

**PERINATAL EXPERIENCES OF PREGNANT UNDERGRADUATE STUDENTS OF A
HIGHER EDUCATION INSTITUTION IN THE EASTERN CAPE.**

By

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DECLARATION BY RESEARCHER

I, the undersigned hereby declare the study on perinatal experiences of undergraduate students of a higher education institution in the Eastern Cape to be my own work and, all references used and quoted have been indicated and acknowledged comprehensively and that I have not previously in its entirety, or in part submitted it at any other university for a degree.

.....

Linda Simandla

.....

Date

DEDICATION

I dedicate this work to my mother Nofirst and my late father Ndenzekile Roji

My loving husband Sithembele,

daughters Thandolwethu and Sinazo.

son Mawusakhe,

My two sisters Buyiswa Mjo and Fundiswa Maplanga together with their husbands.

My nieces Anathi, Unako, Odwa, Baphiwe and Likholona and my nephew Lwanda.

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ABSTRACT

Unplanned pregnancies among students are increasing annually. There are cases of students giving birth by themselves in the rooms within higher education institution residences unsupervised. Unsupervised births put the students at health risk as birth can complicate or even lead to death. The purpose of this study was to explore the perinatal experiences of undergraduate students whilst a pregnant student.

In this study the researcher used a qualitative phenomenological approach within interpretive realism. The study was exploratory focusing on the need to understand how students experience perinatal care. Population for this study comprised of undergraduate students that had been pregnant within their undergraduate program which normally takes three to four years and were staying in the higher education institution residence at the time of pregnancy. A snowball sample was used. Data was collected from participants using unstructured in-depth interviews. For the study a total of 9 students were interviewed. Data was collected in English and Xhosa depending on preference. During pilot interviews the researcher established that the participants had difficulty in expressing themselves in English and used slangs in spite of being registered for a degree. The interviews were conducted by the researcher and the data tape recorded.

Permission to conduct a study at the higher education institution was sought from the Vice- chancellor, the Dean of Students and Research Ethics Committee To ensure trustworthiness of the study credibility, transferability, dependability and confirmability were adhered to.

Four themes with several subthemes emerged which were:

- Dynamics on awareness about existence of pregnancy.
- Support system for female students pertaining to reproductive health.
- Encountered psychosocial experiences.
- Coping strategies used by pregnant students.

Excerpts were used to support the interpretation of perinatal experiences of the undergraduate students.

Recommendations to the management of the higher education institution are to develop guidelines that ensure implementation of the pregnancy policy.

CHAPTER 1

INTRODUCTION

1.1 Background to the study

Pregnancy is a time of uncertainty for most women and it is worse with unplanned pregnancy. According to Gray (2014:1) most efforts in addressing unplanned pregnancies are aimed at adolescents in the United States. However, more than one third of unplanned pregnancies occur in women in their 20s (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2008:1, 2009: 3). Most of the women in this age group are found in higher education institutions. National Campaign to Prevent Teen and Unplanned Pregnancy (2008:1, 2009:3) also highlight that women of this age are at risk for dropping out of their studies, future financial difficulties, as well as emotional distress due to unplanned pregnancies. One in six pregnancies among women in Britain is unplanned, and one in 60 women (1.5%) experience an unplanned pregnancy in a year, according to the third National Survey of Sexual Attitudes and Lifestyles latest results of 2010 to 2012 (Wellings, Jones, Mercer, Tanton, Clifton, Datta, Erens, Gibson, Macdowall, Sonnenberg, Phelps, & Johnson, 2013: 1813). Therefore, unplanned pregnancies are common among women of child bearing age globally.

Generally, higher education institutions experience high rates of unplanned pregnancies among their female students annually. A paper delivered by Vermaas from Tshwane University of Technology at the sixth African Conference on Psychotherapy in Uganda states that student pregnancies at tertiary institutions worldwide are increasing every year although they are assumed to have sufficient knowledge about risks of unprotected sex. This paper further indicates that at Tswane University of Technology (TUT), the number of students with stress caused by unplanned pregnancies and abortion has increased by approximately 250% from 2005 (TUT, 2011:np).

In a bid to prevent early pregnancy and poor reproductive outcomes among adolescents in developing countries, World Health Organisation developed guidelines targeting policy planners and program managers from the governments, non-governmental organizations and donor organisations. Six outcomes were developed and these include increasing use of contraceptives in prevention of unplanned pregnancies, reduce unsafe abortion and increase use of skilled antenatal, childbirth and postnatal care. (WHO, 2011: 2).

In South Africa in a bid to reach learners, the Department of Health partnered with other departments especially the Department of Basic Education, to incorporate health education within the school curriculum through Life Orientation in all grades. The integrated School Health Policy was born following the problems encountered during the implementation of the National School Health Policy (Department of Health, 2012:12). Furthermore a policy for adolescents and youth exists that focussed on five intervention strategies which include promoting safe and supportive environment, providing information, counselling and access to health services. Higher education institutions also render these services through health care facilities and student counselling units.

The Department of Health in conjunction with Lovelife also developed a strategy to prevent unplanned pregnancies by developing adolescent friendly health facilities. They developed booklets explaining standards that are to be maintained in order to serve students effectively. The booklets outline the essential service packages that each clinic should provide to adolescents, these include information on sexual and reproductive health, information on contraceptives, pregnancy tests, antenatal care, pre and post termination of pregnancy counselling (Dickson-Tetteh & Foy, 2001:12).

In South Africa the maternal mortality rate has quadrupled over the years (WHO 2012:44). The high numbers of maternal deaths in South Africa are among young women. This being the case, the researcher explored the experiences of higher education institution students who had unplanned pregnancies.

From the outset, it is important to state that there are health facilities within higher education institutions that provide primary health care services governed by both government health policies and the institution policies. The government health policies include policies that guide management of a pregnant woman. However health facilities within the higher education institutions do not offer maternal care. According to Department of Health (2007:20) a pregnant woman has to start antenatal care as early as before 20 weeks. This policy ensures effective and efficient perinatal care (DOH, 2007:26), but the question is, do students utilize these services fully? Additionally most higher education institutions have pregnancy policies that state that students should leave the institution after 34 weeks to 36 weeks of pregnancy. However there are reported incidences and anecdotes of students deliver at their university residences. This is done to prevent a situation whereby a student delivers a baby unsupervised in the residences. This also promotes positive pregnancy outcomes for both the mother and the baby. The support given to pregnant students differs with higher education institutions, guided by their policies.

The higher education institution on its strategic plan focuses on improving the student experience (University of Fort Hare, 2009: 40). One of the objectives is to improve student services and support by improving health, security for women students and wellness as these are important factors in students' experience of higher education institution life beyond the lecture hall. Students being the key stakeholders in the higher education institution need a relationship with staff that is governed by the principles of equity, dignity and professionalism. On its efforts to accomplish this, the university formed associations led by peers that focus on addressing issues that affect students and in empowering them on how to manage themselves whilst they are at higher education institution. Workshops and awareness programs on reproductive health and HIV/Aids are held in collaboration with the government and other NGOs. Improving experiences of pregnant students would be difficult since these students are not known to the university.

With all these efforts by the Department of health and NGOs one would assume that new students admitted to the higher education institution are knowledgeable about preventive measures to avoid unplanned pregnancy. Universities do not take responsibility for the outcome of pregnancy and any complications that might be experienced during pregnancy. By studying those who have been pregnant during the course of study, the researcher will be able to explore students' perinatal experiences as they are influenced by the pregnancy policy.

1.2 Statement of the problem

Incidences of students delivering babies in their university rooms and in ambulances on the way to hospitals have been reported by the selected higher education institution. According to nurses in the health care facility within the institution some students give birth by themselves in the hostels. Students giving birth in hostels or ambulances indicate that they do not plan for birth as indicated by the institutional pregnancy policy which states that pregnant students should leave the higher education institution residence after 34 weeks of pregnancy and seek alternative accommodation (University of Fort Hare 2013; 110). This is the common practice in all higher education institutions in South Africa. The chance to give birth in a hostel room or ambulance poses a health hazard to the mother and the child as there could be complications during child birth. These can be complications like ante partum or post-partum haemorrhage and even death. Haemorrhage is the leading cause of maternal deaths in most parts of Africa. According to Fawkus and Moodley (2011:26) postpartum haemorrhage (PPH) is the major cause of maternal death in the sub-Saharan Africa, with several countries having high overall maternal mortality rates, which is contrary to the desired outcome of Millennium Development Goal 5.

The situation at present is that the health care facility within the higher education institution does not offer perinatal care; as such students seek perinatal care elsewhere. Another challenge is that there is also no communication between the institution and other health facilities that offer perinatal care to the students, thus, it is difficult to

monitor pregnancies amongst students. Additionally, there are no indications that pregnant students actually disclose their pregnancies to the residence matrons as they would know who and how far students are in pregnancy and ensure that the higher education institution pregnancy policy is obeyed.

This study will assist the higher education institution authorities to improve student services and support by improving health for all students which include perinatal care.

1.3 Purpose

The purpose of this phenomenological study is to explore the pregnancy and birth experiences of the undergraduate students of a higher education institution during perinatal period. This will help the higher education institution to determine the strategies to be developed to support a pregnant student in complying with the pregnancy policy.

1.4 Research objectives

The objectives of this study are to:

1. Explore and interpret the perinatal experiences of undergraduate students of a higher education institution in the Eastern Cape.
2. Recommend guidelines on the implementation of the pregnancy policy in the institution

1.5 Research question

What were the perinatal experiences of undergraduate students of a higher education institution in the Eastern Cape?

1.6 Significance of the study

The findings of this study will benefit students as strategies to reduce incidences of unsupervised births will be recommended. The results of the study may also inform higher education institution policy makers regarding perinatal health issues. Lastly, the findings might contribute to development of new programs focusing on women's reproductive health.

1.7 Definition of terms

Concepts used in this study were lived experiences, perinatal, undergraduate students and unplanned birth.

Lived experiences

Lived experience is an experience of a given phenomenon by someone and is subjective to that person. Someone will accurately know his or her own experience and will do so with depth and rigour giving essential qualities of that experience (Smith, Flowers & Larkin, 2009:12)

The phrase **lived experiences** therefore refers to those experiences that pregnant undergraduate students go through in the course of their pregnancies and birth of the babies, including plans and decisions made at that time. Undergraduate students will be interviewed in order to gather detailed information on these experiences.

Perinatal

Rodríguez and des Rivières -Pigeon (2007:1) define the perinatal period as the interval between the decision to have a child and one year after the birth as opposed to Emmanuel and Sun (2013:2) who define it as a period from pregnancy to 12 weeks

postnatal. In this period the individualized physical, psycho-social and economic care is intensely offered to women.

In this study perinatal is the period from the time an undergraduate student discovers that she is pregnant and decides to keep the baby until six weeks after the birth of the baby. This period includes the physical, psycho-social and economic care and support.

Undergraduate student

An undergraduate is a student in a college or university student working towards her first degree (Longman Dictionary of Contemporary English, 2003: 1850).

In this study the term undergraduate student will be used to refer to a young woman studying at a higher education institution who has not graduated for her first degree yet.

Unplanned birth

Unplanned births are births that occur at home or on the way to the hospital and are unsafe for the pregnant woman (Lazić & Takač 2011:12).

In this study unplanned births will be defined by the onset of labour or giving birth of a student whilst in the higher education institution residences, on the way to the hospital and in the neighbouring hospital.

1.8 Research methodology

In this section the research design, population, sampling method, data collection and analysis of data will be introduced.

1. 8.1 Research design

Research design is a plan of how a researcher will achieve the objectives and answer the research question (Moule & Goodman, 2009: 168). According to (Burns and Grove, 2009: 218) it guides the researcher in planning and implementing the study in a way that is most likely to achieve the intended goal and it increases the probability that the study reflects reality.

In this study the researcher will use a qualitative approach with a phenomenological inquiry or design within an interpretive realism. The study is exploratory. The research design used in this study will be discussed in detail in Chapter 3.

1.8.2 Study setting

The study will be carried out in a higher education institution in Alice. Alice is a small town at Nkonkobe Municipality under the Amathole District in the Eastern Cape Province of South Africa. The Eastern Cape is mainly rural with people living in low socio economic conditions. The higher education institution accommodates students from all over South Africa with a significant number of students coming from other African countries. The Alice campus admits about 7000 students annually with increasing numbers every year. Within the higher education institution there are a number of residences for students. In some residences only female students are accommodated, and in others only male students. However, there are a few which accommodate both female and male students. The medium of instruction in the university is English. This campus is chosen because it is where the unplanned births were identified.

1.8.3 Population

The population for this study comprise of undergraduate students of a higher education institution that have been pregnant within their undergraduate program which normally takes three to four years to complete.

This will be discussed further in Chapter 3.

1.8.4 Sampling method

A non-probability, purposive and snowball sampling method will be used. According to Marshall (1996: 523) purposive samples allow the researcher to select the best sample to answer the research question. Further discussion will be done in Chapter 3 on this sampling method

1.8.5 Interview guide

Data will be collected from participants using unstructured in-depth interviews. According to Brink, van der Walt and van Rensburg, (2012: 158) unstructured interviews are more like a conversation but focusing on the research topic and are more suitable for exploratory studies. An interview guide will be used by the interviewer. Interview guide is used to ensure that all issues are covered in the in-depth interview (Hennink; Hutter and Bailey, 2011: 141).

1.8.6 Trustworthiness

To ensure trustworthiness of the study credibility, transferability, dependability and confirmability principles will be adhered to. More details on these concepts will be provided in Chapter 3.

1.8.7 Pilot study

A pilot study refers to pretesting procedures that employ all procedures and material involved in the data collection process (regardless of how small scale) before the actual data collection begins (Caspar and Peytcheva, 2011: 1). A pilot study will be conducted using two students who met the criteria to determine any difficulties that might be encountered during interviews. Since this is a qualitative study, a pilot study will not test the measuring instrument but the interviewing skills including operating equipment. This will enable the researcher to estimate the duration of the interview sessions.

1.8.8 Data collection

Data collection is a precise systematic gathering of information relevant to the research purpose or the specific objectives, questions or hypotheses of a study (Burns & Grove, 2009: 43). Unstructured interviews will be used to collect data from participants. The grand tour question will be used to all participants. Detailed notes on data collection procedures will be provided in Chapter 3.

1.8.9 Data management and analysis

Since the study is phenomenological, data analysis will be done following Giorgi's steps of analysis. This will be discussed further in Chapter 3.

1.8.10 Ethical Considerations

Permission to conduct a study at the higher education institution will be sought from the Vice- chancellor, Dean of Students and Research Ethics Committee. Rights of participants will be observed. Information on ethical considerations is provided in Chapter 3.

1.9 Limitation of study

The study will be carried out in Alice campus only because conditions mentioned in this study are different to those in the other campuses. Since a qualitative approach is used the results of study cannot be generalized. The study will not include students who had been pregnancies more than two years ago.

1.10 Plan for dissemination and implementation of findings

After the report has been compiled it will be submitted to the Department of Nursing Sciences. The results will be communicated to the research department of the higher education institution and the management where the study will be conducted.

1.11 Summary

In this chapter the background of the study, statement of the problem, purpose and definitions of terms were presented. Data collection, data analysis and ethical considerations will be elaborated further in Chapter 3. In the following chapter the researcher will review literature to establish what studies have been done on perinatal experiences of undergraduate students.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The previous chapter outlined the background to the study, problem statement, objectives and research methodology. This chapter presents literature review on pregnancy prevalence amongst students, effects of pregnancy, types of supports during pregnancy, results of low levels of supports, unplanned birth and self-supervised birth and coping strategies to pregnancy.

Literature review is done to determine previous studies on pregnancy amongst students. As stated by Burns and Grove (2009: 92) a literature review is an organised written presentation of what other researchers have published in a selected field of study.

Most of studies done to date do not necessarily focus on undergraduate students but on teenagers or students and young adults in general. This literature was found to be relevant since it is known that students reach higher education institutions as early as 17 years of age and they are also affected by conditions facing other students in the general population.

2.2 Pregnancy prevalence amongst students

According to the World Health Organisation (WHO), (2004: 10) the most regions with the highest birth rate amongst students are the sub-Saharan Africa, South Asia and Latin America. It has also been found that there is highest incidence of students pregnancies and abortions in developed countries. Scandinavian countries, Switzerland, Netherlands, Japan, Korea and China have the lowest rate of births amongst students. Netherlands and Scandinavian countries have low rates of student's pregnancy and abortions because contraceptives are easily available to students (WHO, 2004:10). The sub dermal implants are found to be the most effective methods for preventing

unplanned pregnancy and the continuation is much higher in these countries (Power, French & Cowan, 2007:13).

2.3 Effects of pregnancy

Pregnancy and birth do not happen without great psychological and physical change, relationship difficulties, physical symptoms, anxiety about childcare, and hormonal changes which may cause stress (Ajinkya, Jadhav & Srivastava, 2013:38). The younger the pregnant women are at higher risk of these complications during pregnancy and birth as compared to older women due to their age (Goonewardene & Waduge, 2005: 118). Pregnant woman with unplanned pregnancy needs support and is prone to depression prenatally and postnatal if low support is given (Xie, He, Koszycki, Walker, & Wen, 2009: 639). Conde- Agundelo, Belizan and Lammers (2005: 345) also listed a number of complications relating to pregnancy itself and these include an increased risk of pre-eclampsia, eclampsia, anaemia, post-partum haemorrhages and puerperal endometritis.

It is common that students find themselves with unplanned pregnancies experience the interference of psychological and physical changes with their daily lives. At university level they are expected to do assignments which require lengthy hours of collecting data. Some are expected to do practical at clinical sites or laboratories which might expose them to danger. A study by Mamhute (2011:52) on pregnant students shows that some female students were affected by pregnancy as they would miss lectures and had to use friends for support in order to get notes and updates. This was confirmed by (Arhin & Cormier, 2008: 213) who reported that the students had difficulty coping with assignments, reading and clinical work. They were concerned with their safety. They cited a need for family and faculty support as a factor. They were exposed to attitudes and policies that were not friendly to a pregnant student.

Unplanned student's pregnancies do not only affect the pregnant young women physically only, but also has been associated with increased levels of and events related to psychological stress, including postpartum depression, financial hardship (Holub, Kershaw, Ethier, Lewis, Milan & Ickovics, 2007:155). It has also been found that the dropout rate is 64% higher in women who have had an unplanned pregnancy due to psychological stress and financial hardship (National Campaign to Prevent Teen and Unplanned Pregnancy, 2009:3, Grant & Hallmark, 2006: 13). In some countries where policy prohibits pregnant girls to attend school, some young people might leave school due to expulsion or feeling of shame (Lerandowski et al, 2012: 5168). Furthermore, it has been found that pregnant students felt that they did not only bring shame to their families and also to their churches (Ilika & Anthony, 2004: 95, Gama, 2008: 80, Sodi, 2009: 65, Agunbiade, Titilayo & Opatola, 2009: 23).

In some families teenage pregnancy brings tension and leaves parents blaming one another as confirmed in a study done on 18 to 19 year old Xhosa teenagers who fell pregnant. Family members dealt with the pregnancies in a manner that made teenagers to feel left out. They could not share what they felt although they longed for it. They experienced turmoil as they struggled to cope with pregnancy and these feelings (James, van Rooyen & Strümpher, 2010: 6). Their mothers showed no interest in discussing pregnancy with them. .Pregnancy caused conflict amongst parents whereby fathers blamed the mothers of not being strict which according to them led to teenagers being pregnant. It is only the grandparents who felt that there is a need to discuss the matter in order to resolve the tensions between family members.

Additionally, there are other challenges to young women concerning this as confirmed by a study conducted in Lesotho on pregnant teenagers aged up to 19 years (Phafoll, Van Aswegen & Alberts, 2007: 17e). They found variables that influence delay in antenatal care attendance and these are: lack of knowledge of time to start antenatal care, denial of pregnancy by boyfriend leading to long negotiations, which bring frustration to the teenager, financial problems, attitude of service providers and sex outside marriage being a taboo. Although there are many challenges to teenage pregnancy, better attitudes from health providers can promote use of antenatal care by

students. Antenatal care can provide a platform for nurses to educate them on health issues. A study that was done in Ecuador showed that sexually transmitted infections were higher on under 15 year old students compared with 20 to 30 year old women as they presented with trachoma and candida cervicovaginal infections in their current pregnancies (Hildago, Chedraui & Charce, 2005: 208). Furthermore, a study that was carried out in Gauteng on pregnant teenagers revealed that non-judgemental care and simple instructions can promote better understanding and cooperation between nurses and teenagers (Nkosi, 2006: 105). Lastly, women reported that the decision to carry on with their pregnancies was not influenced by peers since some of advice they got was against their wishes. They even experienced hostility which they associated with their marital status and age.

Following reviews of publications focused on reproductive health of students (Bearinger, Sieving, Ferguson & Sharma, 2007: 1229), recommend that strategies designed for student must take cognizance of their unique developmental needs and the context in which they live. They further state that there are special skills and knowledge that are necessary for the health providers, teachers and program directors to respond effectively to these needs. One of requirements of pregnancy is to attend antenatal care. This is more so in this era of HIV which can be transmitted to an unborn baby if caution is not taken. Attending antenatal care is vital for pregnant women in order to prevent the transmission of HIV. This is illustrated in a study done in India with 90% of 30 HIV positive pregnant women being on anti-retroviral therapy, it was found that at the end they delivered healthy babies with no complications (Chibber & Khurranna, 2005: 128).

2.4 Types of supports during pregnancy and birth

Social support has been found to be a buffer for stress in many health situations which can include pregnancy and after childbirth (Eichhorn, 2008:75). Different types of social support, that are found are informational, emotional, network, esteem and tangible (Eichhorn, 2008:75, Gray, 2014:6). Functional support types have been studied in

pregnancy contexts; for example, emotional support from the father, and action support from medical personnel, has been found to affect breastfeeding (Barona-Vilar, Escriba-Aguir & Ferrero-Gandia, 2009:193).

Gray (2014:6) found that sources of support are changing due to stage of pregnancy and birth. The most frequent sources of support were the young woman's partner, family or friends. The most prominent source of support is the young woman's mother who is always involved in decision making.

2.5 Unplanned birth and self- supervised birth

Previous studies mostly dealt with reasons why women delivered their babies outside health facilities, but no research was found on students specifically, hence the need to research into this area because pregnant students follows the same route as any pregnant woman in the management of pregnancy and childbirth.

Although male and female participants preferred birth at health center, however it has been found that 37% of pregnant women failed to reach health facilities (Otis and Brett 2008: 49). The reasons for not using health facilities were: fear and embarrassment of receiving care at the public health centers, 22% of participants being concerned with poor quality given at the health centers and the distance to be travelled and other geographic challenges were given as factors by 25%:

Furthermore, financial constraints were given by 14% of participants whilst others gave expectation of easy birth as the reason for delivering at home. This indicates that for some women home delivery is seen as a plan for childbirth. It is not clear who attends to them during childbirth.

Kumbani, Bjune, Chirwa, Malata and Odland (2013: 5) reported that although women living in the rural areas of Malawi had intentions of delivering their babies in a health facility they failed to do so. Women gave different reasons for this including challenges with transportation to the facility and failing to walk there. Some women delivered on the way there, on the roadside or fields and some of them would manage to get hold of a traditional birth attendant. Furthermore, other women explained that labour started at night and there would be no one to accompany them to health facilities at that time. At

times labour that would be quick giving them no time to reach the health facility, or labour that would start whilst it is raining, which would lead to the pregnant woman not seeking help from the health facility and in turn delivering the baby at home.

2.6 Coping strategies to pregnancy.

To date, not much research has been carried out on how students disclose pregnancy to the significant people in their lives or to the university. Without doubt, there is a need for support from significant others for a pregnant woman to cope with challenges of pregnancy. Furthermore, it is quite a difficult time for a young woman to decide whether to keep the baby or not. A study done in Mexico City on 13 to 17 year old students chose to terminate the pregnancy if the partner could not play the role of co-parenting (Tatum, Rueda, Bain, Clyde & Carino, 2012: 48). The researchers found that peers provided them with emotional support when they explored options and helped them to choose what to do about the pregnancy. It was also found that participants would disagree with the advice given by friends if it is against their beliefs. Parents were found to be more influential to the students in decision-making although they were the last to be involved.

Young women sometimes have difficulty disclosing pregnancy due to shock and inability to face the reality of being pregnant. A study by Thyne (2006: 70) on 17 to 35 year old women revealed that women disclosed late in pregnancy due to suppression of reality of pregnancy, denial and concealment. Also that some disclosed partially by only telling a partner or friend weeks before they can disclose to family but they would ask these people to keep this pregnancy as secret. It was further discovered that some would keep this a secret until the birth of a child or even fail to tell the biological father of the child. They gave reasons for failing to report from poor relationships with their mothers, anticipated reactions from parents to prior family stress that emanated from a sibling being pregnant. Sekgobela (2008:90) drew similar findings whereby student nurses failed to report pregnancy to their parents with only ten percent managing to do so.

They gave fear of parents, guilt and disappointment as some of the reasons for not disclosing.

Generally young women start experiencing problems as soon as their parents recognise the pregnancy. Atuyambe, Mirembe, Johansson, Kirumira and Faxelid, (2005: 305) found that the students were rejected by family members, violated, stigmatised and felt despair because of pregnancy. Some of them were faced with partners that denied paternity of the baby; some had financial problems with no one to support them including the partner. This resulted in them failing to seek health care during pregnancy and in turn delivered their babies in the villages. Atuyambe et al also found that some teenagers were intimidated by health workers who displayed negative attitudes. Maputle (2006: 90) also noted that teenage mothers had difficulty disclosing the pregnancy to family members, because of fear, not knowing that they were pregnant or denial. Nevertheless in this study most of them received support from parents, friends and their partners. It was also established that concerning antenatal services only 57% attended at 28 to 32 weeks, giving amongst other reasons fear of attitude of health workers or they just booked to access hospital delivery services.

2.7 Summary

This chapter reviewed literature on unintended pregnancies amongst young women around the world, South Africa included. It came to light that few studies were done on students specifically but since they come from communities, they are also exposed to situations in which other young women live. Most studies focused on pregnancy amongst teenagers or students and young women. These studies showed that unplanned pregnancy among young women is high and a problem globally. Severity of the problem differs from country to country, depending on socio-economic status of people in that country. In the next chapter the research methodology will be discussed.

CHAPTER 3

RESEARCH METHODS

3.1 Introduction

The previous chapter reviewed literature on pregnancy amongst students. This chapter goes further to present the research design and methodology used in this study. Details of all methods used to select a sample and collection of data will be given in detail.

3.2 Research design

A research design is a plan of how a researcher will achieve the objectives and answer the research question (Moule & Goodman, 2009: 168). According to Burns and Grove (2009: 218) it guides the researcher in planning and implementing the study in a way that is most likely to achieve the intended goal and it increases the probability that the study reflects reality. In this study the researcher used a qualitative phenomenological approach within an interpretive realism and the terms are explained below. The study was exploratory in nature.

A qualitative approach is the kind of research used to describe and promote an understanding of human experiences (Burns & Grove, 2009: 23). The phenomenological method in turn focuses on the need to understand how humans view themselves and the world around them (Willis, 2007: 53). It emphasizes the direct experience of a phenomenon in order to determine its essence (Bernard and Ryan, 2010: 258). Whilst interpretivism believes that humans behave the way they do because of the environment but are also influenced by their subjective perception of that environment (Willis, 2007: 6).

Exploratory studies are designed to increase the knowledge of the field of study (Burns & Grove, 2009: 357).

3.3 Population

The population for this study comprised of undergraduate students of a higher education institution that have been pregnant within their undergraduate program which normally takes three to four years.

3.3.1 Inclusion criteria

The criteria used to select participants were as follows:

1. Students who had unplanned pregnancies.
2. Students were undergraduates registered for attendance modules with compulsory attendance of 85 percent.
3. Participants were residents in the higher education institution during pregnancy.

3.3.2 Exclusion criteria

Female students who opted for abortion were excluded.

3.4 Sampling method

A non-probability purposive and snowball sampling method was used. According to Marshall (1996: 523) a purposive sample allows the researcher to select the best sample to answer the research question. Snowball sample further allows the participants to recommend potential candidates to be used in the study. In this study only those students that have been pregnant whilst studying within their undergraduate program, were approached.

Students who attended the clinic seeking contraceptives giving history of delivering a baby whilst studying at the higher education institution were informed about the study and 3 students agreed to participate voluntarily without coercion. At the end of interview

session some participants were able to refer the researcher to students who met the criteria. In total 9 participants participated in the study.

3.5 Interview guide

Data was collected from participants using unstructured in-depth interviews. According to Brink, van der Walt and van Rensburg (2012: 158) unstructured interviews are more like a conversation but focusing on the research topic and are more suitable for exploratory studies.

The grand tour question was “Can you share with me your experiences of pregnancy, birth and within 42 days post birth?”

An interview guide (see Appendix D) was used by the interviewer. This is used to ensure that all issues are covered in the in-depth interview (Hennink; Hutter & Bailey, 2011: 141) and it was piloted.

3.6 Pilot study

A pilot study refers to pretesting procedures that employ all procedures and material involved in the data collection (regardless of how small of a scale) before the actual data collection begins (Caspar & Peytcheva, 2011: 1). A pilot study was conducted with 2 students who met the criteria to determine any difficulties that might be encountered during interviews. Since this is a qualitative study, a pilot study did not test the measuring instrument but the interviewing skills including operating equipment. The interview guide was revised following the interviews. Students experienced difficulties to express themselves in English. They used Xhosa and slang. The researcher interviewed the participants in both English and Xhosa and was able to estimate the duration of the interview sessions.

3.7 Data collection

Data collection is a precise systematic gathering of information relevant to the research purpose or the specific objectives, questions or hypotheses of a study (Burns & Grove, 2009: 43). As the study dealt with experiences of undergraduate students, students who visit the clinic to seek contraceptives were informed of the study. Those who volunteered to participate had individual appointments. A suitable time was arranged with the participants of whom most of them preferred the late afternoon, after classes. The researcher used an unused office to carry out interviews with the participants as they were not comfortable using the clinic nor their rooms. For the study a total of 9 students were interviewed. The researcher was referred by interviewed participants to students with the same experience of being pregnant whilst studying who stayed in the higher education institution residences. Students were contacted telephonically and the study was introduced to them by the researcher. If they agree to participate an appointment was set with them for interviews. Data was collected in English and Xhosa depending on language preference. The interviews were conducted by the researcher and the data tape recorded. Participant information sheet was given to the participant and consent forms (see Appendix E) were signed before in-depth interviews commenced. The researcher asked open-ended questions and probed for more as is necessary in phenomenological study (Bernard & Ryan, 2010: 259) until data saturation. Data saturation was reached when interviews yielded no new information. The data was transcribed following each interview session.

3.8 Ethical Considerations

3.8.1 Approval by Institutional Committee

- Permission to conduct a study was sought from the higher education institution Research Ethics Committee and was granted (see Appendix A).
- Permission to conduct a study at the higher education institution was sought from the Vice- chancellor and was granted (see Appendix B).

- Permission was sought from the Dean of Students to use the students as participants in the study which was granted (see Appendix C).
- The institution health centre manager was informed about the study as it was anticipated by the researcher that some interviews might be conducted in the clinic if preferred by the participants.

3.8.2 Protecting Human Rights

Rights of participants were respected at all times. When recruiting participants, full information was given including the purpose of study and its significance. All questions were answered honestly. All recruited participants were legally competent because students under eighteen were excluded. During in-depth interviews participants signed an informed consent. A consent form is an explicit indication that one is willing to participate and is clear about nature of research (Shaughnessy, Zechmeister & Zechmeister, 2012: 67). Professionalism was maintained by the researcher at all times. Times were kept from beginning to the end of interview sessions.

No incentives were given to participants except for refreshments after the interview sessions.

3.8.3 Right to Self determination

Participants had the full right to refuse participation and withdraw from participating anytime without penalties.

3.8.4 Right to Privacy and Confidential

Pseudo names were used during data collection and analysis to ensure privacy and confidentiality. Explanations were given on how the data would be handled and who would have access to it. This includes the storage and how it would be discarded. To maintain confidentiality collected data was locked away and transcribed material locked in a computer that requires a password to access the data.

3.8.5 Right to Protection from Discomfort and Harm

During the data collection process the researcher found that some participants were emotional. She stopped the interviews and discussed if the participants were willing to continue and they all agreed. Participants used the interview sessions as an opportunity to relate their experiences.

3.9 Data analysis

Following each interview, data was prepared for analysis through transcription. Moule and Goodman (2009: 346) state that this is the written record of verbal interactions between participants and interviewer and they can be saved electronically for easy access. The researcher was involved in the transcription of data. The data was transcribed as it is by the researcher. In the second version all the data in Xhosa and slang was translated to English by the researcher being able to speak both English and Xhosa. The translated data was translated back to Xhosa by another person who can speak both English and Xhosa. The original transcript and the third version were compared to ensure that meanings were not altered. Before commencing with analysis, the researcher bracketed out all the preconceived ideas about the perinatal experiences of the students. This was done in order to accept different perspectives and understand the experiences from the eyes of each participant (Brink et al, 2012: 122).

Since this is a phenomenological study, certain steps were followed in analyzing the interview data. The researcher followed Giorgi's steps of analysis as laid out in (Burns and Grove, 2005: 559, Speziale and Carpenter, 2007: 83). The steps are

- Read the entire description of the experience to get a sense of whole.
- Reread the description.
- Identify the transition units of the experience
- Clarify and elaborate the meaning by relating constituents to each other and to the whole.
- Reflect on the constituents in the concrete language of the participant.

- Transform concrete language into the language or concepts of science.
- Integrate and synthesize the insight into a descriptive structure of the meaning of the experience.

The data was read several times whilst identifying phrases, sentences or paragraphs that had a meaning. The researcher interpreted the meaningful units by figuring out what the participant was expressing by using such a phrase. She focused on what the participants experienced and how they felt at a particular moment. Similar meanings were integrated to clarify the sense. Several categories were formed. Categories were clustered to form themes. Essential meanings were supported by examples from the raw data.

The data was sent to an independent coder. Both the independent coder and the researcher compared themes and reached an agreement. The results were discussed with the supervisors.

3.10 Trustworthiness

To ensure trustworthiness of the study credibility, transferability, dependability and confirmability will be adhered to. Most of the time qualitative researchers work alone. This might easily lead to bias which might not be detected (Burns and Grove, 2009: 392). Nurses might impose their own values during data collection. Strategies exist that can be employed to ensure trustworthiness of results. In this study Guba's four constructs to ensure trustworthiness as detailed by (Shenton, 2004: 64) were used.

Credibility is ensuring that the study measures what it is intended to measure. To ensure credibility of this study, participants were given choice to participate or not, to ensure that they give honest answers to questions during interviews. They were encouraged to speak openly about their experiences. During interviews the researcher clarified information given by rephrasing questions to exclude deliberate lies taking from information given by the informants. There were constant contacts of the researcher and the supervisor to discuss approaches and interpretations of the researcher. This helped in identifying any biases and preferences by the researcher. The researcher was

engaged in discussions about the study with disinterested peers, exposing self to scrutiny and having to explain the research method, at the end refining the methods used.

For the study to be transferable an in-depth description of what is studied was given so that other researchers can relate their situations to the one being studied. This allows the reader to understand in order to compare.

For dependability of the study, details of processes followed are given in detail on the report to allow future researcher to repeat the work and achieve similar results.

Confirmability of the study was achieved by contacting each participant after transcription of data following an interview to confirm and clarify data and fill any identified gaps.

3.10 Summary

In this chapter the background, problem statement, purpose of study, definition of concepts, data collection and data analysis has been discussed. In the following chapter findings will be presented.

CHAPTER 4

PRESENTATION OF FINDINGS

4.1 Introduction

Data was collected through interviews that were conducted on female students that had fallen pregnant within the two year period whilst studying at the selected higher education institution. In this study the researcher explored experiences of these students with intentions to understand how they managed their pregnancies whilst studying at a higher education institution and whether the pregnancy had any effects on their studies, their support systems, their plans for child birth and their opinions on the role that could be played by the institution to provide support to pregnant students.

4.2 Presentation of findings

Relationships were established amongst categories and four themes emerged from the collected data. These are presented on a table below.

Table 4.1 Table of Themes

THEMES	CATEGORY	SUB-CATEGORY
1. Dynamics on awareness about existence of pregnancy	1.1 Discovering pregnancy	1.1.1 Physical experiences 1.1.2 Reaction to discovery of pregnancy 1.1.3 Postponing disclosure of pregnancy
	1.2. Responses and reactions from significant people following disclosure	
2. Support system for female students pertaining to reproductive health	2.1 Experiencing support	2.1.1 Getting support from friends 2.1.2 Support given by boyfriend 2.1.3 Support within the institution
	2.2 Suggestions from participants on support by institution	
3. Encountered psycho		

social experiences	3.1 Emotional experiences	3.1.1 Remorse for hurting parents 3.1.2 living in fear of consequences of being pregnant 3.1.3 Feelings of anxiety 3.1.4 Feelings of relief if there is no negative impact 3.1.5 Feelings of isolation
	3.2 Feelings experienced when leaving the baby at home	
	3.3 Effects of pregnancy on students	3.3.1 Financial effects 3.3.2 Effects on social life 3.3.3 Effects of pregnancy on studies
4. Coping strategies used by pregnant students		

4.2.1 Dynamics on awareness about existence of pregnancy

It was established that participants were not aware of their pregnancies as these were unplanned pregnancies. They experienced physical changes to their bodies which led to discovery of their pregnancies.

4.2.1.1 Discovering pregnancy

Participants gave different accounts of how they discovered their pregnancies. All had physical experiences.

Physical experiences

Most of the participants experienced missing menstrual periods for a month. This means they did not menstruate on the expected dates. This leads to anxiety amongst females as it might indicate that the woman is pregnant. But this is not enough to confirm that one is pregnant as there might be other reasons for missing a menstrual

period. For one participant this was accompanied by being sleepy most of the time as she stated, *"I was always falling asleep in my room and my friend told me I must be pregnant."* They both decided to do a pregnancy test which came out positive.

Another participant experienced vomiting with certain food stuffs following missed menstrual period for the past month. She said, *"I was here when I saw that I did not go to my periods. I was like vomiting, like did not want some foods."* Her boyfriend suspected that she was pregnant but she denied it. Later she decided to buy a pregnancy test kit to check if she was not pregnant. It turned out positive.

The other participant had funny feeling about her body following missing a menstrual period. After ignoring this feeling for a while, she decided to visit the nearest clinic for the nurses to check what was wrong with her. She was told that she was in fact pregnant.

One of the participants bought a pregnancy test kit which indicated she was pregnant following missed menstrual period. Her pregnancy gave her problems as she had to visit several doctors before it could be confirmed that she was pregnant. She said, *"My pregnancy gave me problems. When I visited doctors I was told my fetus was not visible."* But later the pregnancy was confirmed by a gynecologist.

These participants used over the counter pregnancy test kits rather than visiting the health care facility within the higher education institution.

Reaction to discovery of pregnancy

Following confirmed pregnancy participants reacted differently to the results. Two of the participants accepted pregnancy as they believed that what happened could not be undone. One of them said, *"But the pregnancy was not my plan, but I accepted it. I thought okay I am pregnant now I have to accept it."* Although they were taken by surprise they had an ability to accept these pregnancies. One of them decided to keep the baby in spite of being ordered by the boyfriend to abort the baby.

Another participant was in denial of her situation as she believed that it was not her who could be pregnant. She said, *"I was also laughing, asking myself how all this happened. How can I have a child again? I had no problem."* She kept telling herself that she had no problem. This shows failure to comprehend what was really happening. Her situation was even worse as she had left another child in the care of her parents.

Two other participants had no chance of dealing with how they felt about being pregnant due to anticipation of how the family will react to them being pregnant. One of them said, *"At the clinic I was told that I am pregnant, I thought how am I going to report this at home because firstly I am at school. I will not be able to do anything for the baby."* These two felt that they were in trouble for being pregnant whilst their parents sent them to school to study and obtain qualifications. Their minds were set on planning how to break the news to their parents.

All these reactions confirmed that the participants experienced unplanned pregnancies.

Postponing disclosure of pregnancy

It was established that out of all participants only one disclosed her pregnancy as soon as she discovered it. She told her husband about the pregnancy as it was not planned. She decided not to hide her pregnancy to the residence matron either. The matron gave her all the support at the higher education institution. The remaining four participants however, used different tactics in hiding their pregnancies, especially to their parents who supported them as they were students. This was also the case with the residence matrons whose duty is to see to the welfare of students in their respective residences.

The first participant who discovered her pregnancy in May and was concerned about the reaction of parents at home decided to hide her pregnancy and was determined to face her parents later on. She was forced to disclose after a while as she was about to go on holidays. She communicated this through her aunt, *"I think on November I just told my aunt to tell my parents that I am pregnant, since we were about to be on vacation."* This participant disclosed to her parents at the end of second trimester.

The second participant had to hide her pregnancy from other students who shared the room with her. She kept her pregnancy a secret although she felt distraught. She went home with intentions to disclose but was overcome with fear and so she could not. She said, *"I arrived at school and felt this was eating me inside. Even in the room nobody else knew but me."* This feeling helped her to develop courage and she disclosed to her mother.

The third participant felt the need to hide the pregnancy from her parents as she anticipated that they might suggest that she stop attending classes although it was mid-year. She only disclosed to a friend whom she ordered not to tell others. She said, *"I only told one friend actually, so I told her to keep it as a secret. She also kept the secret. And we stayed till end of the year."* This indicates that this participant also postponed disclosing her pregnancy to her parents until she went home for holidays.

The fourth participant however, never disclosed to her parents even during the holidays. She said, *"I was wearing big dresses like these. When bathing I made sure that I lock the door and when I bath mother is probably very busy so that she does not enter my room."* She came back to the institution the following year without informing her mother. She never disclosed until she delivered her baby at the nearest hospital.

For all these participants the delayed disclosure emanates from fear of reaction from the parents. They deceived the residence matrons about the gestational age to avoid being expelled from the residences. They always reported lesser number of weeks to avoid

reaching 34 weeks as they would be expected to leave the residences and use alternative accommodation. They avoided contact with the matrons at all costs with the help of friends who would alert them if they came.

None of them ever consulted nurses at the health care facility within the higher education institution.

4.2.1.2 Responses and reactions from significant people following disclosure

As anticipated by the pregnant students, their parents were furious about the pregnancies. They responded differently to the participants.

The three participants who managed to disclose their pregnancies to their parents encountered strong reactions. Some parents uttered words indicating that pregnancy was not acceptable at all. One mother said, *"We send you to school to study, you come back with what you brought. You see, in this house I am not accepting the baby."* But later on the mother showed love and allowed the participant to use her medical aid for antenatal care. She never supported the baby financially. Following scolding another mother supported her daughter in attending antenatal care close to home. She gave her money so that she could return for her scheduled visits. She even went further by fetching her following the birth of her child whilst at the higher education institution.

The third participant was told not to continue with her studies. Her parents told her that they were old and could not afford to look after a child. She looked for a nanny to care for the baby whilst continuing with her studies but the parents rejected her. She remained determined to continue with her studies. At the end she cut all ties with her family and managed without them. The family stopped supporting her financially although they understood that she would need more money now that she was pregnant. She said, *"I came back although it was difficult to. Firstly I was supported by my sister financially. She never wanted any explanations just kept quiet ever since. Not answering my calls, nothing. Okay, I came to school under those difficult circumstances."*

The participant who never disclosed to her parents until she gave birth, did experience rejection from the father of the baby during pregnancy. She said, *"As from that time he started to open a gap between us because I think, I think he did not want to have any responsibility. So he was not there."*

For most of the participants who disclosed they were supported to a certain degree by their parents.

4.2.2 Support system for female students pertaining to reproductive health

Participants from whom data was collected were pregnant for the first time. They would need all support from other people in terms of guidance on management of pregnancy, advice on planning for alternative residence and financially.

4.2.2.1 Experiencing support

Participants had to get support from friends who stayed close to them. Some of these friends had been in the same situation before.

Getting support from friends

As shown above most of the interviewed participants chose to delay disclosing their pregnancies to their parents. For support they turned to friends who gave them advice from when they discovered the pregnancies to caring for the baby.

Some friends advised them to abort pointing out that the pregnancy might cause problems with the parents. Two participants who were given the same advice by the friend, who was also a student, chose to continue with pregnancy guided by their religious beliefs. One said, *“But when I’m alone I just think, do I believe in abortion? Even though I am afraid of my parents, I know that the first person that I have to be afraid of is God. So I must keep the baby.”* But she had to turn to friends again after birth of her baby because when she got home from the hospital, her family was attending a family ritual in the villages. She knew nothing about handling a newborn baby. They came to stay with her for days until the family got back. This at least showed that they valued life and were concerned about destroying a developed human being. These friends offered tangible support to the participant.

Participants were in need of informational support. Guidance and advice was sought from friends who also had similar experiences. One friend had her baby whilst staying at the residences within the higher education institution. She had the experience of giving birth far from her parents and travelling with a newborn baby. Another participant who

was deserted by her family was confident that she was in good hands who was deserted by her family. This friend was in fact returning a favor as she puts it, *“So I also supported her during her pregnancy. She also had her baby here at school and took the baby home.”* She relied on this friend for support her whole pregnancy. But these friends could not meet all of their needs, so they had to seek additional support.

Supportive boyfriends

For more support they had to turn to at the father of the child. The married participant was supported by her husband as he was working. For another participant she could not be supported by her boyfriend as he was also a student. He had no extra cash to give her. Another participant had to fend for herself as the father of her child drifted away from her during pregnancy.

The remaining participants were supported by their boyfriends for the entire pregnancy and continued to receive support after child birth. For one participant the father of her child gave her money for needs of the baby as her mother refused to buy anything for her unplanned child. Her mother told her the baby she brought she would support by herself. The baby's father came through for her as she said, *“Okay luckily then, my baby's father cared till to date and he included the child on his medical aid.”* This puts her mind at ease knowing that her child is covered for day-to-day needs and medical emergencies.

Another participant depended solely to her boyfriend for financial support and even taking the child to a relative to be cared for there. Travelling expenses and needs of the child were provided for by the boyfriend. She said, *“For all expenses my parents were not involved. All expenses were taken care of by the child's father. For me to go home, everything for the child, I mean everything concerning the child.”*

From the collected data it emerged that some students use boyfriends as a main source of support. More support is needed for a pregnant student who should also follow management of pregnancy as expected of other women in the larger community.

Support within the institution

The researcher observed that two of the participants felt that the higher education institution did support them.

For the one who disclosed her pregnancy to the residence matron voluntarily, the residence matron kept checking on her to see how she was doing. She would visit her in her room and ask if she had any problems. She discussed her situation with the residence matron. She informed her that she was unable to look for alternative residence because of loads of work she had to do. She said, *“But I told her because of loads of work, I was overloaded, I would not manage to leave and would deliver in this hospital.”* This allowed the matron to keep an eye on her in case she might need help.

Another one felt that the higher education institution did support her as she was able to visit the health care facility within the higher education institution whenever she felt ill. She said, *“The institution supported me in that I could come to the clinic when feeling something I do not understand, because there was no one closer for me to ask about pain and what might cause it. For everything even the minor ailments, I came to the clinic.”*

For the remaining participants, one of them felt that the institution played no role in her pregnancy. She felt unsupported by the system because there is nothing done for pregnant students. Unlike the two participants discussed above, this participant never disclosed her pregnancy to the residence matron but used to hide from her in order to avoid direct contact. It is difficult to assume that she would not get help if she did disclose the pregnancy.

The remaining participants did not seek for any support from within the higher education institution.

4.2.2.2 Suggestions from participants on support by institution

Three participants saw no need to involve the higher education institution in the management of their pregnancies. Two of these participants went into labour whilst staying in the higher education institution residences. They gave birth in the neighboring

hospital and one of them was transported by the ambulance that is meant to take sick students to that same hospital. Indeed she did get help from the higher education institution. Transport was offered to the one who visited the health facility within the higher education institution asking for the nurses to organize transport for her as she was in labour. She said, *"I came to the clinic and the nurse organized the ambulance for me and I went to hospital. They took care of me."* She felt gratitude towards the nurses stating that she did not expect them to help her so easily. This showed that students have their own perceptions about the health facility staff. They assume the worst of them.

Suggestions that the antenatal care services should be rendered from within the institution were made, as students are affected by walking long distance to neighbouring clinics for these services. One participant said, *"I think maybe the clinic for pregnant people must not be outside, at least it must be here because it is again something else walking for a long time, when you arrive there you told that your pressure is high, all that thing. It may happen that it is caused by walking on the way."*

Antenatal care services are not rendered in the health facility within the higher education institution as they focus more on prevention of pregnancy. Pregnant students that visit the health care facility on the days that they are supposed to visit antenatal clinic, are provided transport to those clinics. Most students are not aware of this. But there are challenges with that transport as it only leaves at nine o'clock every morning. This might be late for a pregnant student who has to arrive early.

A different suggestion was made. It was suggested that a platform should be created for those students who became pregnant whilst studying, to teach other students who have not yet fallen pregnant on difficulties faced by them. One participant explained, *"We can, you see, have like experienced having a child whilst at school, it is not nice. What we can do is to encourage our friends and those people at our reach and explain to them that there is nothing right about this. You cannot concentrate on your books because you are always stressed that I wonder what is going on with the baby."* They also suggested that an organization be formed that addresses teenage pregnancy and encourage people to stay safe in terms of preventing pregnancy. It was stated that

some students look at pregnant students and think that they are special and they enjoy their situation. The reality is far from that.

This shows that some students are willing to warn others about consequences of falling pregnant whilst studying. They can discuss challenges and effects of pregnancy on their studies, which is the reason why they are at a higher education institution. Sometimes it is wise to use peers to pass the message across. It could be a good idea to use a fellow student to address other students as they have experience on the problem.

4.2.3 Encountered psychosocial experiences

Pregnancy for a student brings a number of feelings if it was not planned for. It affects the life of the student financially and disrupts her studies as she needs time to visit health facilities.

4.2.3.1 Emotional experiences

Several feelings were identified from the data.

Remorse for hurting parents

It was found that pregnancy caused disappointment to the parents at home and some uttered words that left the participants feeling hurt. The participants also felt bad for hurting their parents. One participant showed remorse by sending a text message to her mother apologizing for what she did. She was determined to make up for her mistake and win her mother's trust by working hard on her studies. She stated "*She must see my results so that she can be proud of me again since I disappointed her.*" It is evident that she fully understands the effects this had on her parents.

Living in fear of consequences of being pregnant

Fear is experienced from onset. The participants felt fear from the time they discovered their pregnancies. It came to mind that pregnancy would not be accepted by parents. They had difficulty reporting pregnancy because of anticipated negative reactions to pregnancy by their parents. One participant *“got scared of telling her”* and *“oh, at home what am I going to do”* Nevertheless, when parents are informed fear still continues. They feared how the results following examinations would be. They wondered if the pregnancy did affect their performance through interference with studies and if so parents would be infuriated by this. One expressed *“I got scared, I wondered if I passed. Would I fail after what I did?”* the participants feared disappointing their parents again.

Pregnant students also had fear of being expelled from the higher education institution residences as stated on the pregnancy policy. Participants would hide from the residence matron since they saw them as representatives of the institution. They thought through the matrons steps would be taken against them, in this case expulsion. They give fear as one of the reasons for how they behaved *“I was afraid because there was a possibility that I’ll be chased out of residence”*

Participants also showed reluctance in visiting the clinic within the institution because of fear of being ridiculed for being pregnant whilst studying, by the nurses. A participant said *“I attended clinic here, I thought no I should stop attending clinic here because nurses will chase me out and take further steps against me”* She was attending clinic for minor ailments as antenatal care was not offered within the institution. In her mind she thought nurses would act against her just by being aware of her pregnancy. It is always assumed that nurses have negative attitudes towards patients.

Feelings of anxiety

Anxiety was expressed by participants on certain occasions. On discovering the pregnancy some participants were anxious that the boyfriends might deny paternity of their babies. They knew that the identity of the man who impregnated her would be

required at home so that the man can take responsibility and pay for damages. It becomes a problem if he denies. One said *“what is worse about the boyfriend running, when you are asked at home, you won’t be able to identify him if he is denying it”* Such a situation will keep the student anxious until the boyfriend agrees that he is the father.

Some participants felt anxious as they stayed at home postnatal for a week or two. They felt that they were left behind as studies continued in their absence. A participant expressed *“I knew that I was missing out at school; I already missed some practicals and tests that that time. So I rushed so that I do not miss much more”* This emanates from the fact that at a higher education institution the work is packed, one has to always keep up with studies. The participant was anxious that she was wasting valuable time.

Feeling of relief if there is no negative impact

Participants anticipated negative responses from their parents. But they were relieved when their parents showed signs of peace. For one participant it was a relief that her parents noticed her pregnancy on their own before she could disclose. She wanted them to know but had no courage to report it. She stated *“They told me that they noticed this on my arrival, to think that I was hiding this from them. At least I was relieved after that.”* Other participants were relieved when the parents offered help including financing antenatal care. One participant asked her mother to fetch her from the hospital where she delivered her baby. The mother responded to her call. She was relieved as this meant that the mother had come to terms with pregnancy. She said, *“she came to fetch me without any problem”*

Participants also felt relief when the results came for tests they wrote during labour. One participant said, *“the day I was discharged at... I was writing test, I passed and was right I thought”* the participant was not sure of her performance

Feelings of isolation

Although participants disclosed their pregnancies to their friends, mostly they felt alone. The actual experience of being pregnant was only felt by the pregnant students. People surrounding them could not comprehend what is entailed in being pregnant as a student. There was no one close to share problems with. They felt isolated as stated by one participant, *"I was alone"* said one of them. They felt as if people have deserted them. A participant said *"usually when there was something, there was no one"* She felt that there was nobody supporting her. She went on to state that she had a desire to go home but she would be left behind in her studies. The choice of leaving was not an option for her as it would interfere with studies. *"I was scared and with no one close to help"*

4.2.3.2 Feelings experienced when leaving the baby at home

Leaving the baby a few days after birth caused pain to the participants. The main reason was that they were leaving the baby too early. Four participants expressed this pain. A participant was devastated for having to leave her baby as she puts it *"I felt like crying. There was something stuck in my throat and tears were running down thinking oh my God"* Feelings of guilt were also experienced as the mother leaves the baby in the care of other people. A participant had guilt feelings as she had to leave her baby early to attend to her academic responsibilities. She said, *"I felt my child was too small for me to leave behind."* She felt as if she had let down her baby.

Two participants felt hurt when they had to leave the babies as one said *"it was hurt because when I was at school I always missed my baby"* They were concerned about bonding with their babies. They knew the importance of closeness between a mother and her baby. Probably this is where the pain emanated from. This however is contrary to what the fifth participant felt. She felt nothing when she had to leave the baby. She claimed that she was not attached to the baby yet as she explains *"there was nothing much as I am not even used to the baby, two weeks only"* She seemed more concerned about her studies and having to catch up.

4.2.3.3 Experienced effects of pregnancy on students

Participants were affected by being pregnant whilst being students and listed in the following sections are the effects.

Financial effects

Pregnancy requires money to cover travelling costs to the clinic, to buy the baby clothes and after birth to feed the baby. Participants mostly depended on government loan for their studies since some came from poor backgrounds which declared their parents as being unable to support them. This money was not enough for two people, hence additional support was required. For those who had working parents, they asked for money from their parents. Those whose partners disappeared they had to sacrifice the money for food to buy baby clothes. Because of financial constraints they would travel on foot to access antenatal care.

Not all participants were dependent on government for funding. The participant who came from a well off family also suffered financially. Her mother refused to provide for the baby as a result she turned to the father of the baby. She realized how difficult it is to care for expensive needs of her baby as she said *“I knew my baby’s father would send money for food but at the same time a child is expensive. So me too with the money I make from selling I had to add on child’s things”*

It is evident that financing for a child’s expenses requires sacrifice on the mothers.

Effects on social life

Pregnancy brought restrictions to the usual lifestyle of participants. They had to refrain from attending parties with other students. They felt restricted from enjoying entertainment activities as enjoyed by peers as stated by one of the participants *“at times they went to have a good time, I could not go”* This was unpleasant as it changed the way things used to be. It put a strain on the life of a pregnant student who is used to enjoying herself with her peers.

Restrictions did not end with the birth of their babies. They felt need to sacrifice leisure for the sake of their babies. Those who were able to go home on weekends had to frequent visiting the babies, leaving their peers enjoying the student life of a student. They also experienced restrictions even on attending church events on weekends when they went home. For one participant her child was left in the care of a child-minder. She had a responsibility to telephonically check on her child's wellbeing whilst at the higher education institution. She learnt "*having a child is a full time job and commitment.*" She constantly thought about her baby even during lectures.

Effects of pregnancy on studies

It was established from the collected data that pregnancy had effect on studies. All participants were affected by pregnancy as it interfered with their studies in different ways. Most of them were concerned about missing classes as they would also miss information given by lectures. To attend appointments for antenatal care, they had to miss the morning classes or for others even a day depending where the participant accessed the service. A participant said, "*I do not want to lie, it affected my studies*" Another participant shared her experience as "*it affected me a lot, like sometimes my date for clinic would be a day I had to write a test.*" This would stress her as she had to devise means to achieve both. Some of them accepted missing classes as they saw missing a day as not much "*If I went very early, I came back early, maybe missing one or two classes*" or "*I would leave today and come back the following day. It did not affect me much.*"

After the baby is born studies continue to be affected. A participant experienced disruption of concentration on books as she said "*it again removes focus from books if you are told your child is sick*" The other one put it as "*you cannot really concentrate on your books because you are always stressed wondering what is going on with the baby.*" Mothering as a student affects concentration on studies as they also have to worry about their babies.

4.2.4 Coping strategies used by pregnant students

Pregnancy brought challenges to the lives of students as shown in the data. The participants took a decision to keep their pregnancies and accepted that they were pregnant. They knew that they had to make plans in coping with the pregnancy. It interfered with their daily lives, their studies and exposed them to lots of stress emotionally. They experienced difficulty during pregnancy, childbirth and postnatal.

When families discovered the pregnancies, relations were affected negatively. A pregnant woman requires the family support as her life is at risk. Participants used friends to support them at this time as they stayed away from their families, with some of them even hiding the pregnancy. Partners at times helped in supporting the pregnant students by providing them with money to prepare for childbirth. They also needed alternative accommodation at 34 weeks but could not afford to secure those places. They had to deceive the residence matrons for them to stay longer than granted within the institution. Their friends helped them by watching for the residence matrons so that they could hide. This led to them experiencing labour whilst they were in the residences.

For guidance in the management of pregnancy the participants used friends that have been pregnant before whilst studying. These are the people who told them where to go and what to buy. They would answer some of the questions they had. They avoided exposure to the health facility within the higher education institution as they feared the reaction of the nurses if they discover their pregnancies. Some participants got help from fellow students who collected material issued during lectures in their absence and gave them updates on what was done. They formed good relations with other students and it worked in their favour. However it is not always the case that everything goes well during pregnancy. A participant went into labour as she was preparing for a test in the evening. She managed to write the test whilst enduring labour pains. She said *"I stayed and wrote the test but whilst I was writing I felt that no, it was getting worse"* It was only after she felt satisfied with what she wrote that she decided to leave for hospital.

Following the birth of her child, one participant negotiated with the security guards at the gate, to be allowed to sleep in the residences with her child for the night after

being discharged from the hospital. She could afford to go home the following day. She used public transport to travel the following day.

Participants had to develop skills to cope with being a student and pregnant at the same time.

4.3 Summary

From the data analyzed it was noticed that students are mostly on their own during pregnancy as they usually hide pregnancy from people who would help them in the process. Nurses in the health facility within the higher education institution would provide treatment of minor ailments and counseling which is also done by the student counseling unit. The residence matrons who are mothers in their own right would give support the students whilst staying in the higher education residences. Students need their parents to pay for alternative accommodation at 34 weeks but parents are not aware of this since the students hide the pregnancies from them. They would avoid disruption of their studies at any cost as many participants stated that alternative accommodation would mean going back to their respective homes. This puts them at risk of going into labour under undesirable conditions which might result in giving birth before they reach the hospital

CHAPTER 5

DISCUSSION, IMPLICATIONS, LIMITATIONS, SUMMARY AND RECOMMENDATIONS

5.1 Introduction

In chapter 4 the researcher analyzed the lived experiences of students who became pregnant whilst studying at the selected institution of higher learning. The findings were drawn from what the students expressed during interviews regarding their experiences and how they felt during pregnancy, childbirth and postnatal. In this chapter a discussion of the findings, limitations of study, implications for future research and recommendations will be outlined.

The objective of the study was to explore and interpret the perinatal experiences of undergraduate students with intentions to establish the kind of support that the students have in order to complying with the higher education institution pregnancy policy.

5.2 Discussion in relation to earlier studies

In this section the empirical findings will be discussed giving comparison with findings on studies found in literature review. Major findings of this study were identified. These findings might have influence on the reasons why students remain in the higher education institution residences until childbirth. The discussion of these findings follows below:

5.2.1 Dynamics on awareness about existence of pregnancy

The findings of the present study indicated that most of the participants experienced missing menstrual period for a month. This was accompanied by vomiting with certain food stuffs. Cronjé and Grobler (2003: 51) state that following implantation the hormone human gonadotropin (HCG) will be produced by the trophoblast. This hormone will prevent the degeneration of corpus luteum and progesterone and estrogen will continue to be produced. This will result in endometrium and decidua being maintained and therefore preventing menstruation. This is similar to Goldstein

(2011:112) who states that early signs of pregnancy are nausea and vomiting following missed periods. Furthermore Ajinkya, Jadhav and Srivastav, (2013:38) find that hormonal changes may stress. These physical experiences led to anxiety compelling them to do pregnancy tests and further went to the gynecologists.

The study further demonstrated that after confirmation of pregnancy participants reacted differently. Most of the participants were in denial of pregnancies and later accepted pregnancies as they believed that what happened could not be undone despite ordered by their boyfriends to abort the pregnancies. Denial was found on studies done by Thyne (2006: 71) and Maputle (2006:90). These studies found that women would have difficulty disclosing or disclose late in pregnancy due to denial of pregnancy.

Only married participants disclosed their pregnancies only to partners as soon as they discovered that they were pregnant although pregnancies were unplanned. Most participants decided to hide their pregnancies from the employees of the institution and their parents excluding lecturers with whom they had contact during classes. Participants were afraid of expulsion from the residences since they were aware of the pregnancy policy and also of reaction from their parents. This is similar with studies by (Thyne, 2006:70; Maputle, 2008:90 & Sekgobela, 2009:90) with few students reporting pregnancy to their parents who became furious and disappointed about the pregnancies in so much that families were negatively affected. James, Van Rooyen and Strümpher (2012: 193) also found in South Africa that pregnant teenagers experienced change in relationships with their parents. These parents are reported to have experienced overwhelming emotions due to the unexpected pregnancy of their children, and as the pregnancy could not be reversed. For the participants in this study not disclosing to significant others and the institution resulted in lack of support for them and gave an opportunity to deliver in the residence since the pregnancy was unknown to the institution. This put both the mother and the baby at risk of complications during birth.

5.2.2 Support system for female students pertaining to reproductive health

The findings of the study showed that all participants needed the support from other people in terms of guidance on management of pregnancy and financially. This is similar to the findings of Gray (2014:7) whereby unplanned pregnancy would mostly require network support, nurturing support and action support.

Families including significant others are regarded as the primary source of support for pregnant students. This is similar to findings by Rini, Schetter, Hobel, Glynn and Sandman,(2006: 222) on a study done on social support effectiveness, it was indicated that having high quality relationship with the partner, emotional closeness, intimacy and equity result in better well-being. It was also found that strong perceived support from parents and significant others led to low levels of maternal stress and anxiety during pregnancy and postnat.al

In this study it was found that participants did not get support from the parents, so they turned to friends and their partners as the source of support. Friends provided network support to the participants. These were friends with similar experience of having babies whilst staying in the residence within the institution. Those participants with working partners did get financial support whilst other partners could not since they were students. Reasons for not getting support from parents were that participants delayed disclosure to parents, for those who disclosed parents were angry and did not accept the pregnancies. This is similar to findings by Atuyambe et al (2005:305) in a study done in Uganda where pregnant adolescent had no support from the families and men or boyfriends that were responsible for pregnancies as they were either still at school or unemployed. Not having support from the significant others have an effect on how well does the pregnant student cope during pregnancy. Failure to cope might result in illegal abortions which result in increased maternal morbidity and mortality.

Participants in this study felt differently about support by the institution. Some of participants saw no need for the institution to be involved with pregnant students but put the blame on them. Most of participants strongly perceived that the institution could have played a role in supporting pregnant students. This is similar to findings on a study

by van der Berg and Mamhute (2013:308) in which pregnant and mothering students of a Teacher's College in Zimbabwe felt that the college administration did not support pregnant and mothering students.

5.2.3 Encountered psychosocial experiences

Pregnancy for a student brings a number of feelings as it was not planned for. Several feelings were found from this study. Participants expressed fears as the prominent emotional reaction that they experienced following discovery of pregnancy. This is due to anticipated reactions of parents when the pregnancy was to be reported. This is similar to findings by (Ilika and Anthony, 2004: 95; Maputle, 2006:90; Sekgobela, 2008:90 and Sodi 2009:65) whereby young women reported fear of negative reaction and disappointment of parents. These would be accompanied by other emotions like anxiety, remorse and loneliness. The participants were in need of emotional support. In this study participants gave reasons for their fear including the knowledge that their parents expected them to excel in their studies and not to bring babies. Fear of reactions from significant others leads to inability to disclose pregnancy.

In this study it was found that students' performance was affected. This was missing classes when students had to attend antenatal care. This is similar to findings by Arhin and Cormier, (2008:212) and Mamhute (2011:52) who found out that studies of pregnant students were affected by pregnancy as they would not cope with lectures and assignments. It was also found in this study that for most participants looking for alternative residence would mean abandoning their studies, which was the reason for them to ensure that they remain in the residences at all costs. They did this in order to continue with their studies. This is similar to findings by Brosh et al (2009:3) in a study done in the United States of America that even after having babies students will continue to have educational and career aspirations. Effects of pregnancy on studies have an impact on the ability to cope for the pregnant student.

5.2.4 Coping strategies used by pregnant students

In this study participants used different strategies to survive and in order to remain within the institution until they delivered their babies. Some participants used their partners who were employed for financial support. These were participants with families that refused to support the pregnancy. Participants would need money to prepare for the coming children.

In the study it was discovered that participants used friends that have been pregnant whilst studying before for guidance in the management of pregnancy. These are the students who told them where to go and what to buy. Some participants got help from fellow students who collected material issued during lectures in their absence and gave them updates on what was done. This is similar to a study done by Mamhute (2011:52) on pregnant students which showed that some female students were affected by pregnancy as they would miss lectures and had to use friends for support in order to get notes and updates.

The same friends were used when deceiving the authorities of the institution. Students would help participants by informing them when the matrons approached the residences. The students would hide away from the matrons. This is similar to a study by van der Berg and Mamhute (2013:309) where students would stay in the hostel without the knowledge of authorities.

Participants would negotiate for favours by the security or ambulance drivers. One participant negotiated to be allowed access to her rooms with the new-born baby for overnight stay. The other participant negotiated for transport with the institution ambulance.

In this study it was discovered that participants experienced labor whilst they were in the residences. They delayed going to the hospital because they started organizing transport when they were already in labor. In Kumbani et al (2013:5) transport problems were given as one of reasons why women in labor give birth in transit to the hospital. For a pregnant student delay in organizing transport might lead to birth of the baby in the residence and increased health risks.

5.3 Implications for further research

It is recommended that:

- A research should be done on parents regarding awareness about pregnancy policy in higher education institutions.
- Research should be conducted to a larger population of students to assess their perceptions on pregnancy whilst studying. This is an opportunity to identify gaps that exist in the knowledge they have regarding effects of pregnancy on them.
- A study on other universities should be done to establish how they control deliveries within their institutions and the success rate.

5.4 Limitations

- This study was done on 9 participants who gave enough information but the results cannot be generalized since this was a qualitative study.
- Only students who were pregnant in the past two years were included in the sample.
- Students under eighteen were excluded since it is rare to find them in the higher level of education.
- It was difficult to find participants to which the researcher was referred due to time constraints. Students were preparing for final year examinations.
- Some students were reluctant to divulge information thinking that the research was some kind of investigation by the institution.

5.5 Summary

In this chapter findings were discussed and compared with knowledge that already exists. The study highlighted the need for active involvement of the higher education institution in developing guidelines that will contribute to adherence of the policy. This study also highlighted the dilemma facing higher education institutions since they are

obliged to comply with government policies that a student should take a maternity leave before child birth. Unfortunately a pregnant student has to vacate the residences irrespective of affordability of alternative residence. It was noticed that students are capable of manipulating the situation to suit them as they managed to hide in the residences or lie to the matron. Students on the other hand have to act responsibly as reproductive health services are offered in the health care facility within the institution. Using contraceptives effectively would save them from facing these daunting circumstances.

5.6 Recommendations

This study emanated from the problem faced by the higher education institution as identified by nurses working in the health care facility within the institution.

Incidences of students delivering babies in the residences or in transit to the hospital were reported. The pregnancy policy exists in the institution but is not visible to students. In the study it was established that students were not clear of its contents. In trying to address the findings of this study these recommendations were made:

5.6.1 Recommendations to the Higher Education Institution

Participants expressed lack of support by the higher education institution. Strategies that promote support of a pregnant student should be established. This is in line with the Strategic Plan with the objective of improving experiences of students in the higher education institution. This will influence the implementation of the pregnancy policy.

The existing pregnancy policy should be revised. Currently it does not give precise guidelines to be followed in monitoring a pregnant student. Tasks should be allocated and responsible people must be informed of the role they should play. This should include people in direct contact with the student including residence matrons, clinic nurses, lecturers and the Dean of Students to oversee the process. The contents of the policy should be easily accessible and be visible to a student. Students have a tendency not to read material given to them hence it is suggested that the contents of the policy should be presented during student orientation so that students are warned from onset. The residence matrons

should be given a task to identify pregnant students and refer them to the clinic. The idea of providing separate accommodation to pregnant students with close monitoring by residence matrons as suggested by students should be explored.

Programs should be in place that will promote awareness about effects of being pregnant whilst studying. Students who experienced pregnancy before could be invited to share their experiences with other students. This could be achieved by forming a separate organization or incorporate the idea into existing youth organisations.

5.6.2 Recommendations for Clinical Practice

When the student arrives in the clinic with signs of pregnancy, the clinic nurses should diagnose pregnancy and refer the pregnant student to the neighboring hospital for confirmation of gestational age and estimated date of delivery. A student should be allowed to visit a private gynecologist for confirmation of pregnancy and the estimated date of delivery. The report should be handed over to the office of the Dean of Students which will supervise that the pregnant student is monitored.

Awareness campaigns on contraceptives and reproductive health should be used as strategy to increase knowledge and a platform to raise awareness about danger of unsupervised births.

Students should be encouraged to report pregnancy at home with the support of the student counselling unit that has psychologists and social workers. Support is important as it was established that most participants were afraid to disclose pregnancies to their parents. This will ensure participation of significant others and therefore reducing the rate of unplanned births within the institution.

Pregnant students should be offered counselling services as it was established from the findings of this study that during pregnancy they go through different emotions. This will be the platform for pregnant students to verbalize how they are experiencing pregnancy

and help can be offered if there is a challenge. Supporting a pregnant student might reduce the rate of unplanned births.

5.7 Conclusion

This research was initiated by the researcher following reports by the clinic nurses of pregnant students giving birth in the rooms within the higher education institution chosen for this study or on the way to the neighboring hospital. The researcher decided to explore the perinatal experiences of pregnant undergraduate students to establish their support needs. Furthermore it was also in the interest to establish knowledge and significance of this pregnancy policy to pregnant students. Through the exploration of experiences of pregnant undergraduate students, stakeholders and programs that are needed will be determined.

To answer the research question, research objectives for the study were developed. The study used a qualitative research design. Data was collected using unstructured interviews with probing questions to get clarity on facts. The data was analyzed following Giorgi's steps of data analysis. The researcher discussed emergent themes with the independent coder

Four themes emerged from the collected data. On being aware of pregnancy most of pregnant students reacted with denial. It was established that pregnant students go through a lot of feelings including fear to disclose pregnancy at home. This fear drives pregnant students to hide pregnancy. This led to minimal or no support from the families and the institution. They got most of support from friends who were also students. They had to develop coping strategies including hiding from the matrons after 34 weeks of pregnancy, using deceit and negotiating with the security and ambulance men for favours. They had no capacity to plan for birth as they had no support from significant others. When they went into labour friends would help them to reach the hospital by arranging for transport as they would be afraid to use the institution ambulance.

From the findings of this study it can be established that the planning for birth is not done by pregnant students. This results in unplanned births as observed by the nurses in the health facility within the higher education institution.

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APPENDICES

APPENDIX A: Letter of permission: Research Ethics Committee



University of Fort Hare
Together in Excellence

ETHICAL CLEARANCE CERTIFICATE

Certificate Reference Number: NZA01 1SSIM01

Project title: **Experience of post pregnancy students
studying at a university in the Eastern Cape.**

Nature of Project: Masters

Principal Researcher: Linda Simandla

Supervisor: Dr NB Nzama
Co-supervisor:

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instrument(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

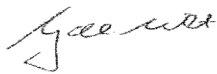
The Principal Researcher must report to the UREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

The UREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
 - Any unethical principal or practices are revealed or suspected
 - Relevant information has been withheld or misrepresented
 - Regulatory changes of whatsoever nature so require
 - The conditions contained in the Certificate have not been adhered to
- Request access to any information or data at any time during the course or after completion of the project.

The Ethics Committee wished you well in your research.

Yours sincerely



Professor Gideon de Wet
Dean of Research

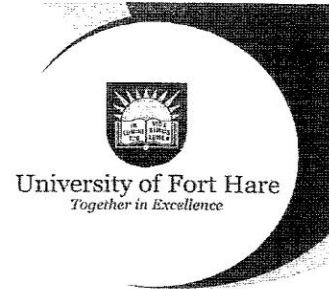
25 July 2013

APPENDIX B: Letter of permission: Vice- chancellor University of Fort Hare

University of Fort Hare

OFFICE OF THE VICE CHANCELLOR

Alice (main) Campus:
Private Bag X1314, King William's Town Rd, Alice, 5700, RSA
Tel: +27 (0) 40 602 2071 • Fax: +27 (0) 40 653 1338 • i-Fax: 0866282675
email: mxoseka@ufh.ac.za



03 September 2013

Ms Linda Simandla
Department of Nursing Science
UFH

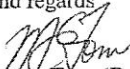
Dear Ms Simandla

PERMISSION TO CONDUCT A RESEARCH STUDY

I kindly refer to your letter of 5 August 2013 in connection with the above matter, and would like to thank you for the same.

This serves to grant you permission to conduct the research study as per your request. However this is on the understanding that the individual students to be interviewed reserve the right to refuse to participate in the study, should they choose not to. That means consent **must** be obtained from the individual students concerned.

Kind regards


Mvuyo Tom (Dr)
Vice Chancellor

1 | together in excellence



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Recipient of the
**Supreme Order
of Baobab**
(gold)

APPENDIX C: Letter of permission: The Dean of Students of University of Fort Hare

Student Affairs Division
Dean of Students Office

Ground Floor
New Student Affairs Building opposite the Main Gate
Alice Campus

Tel: 040 60222430 / 2007
| Email: vmakana@ufh.ac.za / bqgallant@ufh.ac.za



Memo

To: Sr L Simandla – Health Care Centre

From: B Gallant Dean of Students

Date: 7 August 2013

Re: Request for permission to conduct s research study using students as participants.

Dear Sr Simandla

I refer to your letter dated 5 August 2013 referring to the above matter

My office hereby supports your area of research and therefore grants permission to interact with students as requested.

It must be noted that this permission refers to enabling you to contact students to be part of the study but it is still their right to decide on their participation.

I wish you well with the study.

Kind regards

Brian Gallant
Dean: Student Affairs

APPENDIX D: Interview guide

Objectives	Possible Questions	Prompts
1. Explore and interpret the perinatal experiences of undergraduate students of a higher education institution in the Eastern Cape.	Can you share with me your experiences during pregnancy, delivery and after delivery of your baby?	<ul style="list-style-type: none"> a. Can you share with me your experience when you first discovered your pregnancy? b. Who did you decide to share the news with first? c. What was their reaction? d. Who else did you disclose your pregnancy to? e. Who gave you support and advice during this time? f. What were your experiences regarding antenatal care? g. Was your residence matron aware of your pregnancy? h. What information did you have regarding the institution pregnancy policy at the time? i. What plans did you make in arranging for an alternative accommodation as stated in the policy? j. Would you share your experiences during labor? k. Would you share your experiences after child birth? l. What suggestions do you have regarding support of a pregnant student by the institution?

APPENDIX E: Informed consent and participant information sheet

INFORMED CONSENT FORM

I _____ hereby agree to participate in the research project conducted by Linda Simandla entitled- "Perinatal experiences of undergraduate students of a higher education institution in the Eastern Cape." I understood the information as set out in the information sheet.

I understand that:

- I participate voluntarily.
- All the information I give will be kept confidential.
- My real name will not be used during focus group interview.
- The information given will be tape recorded and be kept in a locked cupboard.
- I have the right to withdraw anytime without penalties.
- There is no risk or benefit for participation.
- The findings of the results might be published in a journal.

Signature

Date

PARTICIPANT INFORMATION SHEET

Dear Participant

I am a student who is registered for Mcur majoring in Community Health Nursing at the University of Fort Hare. As required to fulfill the requirements of the qualification I need to conduct a research. My study is on perinatal experiences of students who fell pregnant whilst studying and residing within the university. In-depth interviews of not more than an hour will be conducted as a method of data collection. Your participation will be valuable in as it will contribute in understanding how students manage during pregnancy, childbirth and postnatal. This will also highlight challenges that students face in this period.

The interview will be conducted by me. The information given by you will be kept confidential. Your real name will not be used to protect you from being linked to the information and therefore maintaining confidentiality. The interview will be held in a private place known only to the participant and research team. You have a right to withdraw anytime without penalties. There will be no incentives given to you for participating in the study. The findings of the study might be presented at a conference or published in a journal. The information will only be destroyed after the findings have been published, but in the meantime it will be kept in a locked cupboard.

I thank you for considering being part of this research project.

Linda Simandla

lsimandla@ufh.ac.za

0791625880

APPENDIX F: Letter from independent coder



STUDENT'S NAME: Simandla, Linda

STUDENTS NUMBER: 9201695

This is to confirm that I co-coded the work analysed by the student indicated above.

I read her proposal, methodology chapter to get understanding of her study and how she conducted data collection and analysis. I also read her transcripts and the work she analysed. I independently co-coded her work and I made necessary suggestions.

I furthermore assisted her on how to present the themes, categories and subcategories.

As I did her work, I constantly discussed it with her and her supervisor.

I wish to declare that I have an experience in co-coding qualitatively analysed data. I have been utilized by the department to carry out this task. I have done it well previously.

I am confident that even this time I guided the student well, before I made suggestions pertaining to the work she analysed

AN Mbatha 

Date: 20/01/14


APPENDIX G: Letter from the editor

EDITOR'S DECLARATION

I Dr Ketive Ndhlovu (Department of Linguistics UNISA) confirm that I edited Linda Simandla's Masters thesis entitled:

PERINATAL EXPERIENCES OF UNDERGRADUATE STUDENTS OF A HIGHER EDUCATION INSTITUTION IN THE EASTERN CAPE

During the process of editing, the following changes were recommended; grammatical, sentence construction and paragraphing and structural among other things. It is up to the candidate to effect these changes as she is the author of this thesis and thus remains in control of the writing process.



08/01/2014

.....
Editor's Signature

.....
Date

.....
Candidate's Signature

.....
Date