analysed according to themes and categories.

### **Risks and discomfort involved**

There is no risk in participating in the study, though it might be emotional, especially when discussing painful experiences.

### **Possible benefits of this study**

No compensation/stipend will be provided for participating in this study. Participating is voluntary and you are allowed to withdraw from the study at any time.

### **Recording of interview**

I kindly ask for permission to use a voice recorder during the interview, to enable me to revisit the conversation, make corrections and ensure that important points were covered during the interview. Please note that such information will only be accessed by the researcher.

### **Rights of participants**

Participants have the right to withdraw from this study anytime they want to.

### **Ethical approval**

Ethical approval will be obtained from the University of Venda Ethical Committee and permission to carry out this study will be obtained from the School of Health Degree Committee.

Contact person

The contact person for this study is Rebecca Lindokuhle Thabethe

Email: [rebeccathabethe@gmail.com](mailto:rebeccathabethe@gmail.com)

Cell no: 078 5027 043

## **APPENDIX 4: REQUEST TO CONDUCT RESEARCH**

University of Venda

P/Bag x5050

Thohoyandou 0950

14 april 2016

The University Management

University of Venda

P/Bag X5050

Thohoyandou 0950

Dear Sir/Madam,

**RE: PERMISSION TO CONDUCT A RESEARCH PROJECT REGARDING THE LIVED EXPERIENCES OF PREGNANT STUDENTS.**

I, Rebecca Lindokuhle Thabethe, a Masters Student in the Department of Public Health of the University of Venda, hereby request for permission to conduct a study at the University of Venda entitled lived experiences of pregnant students at the University of Venda. This study was prompted by the increase in pregnancy among students on campus and the challenges they encounter. Some of these students drop out due to pregnancy-related problems.

The study will involve the following:

Identifying the participants, providing information to them about the aim of the study and conducting an interview regarding their experiences. The information obtained from this study will be kept confidential and will only be used for research purposes. Participants will have the right to withdraw from the study without prejudice. I hope that my request will be approved.

Thank you in advance for your cooperation

Sincerely

Thabethe Rebecca Lindokuhle

[rebeccathabethe@gmail.com](mailto:rebeccathabethe@gmail.com)

cell: 078 5027034

**APPENDIX 5: ETHICAL CLEARANCE CERTIFICATE**

RESEARCH AND INNOVATION  
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:  
**Ms RL Thabethe**

Student No:  
**11605603**

PROJECT TITLE: Lived experiences of pregnant students at the University of Venda, Limpopo Province.

PROJECT NO: **SHS/16/PH/14/1808**

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Prof AK Tugli	University of Venda	Supervisor
Mrs S Mulondo	University of Venda	Co-Supervisor
Ms RL Thabethe	University of Venda	Investigator - Student

ISSUED BY:  
**UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE**

Date Considered: August 2016

Decision by Ethical Clearance Committee Granted

Signature of Chairperson of the Committee: 

Name of the Chairperson of the Committee: Prof. G.E. Ekosse

<p>UNIVERSITY OF VENDA DIRECTOR RESEARCH AND INNOVATION 2016 -08- 2 2 Private Bag X5050 Thohoyandou 0950</p>
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University of Venda  
PRIVATE BAG X5050, THOHOYANDOU, 0950, LIMPOPO PROVINCE, SOUTH AFRICA  
TELEPHONE (015) 962 8504/8313 FAX (015) 962 9060  
"A quality driven financially sustainable, rural-based Comprehensive University"