

**BINDURA UNIVERSITY OF SCIENCE EDUCATION**  
**FACULTY OF SOCIAL SCIENCES & HUMANITIES**



**LIVED EXPERIENCES OF PREGNANT STUDENTS IN TERTIARY INSTITUTIONS:  
A CASE OF BINDURA UNIVERSITY**

By

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A Dissertation Submitted to the Department Of Social Work in partial fulfilment for the requirements for the Bachelor of Social Science Degree in Social Work

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June, 2023

**APPROVAL FORM**

*Supervisor*

I satisfy that I have supervised CHIUTSI BRIAN for this research titled, **Lived experiences of pregnant students in tertiary institutions: A case of Bindura University**, in a partial fulfilment of the requirements for the Bachelor of Social Work Honors Degree and recommended that it proceed for examination.

Supervisor

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*Chairperson of Department Board of Exams*

The Department Board of examinations is satisfying that this dissertation report meets the examination requirement and I therefore recommended to the Bindura University to accept a research project by CHIUTSI BRIAN titled, **Lived experiences of pregnant students in tertiary institutions: A case of Bindura University**, in partial fulfilment of the requirements for the Bachelor of Social Work Honors Degree.

Chairperson Name.....Signature.....Date.....

**DECLARATION AND RELEASE FORM**

I CHIUTSI BRIAN studying for the Bachelor of Social Work Honors Degree, cognizant of the facts that plagiarism is the serious academic offence and that falsifying information is a break of ethics in Social Work research truthfully declared that:

1. The dissertation report titled **Lived experiences of pregnant students in tertiary institutions: A case of Bindura University**, is the research of my own work and has not been plagiarized.
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## **DEDICATION**

I would like to dedicate my work to both my parents. They instilled in me a desire to learn and made sacrifices so I would have access to high quality education from early age up-to-date. Thank you, mom and dad for always being supportive throughout my years of studies. You have always been there for me regardless to the economic challenges. I would also like to dedicate this project to my little sister who inspired me to work hard and be in a position to assist vulnerable population within communities.

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## **LIST OF ACRONYMS**

AIDS	Acquired Immune-Deficiency Syndrome
ANC	Antenatal Care
HIV	Human Immune-Virus

## **ABSTRACT**

*Pregnancy can be a great experience. However, for some, it is not especially when they are still students. Pregnant student experience many challenges and little is known about their experiences. They experience problems which include psychological challenges, academic challenges and socio-economic challenges. Thus, pregnant students need support from their lecturers, family members and friends to cope. The purpose of this study was to examine the lived experiences of pregnant students studying with Bindura University as a case study. The study was conducted at Bindura University of Science Education & Technology, which is situated in Mashonaland Central Province about 88km north east of the capital city. A qualitative approach, using a case study design was used for this study. A sample size of 22 participants was selected from the targeted population through purposive and inconvenience sampling techniques. The data for the study was collected through in-depth and key informant interviews. Thematic analysis was used to analyze the data. The findings show that pregnant students studying with Bindura University encounter countless experiences such as maternal stress, inability to cope, poor concentration, low self-esteem, absenteeism and poor performance. In addition, pregnant students relied on social support they received from friends, family and their male partners to cope. The study therefore recommends that the institution should offer adequate services to pregnant students such as attending Antenatal Care (ANC) at the university clinic to reduce the likelihood of absenteeism and dropout rate among pregnant students. Pregnant student should be oriented about the services available to them such as counselling.*

***Key terms: experiences, pregnancy, students, university.***

## CHAPTER 1

### BACKGROUND OF THE STUDY

#### 1.0. Introduction

This chapter provides the background of the study that explores the lived experiences of pregnant students studying with Bindura University as a case study. It addresses the background, problem statement, the study objectives, research questions, study assumptions, significance, study limitation, study delimitation, definition of important terminology and the chapter summary.

#### 1.1. Background

A major problem that affects women's physiology, psychology, and social functioning on a global scale is student pregnancy (Anane, Adangabe, & Inkoom, 2021). Although there is a similar trend in developing countries like Zimbabwe, earlier research has shown that the United States continues to have the highest rate of student pregnancy and births (73%) among developed countries (Etuah, Gbagbo, & Nkrumah, 2018). Even though current statistics are unavailable in developing countries, student pregnancy is more prevalent in Zimbabwe unlike Mozambique, where raging wars and extreme poverty has a severe impact on young people's cognitive, emotional, and physical development (Sekgobela, 2013). Previous statistics indicated that in 2020, Zimbabwe led with 80% of pregnant students and most of them were between 15 to 20 years.

Studies around the challenges of pregnant students demonstrate that the majority of students in Zimbabwe had already conceived their first child at the age of 18 to 20 (Lynre, 2019). This situation exists despite the fact that students have free access to a variety of contraceptive methods and health services at university clinics and hospitals. According to Lee and Myers (2017), many students begin having sex at an early age of 15 to 18 years. In Zimbabwe, student pregnancy is seen by Pogoy and Agustino (2020) as both a social and economic hardship and a health issue. These authors also note that irregular usage of contraception is reflected in student pregnancy. Pelter, Tladi and Shikwane (2018) claim that despite the provision of a number of contraceptive methods by the student health facilities, the prevalence of student pregnancy in tertiary institutions continue to rise every year. Most of the student pregnancy are unintended and it appears that

resistance to using contraceptives stems from sociocultural beliefs about sexuality and pregnancy (Joyce, Kaestner, & Korenman, 2019).

Although it is a worldwide trend, student pregnancy is more prevalent in developing nations like Zimbabwe (Brown, & Vanable, 2020). Students who are pregnant face a number of difficulties, including maternal anxiety, infant mortality, violence, poverty, poor academic results, and deferment mostly because they find it difficult to focus on their academics while pregnant (Luttrell, 2017). Pregnancy, according to Sarani, Azhari, Mazlon and Shebaf (2019) seems to have negative long-term impacts on the professional development of pregnant students, potentially causing poverty to persist from generation to generation. Furthermore, Brown and Watson (2019) argue that, despite statistics from other areas of communities showing a drop, the largest rates of student pregnancy were in impoverished socioeconomic neighborhoods.

Student pregnancy is still a topic of discussion in Zimbabwean universities, and the Ministry of Education is had been making efforts to address this issue through public awareness campaigns, parental involvement, community involvement, and access to adolescent-friendly sexual and reproductive health care.

## **1.2. Problem statement**

Student pregnancy continue to rise regardless to the efforts made by the government to address their plight in tertiary institutions. In the year 2021 only, the university recorded eighteen planned and unplanned pregnancies and this number increased drastically to sixty-three in the year 2022 (Buse student health, 2023). Based on the above statistics, one can argue that the number of pregnancies recorded at the institution is increasing yearly and as a result of that, pregnant students in tertiary institutions have been exposed to many stressors such as maternal anxiety which had resulted some of them to have suicidal ideations and deferment of their studies. More so, these stressors had led to infant mortality, which impediment the achievement Sustainable Development Goal number 3. According to Bennet, Schott, Krutikova and Behrman (2021) juggling between two imposing roles, pregnancy and studies is stressful. As a result of that, pregnant students utilized coping mechanisms to deal with the stressors they encountered during their studies. These mechanisms include but not limited to the following: denial, prayer and concealment. Despite all this, relatively little is known about experiences of pregnant students studying with Bindura



University. As a result, pregnant students encounter positive and negative experiences as they progress with their studies.

### **1.3. Purpose of the study**

The research explores the lived experiences of pregnant students studying with Bindura University as a case study.

### **1.4. Research objectives**

The following goals served as the guidelines for this study:

- i. To examine the psychological experiences of pregnant students.
- ii. To assess the academic experiences of pregnant students.
- iii. To assess the socio-economic experiences of pregnant students.
- iv. To identify coping mechanisms used by pregnant students.

### **1.5. Research questions**

The following research questions served as guidelines for this study:

- i. What are the psychological experiences of pregnant students?
- ii. What sort of academic experiences do expectant students have?
- iii. What are the socio-economic experiences of pregnant students?
- iv. What are the coping mechanisms used by pregnant students?

### **1.6. Research assumptions**

1. Pregnant students in tertiary institutions are faced with psychological and socio-economic turmoil which affects their studies negatively.
2. There are different coping mechanisms used by pregnant students to overcome the obstacles they encounter in tertiary institutions, however, some of the coping mechanism are ineffective, rather they lead to other problems.
3. Pregnant students absent themselves from class due to the complications associated with pregnancy.

### **1.7. Significance of the study**

The research findings might benefit pregnant students in tertiary institutions by linking them with relevant services. It also acknowledged that everyone in the community must shoulder some of the

responsibility in fighting student pregnancy in tertiary institutions rather than just the national government. The study would make significant contributions to the formulation of favorable policies regarding student pregnancy in tertiary institutions. It might offer a framework for knowledge and action that directs educational institutions in creating a sufficient response to student pregnancy. Furthermore, the research findings would immensely provide tertiary institutions with knowledge and perhaps remold their attitudes towards student pregnancy. If tertiary institutions are more conscious of the experiences of pregnant students there are more likely to develop a positive attitude towards pregnant students. Therefore, the study findings also hoped to bring awareness of the experiences of pregnant students to tertiary institutions. The study intends to increase the body of existing knowledge and encourage more investigations into the experiences of pregnant students, a subject that has received little attention.

### **1.8. Delimitation of the study**

Hennik, Hutter and Bailey (2020) define delimitation as the boundaries established by the researcher to choose what to include and what to exclude from the research study. Therefore, this research was confined to exploring the lived experiences of pregnant students studying with Bindura University as a case study. It was also confined to the following objectives: psychological experiences, academic experiences, socio-economic experiences and the coping strategies utilized by expectant students. In addition, the research was geographically limited to Bindura University which is located in Mashonaland Central Province about 88km north east of the capital city. This research targeted pregnant students and fellow students of any age and academic level. It also included key informants (lecturers, health practitioners, chaplains, and administrators). Also, in exploring the experiences of expectant students, the study used a qualitative approach, hence, the results may not be generalizable to other contexts.

### **1.9. Limitation of the study**

Hollway and Jefferson (2019) define limitation as the potential weaknesses of the study based on the factors that are outside the researchers control. Hence, this study was constrained by the university management in that the registrar's office took longer than expected to approve the plan to perform the study at the institution. As a result of that, the anticipated window of time for data collections was disrupted. Budgetary limitations brought on by the socio-economic challenges in Zimbabwe had an impact on the study. This made the research study less viable, which made it

exceedingly difficult to carry out the research on a limited budget. Additionally, several of the participants believed that the study's interviews were time-consuming and monotonous, as shown by the fact that some declined to provide their personal information. As a result, the investigator was unable to compile sufficient data for the study.

The researcher overcame the above-mentioned challenges by assuring the university management that data to be collected was meant for academic purposes only. Again, the researcher emphasized the importance of the study to the participants of the study. The participants were assured of confidentiality.

### **1.10. Definition of key terms**

The study's essential terms are defined below.

**1.10.1. Lived experience-** is the representation and comprehension of a person's human experiences, decisions, and opportunities as well as how elements affect how that person interprets knowledge based on their own experiences (Marshall, Catherine, Rossman, & Gretchen, 2019).

**1.10.2. Student-** is any person enrolled in any course offered by Bindura University on full time or part time basis (Bindura University student handbook, 2012).

**1.10.3. University-** is an institution of higher education that also conducts research and grants degrees in variety of academic fields (Lamport, 2017).

**1.10.4. Pregnancy-** refers to the time during which one or more children develop inside a woman's uterus (Bosampe, 2017).

### **1.11. Chapter Summary**

This chapter introduced the study's background and statement of the problem. It further looked at the study objectives and the research questions. The chapter then looked at the study assumptions, its limitation and delimitation. It ends by looking at the definition of key terms.

## CHAPTER 2

### LITERATURE REVIEW

#### **2.0. Introduction**

The chapter reviews literature on the experiences of pregnant students in tertiary institutions. In understanding their experiences, the study utilises the stress and coping model as a theoretical framework. It further utilizes one case study from Ghana University of Education to explain the experiences of pregnant students in tertiary institutions. The chapter ends by exploring the gaps within the existing literature.

#### **2.1. Definition of literature review**

Barbour (2018) defines literature review as a systematic, explicit, and repeatable approach of locating, analysing, and synthesizing the body of previously published work that has been created by other academics in the same field of study. Thus, the literature review reveals different scholarly views on the lived experiences of pregnant students in tertiary institutions.

#### **2.2. Theoretical Framework**

Devos (2021) defines a theoretical framework as a foundational review of current ideas that acts as a guide for formulating one's own arguments in a research study. A theory is employed in the theoretical framework because it aid in giving the research findings a contextual interpretation.

##### ***2.2.1. The stress and coping model***

This research is premised on the stress and coping theory of Lazarus and Folkman. The theory indicates that stress is a result of series of interactions between a person's environment and situation (Penley, Tomaka, & Wiebe, 2019), and depending on how these interactions turn out, stress can cause both acute and long-term psychological distress among pregnant students in tertiary institutions (Feinstein, 2019). Allison (2018) further adds that an individual's evaluation of an incident, their choice of reactions, including coping mechanisms, and subsequent emotions are the three main factors to take cognizance of when analyzing how they react to stressful circumstance. Given that pregnant students experience stressful events that are might be a result of academic workload and financial constraints, this framework offers a very helpful theoretical paradigm through which to analyze pregnant student's emotional responses to a stressor. The

cognitive appraisal of the situation determines how a pregnant students emotionally responds, and behaves when subjected to a stressor. Feinstein (2019) defines cognitive appraisal as a person's subjective interpretation of an event. Therefore, pregnant students in a romantic relationship and financially stable are likely to react positively to pregnancy experiences while in educational institutions. On the contrary, unmarried pregnant students have a high probability of reacting negatively to pregnancy due to the unavailability of support either from their family or partner.

Gupton, Herman, and Cheung (2017) identified three stages of cognitive appraisals namely primary appraisal, secondary appraisal and reappraisal. Primary appraisal is an evaluation of problems viewed to be stressful or threatening (Feinstein, 2019). In this case, pregnant students in tertiary institutions might view inadequate support from both their families and partners, burdensome academic workloads, and stigmatization as threatening events. Also, the economy of a nation determines the evaluation of a stressful experience. In developing countries such as Zimbabwe financial instability and poverty encountered by pregnant students in tertiary institutions might be viewed as a stressor (Allison, 2018). Available evidence show that, the most probable appraisal of pregnancy whilst still a student is that of stressful (Ryan, 2017). Given this probable assessment of stress, a secondary appraisal is conducted evaluating measures or strategies that a pregnant student can employ to overcome stressful situation. Pregnant students have learned from their academic experience and socio-economic experiences that stress is probable without adequate support (Penley, Tomaka, & Wiebe, 2019), and that coping is necessary to control psychological stress of the circumstance.

Ryan (2017) argues that there are two different types of coping mechanisms that are utilized by pregnant students in tertiary institutions to manage stressful events which include the “problem-focused” and “emotion-focused strategies”. Problem focused coping mechanisms strive to lessen or change stressful situations whereas emotion focused strategies aim to change one's prominence, perception, or response to the event. More so, problem- focused coping strategy is employed by pregnant students when the situation is modified and linked to more positive than negative feelings (Feinstein, 2019). Pregnant students in a well-resourced institution tend to seek problem-focused therapy to address the underlying issues. Also, whenever pregnant students are worried about their baby they tend to dodge lecturers to go for antenatal care at a nearby clinic.. Allison (2018)

postulates that emotional coping strategies are used when there is little control or a lot of uncertainty in a scenario. This type of coping strategy is characterized by dejection and unpleasant emotions. When under stress, some pregnant students often turn to emotional coping mechanisms like denial, concealment, prayer, seeking out social support, and yoga. In most situations, both coping techniques are engaged concurrently, but one or the other probably predominates.

The fact that emotion focused coping techniques does not provide a long-term solution is one of its weaknesses (Cheng, Tsui, & Lam, 2020), thus it may have adverse side effects in that it a pregnant student may have delayed ANC access. In African setting, pregnant students tend to conceal their pregnancy for as long as they can and this has a negative impact on the unborn baby. Concealment can result to delay access of ANC. This coping mechanism ignores the root cause of the problem and pregnant student have a tendency of relapsing. Also, it is clear that pregnant students who drink alcohol to cope with their problems run a considerable chance of developing health problems. On the contrary, the problem-focused coping strategy is only effective in situations where the pregnant student has control over the source of stress.

## **2.3. Experiences of pregnant students in tertiary institutions**

### **2.3.1. Psychological experiences.**

Pregnant students are faced with different psychological experiences which negatively affect their mental wellbeing. These experiences include prenatal maternal stress, antenatal depression, low self-esteem, maternal anxiety and poor concentration.

#### ***2.3.1.1. Prenatal maternal stress.***

Although being pregnant can be an amazing experience for a woman, it can also be stressful (Jewkes, Vundule, Maforah, & Jordaan, 2019). Stress is characterized as an adaptive response to life threatening situations (Jonathan, & Klein, 2018). Pregnancy-related changes in the body and mind, as well as the impending transition into motherhood, cause prenatal maternal stress in pregnant students. In a study conducted by Kheswa (2020) he indicated that excessive prenatal maternal stress is associated with reduced birth length which can result to miscarriages. Additionally, it might affect the unborn child's developmental outcomes, including impaired pituitary and hypothalamic function, elevated levels of stress hormones, and a delayed in speech

and walking (Cheng, Tsui, & Lam, 2020). Allison (2018) strengths that stress can affect the unborn child emotionally or behaviorally, and it can also affect learning and memory. Pregnant students suffer from maternal stress might be harmful. Additionally, extreme stress results in subpar performance (Etuah, Gbagbo, & Nkrumah, 2018).

#### ***2.3.1.2. Antenatal depression.***

Antenatal depression is one of the psychological experiences which pregnant students encounter. In Njango and Gichocho (2018)'s study about 16% of pregnant women develop antenatal depression. Antenatal depression has reportedly been seen among pregnant students in educational institutions (Goda, 2021). Several symptoms, including lack of focus, weariness, difficulty making decisions, and short temper, are typical of antenatal depression (Maravilla, Betts, & Alati, 2017). Pregnant student who encounter these symptoms are more likely to have poor performance. In a study conducted by Lynre (2019) he indicated that pupils need to be mentally stable in order to succeed in school. Pregnant women who are depressed have a reduced likelihood of fulfilling their academic potential. According to Allison (2018) she indicates that this is brought on by antenatal depression, which has an impact on both academic performance and psychological health of a pregnant student. This is due to pregnant students' preoccupation with feelings of rejection by others (Peltzer, Tladi, & Shikwane, 2018).

#### ***2.3.1.3. Low self-esteem.***

Pregnancy is linked to low self-esteem personality. According to Kheswa, (2019) self-esteem is the worth that people place on themselves. Allison (2018) postulates that young pregnant women who perceives themselves as worthy have a high sense of self-esteem and on the contrary, young pregnant women who views themselves as valueless have a sense of low-self-esteem. Also, a negative relationship with the unborn child can result from low self-esteem (Brown, & Watson, 2019). Pregnant students in educational institutions are also affected by this. Again, a low self-esteemed personality during pregnancy can be a result of body changes, hence, a pregnant student may begin to feel repulsive owing to such abnormalities (Guler & Innanir, 2018).

#### ***2.3.1.4. Maternal anxiety.***

Maternal anxiety is one of the psychological experiences of pregnant students in tertiary institutions. A life experience like pregnancy comes with a lot of unpredictability regarding the future. There are too many changes for pregnant students to adjust to (Anane, Adangabe, &

Inkoom, 2021). These adjustments include juggling a pregnant belly with a busy academic schedule and making future plans for the child. In Luttrell (2017)'s expectant students who fret unduly about their abilities to show concern to their unborn child suffer from anxiety. A similar study was also conducted by Bosampre (2017) who indicates that prenatal anxiety can affect pregnant women. This is also applicable to pregnant students in educational institutions. Birth weight deficiencies and premature births are two consequences of prenatal depression (Luttrell, 2017). The World Health Organization (2018) reported that South Africa had an average of 9.0% preterm birth.

#### ***2.3.1.5. Poor concentration.***

Pregnant students have trouble concentrating because they cannot rest owing to the demands of their academic work (Lee, & Myers, 2017). Similarly, Pogoy and Agstino (2020) indicate that cognitive alterations that occur during pregnancy can lead to poor concentration. Also, pregnant students are particularly susceptible to poor concentration, which might affect their academic performance.

### **2.4. Academic experiences.**

#### ***2.4.1. Failure to write examinations.***

Zahra, Maryam and Mahvash (2019) points out that pregnant students face scholastic difficulties which include missing an exams due to labor. Pregnant students might be giving birth during the time of an examinations, so it become a challenge for them to participate in the exam. According to Williams, Alon and Bornstein (2017), pregnant students will have to retake the exam they missed the following year. In other circumstances, no provisions established to enable pregnant students to sit for the exams they might have missed (Springer, Parker, & Leviten-Reid, 2021). This may result in pregnant students not finishing their courses in a timely manner.

#### ***2.4.2. Absenteeism.***

Absenteeism has been identified as one of the academic experiences of pregnant students. In their study, Netshikwta and Ehlers (2020) discovered that over seventy three thousand expectant students in Kenya missed lectures. Students who are pregnant tend to miss the majority of their classes. The same idea was echoed by Macula, Vale and Carmona (2018) who goes on to add that illnesses related to pregnancy or bed rest orders may be to blame for pregnant students' absences.



In Zimbabwe there is little or no data that reveals the statistics of absenteeism in respect of pregnant students to class.

### ***2.4.3. School dropout.***

Students who get pregnant frequently leave school. In twenty-first century, 74% of the pregnant students in the United Kingdom left deferred due to pregnancy. In recent studies conducted in Tanzania by Changach (2018), he indicates that between 2017 and 2018, 29 600 pregnant students quit their classes due to pregnancy. As can be seen, in the majority of African countries, pregnancy is linked to dropout (Chigona, & Chetty, 2021). However, in Zimbabwe pregnant students postpone finishing their education rather than dropping out. Pregnancy can impact students' cognitive and working capacities, which is why some pregnant students drop out of school (Coetzee, & Ngunyulu, 2017). Some students leave school because they cannot handle the difficulties they face when they are pregnant, despite the fact that their reasons for doing so vary (Fox, & Gordon-Strachan, 2021).

Pregnant students are permitted to attend class up until the time of delivery (Changch, 2018) However, research shows a link between pregnancy and school dropout (Brown et al., 2019). Some pregnant students are forced to leave school because of the difficulties with their physical health (Chigona et al., 2021). According to a related study by Netshikwta and Ehlers (2020) indications are that pregnancy can negatively affect a students' performance. However, some of the expectant students are nonetheless capable of achieving high academic standards (Meddinus, & Johnson, 2017). Some expectant students choose not to attend college again, which wastes their time as they are unable to complete their degrees. Mothers who drop out of school are forced to opt to low paying and unfulfilling professions due to their lack of education (Changch, 2018). However, in certain schools, pregnant students are dismissed because of their pregnancy rather than leaving of their own volition (Devenish, Funnel, & Greathead, 2019).

## **2.5. Socio-economic experiences.**

### ***2.5.1. Stigmatization.***

Stigmatization has been identified as one of the socio-economic experiences of pregnant students. In his studies, Sparks (2017) articulates that pregnant students are hesitant to inform their parents that they are expecting a child due to cultural beliefs which expects students to have children after marriage. Also, due to social misconceptions about pregnancy, pregnant students are often

stigmatized (Smith, & Roberts, 2021). This is due to society's unfavorable perception of pregnancy whilst still a student. It considers expectant students to be sexually reckless and promiscuous (Lee et al., 2017). Although it might seem reasonable to assume that teachers would encourage their pregnant students, Sparks (2017) reports that pregnant students are also stigmatized by their teachers, who see them as adults who are unfit to attend school.

### ***2.5.2. Inadequate support.***

According to Brown et al (2019), encouragements from others in one's circle of acquaintances is essential for smoother adjustment to the situation during pregnancy (Brown et al., 2019). Sadly, partners, friends, and family fail to provide appropriate support for pregnant students. Instead of providing support, partners perpetuate violence against pregnant students. Additionally, depression during pregnancy can result from lack of assistance (Wall-Wieler, Roos, & Nickel, 2017). The majority of parents, according to Thobejane (2021), give up on their pregnant pupils. Depression and stress could result from this. Due to their disappointment with the pregnant student, parents, family members, and friends do not provide the student with adequate support (Netshikweta, & Ehlers, 2021). Most parents anticipate that their children will finish college and get married before having children. Parents, however, get dissatisfied when things don't go as expected and they refuse to help the pregnant student. Because of this, some pregnant students are compelled to leave their parents' houses in order to protect the family humiliation, which may leave students homeless (Vundule, Maforah, Jewkes, & Jordaan, 2019).

In addition to the emotional support of family and friends, pregnant students also needs support from lecturers. In her study, Taukeni (2019) draws attention to the fact that pregnant students often lack social support. Similarly, Changch (2018) indicate are that the mere availability of a social support system reduces stress among pregnant women. Also, for pregnant students to thrive academically, lecturers should provide social support to them (Sparks, 2017).

### ***2.5.3. Financial hardships.***

Most pregnant college students have precarious finances, and occasionally the spouse who brought about the pregnancy will not accept responsibility (Swann, Bowe, McCormick, & Kosmin, 2018). As a result, the student's family will have to bear the cost of caring for both the pregnant student and the infant (Sparks, 2017). The family may experience financial pressure as a result (Fox et al., 2021). Financial strain during pregnancy magnifies stress, and it also raises the risk of developing

depressive symptoms. In addition, some of the students leave university because their parents do not support them financially once they become pregnant (Vale et al., 2018). When a child becomes pregnant, some parents stop providing for them due to the fact that they desire the child to be responsible for the upkeep of their unborn child. Yet, this commonly leads the student to drop out of school due to financial constraints (Allison, 2018).

#### ***2.5.4. Substance abuse.***

Worldwide, substance use while pregnant poses a severe health risk (Slamberova, 2017). Evidence suggests that certain drugs can cross the placenta and harm an unborn baby (Zahra et al., 2019). Pregnant students who use substances frequently skip antenatal appointments, which has an impact on both the mother and the unborn child (Taukeni, 2019). Smoking while pregnant is a hazard for the world's health because it can lead to premature births and the developments of the child might be affected or delayed (Wall-Wieler et al., 2017). Alcohol consumption during pregnancy is one of the main causes of birth abnormalities in western nations (Cheng et al., 2020).

### **2.6. Cultural experiences.**

Pregnancy among female students has been significantly influenced by culture (Maravilla, Betts, & Alati, 2017).

#### ***2.6.1. Cultural expectations.***

A group of people's shared core values, orientations to life, beliefs, regulations, procedures, and behavioral norms make up their culture, which influences (but does not necessarily define) each individual's behavior as well as how they perceive the meaning of other people's behavior (Mkhwanazi, 2019). In Taukeni (2019)'s study he indicates that pregnancy is seen as immoral in several cultures. Thus, expecting students will conceal their pregnancy for as long as they can. Culture does not encourage pregnant students to stay in school (Naicker, & Kasiram, 2018). In addition to that, women are still frequently seen as housewives rather than professionals in some countries such as Zimbabwe (Ramulumo, & Pitsoe, 2017). Contrarily, some societies do not view pregnant students negatively because they place a high value on reproduction (Mkwanazi, 2019).

### **2.7. Health-related experiences.**

Young pregnant women have been found to have health-related experiences and given the consequences pregnancy has on both the mother and the unborn child, it has been recognized as a

global epidemic (Smith, & Roberts, 2021). Pregnant women in Zimbabwe are more likely to have HIV than the general population (Sparks, 2017).

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

In her studies, Kheswa (2019) concludes that morning sickness affects about 60%-70% of all pregnant women including pregnant university students. These symptoms start in week four to six. Penley, Tomaka and Wiebe (2019) postulate that the key characteristics of morning sickness include feeling nauseous and throwing up. The majority of pregnant women experience morning sickness in the first trimester which can present with a variety of symptoms as gagging, retching, vomiting, lightheadedness, and exhaustion (Fox, & Gordon-Strachan, 2021). These symptoms tire the body and make one feel worn out. Thus, such illnesses affect the student's attendance and performance in class (Sparks, 2017).

### ***2.7.2. Maternal death.***

Maternal death has been identified as one of the health-related experiences of pregnant students. In her studies, Karimi (2017) indicates that pregnant students occasionally put off accessing antenatal care services due to confusion over what to do next after learning they are pregnant. Maternal death may occur if antenatal care is not received. According to reports, there are up to one million miscarriages per year in the United States of America (Vundule, Maforah, Jewkes, & Jordaan, 2019). Therefore, in order to guarantee that they stay healthy during their pregnancy, pregnant students need regular and appropriate medical care. Devenish et al (2019) assert that lack of student utilization of the services provided at the clinic can be attributed to the distance of the clinic as well as the attitude of health practitioners towards pregnant students.

### ***2.7.3. Sexually transmitted diseases.***

Student pregnancies are linked to harmful health effects such as HIV & AIDS (Maluli, & Bali, 2018). In his studies, Sparks (2017) indicates that teenage pregnancy is an indication of unsafe sex among teenagers. University-bound female students also experience pregnancy. Unprotected sex could also be to blame for this. Despite the rise of HIV & AIDS prevalence, young individuals still partake in risky sex practices (Smith et al., 2017).

## **2.8. Coping strategies that are used by pregnant students.**

It is crucial to comprehend how pregnant students manage due to the fact that they are often stigmatized (Joyce, Kaestner, & Korenman, 2019). Pregnant students employed a variety of coping mechanisms to balance their schoolwork and their pregnancy.

### **2.8.1. Prayers.**

Pregnant students utilize prayer to help them deal with difficulties and be ready for childbirth. Prayer has beneficial effects on both the body and the mind (Lamport, 2017). Moskowitz, Hult, Bussolari and Acree (2018) argues that prayer is beneficial, hence, pregnant students make use of this coping mechanism to overcome challenges associated with pregnancy. In the same vein, Billings and Moos (2017) argue that prayer provides one the fortitude to face difficulties and hope for the future. It improves a person's wellbeing. Additionally, prayer lowers tension and stress (Sparks, 2017).

### **2.8.2. Social support.**

Pregnant students in tertiary institutions are provided social support with their family, friends and their male partners to overcome the challenges they face during their studies. In his studies, Sparks (2017) discovered that pregnant students who received encouragements from their male partners performed well academically. Also those that received encouragement and support from their fellow students did not exhibit unpleasant feelings of worry and loneliness. Some of the fellow students shared notes with pregnant students in cases where they missed class due to pregnancy-related illnesses (Gupton, Herman, & Cheung, 2017). In Karimi (2017)' study, indications are that teachers should provide support to pregnant students so they they can self-actualize and be in a position to finish their education. In cases where pregnant students are given adequate support, they are able to sail through the challenges they encounter during their studies (Thobejane, 2021). Social support is beneficial to expectant students since it reduces pregnancy difficulties and increase birth weight (Gupton et al., 2017).

### **2.8.3. Substance use.**

Pregnant students smoke and drink alcohol to cope with the difficulties of pregnancy, despite the negative effects of substance misuse on both the mother and the unborn child (Swann, Bowe, McCormick, & Kosmin, 2018). In a study conducted by Sarafino (2021) she indicates that using drugs while pregnant might result in the mother and the unborn child not getting enough

nourishment. On the other hand Nes et al (2019) assert that substance abuse occurs when a pregnant woman is under a lot of stress. As a result, pregnant students who need to cope turn to substance misuse (Sparks, 2017). One drink of alcohol per day has been linked to stillbirth, spontaneous abortion, and preterm labor.

#### ***2.8.4. Escape avoidance coping.***

Escape-avoidance is the process of disengaging from a stressful situation and its emotional effects by contesting its reality (Pennebaker, 2020). Pregnant students who experience stressful situations employ escape-avoidance as a coping mechanism. Despite the fact that some pregnant students utilize escape-avoidance as a coping mechanism, this tactic is linked to decreased psychological well-being, depressive symptoms, and anxiety during pregnancy (Nes, & Segerstrom, 2019). Pregnant students stay away from stressful situations so they won't feel overwhelmed by the challenges they experience (Pennebaker, 2020)

#### ***2.8.5. Positive re-appraisal.***

Pregnant students employ positive re-appraisal to overcome obstacles by turning negative experiences into positive experiences (Billings, & Moos, 2017). In the same vein, Sarafino (2021) adds that for pregnant to effectively cope with pregnancy related obstacles, they see their pregnancy as a positive contribution to their lives. A positive re-appraisal is employed by pregnant students since it can lessen stress and depression. Students who are expecting do not find their obstacles to be stressful (Petrie, Booth, & Pennebaker, 2021).

### **2.9. Case study**

#### ***2.9.1. Psychosocial challenges experienced by pregnant students in Ghana and coping strategies.***

Nordzi, Dusu and Kusi (2022) indicate that pregnant students at the University of Education in Ghana face both psychological challenges and social challenges. The research found out that pregnant students at the university found it difficult to balance the demands of pregnancy and education at the same time. In their study, Nordzi et al (2022) discovered that pregnant students were faced with maternal stress due to conflicting roles. They failed to balance the demands of parenthood and studentship hence they ended up creating psychological problems for themselves. Nordzi et al (2022)'s research further strengthens that it was a challenge for pregnant students in Ghana to "serve two masters" at once. Socially, the research discovered that pregnant students

received inadequate support from fellow students, lecturers, and family members. Nordzi et al (2022) report that pregnant students in Ghana expressed feelings of loneliness because they were being isolated by their fellow students and their families and lecturers never gave them social support. This resulted to maternal stress. More so, it is evident that pregnant students at the University of Education faced discrimination from both lecturers and fellow students. In their study, Nordzi et al (2022) reveal that pregnant students at the University of Education in Ghana were often embarrassed by both lecturers and fellow students on the basis of pregnancy. Fellow students refused to share their notes with pregnant students who had been absent attending to ANC. An analysis made by Nordzi et al (2022) point out that lecturers had little knowledge about the experience of pregnant students and as a result of that they showed no pity towards pregnant students. They treated pregnant student just like any other ordinary student.

Despite the psychosocial challenges faced by pregnant students in Ghana, Nordzi et al (2022) has it that pregnant students used different mechanisms to cope with the stressors they encountered. In their study, Nordzi et al (2022) found out that pregnant students used denial, social support and counselling to overcome the obstacles they faced at the University of Education in Ghana. However, the research is silent about the effectiveness of these coping strategies employed by pregnant students in Ghana.

### **2.10. Gap analysis**

Several gaps have been identified in the literature reviewed above. One of the gaps that has been identified is that the available body of literature on student pregnancy, ignores the perceptions of lecturers and health care practitioners. These are key informants that have contact with pregnant students on a daily basis. Lecturers interact with pregnant students in class and they are in possess knowledge about the performance and behavior of pregnant students whilst in class. Contrarily, health care practitioners provide counselling and antenatal care services to pregnant students in educational institutions. However, most of the available studies ignore their view, yet they interact with pregnant students on a daily basis.

Another gap identified is that most of the available studies emphasizes more on the factors influencing teen pregnancy and the challenges encountered by pregnant students. Sparks (2017) asserts that very few of these studies explore the experiences of pregnant student in tertiary institutions, hence, very little is understood about their experiences. Apart from that, very little is

understood about the coping strategies used by pregnant students to manage stressors they encounter in educational institutions. Some of the mechanisms used have a negative implications to both the pregnant student and the unborn child. Few of the available studies on the coping mechanisms employed by pregnant students failed to address the negative implications of some of the coping mechanisms used. Therefore, this research is meant to bridge the gap that exists within the literature.

### **2.12. Chapter summary**

The chapter provided a theoretical framework which guide the study. It also review literature on the psychological, academic and socio-economic experiences encountered by pregnant students in educational institutions. Literature on the coping mechanisms used by pregnant students was also reviewed. The chapter also provided a case study noting the gaps that exists within the literature.



## CHAPTER 3

### RESEARCH METHODOLOGY

#### 3.0. Introduction

This section discusses the research methodology which was employed in exploring the lived experiences of pregnant students studying with Bindura University as a case study. It addresses the research design, study population, sample and sampling techniques, data collection, data presentation and analysis, and ethics that were used in this research.

#### 3.1. Research approach

A qualitative approach was adopted in exploring the lived experiences of pregnant students studying with Bindura University as a case study. Hollway and Jefferson (2017) define qualitative approach as the study of a social problem in natural settings, acquiring non-numerical information in form of texts, photos, audio recordings, and videos. Qualitative research is based on interpretivism principles of collecting data and establishing a phenomenon's meaning from the perspective of participants (Coghlan, & Brannick, 2019). The justification for using qualitative approach is that qualitative research methods often allow for flexibility of the interaction between the researcher and participants. Another advantage of using this approach is that it allows the researcher to obtain rich data and it also allows the researcher to stay close to the empirical world (Sharma, 2017).

#### 3.2. Research design

The study utilised a single case study research design to explore the lived experiences of pregnant students studying with Bindura University as a case study. Robson (2018) describes a “research design” as the overall approach taken to do research and establishes a clear and logical framework for addressing predetermined research questions through the collection, interpretation, analysis, and presentation of data. On the other hand, Hollway et al (2017) define a case study as a research design that focuses on an in-depth analysis of abounded system over time while utilizing various sources of information that can be found in the environment. The rationale behind the selection of this design was that it was more adaptable and it allowed communication between the researcher and the study subjects (Israel, 2017). Moreover, the research design gave the researcher more

insight into exploring the lived experiences of pregnant students studying with Bindura University through in-depth interviews with participants.

### **3.3. Study population**

Barbour (2018) defines target population as the entire population or a group that shares a common characteristic that the researcher is interested in studying and analyzing. According to Buse Student Health Statistics (2023), sixty-three female students were tested positive in 2022, meaning to say that the institution had a total number of sixty-three pregnant students considering that this number is not stagnant. Based on these statistics, the study population comprised of sixty-three pregnant students and at the time of the study, only thirteen pregnant students confirmed having been pregnant. Additionally, the study also targeted all the lecturers, healthcare workers, chaplains, administrative staff, and fellow students. At the time of the study the enrolment statistics were unavailable. However, in a study conducted by Katsinde, Chawira and Nyoni (2017), indications are that in 2017 Bindura University had about two- thousand full-time undergraduate and postgraduate students and four-hundred full time employees given that the enrolment status and the recruitment of employees at this institution is not stagnant.

### **3.4. Sample**

#### **3.4.1. Sampling size**

This can be defined as the number of participants included in the study (Coghlan et al., 2019). Based on the number of pregnant students, the sample size included twenty-two participants (ten pregnant students, five fellow students, four lecturers, one healthcare practitioner, one chaplain and one administrator). The researcher arrived at the number given above by applying the concept of data saturation. Participants were interviewed until data saturation was reached and in this study saturation was reached at twenty-two participants. Sharma (2019) indicates that in qualitative research there are no general numerical directions of clear rules on how to obtain a proper sample size. Hence, the concept of data saturation was used in determining a proper sample for the study. The justification for selecting and making use of such a sample size was that there were no new patterns emerging from the information shared by the participants.

### **3.5. Sampling techniques**

The researcher employed two non-probability sampling techniques which are purposive sampling and snowballing sampling techniques. According to Sharma (2017) a sampling technique is a planned strategy selected before any data is acquired to choose a sample from a specific population.

#### ***3.5.1 Purposive sampling***

Sharma (2017) attests that a purposive sampling is a non-probability sampling techniques whereby researchers purposively choose who to regard as participants in the research based on the judgment of who has the information required to respond to the research questions. In this research, key informants were purposively selected on the basis of professionalism and the knowledge that they have in regard to the experiences of pregnant students. The key informants who were purposeful chosen include lecturers, health care practitioners, administrator and a chaplain. This drew a total of seven participants.

#### ***3.5.2. Convenience sampling***

The study employed convenience sampling in identifying the both pregnant students and fellow students studying with Bindura University. According to Barbour (2018) convenience sampling is a type of a sampling technique whereby the researcher draws a sample from the closest-located segment of the population. Convenience sampling was employed because it was simple to carry out and required few rules for choosing a sample (Sharma, 2017). Another reason for using this technique is that the sample was readily available within the proximity of the institution. A total of fifteen participants was reached.

#### ***3.5.3. Inclusion criteria***

Inclusion criteria comprises of the key characteristics or attributes that participants must possess in order to be included in a study (Coghlan et al., 2019). Therefore, this study recruited ten pregnant students who confirmed to have been pregnant at time of the study. These pregnant students were of different age groups. The study also included all fellow students and key informants who were willing to participate in the study. Ten fellow students and seven key informants showed interest towards the study. In total, twenty-two participants were included in the study.

#### ***3.5.4. Exclusion criteria***

Sharma (2017) defines exclusion criteria as a traits used to determine which potential research subjects should not be included in a study. Therefore, reserved participants outside the study area

were excluded to reduce data pollution. Participants that were interviewed during the pilot interview were excluded from the study due to the fact that they had been exposed to the study.

### **3.6. Data collection**

Walliman (2017) articulates that data collection is the process of acquiring and analysing information on relevant variables in a planned, methodical way that makes it possible to respond to specific research questions, test hypotheses and assess results. The study employed in-depth interviews and key informant interview techniques to gather data from the participants.

#### **3.6.1. Data collection techniques**

##### ***3.6.1.1. In-depth interviews***

In-depth interviews were carried out with ten pregnant students and five fellow students. In total, in-depth interviews were administered to fifteen participants. Punch (2019) defines in-depth interview as a qualitative research that entails holding protracted one-on-one interviews with a selected few participants to learn about their opinions on a particular idea, strategy, or circumstance. The justification for using in-depth interviews is that the researcher was able to create rapport easily with participants, ask prompts questions (Sharma, 2017). Another rationale for employing in-depth interviews is that in-depth interviews aid the researcher in gathering information, and the information gleaned was very rich and comprehensive.

##### ***3.6.1.2. Key informant interviews***

The researcher conducted interviews with eight key informants (four lecturers, one health practitioner, one chaplain and one administrator). Sharma (2017) postulates that key informant interviews involves one-on-one interaction with professionals who have knowledge about a certain phenomenon. The justification for using key informant interviews was that they were inexpensive and simple to conduct as compared to focus group discussions (Walliman, 2017). Another reason for choosing key informant interviews was that lecturers interact with pregnant students on daily basis and they observe certain behaviour of pregnant students, so this gave the researcher first-hand information from lecturers. Apart from that, nurses were also interviewed as key informants due to the fact that they also interact with pregnant students and they possess knowledge about the experiences of pregnant students.

### **3.6.2. Data collection tools**

#### ***3.6.2.1 In-depth interview guide***

This tool was used to gather data from fifteen participants. The adoption of an in-depth interview guide was justified by the fact that it contained both open-ended and closed-ended questions, allowing the participants to provide a thorough account of their experiences as pregnant students.

#### ***3.6.2.2. Key informant interview guide***

This tool was utilized to gather data from eight participants. The rationale for using guide was that it consisted of both open-ended and closed-ended questions which enabled the key informants to share detailed information of their professional experiences with pregnant students (Sharma, 2017).

### **3.6.3. Data collection procedure**

The investigator sought for authorization from the registrar of Bindura University to conduct the study at the institution. Appointments were scheduled with participants. Participants were made aware of their rights to take part in the study. In administering the interview guides, the researcher taped participants using a tape recorder. To record the participants' non-verbal cues, the researcher took field notes. Consent to record was sought from the participants before the beginning of the interview.

### **3.7. Data presentation and analysis**

Walliman (2017) defines data analysis as the transformation and modelling of data which has been gathered for the study with an aim of highlighting key findings, drawing conclusions, and assisting in decision making. The demographic data of participants was presented form of a table since the researcher adopted a qualitative approach for the study. Furthermore, the data gathered from participants was analysed using thematic analysis. Sharma (2017) asserts that thematic analysis places a strong emphasis on identifying, analysing, and deciphering meaningful patterns or themes within qualitative data. Thematic analysis is comprised of six sets namely familiarization with the data, generating initial codes, searching for themes, reviewing of themes, defining and naming themes, and write up (Punch, 2019). Taking cognizance of the process, the researcher became acquainted with the research topic, objectives, and tools. Codes were then incorporated to different pieces of data and then generated themes based on the related codes and patterns of data. The researcher then reviewed and refined the themes that were generated based on research questions

and objectives making them ready for presentation in the final stage of thematic analysis which is the presentation, analysis, and discussion of data.

### **3.8. Pilot testing.**

The researcher conducted pilot test with seven participants (three pregnant students, two fellow students, one lecturer, and one administrator). The rationale for conducting pilot test is to test the appropriateness and relevance of the tools (Sharma, 2017). After conducting a pilot test, the researcher was able to changes to some of the interview questions. Participants who were exposed to the study tools were excluded from the main study to avoid data pollution.

### **3.9. Trustworthiness.**

The degree to which a study accurately portrays the topic being studied is referred to as its trustworthiness (Walliman, 2017). Punch (2019) further adds that, in a qualitative study, researchers develop protocols and procedures required for a study to be deemed worthy of consideration by readers. In this study, credibility, transferability and dependability were covered under trustworthiness.

#### **3.9.1. Credibility.**

Sharma (2017) argues that a study's credibility can be determined by how realistic it is or by how accurate and correct its results are. It was established through procedures like constant observations, peer debriefing, member-checking and mechanical data recording (Coghlan, & Brannick, 2019). At the time of the study, the investigator utilized a recording device to tape interview sessions and a computer was used to store data gathered from the field. The researcher also made use of member checks to verify with the participants if the data recorded reflects the truthfulness of the findings.

#### **3.9.2. Transferability.**

Transferability, according to Walliman (2017), can be defined as the degree to which a research discovery can be used in various contexts and studies. The investigator assured transferability by clearly describing the sampling techniques utilized to choose the study participants.

#### **3.9.3. Dependability.**

Dependability was described by Barbour (2018) as the consistency and evolution of data. In this study, the researcher ensured dependability by explaining the research procedure, including data

collection and analysis. A lone coder and a voice recorder was also used for the purpose of ensuring dependability.

### **3.10. Ethical considerations**

The researcher adhered to the ethics explained below.

#### ***3.10.1. Informed consent***

Coghlan and Brannick (2017) define informed consent as the voluntary contract between the researcher and the participants. Due to the fact that no one should be coerced into participating in a study, informed consent is crucial. Participation ought to be optional (Sharma, 2017). Prior to the commencement of the interviews, participants received enough information about the study. Participants received information from the researcher about the study's objectives, risks, advantages, and right to withdraw from the study. The participant's ability to ask questions about anything that needed explanation was allowed by the researcher. Additionally, the study participants gave written consent for their responses to be recorded. Only those who signed the informed consent forms were interviewed.

#### ***3.10.2. Confidentiality and anonymity***

According to Walliman (2017) confidentiality refers to a condition in which the researcher knows the identity of participants but takes precautions to prevent the identity from becoming known by third parties. On the other hand, Sharma (2017) defines anonymity as the condition in which the identity of individual participants is unknown to researchers. Participants received assurances from the researcher throughout the study that any information supplied would be held in strict confidence. Hennik, Hutter and Bailey (2020) assert that participants feels more comfortable to share their personal information when assured confidentiality. The researcher informed participants that data collected shall be kept in a lock computer device. Anonymity was ensured by the researcher through the use of code names (Hollway, & Jefferson, 2019). Furthermore, the researcher maintained the anonymity by excluding participant's names in all the reports. The essence of anonymity is that information shared by participants should in no way reveal their identity (Marshall, Catherine, Rossman, & Gretchen, 2019). Thus in this study, participants' true identity was not sought and in cases where the identity is known to the researcher, the data was de-identified

### ***3.10.3. Right to privacy***

Interviews in places where participants felt more comfortable to share information without being disturbed or noticed. The researcher also took care to ensure that other participants would not learn specific participant results from the research report (Hennik et al., 2020). Additionally, interviews were carried out individually to protect participants from harm.

### ***3.10.4. Avoidance of harm***

Barbour (2018) defines harm as anything that negatively affects the participants due to their involvement in the research. Participants may be put in danger, either physically, or emotionally. While physical harm to participants in social sciences cannot be ruled out, it is more likely that emotional harm will occur (Devos, 2021). The subjects must never suffer injury at the hands of the researcher. The researcher should have a good cause for carrying out the research if it has unfavorable impacts on the subjects (Sharma, 2017). The study's investigator made sure that the subjects did not suffer any bodily, psychological, or emotional harm. The researcher avoided such harm by constructing interview questions in a manner that was non-judgmental and non-discriminatory to the participants. Before the beginning of the interview with the majority of participants, the investigator conducted a pilot test with eight participants to ensure the appropriateness of the interview guide questions. Additionally, counselling was recommended for those who displayed signs of depression.

## **3.11. Summary**

The chapter addressed the research methodology which was employed in this research. It also revealed the research design, study location, study population and the sample size used. The chapter also includes the data collection tools and the procedure for data collection. Additionally, the chapter discussed the ethics which were observed by the researcher during the period of the study. The following chapter provides the study findings.



## CHAPTER 4

### DATA PRESENTATION, ANALYSIS & DISCUSSION OF FINDINGS

#### 4.0. Introduction

This chapter presents, analyses and discusses the findings on the experiences of pregnant students studying with Bindura University as a case study. The study examined the psychological, academic and socio-economic experiences of pregnant students. It also aimed to identify the coping mechanisms employed by pregnant students to overcome the challenges they encounter within the institution. Twenty-two participants were interviewed using in-depth and key informant interview guides. The data that was collected from the participants was analysed using thematic analysis.

#### 4.1. Demographic characteristics of participants

In total, twenty- two participants were interviewed (ten pregnant students, five fellow students, four lecturers, one health practitioner, one chaplain and one administrator).

*Table 4.1: Demographic data of participants (n=22)*

Variables		Pregnant students	Fellow students	Key informants	Frequency	Percentage
Age range	18-24	7	3	0	10	45%
	25-30	3	1	2	6	27%
	31-40	0	1	3	4	18%
	41-50	0	0	2	2	9%
Gender	Male	0	3	4	7	32%
	Female	10	2	3	15	68%
Marital status	Married	3	0	5	7	32%
	Single	7	5	2	14	64%
Level of education	Undergraduate	10	5	0	15	68%
	Postgraduate	0	0	7	7	32%
Gestational period	1 <sup>st</sup> month- birth	9	0	0	9	41%
	Birth- 6 weeks puerperium	1	0	0	1	6%
	None	0	5	7	13	59%

#### ***4.1.1. Distribution of participants by age***

The age groups of participants ranged between 18-50 years. Ten representing (45%) of the total number of participants were within the age group of 18-24 years. Among these participants, seven were pregnant students and three fellow students. On the other hand, six participants representing (27%) of the total number of participants were within the age range of 25-30 years. Among them, three were pregnant students, one fellow student and two key informants. Additionally, four (18%) of the participants were between 31-40 years. Out of these four participants, one of them was a fellow student and three key informants. The last two (9%) were key informants whose age ranged between 41-50 years.

One can argue from the findings that the highest prevalence of student pregnancy is within the age group of 18-24 years. This indicates that students within this age group are more sexually active compared to other age groups. Once a person reached the age of eighteen years she is considered an adult, no wonder why at times parents cease to provide support when a child fall pregnant. However, in Zimbabwe children within these age groups are still under the custody of their parents, hence, disapproving the girl child after falling pregnant may expose her to mental disorders whilst studying. Apart from that, it exposes the girl child to financial problems. Thus, one can note that in this study pregnant students within this age group encountered a number of problems whilst studying and this affected their education.

#### ***4.1.2. Distribution of participants by gender***

Out of twenty-two participants, seven (32%) were male participants. Three of the male participants were fellow students and the remaining four male participants were key informants. On the contrary, fifteen (68%) of the participants were females. Among these participants, ten were pregnant students, two fellow students, and three key informants.

The findings show that the study was dominated by females (68%) compared their male counterparts who only occupied only 32% of the total number of the participants. The reason behind the domination of the study by females is because of its nature. It aims to understand the experiences of pregnant students and from a biological viewpoint, females are the one to carry pregnancy to term, therefore this could possibly be the reason why females dominated the study.

#### ***4.1.3. Distribution of participants by marital status***

Seven (32%) of the participants were married and their marriages ranged from custom marriage to civil marriages. Among these participants, three of them were pregnant students and five key informants. On the contrary, fourteen (64%) of the participants were single and out of these participants, seven were pregnant students, five fellow students and two key informants.

One can argue that the majority of the participants (64%) were single. Most probably the majority of these pregnant students who appeared to be single were deserted or their male partners denied responsibility. Being single and unmarried might result to adverse problems among pregnant students which may include financial constraints, poor concentration in class and mental disorders. Conversely, pregnant students who are married are likely to experience little or no challenges due to the fact that they might be receiving full support from their male partners. Therefore, the marital status of participants was important in that it also influences the experiences of pregnant students in tertiary institutions.

#### ***4.1.4. Distribution of participants by level of education***

Fifteen (68%) of the participants were pursuing their undergraduate studies. Among the participants, ten were pregnant students and five fellow students. On the other hand, seven (32%) of the participants were key informants who were pursuing their postgraduate studies.

Based on the findings, one can argue that the highest prevalence of student pregnancy was among undergraduate students. Most probably these students do not attend induction and as a result of that they lack knowledge about the use of contraceptives. However, considering the fact that these students will be undertaking their dissertation they might find it difficult to balance the pressure of education and pregnancy. Due to that, they are at risk of failing their studies.

#### ***4.1.5. Distribution of participants by gestational stage***

Out of the total number of participants, nine representing (41%) of the participants were pregnant and they were in between their first month of pregnancy and birth period. Among these participants were nine pregnant students and none of the key informants was pregnant. On the contrary, one (6%) of the pregnant students was in her puerperal period. Thirteen (59%) of the participants were not pregnant. Five of these participants were fellow students and seven key informants.

The above findings show that the majority of the pregnant students were within the gestational period of 1<sup>st</sup> month- birth. The findings were important in this study so as to establish the period in which pregnant students are most likely to experience problems associated with pregnancy and education. Usually those within the first trimester experience feelings of denial, frustration and anger due to the fact that they might fail to accept reality as it is. In fact, they are prone to mental disorders which might then affect their studies.

## **4.2. Psychological experiences of pregnant students.**

Pregnant students studying with Bindura University experienced feelings of denial whilst others were unable to cope. Some of them were unable to concentrate with their studies and some experienced feelings of shame. On the other hand, the majority of the students experienced anxiety and they developed a sense of low self-esteem. It is apparent that the aforementioned psychological experiences are congruent to the stress and coping theory. These experiences are discussed below.

### **4.2.1. Denial.**

Denial was cited by the participants as one of the psychological experience they encountered within tertiary institutions. Two of the pregnant students indicated that there were in denial when they first discovered that they were pregnant. One of them highlighted that when she was tested for pregnancy by the doctor, she denied the test results considering the fact that her tummy was still in normal shape. She revealed that she was frustrated. Another pregnant student indicated that she used to be joking around not knowing that she was pregnant. She further cited that when her parent asked her after noticing signs of pregnancy she denied it. One of the participating key informants revealed that pregnant students have a tendency of denying their pregnancy because they fear to be disapproved by their parents.

One of the pregnant students in her second month of pregnancy said that;

*“I was so angry and upset when I found out that I was pregnant. Every time I had sexual intercourse with my partner we used condoms. I only had unprotected sex with my partner once and I never knew that it was going to get me pregnant. When the doctor told me that I was 2 months pregnant, I strongly denied because my tummy was still in a normal size”*  
**(Pregnant student, 20years).**

Another pregnant student added that;

*“At first I used to be joking around because I wasn’t sure. I used to be feeling so dizzy and at times I vomit. When my mother saw me vomiting she asked but I denied that I was not pregnant. I discreetly bought a pregnancy test kit and the result was positive. I told my mind that the test kit was biased and I had to visit a nearby clinic where it was confirmed that I was pregnant. From there, I accepted the results but I was so afraid to disclose the pregnancy to my parents” (Pregnant student, age 19).*

A participating nurse confirmed the above sentiments commenting that;

*“Young women strongly deny the result when they are found to be positive. Perhaps this is a result of fear about how they would share such information with their caregivers” (Nurse, Bindura University).*

The above verbatim reflects that pregnant students initially experienced non-psychotic denial of pregnancy in that when they got tested they became aware of the pregnancy but they continued to doubt the test result. One can therefore argue from the findings that none of the participant’s pregnancy was planned or anticipated. The fact that pregnant students feared to disclose about their pregnancy to their parents can be attributed to orthodox beliefs within the Zimbabwe society whereby young pregnant women are chased away from home once their pregnancy becomes apparent. Therefore, pregnant students studying with Bindura University initially denied their pregnancy deliberately as they feared to be disapproved by their parents. This result is similar to that of Phiri, Nyamaruze and Akintola (2021) which indicate that pregnant student’ initial response after learning of their pregnancy is denial. Similarly, Naicker and Kasiram (2018) discovered in a study conducted in South Africa that, pregnant students initially failed to accept that they were pregnant due because they feared to be disapproved by their parents. However, denying the reality of the pregnancy ended up creating psychological distress which was triggered by fear of disclosure to parents. In support of this, the stress and coping theory emphasize that non-psychotic denial of pregnancy can result to mental disequilibrium among pregnant women (Ryan, 2017). Hence, one can conclude that pregnant students studying with Bindura University experienced feelings of denial as they feared to be disapproved by their parents.

#### ***4.2.2. Inability to cope.***

Participants indicated that the university workload is too much thus they are struggling to balance pregnancy and studies at the same time.

#### **4.2.2.1. University workload and pregnancy**

Participants found it challenging to balance pregnancy and studies at the same time. Two of the pregnant students highlighted that they were not able to combine the university workload and pregnancy. One of the pregnant students revealed that it's stressful and it has negatively affect her studies. Another pregnant student cited that education and pregnancy always collide. She further pointed out that she is unable to manage multiple roles at the same time and most of the time she feels tired of walking to class on a daily basis. A participating key informant shared that pregnancy and schoolwork always collide and the pose a great deal of stress to pregnant students. One of the pregnant students diverged from other pregnant students indicating that she is able cope with both the university workload and pregnancy. She indicated that she knows how to balance school work and pregnancy.

One of the pregnant student in her forth month of gestation expressed the above statements by saying that;

*“For me, juggling my pregnancy and schoolwork has not been simple at all. I am always stressed and confused, which puts a lot of pressure on me and has an impact on my academic performance” (Pregnant student, 23years).*

Another participant said that;

*“Hmmm, being a student when pregnant is incredibly challenging. When you are a pregnant student, you have a lot on your plate. You have to go to class, get up in the morning, walk all the way to main campus and you are pregnant and tired. You know it's not easy, you have assignments to do, presentations, group discussions everything is just too much to bear. On top of that, you are constantly hungry and you have to use the restroom every ten minutes. This is unbearable for me as a pregnant student” (Pregnant student, 22years).*

A participating nurse added that;

*“The strain placed on a person by two demanding situations that are incompatible with one another causes the pregnant student a great deal of stress” (Nurse, Bindura University Clinic).*

A pregnant student with diverging comments shared that;

*“Pregnancy is associated with a lot of stress and at times I fell prey of it just like any other pregnant woman, however, despite all that I knew how to set boundaries. It would be a lie for me to say that pregnancy is a barrier towards my studies. I am able to cope with it”*  
**(Pregnant student, 20 years).**

The above findings show that pregnant students studying with Bindura University found it difficult to balance academic work and pregnancy. One can argue from these findings that the obligations of school work and the stressful nature of pregnancy consequently place a great deal of pressure on pregnant students in that they are compelled to attend lectures and to submit their work just like any other student. On the other hand, they should attend ANC services at the clinic and in attempting to “serve two masters”, they end up developing mental disorders such as depression. The stress and coping theory also highlights that taking numerous roles could result in excessive expectations for those positions, which could then cause bodily and mental disequilibrium (Taukeni, 2019). In this study, some of the pregnant students found it difficult to access ANC services at the clinic because of distance. This finding concur with the work of Billings and Moos (2017) who further indicate that walking a long distance may be harmful to the health of students who are pregnant as it may result to stress. Hence, one can conclude that pregnant students studying with Bindura University were not able to cope with both education and pregnancy at the same time. However, not every participant found it difficult to juggle pregnancy and studies at the same time. Based on the findings one can argue that individuals are unique in their own way. Some pregnant students persevere regardless to the challenges they are faced with. Probably those pregnant students that failed to cope with both education and pregnancy had a weak social support system. In support of this Swann, Bowe, McCormick and Kosmin (2018) argued that the circumstances of people differ in their own way, hence, those pregnant students who were able to sail through the calamities they encountered had a strong support system unlike their counterparts.

#### **4.2.3. Poor concentration.**

Participants cited poor concentration as one of the psychological experience encountered by pregnant students studying with Bindura University. Three participants cited that they not able focus with their studies due to fatigue. One of the pregnant students indicated that she sleeps in class owing to the fact that lectures were too long. A participating key informants attributed poor

concentration of students to pregnancy. This effect was primarily felt by pregnant students in their second and third trimesters. One of the pregnant students expressed this by saying;

*“The lectures that I have on Tuesday up to Thursday they are 4 hour in length and in the last 2 hours I fall asleep because I will be feeling exhausted.” (Pregnant student, 23years).*

Another pregnant student added that;

*“When I fell sleepy I am not able to concentrate with my studies” (Pregnant student, 21years).*

One of the pregnant students clearly pointed out that;

*“The level of concentration is very low” (Pregnant student, 24 years).*

A participating lecturer confirmed these comments pointing out that;

*“Pregnancy is associated with poor concentration, during lectures most of the pregnant students will be asleep. When you ask them a question you can easily note that this person was not paying attention” (Lecturer, Bindura University).*

The above findings show that some of the pregnant students were unable to concentrate fully with their studies and this can be attributed to fatigue. Based on these findings, one can argue that the biological nature of pregnancy is linked to fatigue and when this collides with the academics of pregnant students they are more likely to experience mental exhaustion or poor concentration. More so, experiencing low levels of concentration due to pregnancy exposes an individual to fail her studies. This concurs with the research conducted in Ghana by Nordzi, Dusu and Kusi (2022) which indicate that poor concentration affected the academic performance of pregnant students leading some to fail their studies. Pogoy et al (2020) discovered in their study that pregnant students found it difficult to concentrate in class because they barely sleep trying to catch up with other students. As a result of that, they fell asleep in class. These two scholars differs a bit in that the latter scholar focused on the causes of poor concentration among pregnant students whilst the former scholar dwells on the effects of poor concentration on pregnant students. Hence, one can conclude that pregnant students studying with Bindura University experienced low levels of concentration and this can be attributed to fatigue.



#### **4. 2.4. Shame.**

Shame was cited as one of the psychological experiences encountered by participants within their tertiary institution. Two of the pregnant students indicated that they were ashamed of falling pregnant while studying. They indicated that they disappointed their parents and they were ashamed about how the community would perceive their behavior. As a result of that, they isolated themselves from the community. One of the key informants indicated that the society continues to perceive pregnancy negatively and because of shame pregnant students hid themselves.

One of the pregnant students expressed this by saying that;

*“Both of my parents are so strict and when I discovered that I was pregnant, I was ashamed because I disappointed my parents. Also, this affected my concentration level at school” (Pregnant student, 20years).*

Another pregnant student added that;

*“When I am at school I feel ashamed of walking around the school yard with a big belly. At home, I stay indoors avoiding to be seen by my neighbors.” (Pregnant student, 21years).*

A participating key informant acknowledged these comments pointing out that;

*“The society continues to stigmatize pregnant students hence they continue to hide themselves from the rest of the society because of shame” (Lecturer, Bindura University).*

The findings revealed that pregnant students felt ashamed of falling pregnant while studying. Shame may create a mental disequilibrium among pregnant students which can then affect the academic performance of a pregnant student. Based on these findings, one can argue that pregnant students studying with Bindura University felt ashamed because of culture which continues to perceive student pregnancy negatively. In support of this assertion, Maluli et al (2018) postulate that in some African societies pregnant students continue to experience feelings of shame because pregnancy is still being viewed as shameful and an immoral behavior. These societies consider children born outside of marriage as disgraceful and to make matters worse, Maravilla et al (2017) discovered in a study conducted in Nigeria that children born outside of marriage are labelled illegitimate children. These findings are further supported by the New International Bible (2011)

which indicates from a theological perspective that fornication is sinful and shameful. Having said all this, one can note that pregnant students studying with Bindura University felt ashamed of their pregnancy due to the fact that the society continues to label them and to make matters worse such labeling resulted to poor academic performance among these pregnant students.

#### **4.2.5. Maternal stress.**

Participants cited that maternal stress is an inevitable experience encountered during pregnancy. Pregnant students studying with Bindura University attributed maternal stress to various factors which are shown below.

##### **4.2.5.1. Inadequate support and rejection**

One of the single pregnant students attributed maternal stress to inadequate support and rejection by his male partner. She indicated that her partner had promised her lots of things which he failed to fulfill. Instead, she was rejected and she once had suicidal ideations due to stress. One of the key informants narrated that male partners at times deny responsibility and this can negatively affect the carrier of the pregnancy and the unborn child. A pregnant student expressed the above statements by saying that;

*“When I got chased away home by my parents, we went to the guy’s place with my aunt, however, the guy directed told us that he cannot take care of me and the unborn child. I was so stressed because this guy had promised lots of things including marriage. By that time the only thing I had in mind was suicidal ideations because I was heartbroken. The guy never gave me any support the time I needed him the most” (Pregnant student, 19 years).*

One of the nurses confirmed the above comments pointing out that;

*“Indeed! Rejection by partner and inadequate support results to maternal stress among young pregnant students. At the same time, partners might deny responsibility and this puts both the pregnant child and the unborn child at risk as pregnant student might contemplate suicide” (Nurse, Bindura University).*

The above verbatim shows that pregnant students studying with Bindura University experienced maternal stress which can be attributed to rejection by a male partners. One can argue from the findings that stress and pregnancy did not affect the male partners who could carry on with their

lives. This result concurs with that of Thobejane (2021) which indicates that pregnant students in Ghana experienced stress because pregnancy had no repercussions on the fathers' child, who was able to live a normal life. This indicates gender bias that exists within some African societies whereby young pregnant students are blamed and rejected for getting pregnant. At some point they are chased away from home whilst the responsible father remains home with their parents. To make matters worse, these male partners inadequately supported their counterparts. Similar findings were discovered by Phiri, Nyamaruze and Akintola (2021) which indicate that pregnant students in South Africa experienced stress due to lack of support from male partners. The stress and coping theory further emphasizes that without adequate support individuals are likely to develop stress, hence, one can conclude that pregnant students studying with Bindura University experienced maternal stress which can be attributed to rejection by male partners.

#### **4.2.5.2. Disclosure**

One of the pregnant students cited that she experienced maternal stress due to the fact that she was afraid to disclose her pregnancy to her parents. She further indicated that at times she dodged lessons because she was unable to concentrate as a result of guilty conscience. She expressed this by saying that;

*“I was afraid to tell my parents about my pregnancy. My parents are so strict and telling them about my pregnancy was going to disappoint them. Each day I would sit alone planning on how I was going to tell them, I was so stressed. At times I would rather dodge lecturers because I felt guilty for not disclosing the pregnancy to my parents. I would simply wake up feeling exhausted, focus on it, and skip class. Whenever I attended to class I paid little attention to the lecturers” (Pregnant student, 24).*

The study revealed that pregnant students felt stressed about how they were going to disclose about their pregnancy to parents. They feared what their parents would think and how they would respond. One can argue from the findings that parents had high expectations of them, making it difficult for the pregnant students to disclose. The results concur with the work of Maluli and Bali (2018), who found out that pregnant students are reluctant to tell their parents that they are pregnant. They feared that if they disclose to their parents they will be reprimanded and chastised, also their support network would dwindle. The result is in line with the stress and coping theory which highlights that fear to disclose about pregnancy to parents is a stressor which affects the

psychological wellbeing of pregnant students (Changach, 2018). Based on the above findings, one can also argue that the relationship that existed between pregnant students studying with Bindura University and their parents was bad in that pregnant students were hesitant to tell their parents about their pregnancy. In support of this assertion, Lynre (2019) further indicates that a good relationship between children and their caregivers is characterized by praises, rewards and open dialogue. However, in the event that this fails to happen children have a tendency of distancing themselves from their parents, meaning to say even if they discovered that they are pregnant they would prefer not to disclose the pregnancy till it becomes apparent. On the other hand, one might argue that failure to disclose pregnancy on time may have negative repercussions to both the pregnant student and the unborn child which include delayed access to antenatal care services.

#### **4.2.5.3. Excessive worry**

Two single pregnant students cited their stress emanated from being excessively worried about the wellbeing of their unborn child and labor anxiety. One of the pregnant students indicated that she was deserted by the child's father and she was worried about how she will fend for the child. Another pregnant student added that it was first time to carry a child and she was afraid about pains associated with labor. A participating key informant further highlighted that being excessively worried about future uncertainties may result to infant mortality if not properly managed.

A pregnant student expressed the above statements by saying that;

*“Most of the time I am worried about how I am going to raise the child alone. The child's father deserted him and I am left all alone to raise the kid. I don't know what I am going to do” (Pregnant student, 20 years).*

Another pregnant student reported that;

*“This is my first time and I am so scared to death. What will the baby look like? I can't imagine that I will go through the pains of labor” (Pregnant student, 21 years).*

A participating nurse confirmed this commenting that;

*“Pregnant students are excessively worried about their babies and if not properly managed it can cause infant mortality. Therefore, they should receive counselling all the time” (Nurse, Bindura University).*

The findings show that some participants were concerned about the unborn child’s health. The results are similar to a study by Joyce, Kaestner and Korenman (2019) which indicate that a mother may worry for the welfare of the unborn child because of her pregnancy uncertainty. One can argue from the findings that being excessively worried whilst pregnant may compromise the life of the pregnant student and the child. According to the Sustainable Development Goals (2015- 2030) pregnant women should have access to counselling services and antenatal care service to avoid infant mortality, hence, the researcher is of the opinion that maternal stress which is experienced by pregnant students studying with Bindura University may hinder the achievement of the sustainable development goals which seeks to reduce infant morbidity and promote health pregnancy.

#### **4.2.6. Low self- esteem.**

Three participants cited an increase in body weight caused them to develop a sense of low self-esteem. They highlighted that they were ugly because pregnancy and it makes them feel uncomfortable. One of the participants referred herself as being fat and unattractive. One of the pregnant students expressed this by saying;

*“Look, I am so fat and ugly. This makes me feel uncomfortable and jealous especially when I see girls of my age dressed up in fancy clothes” (Pregnant students, 19years).*

A participating nurse confirmed this comment pointing out that;

*“Yes it very true, young ladies who are pregnant are excessively worried about their body structure. They feel ugly because of gaining weight” (Nurse, Bindura University)*

The above findings show that pregnant students developed low self-esteem which can be attributed to abnormal weight. They felt uncomfortable because of their appearance. This result concurs with the studies of Brown and Watson (2019) which indicate that pregnant students may feel undesirable due to weight gain during pregnancy. In support of this assertion, Allison (2018) discovered that in South Africa pregnant students in their second trimester disliked weight gains associated with pregnancy in that it caused them to have a low self-esteemed personality.

### **4.3. Academic experiences.**

Pregnant students studying with Bindura University encountered the following academic experiences: absenteeism, poor performance and failure to write exams.

#### ***4.3.1. Absenteeism.***

Participants indicated that there are many factors that led them to absent themselves from school. These factors include antenatal consultations, morning sickness and fatigue.

##### ***4.3.1.1. Antenatal consultations***

Antenatal consultations was cited by participants as one of the reasons why pregnant students absent themselves from class. Three participants indicated that pregnant students studying with Bindura University often absent themselves from class due to the fact that they might have an appointment with the doctor. One of the pregnant students shared that she might have an appointment with her doctor and it's difficult for her to miss the appointment. A fellow students highlighted that most of the time her roommate absent herself from school due to antenatal checkups. One of the participating lecturer further indicated that the biggest challenge in the institution is the highest rate of student pregnancy and it led to poor performance. He added that, most of the pregnant students are absent because they have to attend antenatal checkups at the clinic.

A pregnant student expressed this by saying that;

*“It's not like I don't want to attend lectures, but sometimes my schedule is so tight. I might be having an appointment with my doctor at the clinic, therefore, it becomes difficult for me to miss the appointment. So I have to sacrifice to go” (Pregnant student, 25years).*

One fellow student added that;

*“My roommate is pregnant and most of the time she has to visit main campus clinic for antenatal checkups. This means that I have to go to school alone whilst she goes to clinic” (Fellow student, 23 years).*

A participating lecturer confirmed this commenting that;

*“At this institution, student pregnancy is prevalent and the rate in which students are conceiving is alarming and the right-thinking members of society find this intolerable.*

*Sometimes these pregnant students have to go to the clinic for antenatal checkups. I believe that it negatively affects them because they don't attend class regularly and they don't turn in their work on time" (Lecturer, Bindura University).*

The findings show that pregnant students had to forgo attending lectures in order to protect the health of her unborn child. One can argue from the findings that pregnant students did not dodge lectures intentionally but at times they had antenatal appointments with their doctors. According to the Sustainable Development Goals (2015-2030) pregnant women have to access antenatal care services to improve their maternal health and reduce death mortality. Hence, pregnant students studying with Bindura University had to sacrifice to go for antenatal instead of attending to class to ensure that their unborn children are health. This finding is similar to studies by Lee and Myers (2017) which show that pregnant student in South Africa miss class because they had antenatal appointments. Based on the findings, one may also deduce that despite the escalations of student pregnancy within the tertiary institution, lecturers perceived student pregnancy negatively in that it leads to poor performance. In a study conducted by Bosampre (2017) in Ghana, teachers perceived student pregnancy as a negative experience in that it affected the learners attendance to school. Hence, one can argue from the findings that even though accessing antenatal services is crucial to pregnant students studying with Bindura University it may result them to miss important concepts that might be taught by their teacher. As a result of that, their performance might also be affected.

#### ***4.3.1.2. Morning sicknesses and fatigue***

Participants cited that they absent themselves from class due to disorders such morning sickness and fatigue. Two of the pregnant students indicated that they absent themselves from class because of morning sickness and at times they feel nauseous. One of the pregnant students complained that lectures are too long and she always sleep in the middle of a lesson. A participating key informant shared that pregnant students experience morning sickness and fatigue. She explained that for the development of the child they should have time to rest.

A pregnant student expressed this by saying;

*"(Taking a deep breath!) The lectures that I have on Tuesday up to Thursday they are 4 hour in length and in the last 2 hours I fall asleep because I will be feeling exhausted.*

*That's why I love sitting in the back no one will even notice that I am sleeping" (Pregnant student, 23years).*

Another pregnant student said;

*"Sometimes I have a morning sickness and I am always late for class. Sometimes I don't attend because I will be feeling nauseous" (Pregnant student, 20years).*

A participating nurse confirmed these sentiments by commenting that;

*"Pregnancy is associated with fatigue and morning sickness. At times when you are pregnant you feel exhausted and you might develop symptoms that can cause vomiting. Pregnant students should rest more because failure to do so might affect the development of the unborn child which could result to maternal death" (Nurse, Bindura University).*

The above findings show that pregnancy-related illnesses and fatigue led pregnant students studying with Bindura University to absent themselves from class. One can argue from the findings that the above mentioned disorders are inevitable to all pregnant students. However, such disorders have got a negative implication on pregnant students in that it disrupts their attendance to school. The results are similar to those of Cheng, Tsui and Lam (2020) who indicate that pregnancy interferes with a learners' ability to attend school. In corroboration with the above sentiment, Lynre (2019) strengthens that pregnancy-related illness increase absenteeism among pregnant students, which may have a detrimental effect on their academic performance. Hence, one can conclude that being pregnant whilst studying is difficult in that one often absent herself due to disorders associated with pregnancy.

#### **4.3.2. Poor performance.**

Two of the pregnant students cited that pregnancy has a negative implication in that it led them to perform poorly in class. They indicated that the university workload is too much and they are unable to submit their assignments on time. One of the pregnant students attributed her poor performance to fatigue. Another pregnant student shared that her poor performance is attributed to the fact that she absents herself from class because of ANC appointments. Two of the participating lecturers attributed the poor performance of pregnant students to late submission of work and absenteeism.



One of the pregnant students expressed this by saying;

*“Hmmm, my pregnancy is giving me headaches. Considering that I am pregnant the university workload is too much. At the end of the day, I submit my assignments late and rarely do I contribute towards group assignments. At times I fail to study due because I will be feeling sleepy. There is this one exam that I failed to concentrate due to physical problems, my legs were swelling I just wrote the exam for the sake of submitting otherwise what I wrote there was senseless” (Pregnant student, 19years).*

Another pregnant student adds that;

*“Comparing the result of my last exams I had 3 distinctions but this time around I have no distinction. It’s so stressful! I have not been attending to class on a regular basis since the day I got pregnant. I had to go and see my doctor” (Pregnant student, 21years).*

A participating lecturer confirmed this by commenting that,

*“I perceive the absenteeism of pregnant students to my class as truant behavior which has got a negative implication on their academic performance. If you absent yourself who do you think is at liberty of repeating the same concept that I taught others in my lesson? I am not paid for extra work!” (Lecturer, Bindura University).*

Another lecturer added that;

*“The performance of pregnant students is very low. They submit their assignments late and taking a look at what they have written, the whole script could be meaningless. I cannot award marks for something not properly written. When it comes to presentation they just present in a hap hazard manner and expect to get higher marks. That cannot happen!” (Lecturer, Bindura University).*

The findings show that pregnancy can negatively affect the performance of a pregnant students. One can argue from the findings that the pregnancy is influenced by the biological factors which are beyond human control. This has thus influenced the performance of pregnant students studying with Bindura University in that at the time they are supposed to be attending lecturers, they will be busy attending ANC services. The result concurs with that of Sarani, Azhari, Mazlon and Shebaf (2019) which indicate that pregnancy-related issues can cause a student’s academic performance to

deteriorate. As a result of that, pregnant students end up developing stress. This is in line with the stress and coping theory which indicates that stress encountered by pregnant students is attributed to their poor performance. It is evident that some of the lecturers perceived student pregnancy negatively in that they labelled the absence of pregnant students as truant behavior and can led to poor performance. The results are similar to those of Pogoy and Agstino (2020) who indicate that teachers in Kenya perceived student pregnancy negatively in that it affected the academic performance of a pregnant student. One can also argue from the findings that some of the lecturers had little knowledge about the experiences pregnant students, hence, they treated pregnant students just like any other ordinary student.

Although the findings indicates that pregnancy impedes studying, this was not the case with other pregnant participants. One of the pregnant students expressed herself by saying;

*“Yes I was depressed, but it did not affect my academic performance. I knew where to set boundaries, I knew exactly that for me to survive in this hustle and be able to take care of the child I have to focus on my education. So despite the fact that I am pregnant, I never took breaks, I never did things that would attract attention, I used to do my individual and group assignments and I submitted them on time regardless to the strains associated with my pregnancy” (Pregnant student, 20years).*

The findings show that some of the pregnant students studying with Bindura University performed well despite the fact that they were pregnant. In support of this assertion, Bennet, Schott, Krutikova and Behrman (2021) indicate that some of the pregnant students in educational institutions perform so well despite the fact that they are pregnant. This was also found by Penley, Tomaka and Wiebe (2019) who argue that some pregnant students put in more effort to ensure that their pregnancy do not impediment them from completing their course. Hence, one can deduce that not every pregnant student studying with Bindura University performance was affected due to pregnancy, some of them managed to pull through regardless the turmoil they encountered.

#### **4.3.3. Failure to write exams.**

One of the pregnant students cited that she failed to write her last examination because of pregnancy. She narrated that she was due to deliver and the administration denied her to write whilst in labor. A participating key informant indicated that some of the pregnant students fail to write their examination due to the fact that they will be at labor.

A pregnant student expressed this by saying;

*“I was due to deliver when the last exam was written. I did not write because I was in labor and the administration refused to let me write whilst in labor. Initially I was stressed that I have missed my exam because I didn’t have money to supplement for the failed course, however, I was given a special exam to write” (Pregnant student, 23years).*

A participating lecturer confirmed this commenting that;

*“Some of the pregnant student fails to write examinations due to the fact that they will be due to deliver. In such cases pregnant student are given a special examination to write assuming that they have notified the administration on time” (Lecturer, Bindura University).*

The above findings indicate that pregnant students might miss their examinations because they will be due to deliver. Based on the findings, one can attribute the failure of pregnant students to write their exams to the biological factors of pregnancy. At the time a pregnant student should be sitting for her exam she might be due to deliver. According to Kheswa (2019) academic activities may however collide with the expectations of pregnancy. As a result of that, expectant students may miss out their exams. Considering the economic situation and the mere fact of missing out an examination, expectant students may end up developing stress. This is in line with the stress and coping theory which articulates that failure to write an examination can trigger maternal stress among pregnant students. It is evident that some of the pregnant students come from a poor background in that had insufficient funds to retake the failed course. This was also found by Kheswa (2019) who indicates that it normal for a pregnant student to miss her examination because of labor. One can also argue from the findings that pregnant students ought to communicate with the administration whenever they are about to deliver.

#### **4.4. Socio-economic experiences.**

The participants cited that they encountered the following socio-economic experiences: financial constraints, discrimination and inadequate support. Apparently, the aforementioned socio-economic experiences are congruent to the stress and coping theory.

#### **4.4.1. Financial constraints.**

Two of the pregnant students cited that they experienced financial constraints. They indicated that they are receiving minimal financial support from both their families and boyfriends. They alluded to the fact that in some cases no support is given to them at all. The participants cited that financial constraints is affecting their health seeking behavior in that they do not have money to go for ANC services at the hospital. One of the pregnant students highlighted that due to financial constraints her studies might be affected. She further stressed that she had tuition fee arrears which haven't been settled. One of the participating key informants revealed that pregnant students defer their studies due to financial constraints whilst some fail to register their courses on time.

One of the pregnant students expressed the above statements by saying;

*“When you are pregnant, you have to go to antenatal clinic each and every time, they always give your appointment dates. When you’ve to go for antenatal, it happens that you do not have money to travel from Chiwaridzo (off campus) to the main campus clinic. I have to go around the boarding house, borrowing money for transportation, then my fellow students will be like, ‘Ahh! We do not have money’. It hurts so badly!” (Pregnant student, 22years).*

Another pregnant student said that;

*“Financially, I am struggling. I have no one to support me financially, my husband deserted me. My parents support me here and there because there were disappointed when I got pregnant. I am so stressed that I might defer my studies because I have school fees arrears. On the other hand the doctor advised me that I should eat health food yet I don’t have money to buy all that. It so depressing!” (Pregnant student, 25years).*

A participating administrator confirmed these comments by pointing out that,

*“The majority of pregnant students defer their studies because of financial constraints. They fail to register for their courses on time and this affects their studies as they won’t be able to complete their studies with the rest of their fellow students” (Administrator, Bindura University).*

The findings show that pregnant students studying with Bindura University were exposed to financial constraints due to the growing demands associated with pregnancy. In support of this assertion, Jewkes, Vundule, Maforah and Jordaan (2019) indicate that pregnant students are more likely to experience financial hardships. Thus, one can argue that pregnancy is associated with financial constraints and its negative impacts are mostly noted among single pregnant students. Jonathan and Klein (2019) note that due to their negative effects on students' academic performance and potential to raise the deferment rate in tertiary institutions, financial constraints may be harmful to pregnant students. Regarding access to antenatal care services, Phiri, Nyamaruze and Akintola (2021) discovered in a study conducted in South Africa that financial difficulties negatively affected the health seeking behavior of pregnant students in that they were unable to access ANC services. One can argue from the findings that financial constraints resulted pregnant students studying with Bindura University to become victims of stress. According to the stress and coping theory, individuals experience anxiety when the demands exceeds the resources available to them (Changach, 2018). Hence, pregnant students studying with Bindura University experienced stress due to the fact that they had to attend class and ANC services yet money shortages hindered all this.

#### ***4.4.2. Discrimination.***

Participants cited that they encountered prejudice from their fellow students. Two of the pregnant students indicated that their fellow students refused to do group assignments and discussions with them. They shared that their fellow students label them loafers. One of the pregnant students indicated that during presentations she experienced discrimination from her colleagues in that they uttered hurtful comments towards her. A participating key informant acknowledged that at times fellow students utter silly comments which indirectly mocks pregnant students. He further shared that at times pregnant students are exclude from the cover pages of group assignments. One of the participating pregnant students said that;

*“Hmmm! It makes me feel like crying, I got hurt. Some of my fellow students refused to do group assignments and discussions with me. I've heard some of my colleagues saying that I am a loafer and I don't contribute anything towards group work and discussions”*  
***(Pregnant student, 21years).***

Another pregnant student added that;

*“When making group presentations, some of my colleagues embarrass me by uttering negative comments that makes everyone in class to laugh at me. I really do like it! It makes me feel humiliated and stupid in front of the whole class” (Pregnant student, 20years).*

A participating lecturer confirmed this commenting that;

*“Sometimes during lectures, some students may make amusing remarks that humiliate pregnant students. Most students frequently objected to being placed in the same group with a pregnant students when being divided into groups for group assignments” (Lecturer, Bindura University).*

The findings show that pregnant students experienced discrimination from their fellow students. One can argue that in the African setting, pregnancy is perceived negatively and as a result of that pregnant students studying with Bindura University were often stigmatization and discrimination by their fellow students. Being discriminated on the basis of pregnancy may result to mental disorders such as depression and low self-esteem. According to Macula, Vale and Carmona (2018) assert that discrimination based on pregnancy can be extremely damaging and can also have an impact on one’s ego. Additionally, it may make life unworthy of living. Apart from that, one can argue from a sociological perspective that pregnancy is associated with labels. In Zahra, Maryam and Mahvash (2019)’s study it was discovered that young female pregnancy in Nigeria is linked to labels such as bird pregnancy, mournful pregnancy, and shameful pregnancy. This subcategory of stereotyping indicates how unjustly pregnant students studying with Bindura University are treated within the institution. This might be excruciating and it can lead to suicidal attempts (Changach, 2018). In a study conducted by Mabhuda, Potgieter and Alberts (2018) they found out that pregnant students flourish and grow in a non-discriminatory academic environment where their fellow colleague’s understand their condition, feel for them and offer necessary and timely aid. Hence, given that fellow students studying with Bindura University have adopted a positive mentality about student pregnancy, pregnant students at this institution are more likely to flourish.

#### ***4.4.3. Inadequate support.***

Pregnant students studying with Bindura University indicated that they are receiving inadequate support from both the institution and their male partners.

#### **4.4.3.1. Inadequate support from the tertiary institution**

Participants cited that their predicament at the institution has been worsened by resource shortages at the clinic and the unavailability of counseling services. Two of the pregnant students indicated that they are receiving inadequate support from the tertiary institution. One of the participants shared that the clinic is far away hence she barely received any support from the institution. Another pregnant student indicated that she's unaware of the assistance provided by the institution to pregnant students. A participating key informant shared that regardless to resource shortages, the institution provides counselling services to pregnant students.

One of the pregnant students expressed herself by saying;

*“The clinic is very far away and it's only convenient enough for those at the main campus. I don't even go there because I don't have money for transport. I do my checkups at home meaning to say whenever I have an appointment I go back home” (Pregnant student, 24years).*

Another pregnant said that,

*“I don't even know where and who provides the counselling services at the institution. In fact, I don't even know the support available for pregnant students. I just assumed they is none” (Pregnant student, 19years).*

A participating nurse confirmed the above statements commenting that;

*“Yes at the institution we have resource shortages, however when it comes to services such as counselling we provide it to whoever is in need of it including pregnant students” (Nurse, Bindura University).*

The findings show that pregnant students studying with Bindura University received inadequate support from the institution. One can argue from the findings that on the issue of counselling services participants had diverging views probably because of the fact that pregnant students do not attend orientations. Regardless to that fact, Feinstein (2019) discovered that in Nigeria pregnant students were barely supported by their institution due to resource scarcity. Similarly, Phiri, Nyamaruze and Akintola (2021) found out that in South Africa pregnant students who receive inadequate assistance from the institution had difficulties in completion of their education. Allison

(2018) strengthens that inadequate institutional assistance could make pregnant women's living conditions worse than before. Hence, one can conclude that pregnant students studying with Bindura University received inadequate support and most probably this affected their academic performance.

#### **4.4.3.2. Inadequate support from male partners**

One of the pregnant students indicated that she is receiving minimal support from her male partner. She alluded to the fact that at times she is not given any support. She further highlighted that she is struggling with her pregnancy and to make matters worse her partner is not providing anything. She also emphasized that she resorts to violence due to the negligence of her former male partner. She expressed this by saying;

*“I am no longer in relationship with him! He was so disrespectful to me and I couldn't take it no more. So, I divorced him! And now I am having challenges with the pregnancy and he does not provide any form of support to me. I always call and text him all day long shouting at him but he tells me that he will send next week. He will just be lying and it stresses me up considering that I have studies to focus on” (Pregnant student, 24years).*

The above findings show that inadequate support from partners is a common experience encountered by pregnant students. One can argue from the findings that there is a bad relationship between pregnant students studying with Bindura University and their male partners in that they resorted to the use of violence out of anger and frustrations. This corroborate with the stress and coping theory which indicates that inadequate support from male partners is a source of stress among young pregnant women and it can trigger violence (Williams, Alon, & Bornstein, 2017). The results are similar to those of Phiri, Nyamaruze and Akintola (2021) which indicate that pregnant students in South Africa had a poor relationship with their male partners due to the fact that they provided no support to them. They argue that pregnant students expressed their frustrations and anger towards their male partners. In light of this, Williams, Alon and Bornstein (2017) acknowledged in their study that pregnant students in educational institutions received inadequate support from their male partners. Therefore, one can conclude that pregnant students studying with Bindura University received inadequate support from their male partners result them to make use of violence.



#### **4.5. Coping strategies.**

Despite the experiences encountered during various stages of pregnancy, pregnant students employed different strategies to deal with these stressors in their quest to thrive academically and survive within the institution. They employed social support, denial, prayer, concealment and perseverance as coping strategies. Apparently, the coping mechanisms employed by these pregnant students are congruent to those of the stress and coping theory. However, some of the coping strategies are ineffectual in that they led to other problems such as maternal deaths, and infant mortality.

##### **4.5.1. Social support.**

Participants cited that they utilize their social support system to cope up with the challenges they encounter within the institution. Two of the pregnant students indicated that their source of strength and comfort was within the support they are given by their families, partners, and fellow students. One of the pregnant students cited that she has never experienced any mental disorders because her mother fully supports her. She alluded to the fact that she also received support from one of her lecturers. Another pregnant student indicated that she gets support from her male partner, however, she alluded to the fact that she had never received any assistance from the institution. A participating fellow student highlighted that she often visits her friend who is pregnant checking up on her. A participating key also indicated that the institution provides counselling services but only a few pregnant students attend sessions. A pregnant student expressed this by saying that;

*“I haven’t experienced some sort of disorders because of the unavailability of social support. Every time when my parents have airtime, they call me asking how I am doing. On a monthly basis they send me money for rentals and food. I once received support from one of my lecturers at school. From there, my performance started to improve” (Pregnant student, 20years).*

Another pregnant student added that;

*“My partner really support me when I am here at school, he is the one responsible for paying my schools fees and providing financial support for me to go for ANC. When I am down he give me emotional support, so I can’t complain actually because he is always there for me. However, I haven’t received any sort of support from the institution at all,*

*but it doesn't affect me because I have someone who really cares" (Pregnant student, 26years).*

A participating fellow student added that;

*" I always visit my friend all the ways from res( student residence) to her boarding house and at times when I have time I cook for her" (Fellow student, 22years).*

One of the key informant confirmed these concerns pointing out that,

*"As an institution we provide counselling, however, only a few of the pregnant students seems to be aware of the services available to them" (Nurse, Bindura University).*

The findings show that pregnant students studying with Bindura University fared better when they had the support of their families, partners, lecturers, advisors and fellow colleagues. Some of the participants received encouragement and support from their male partners, which helped them persevere. One can argue from the findings that having a partner's support is essential throughout pregnancy and academic studies. It provides comfort and boosts self-esteem, which frequently helps to lower the risk of developing psychological problems such as depression (Pogoy and Agstino, 2020). The results are similar to a study by Billings and Moos (2017) who discovered that pregnant students in South Africa fared better when they received support from their loved ones. Similarly, Pennebaker (2020) indicate that family support is highly associated to a favorable mental wellbeing during pregnancy. In the same vein, Moskowitz, Hult, Bussolari and Acree (2018) strengthens that expectant students also require support from fellow colleagues, teachers, partners and family members to help cushion their lives and reduce their stress. The stress and coping theory also highlights that supportive relationships reduce the likelihood of developing depression (Ryan, 2017). What is worrisome is that some of the pregnant students studying with Bindura University were not familiar with the support offered by the institution and probably this is a result of the fact that pregnant students do not attend inductions. This finding is similar to that of Naicker and Kasiram (2018) which indicate that pregnant students had little knowledge about the support system available at their educational institution. Hence, they is need for awareness raising.

#### **4.5.2. Denial.**

Two of the participants reported employing emotional-focused coping strategy of denial to manage the challenges they encountered. They cited that they ignored hurtful comments passed by their fellow students and focus on their schoolwork. A participating key informant highlighted that ignoring hurtful comments reduces stress level among pregnant students.

One of the pregnant students expressed this by saying that;

*“Honestly, despite how unpleasant some of their comments are, I simply ignore them. Why should I even be bothered myself when I have a lot of modules to read?” (Pregnant student, 20years).*

Another pregnant student added that;

*“Ahh! Trust me, I don’t have time to waste entertaining silly comments. I just ignore them and pretend as if nothing happened” (Pregnant student, 22years).*

A participating nurse confirmed these comments pointing out that;

*“It’s wise to ignore certain remarks made by others and act as if it never happened, doing so really aid the person in reducing the amount of stress they experience” (Nurse, Bindura University).*

The findings show that pregnant students often suppress stressful events by pretending as if they never happened and this enabled them to focus on their schoolwork. One can argue from a strength based perspective that pregnant students may refuse to accept negative experiences by blocking them or denying their existence. This assisted pregnant students studying with Bindura University to manage stressful events they encountered at the tertiary institution. In support of this view, the stress and coping theory indicate that individuals who employ emotion-focused coping strategy of denial have the capacity of not recognizing any drawbacks of stressful experiences (Ryan, 2017). This result is similar to that of Nordzi, Dusu and Kusi (2022) who discovered that in Ghana pregnant students ignored negative criticism utter by their fellow students and they were able to concentrate on their academic studies. On the other hand, the researcher is of the opinion that utilization of denial as a coping mechanism is dangerous in that nobody can ignore reality and get away with it for a very long time. Therefore, even though pregnant students studying with Bindura

University dodged reality, the defense mechanism they employed is only temporary and it could result pregnant students to relapse.

#### **4.5.3. Prayer.**

Two of the participants cited that they employed prayer to manage the challenges they encountered during pregnancy. They reported that prayer was effective in deal with the uncertainties of the future. One of the pregnant students indicated that she does attend church every Sunday to pray for her unborn child. Another pregnant student highlighted that she pray for her studies. A participating key informant cited that religion provides consolation to pregnant students. She further added that to some extent it perpetuate student pregnancy.

One of the pregnant students expressed this by saying that;

*“Prayer is a very powerful weapon, I believe in God and I always go to church every Sunday, praying for the wellbeing of my unborn baby even though this pregnancy was unintended. I almost thought of abortion because the child’s father had denied him by that time, but the Lord Almighty stopped me” (Pregnant student, 25years).*

Another pregnant student added that;

*“ John 16:20-22 says truly, truly you will weep and lament and the world will rejoice but your sorrow will turn into joy, therefore, I believe in God and I always pray for my unborn baby and to succeed in my studies” (Pregnant student, 24years).*

One of the lecturers confirmed the above comments pointing out that;

*“Indeed religion gives people consolation and comfort in times of sorrow but religion on the hand perpetuate adolescent pregnancy” (Chaplain, Bindura University).*

The findings show that pregnant students used prayer as a coping mechanism to overcome the obstacles associated with pregnancy. One can argue from a strength based perspective that being faced with a lot of uncertainties may be extremely upsetting especially for a pregnant woman who may not be able to predict the outcome or the health of her unborn child, however when individuals are faced with calamities they resort to prayer. According to Williams, Alon, and Bornstein (2017) prayer enable people to become resilient. Therefore, one can deduce from the findings that pregnant students studying with Bindura University resorted to prayer to overcome the challenges

they had been facing. This result is similar to that of Skobi (2019) who discovered in a study conducted in Nigeria that prayer equips one with the fortitude to overcome obstacles as well as spiritual direction and solace to handle labor anxiety. The stress and coping theory also explains that prayer offers a sense of comfort and support in difficult times (Phiri, Nyamaruze, & Akintola, 2021). Therefore, one can conclude that prayer proved to be effective in reducing stress among pregnant students studying with Bindura University. Even though religion and spirituality proved to be effective, one can argue that religion perpetuate student pregnancy and this concurs with the work of Roets and Clemence (2021) which indicate that some of the religions do not support the use of contraceptives and because of that the prevalence of student pregnancy is high in tertiary institutions.

#### **4.5.4. Concealment.**

Concealment was cited by participants as one of the coping mechanisms used by pregnant students studying with Bindura University. Two of the pregnant students indicated that they conceal their pregnancy related problems from their lecturers and fellow students. The mentioned that this helps them throughout the semester. Another pregnant student revealed that she never disclosed her pregnancy to both her parents and fellow students due to fear of being stigmatized and disapproval. A participating key informant shared that pregnant students tend to conceal their pregnancy to fit in within social groups. Another participating key informant further narrated that concealment as a coping mechanism has negative implications on both the pregnant student and the unborn child in that it may result to other problems such as infant mortality.

One of the pregnant students expressed the above statements by saying that;

*“Hmm, I have little faith in these people I might fail, so even when I do not feel well at times I just force myself to class and group discussions and pretend to be in good health. I remember one of our lecturers emphasizing that being present in his class is awarded marks” (Pregnant student, 22years).*

Another pregnant student in her fourth month of pregnancy reported that;

*“I never disclosed my pregnancy to my fellow students because I was afraid of being stigmatized” (Pregnant student, 22years).*

One of the lecturers confirmed the above concerns by commenting that,

*“Yes! Concealment can be utilized as a coping mechanism by people subjected to anxiety, however, concealment can negatively affect the unborn baby. Also, the desire to fit in within a social group can result pregnant students to conceal their pregnancy otherwise they will be shunned out by other group members” (Lecturer, Bindura University).*

A participating health practitioner added that;

*“Due to cultural beliefs, young women are afraid to disclose of their pregnancy. However, this has dire effect on the unborn baby in that it may result to maternal death” (Nurse, Bindura University).*

The above findings show that pregnant student’s studying with Bindura University resort to concealment as a coping mechanism even though it affects the health seeking behavior of participants. One can argue from the findings that the desire to fit within a social group has lead pregnant students to conceal their pregnancy from their fellow colleagues. On the other hand, culture results pregnant students to conceal their pregnancy as they fear being disapproved by their parents. The researcher is of the opinion that there is a poor relationship between lecturers and pregnant students in that pregnant students choose not to disclose of their problems to their lecturers due to fear of failure. The result is similar to that of Mamhute (2018) who further indicated that pregnant students purposefully chose not to contact their instructors when they encountered issues that interfered with their studies. Therefore, one can note that pregnant students studying with Bindura University had to conceal what they went through and pretended as if all is well. However, even though this mechanism proved to be effective to pregnant students, concealment is a dangerous mechanism in that it may result to delayed access to ANC services, maternal death and infant mortality. In Mamhute’s (2018) study he argued that delayed prenatal care can be detrimental towards the achievement of Sustainable development Goal number 3 in that it may result to maternal and newborn morbidity, and infant mortality. Hence, one can conclude that regardless to the fact that concealment has been an effective mechanism employed by pregnant students studying with Bindura University it is regarded to be a dangerous coping mechanism.

#### ***4.5.5 Perseverance and self-motivation***

Participants cited that they employed perseverance and self-motivation to cope with the obstacles they encountered within the tertiary institution. Two of the pregnant students indicated that

pregnancy is pushing them to work hard to secure a brighter future for their unborn babies. One of the pregnant students said that;

*“For me to survive in this hustle (studies) I always told myself that I should work hard for me to be able to take care of my baby in later life, so basically this pregnancy is pushing me to work hard” (Pregnant student, 23years).*

Another pregnant students narrated that;

*“My pregnancy reminds me of the future of my child, I don’t want her to have the same kind of life like mine, so I have to work hard. Also, I need to make my parents proud since I disappointed them” (Pregnant student, 22years).*

The findings show that pregnant students employed perseverance and self-motivation to cope up with the academic challenges they experienced. One can argue from a strength based perspective that individuals faced with calamities may motivate themselves to work hard in order to overcome the challenges they are faced with. Therefore, pregnant students studying with Bindura University employed perseverance and self-motivation to cope up with the challenges they encountered within the tertiary institution. Petrie and Booth and Pennebaker (2021) assert that students who are pregnant are motivated to work even harder to attain their goals because they want to secure a bright future for their unborn babies. The result is similar that of Mkhwanazi (2019) who discovered in Kenya that persistence was the only way for pregnant students to succeed academically. Hence, one can conclude that perseverance and self-motivation proved to be effective among pregnant students studying with Bindura University.

#### **4.6. Summary of the chapter**

This chapter presented the findings on the lived experiences of pregnant students studying with Bindura University as a case study. It looked at the psychological, academic and socio-economic experiences of pregnant students. The chapter also looked at the coping mechanisms that pregnant students utilized to overcome the calamities they faced within the institution. The following chapter provides the study summary and conclusion.

## CHAPTER 5

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 5.0. Introduction

The chapter provides a summary of the lived experiences of pregnant students studying with Bindura University as a case study. It also provides a conclusion and possible recommendations that can be utilized to address the plight of pregnant students. The recommendations are arranged as follows: recommendations for pregnant students, Bindura University, policy makers, parents and future researchers.

#### 5.1. Summary

This research study explored the lived experiences of pregnant students studying with Bindura University as a case study. The study was qualitative in nature in that it utilised a case study research design. Data was collected from twenty-two participants using both in-depth and key informant interviews. Among this sample, they were ten pregnant students, five fellow students, four lecturers, one healthcare practitioner, one chaplain and one administrator. The key informants of this study were purposively chosen using purposive sampling technique. On the contrary, pregnant and fellow students were conveniently chosen using convenience sampling technique. The data that was collected and analysed using thematic analysis.

The study discovered that pregnant students encountered a myriad of challenges which include psychological, academic, and socio-economic experiences. Most of the participants highlighted that when they discovered about their pregnancy they were in denial because the pregnancy was unintended. Hence, they were afraid about how they were going to disclose such news to their parents. The study also found out that the participants were unable to cope with the demands of motherhood and studentship. As a result of that, they ended up creating stress for themselves. Also, the study findings showed that the participants were unable to concentrate with their studies due to pregnancy. Most of the participants attributed their poor concentration to fatigue. The study additionally identified that some of the participants were ashamed of falling pregnant whilst studying. They were ashamed because they had disappointed their parents. In addition to that, pregnant students frequently missed class owing to a variety of reasons, including prenatal appointment and illnesses associated with pregnancy. It was also discovered that pregnancy has



resulted pregnant students to perform poorly in class, however, not every participant performed poorly due to pregnancy. Some of the participants cited that they continued to perform so well despite the fact that they were pregnant. The study also discovered that some of the participants failed to sit for their exams because they were due to deliver and to make things worse financial constraint was a common feature among pregnant students. This was attributed to inadequate support from their male partners. Hence, the participants had difficulties in accessing ANC services. Apart from that, participants experienced discrimination from their fellow students and lecturers. The study revealed that lecturers uttered painful comments towards pregnant students whilst fellow students rejected pregnant students within their groups. This resulted pregnant students to experience stress which affected their studies. The study also discovered that participants received inadequate support from male partners and the institution. Despite a myriad of problems pregnant students encountered, they employed different coping mechanisms to manage the difficulties they experienced within the tertiary institution. They made use of social support, denial, prayer, concealment and perseverance coping mechanisms. However, some of these coping strategies resulted to other problems such as delayed ANC.

The experiences and coping mechanisms of pregnant students were explained using the stress and coping theory. According to this hypothesis, people become stressed when they believe that the demands are greater than the personal and social resources they are able to mobilize. Because of that, pregnant students experienced stress due to inadequate support, denial, failure to write exams, financial constraints, discrimination and poor performance. The theory did, however, explain that people who are faced with stressful situations can manage those events by using coping mechanisms that problem and emotion-focused. Because of this, participants adopted coping mechanisms that were both problem and emotion-focused to reduce stress. They used social support, denial, concealment, and perseverance as emotion-focused techniques.

## **5.2. Conclusion**

Pregnant students encountered a myriad of problems whilst studying and little is known about their experiences. Most of the pregnant students suffered from maternal stress which was a result of various causes which include inadequate support from male partners. They also experienced poor concentration which was a result of fatigue. To make matters worse, some of the pregnant students were unable to balance the demands of education and pregnancy. As a result of that, they developed

stress. Pregnant students often absented themselves from school because they had to attend ANC and the most unfortunate part is that they experienced financial constraints which made it impossible for them to access ANC. The financial constraints they experienced was attributed to inadequate support from their male partners. Conversely, expecting pregnant students missed their exams because they were due to deliver. Above all, pregnant students were discriminated on the basis of pregnancy. Some of their fellow students and lecturers understood little about their experiences. As a result to that, lecturers treated them just like any other ordinary student. Pregnant students also received inadequate support from the institution. Surprisingly, some of the students were not familiar with the services available to them at the institution, as a result they suffered from anxiety. However, some of the pregnant student's utilized emotion focused coping mechanisms of social support to overcome the obstacles they experienced. These pregnant students had to ignore negative criticisms from both lecturers and fellow students for them to succeed in their studies.

### **5.3. Recommendations**

In response to the findings of this study, the researcher developed the following recommendations:

- The tertiary institution should orient pregnant students about the services available to them for example counseling services.
- Pregnant students should draft a schedule as it assist them to manage their time and be able to complete their academic assignments on time.
- Since the institution adopted a modular learning system, pregnant students should attend antenatal care services during their free slots to avoid missing lessons.
- To avoid a lackluster performance, pregnant students should engage themselves in group discussions with their fellow students.
- The university should conduct awareness campaigns educating the lecturers and fellow students about the experiences of pregnant students. Educating these people instils a positive attitude towards student pregnancy.
- Issues to do away with pregnancy should be a made a cross cutting theme when lecturers are delivering lectures.
- Maternal health issues should be part and parcel of the health education curriculum.

- The university should encourage fellow students and lecturers to continue providing support to pregnant students.
- Policy makers should review the institution policies and include issues that concerns pregnant students.
- Policy makers should create a policy that gives pregnant students a special exam when they miss their exam due to labor.
- Future researchers ought to look into the policies that tertiary institutions have in place for pregnant students.

#### **5.4. Summary of the chapter**

The chapter provided a summary of the research findings and a conclusion. It also provided the recommendations to address the plight of pregnant students studying with Bindura University as a case study.

## REFERENCES

- Allison, K. W. (2018). *Stress and oppressed social category membership*. San Diego: San Diego Academic Press.
- Anane, C., Adangabe, A. A., & Inkoom, D. (2021). Coping strategies and perceived support of student mothers at the University of Education, Winneba Campus. *Journal of Social Sciences and Humanities, 2(3), 151-169*.
- Babour, R. (2017). *Introducing qualitative research: A student's guide*. New Delhi: Stage Publications.
- Bennet, I. M., Schott, W., Krutikova, S., & Behrman, J. R. (2021). Maternal mental health and child growth and development in four low-income and middle-income countries. *Journal of Epidemiologic Community Health, 70 (2), 168-173*.
- Billings, A. G., & Moos, R. H. (2017). The role of coping responses and social resources in attenuating the stress of life events. *Journal of behavioral Medicine, 4, 139-157*.
- Bindura University. (2012). *Student handbook*. Bindura: Bindura University.
- Bosampre, B. (2017). Determinants of condom use intentions of university students in Ghana: an application of the theory of reasoned action. *Journal of Social Science & Medicine, 52(7), 1057-1069*.
- Brown, L., & Watson, P. (2019). Understanding the experiences of female doctoral students. *Journal of Further and Higher Education, 34(3), 385-404*.
- Brown, J. L., & Venable, P. A. (2019). Alcohol use, partner type, and risky sexual behavior among college students. *Journal of Addict Behavior, 32 (12), 2940-2950*.
- Changach, J. K. (2018). Impact of teenage pregnancy on education of the girl-child. *International Journal of Social Science, 1(1), 2-3*.
- Cheng, S. T., Tsui, P. K., & Lam, J. H. (2020). Improving mental health in health care practitioners: Randomized controlled trial of a gratitude intervention. *Journal of consulting and clinical psychology, 83 (1), 177*.

- Chigona, A., & Chetty, R. (2021). Girls' education in South Africa: Special consideration for teen mothers as learners. *Journal of Education for International Development, 3*(1), 1-17.
- Coetzee, M. H., & Ngunyulu, R. N. (2017). Assessing the use of contraceptives by female undergraduate students in a selected higher educational institution in Gauteng. *Curationis, 38* (2), 7.
- Coghlan, D., & Brannick, R. (2019). *Doing Action Research in your Organisation*. Washington: Sage Publications.
- Devenish, C., Funnel, G., & Greathead, E. (2019). *Responsible teenage sexuality*. Pretoria: Academia.
- Devos, A. S. (2021). Scientific theory and professional research. *Journal for the Social Sciences and Human Service Professions, 16* (12), 28-47.
- Etuah, P. A., Gbagbo, F. Y., & Nkrumah, J. (2018). Coping with pregnancy in academic environment: experiences of pregnant students in a public university in Ghana. *Journal of Women's Health, 2*(2), 1-11.
- Feinstein, N. F. (2019). *Maternal coping with preterm labor*. New York: University of Rochester.
- Fox, K., & Gordon-Strachan, G. (2021). Jamaican youth risk and resiliency behavior survey. *Journal of resiliency behavior, 10* (5), 15-17.
- Goda, T. (2021). The prevalence of sexual behavior among university graduates. *Journal of Human Behavior 10*(4).
- Guler, A. E., & Innanir, A. (2018). Body image perception and self-esteem during pregnancy. *Open access, 3*(4), 196-200.
- Gupton, A., Herman, M., & Cheung, L. W. K. (2017). Complicated and uncomplicated pregnancies: Women's perception of risk. *Journal of Obstetric, Gynecologic, and Neonatal Nursing, 30*, 192-201.
- Hennik, M., Hutter, L., & Bailey, A. (2020). *Qualitative research methods*. London: Sage.
- Hollway, W., & Jefferson, T. (2019). *Doing Qualitative Research Differently: A Psychosocial Approach*. Delhi: Sage Publications.

- Israel, M. (2017). *Research Ethics and Integrity for Social Scientists*. London: Sage Publications.
- Jonathan, D., & Klein, M. D. (2019). Adolescent Pregnancy: Current trends and issues. *Adolescent Pregnancy, 116 (1), 57-69*.
- Jewkes, R., Vundule, C., Maforah, F., & Jordaan, E. (2019). Relationships dynamics and teenage pregnancy in South Africa. *Social Science and Medicine, 52 (5), 733-744*.
- Joyce, T., Kaestner, S., & Korenman, R. (2019). The stability of pregnancy intentions and pregnancy-related maternal behaviors. *Journal of Maternal Child Health, 4(3), 171-178*.
- Karimi, E. W. (2017). *Challenges experienced by young mother learners upon re-entry to formal primary school: A case in one of the divisions of coastal region, Kenya*. Published dissertation. Europe: University of Oslo.
- Kheswa, I. G. (2019). Psychological well-being, alcohol abuse and sexual behavior of South African adolescent's males in South Africa. *Journal of Psychology, 6 (1), 32-40*.
- Lamport, A. (2017). All the great European universities. *Journal of Christian Education, 15(20), 48-49*.
- Lee, T., & Myers, W. (2017). *Modern woman student and family problems*. New York: McMillan Publishing Company
- Luttrell, W. (2017). *Pregnant bodies, fertile minds: Gender, race and the schooling of pregnant teens*. New York: Routledge Printing Press
- Lynre, O. O. (2019). Perceptions of university students on unwanted pregnancy in Africa. *American Journal of Social and Management Sciences, 1(2), 196-200*.
- Katsinde, J. T., Chawira, M., Katsinde, S. C., & Nyoni. C. (2017). Knowledge and attitudes of university workers towards HIV& AIDS in Zimbabwe. *International Journal of Law, Humanities and Social Sciences, 1(2), 1-13*.
- Mabhuda, B. T., Potgieter, E., & Alberts, U. U. (2018). Student nurses' experiences during clinical practice in Limpopo province. *Curationis, 31 (1), 19- 27*.

- Macula, L., Vale, I. N.D., & Carmona, E. V. 2018. Assessment of self-esteem in pregnant women using Rosenberg self-esteem scale. *Journal of self-esteem*, 44 (3), 569-576.
- Mamhute, R. (2018). *The educational challenges of pregnant and adult nursing learners. A case study of Morgnester Teachers College*. Published Dissertation: South Africa: University of South Africa.
- Maluli, F., & Bali, T. (2018). Exploring the experiences of pregnant and mothering school students in Tanzania. *Research on Humanities and Social Sciences*, 1 (4), 80- 88.
- Maravilla, J. C., Betts, K. S., & Alati, R. (2017). Factors influencing repeated teenage pregnancy: a review and meta-analysis. *American Journal of Obstetrics and Gynecology*, 217 (5), 527-545.
- Marshall, A., Catherine, D., Rossman, C., & Gretchen, B. (2019). Designing qualitative research. *Journal in Qualitative Research* 12(2), 1-10.
- Meddinus, U. V., & Johnson, T. C. (2017). Factors associated with unwanted pregnancy. [www.pregancy.org](http://www.pregancy.org).
- Mkhwanazi, N. (2019), Understanding teenage pregnancy in a post-apartheid South African township. *Culture, Health & Sexuality*, 12 (4), 347-358.
- Moskowitz, J. T., Hult, J. R., Bussolari, C., & Acree, M. (2018). What works in coping with HIV? A meta-analysis with implications for coping with serious illness. *Psychological Bulletin*, 135(1), 121.
- Naicker, P., & Kasiram, M. (2018). Exploring unplanned pregnancy amongst university students. *Social Work/ Maatskaplike Werk*, 42 (3), 341-350.
- Nes, L. S., & Segerstrom, S. C. (2019). Dispositional optimism and coping: A meta-analytic review. *Personality and social psychology review*, 10(3), 235-251.
- Netshikweta, M. L., & Ehlers, V. J. (2020). Problems experienced by pregnant nurses in the republic of South Africa. *Health care for women international*, 23(1), 71-83.
- Njango, A., & Gichoho, P. (2018). Exploring the experiences of pregnant and mothering secondary students in Tanzania. *Research of Social Sciences and Humanities* 1(4) 80-88.

- Nordzi, G., Dusu, S., & Kusi, H. (2022). Challenges faced by pregnant students at the University of Education, Winneba, Ghana and strategies for supporting them. *International Journal of Research and Innovation in Social Sciences*, 5 (5), 267-272.
- Peltzer, K., Tladi, B., & Shikwane, M. E. (2018). The prevalence of postnatal depression and associated factors amongst HIV positive women in primary care. *The South African Journal*, 12 (4), 24-28.
- Pennebaker, J. W. (2020). Emotion, disclosure, & health. *American Psychological Association*.
- Penley, J. A., Tomaka, J., & Wiebe, J. S. (2019). The association of coping to physical and psychological health outcomes: A meta-analytic review. *Journal of behavioral medicine*, 25(6), 551-603.
- Petrie, K. J., Booth, R. J., & Pennebaker, J. W. (2021). The immunological effects of thought suppression. *Journal of personality and social psychology*, 75(5), 1264.
- Phiri, M. T., Nyamaruze, P., Akintola, O. (2021). Stress and coping among unmarried pregnant university students in South Africa. *BMC Pregnancy and Childbirth*.w
- Pogoy, A. M., & Agstino, R. G. (2020). Lived experience of early pregnancy among teenagers. *European Scientific Journal*, 10(2), 157-169.
- Ramulumo, M. R., & Pitsoe, V. J. (2017) Teenage pregnancy in South African schools: Challenges, trends and policy issues. *Mediterranean Journal of Social Sciences*, 4 (14), 755-760.
- Robson, C. (2018) *Real-world research: A resource for social scientists and practitioner researcher*. Malden: Blackwell Publishing.
- Roets, L., & Clemence, S. I. (2021). Teen pregnancy prevention: The church, community, culture and contraceptives. *African Journal of Reproductive Health*, 25 (6), 51.
- Ryan, V. H. (2017). *Handbook of stress, coping, and health*. London: Sage press.
- Sarafino, E. P. (2021). *Health Psychology: Bio psychosocial Interactions*. 7th Ed. Asia: Wiley.



- Sarani, A., Azhari, S., Mazlon, S. R., & Shebaf, H. A. (2019). The relationship between Psychological hardness and coping strategies during pregnancy. *Journal of midwifery and reproductive health, 3(3), 408-417.*
- Sharma, R. (2017). Social Science Research techniques. *International Journal of Applied Research, 749-752.*
- Smith, D. M., & Roberts, R. (2021). Young parent's perceptions of barriers to antenatal and postnatal care. *British Journal of Midwifery, 17 (4), 620-627.*
- Sparks, B. T. (2017). A descriptive study of the changing roles and practices of traditional birth attendants in Zimbabwe. *Journal of Nurse- Midwifery, 35(3), 150-161.*
- Springer, K. W., Parker, B. K., & Leviten-Reid, C. (2020). Making space for graduate student parents. *Journal of family issues, 30 (45), 300-322.*
- Swann, C., Bowe, K., McCormick, G., & Kosmin, M. (2018). *Teenage pregnancy and parenthood: A review of reviews: Evidence briefing.* London: Health Development Agency.
- Taukeni, S. (2019). The main challenges student mothers experience to manage their dual roles. *International Journal of Advances in Psychology, 4(9), 34-39.*
- The Holy Bible. (2011). *New International Version.* USA: Oxford University Press.
- Thobejane, T. D. (2021). Factors contributing to teenage pregnancy in South Africa: The case of Matjitjileng Village. *Journal of Sociology and Social Anthropology, 7(5), 20-26.*
- Vundule, C., Maforah, F., Jewkes, R., & Jordaan, E. (2019). Risk factors for teenage pregnancy among sexually active black adolescent in Cape Town. *South African Medical Journal, 92(1), 73-81.*
- Walliman, N. (2017). *Your research project: Designing and planning your work.* London: Sage Publications.
- Wall-Wieler, E., Roos, L. L., & Nickel, N. C. (2017). Teenage pregnancy: The impact of maternal adolescent childbearing and sister's teenage pregnancy on a younger sister. *BMC pregnancy and childbirth, 16 (1), 1-12.*

Williams, J. C., Alon, T., & Bornstein, S. (2017). Eliminating bias against women and fathers academe. *The NEA Higher Education Journal*, 12(7), 50-51.

World Health Organization. (2022). *Assessment of young adolescent girls and young women pregnancy*. Retrieved from [www.who.com](http://www.who.com)

Zahra, B. M., Maryam, O. K., & Mahvash, S. (2019). Motherhood challenges and wellbeing along with the studentship role among Iranian women. *International journal of qualitative studies and wellbeing*, 15 (14), 20-21.

## ANNEXURES

### IN-DEPTH INTERVIEW GUIDE FOR PREGNANT STUDENTS.

*Topic: lived experiences of pregnant students in tertiary institutions: a case of Bindura University.*

Thank you for agreeing to participate in this interview. My name is Brian Chiutsi and I am currently studying Social Work with Bindura University of Science Education. I am interviewing pregnant students studying with Bindura University to find out about their experiences as pregnant students.

Please be informed that there is no right or wrong answer to the questions in this guide and if you do not understand the questions provided, do not hesitate to ask me for clarity. Again, information shared in the interview shall be kept confidential and names of the participant shall not be disclosed. Be assured that the data that will be collected will be used only for the academic purposes. The research is voluntary and you are free not to respond to questions that make you feel uncomfortable. You have the right to withdraw from the interview any time you want. The interview will last for 45 minutes.

**Place of interview.....**

**Date of interview.....**

**Number of participants.....**

**Section A: Demographic information**

1. Age .....
2. Level of study.....
3. Academic year.....
4. Course/ program.....
5. Gestation stage.....
6. Marital status : single  married  divorced  widow  other  
(specify).....

**Section B: Experiences of pregnant students**

1. What was your reaction when you found out that you are pregnant?
2. Have you disclosed your pregnancy to both your partner and family members?  
Yes.....No.....
3. If yes, how did they reacted?
4. If no, why haven't you disclosed that you are pregnant?
5. Have you suffered from any of the following mental disorders due to pregnancy: mood swings, worry, anxiety and depression? If there are any other disorders encountered, specify and elaborate briefly.
6. If you have suffered from any of the mental disorders, does it affects your academic performance and interaction with others? How?
7. Does your condition (being pregnant) make you a low self-esteemed student?
8. If yes, how?
9. How is it like to be pregnant and studying? How do you balance the demands of pregnancy and education?
10. Do you sometimes miss lectures because of your pregnancy? Yes....No

11. If yes, how do you catch up with others?
12. Would you say your pregnancy affects your studies?
13. If yes, how does it affects your studies?
14. Do you sometimes have to rewrite assignments?
15. How do you feel when it happens?
16. Do you communicate with your lecturers when you encounter a problem(s) in your studies which are a result of pregnancy? Yes..... No.....
17. If no, why don't you communicate with them?
18. How supportive are fellow students, male partners, family members, lecturers and the institution?
19. If supportive, what kind of support do they offer to you and has it been adequate?
20. What implications does the support provided have on your well-being?
21. What arrangements have you made so far to secure a baby minder?
22. What problems, physical, social, financial and administrative, do you face in your studies as a pregnant student? How do they affect you studies?
23. Have you ever used the following coping mechanism towards the challenges you encounter as a pregnant student: prayer, social support (family& friends), resilience and perseverance. If there are any other coping mechanisms you use, specify.
24. How effective are the coping mechanisms you use?

THE END

**IN-DEPTH INTERVIEW GUIDE FOR FELLOW STUDENTS.**

*Topic: lived experiences of pregnant students in tertiary institutions: a case of Bindura University.*

Thank you for agreeing to participate in this interview. My name is Brian Chiutsi and I am currently studying Social Work with Bindura University of Science Education. I am interviewing pregnant students studying with Bindura University to find out about their experiences as pregnant students.

Please be informed that there is no right or wrong answer to the questions in this guide and if you do not understand the questions provided, do not hesitate to ask me for clarity. Again, information shared in the interview shall be kept confidential and names of the participant shall not be disclosed. Be assured that the data that will be collected will be used only for the academic purposes. The research is voluntary and you are free not to respond to questions that make you feel uncomfortable. You have the right to withdraw from the interview any time you want. The interview will last for 45 minutes.

**Place of interview.....**

**Date of interview.....**

**Number of participant.....**

**Section A: Demographic information**

- 1. Age .....
- 2. Level of study.....
- 3. Academic year.....
- 4. Course/ program.....
- 5. Marital status : single  married  divorced  widow  other  
(specify).....

**Section B: experiences of pregnant students**

- 1. In your own understanding, do you think pregnant students encounter the following mental disorders: low self-esteem, poor concentration, denial, shame, worry and anxiety? If there are any other disorders encountered, specify and elaborate briefly.
- 2. Does the mental disorders highlighted above affects the academic performance of pregnant students and interaction with others? If yes, explain how.
- 3. In your own opinion, how is it like to be pregnant whilst studying?
- 4. Do pregnant students sometimes miss lectures and exams because of pregnancy? Yes....No
- 5. If yes, how do they catch up with other students?
- 6. Would you say pregnancy affects the studies of pregnant students?
- 7. If yes, how does it affect their studies?
- 8. Do they sometimes have to rewrite assignments?
- 9. How do they react when it happens?
- 10. Do they communicate with lecturers when they encounter a problem(s) in their studies which are a result of pregnancy? Yes..... No.....
- 11. If no, why don't they communicate with them?
- 12. How supportive are fellow students toward pregnant students?
- 13. If supportive, what kind of support do they offer?
- 14. In your own view, what problems, physical, social, financial and administrative, do pregnant students face within their studies?
- 15. Do you include pregnant students when conducting group assignments and discussions?
- 16. If not, why do you exclude them?

17. In your own understanding what are the coping mechanisms used by pregnant students to manage the challenges they experiences (prayer, social support, resilience and perseverance)?

18. How effective are the coping mechanisms used?

THE END



**KEY INFORMANT INTERVIEW GUIDE FOR LECTURERS**

*Topic: lived experiences of pregnant students in tertiary institutions: a case of Bindura University.*

Thank you for agreeing to participate in this interview. My name is Brian Chiutsi and I am currently studying Social Work with Bindura University of Science Education. I am interviewing pregnant students studying with Bindura University to find out about their experiences as pregnant students.

Please be informed that there is no right or wrong answer to the questions in this guide and if you do not understand the questions provided, do not hesitate to ask me for clarity. Again, information shared in the interview shall be kept confidential and names of the participant shall not be disclosed. Be assured that the data that will be collected will be used only for the academic purposes. The research is voluntary and you are free not to respond to questions that make you feel uncomfortable. You have the right to withdraw from the interview any time you want. The interview will last for 45 minutes.

**Place of interview.....**

**Date of interview.....**

**Number of participant.....**

**Section A: Identification**

<b>Key informant no//</b>	<b>Gender</b>	<b>Designation</b>	<b>Duties &amp; responsibilities</b>

**Section B: Experiences of pregnant students**

1. What is the state of student pregnancy at your institution?
2. How do you perceive student pregnancy in general?
3. Generally, what is the reaction of pregnant students when they discover that they are pregnant?
4. Why do they find it difficult to disclose about the pregnancy to their partners and family members?
5. Is pregnancy associated with the following mental disorders: denial, low self-esteem, poor concentration, shame, mood swings, worry and anxiety? If there are any other disorders associated with pregnancy, specify and elaborate briefly.
6. What implications does the above mentioned mental disorders have on the studies of pregnant students?
7. How do you perceive the academic performance of pregnant students?
8. Do pregnant students sometimes miss lecturers because of pregnancy? Yes....No.....
9. If yes, how do they catch up with others? Do you often have extra time to teach them concepts they might have missed in previous lessons due to pregnancy? Yes.... No.....
10. If no, why?
11. Would you say your pregnancy affects their studies?
12. If yes, how does it affects their studies?
13. How do you perceive late submission of academic work by pregnant students? Why?
14. Do you sometimes give them assignments to rewrite?

15. Do they communicate with you or other lecturers when you encounter a problem(s) which are pregnancy-related? Yes..... No.....
16. If no, why don't they communicate with you?
17. How supportive are you and other lecturers towards pregnant students?
18. If supportive, what kind of support do you offer to them? Do you think the support has been helpful in coping up with the challenges they face?
19. What kind of support does the institution offer to pregnant students? Special exams?
20. What problems, physical, social, financial and administrative, do pregnant students face during their studies? How do they affect their studies?
21. What are some of the coping strategies employed by pregnant students to manage the challenges they encounter (prayer, social support, resilience and perseverance)?
22. How effective are these coping mechanisms?

THE END

**KEY INFORMANT INTERVIEW GUIDE FOR HEALTH PRACTITIONERS.**

*Topic: lived experiences of pregnant students in tertiary institutions: a case of Bindura University.*

Thank you for agreeing to participate in this interview. My name is Brian Chiutsi and I am currently studying Social Work with Bindura University of Science Education. I am interviewing pregnant students studying with Bindura University to find out about their experiences as pregnant students.

Please be informed that there is no right or wrong answer to the questions in this guide and if you do not understand the questions provided, do not hesitate to ask me for clarity. Again, information shared in the interview shall be kept confidential and names of the participant shall not be disclosed. Be assured that the data that will be collected will be used only for the academic purposes. The research is voluntary and you are free not to respond to questions that make you feel uncomfortable. You have the right to withdraw from the interview any time you want. The interview will last for 45 minutes.

**Place of interview.....**

**Date of interview.....**

**Number of participant.....**

**Section A: Identification**

<b>Key informant no//</b>	<b>Gender</b>	<b>Designation</b>	<b>Duties &amp; responsibilities</b>

**Section B: Experiences of pregnant students**

1. What is the state of student pregnancy at your institution?
2. How many pregnant students attend ANC per year/semester?
3. Generally, what is the reaction of pregnant students when they discover that they are pregnant?
4. Why do they find it difficult to disclose about the pregnancy to their partners and family members?
5. Is pregnancy associated with the following mental disorders: denial, low self-esteem, poor concentration, shame, mood swings, worry and anxiety? If there are any other disorders associated with pregnancy, specify and elaborate briefly.
6. What implications does the above mentioned mental disorders have on the studies of pregnant students?
7. Do pregnant students sometimes miss lectures and exams because of ANC? Yes....No.....
8. If yes, how do they catch up with others?
9. Would you say pregnancy affects the studies of pregnant students?
10. If yes, how?
11. How supportive is the institution towards pregnant students?
12. If supportive, what kind of support does it offer to them? Is it adequate and are pregnant students aware of the services/ support available to them? Yes.... /No.....
13. If no, why?

14. What problems, physical, social, financial and administrative, do pregnant students face during their studies? How do they affect their studies?
15. What are some of the coping strategies employed by pregnant students to manage the challenges they encounter (prayer, social support, resilience and perseverance)?
16. How effective are these coping mechanisms?

THE END

**KEY INFORMANT INTERVIEW GUIDE FOR ADMINISTRATIVE STAFF.**

*Topic: lived experiences of pregnant students in tertiary institutions: a case of Bindura University.*

Thank you for agreeing to participate in this interview. My name is Brian Chiutsi and I am currently studying Social Work with Bindura University of Science Education. I am interviewing pregnant students studying with Bindura University to find out about their experiences as pregnant students.

Please be informed that there is no right or wrong answer to the questions in this guide and if you do not understand the questions provided, do not hesitate to ask me for clarity. Again, information shared in the interview shall be kept confidential and names of the participant shall not be disclosed. Be assured that the data that will be collected will be used only for the academic purposes. The research is voluntary and you are free not to respond to questions that make you feel uncomfortable. You have the right to withdraw from the interview any time you want. The interview will last for 45 minutes.

**Place of interview.....**

**Date of interview.....**

**Number of participant.....**

**Section A: Identification**

<b>Key informant no//</b>	<b>Gender</b>	<b>Designation</b>	<b>Duties &amp; responsibilities</b>

**Section B: Experiences of pregnant students**

1. What is the rate of deferment among pregnant students at your institution?
2. What might be reason(s) for deferment?
3. What problems do pregnant students encounter during their studies (financial or administrative)? What effect does they have on their studies?
4. Is financial and administrative challenges among pregnant students associated with the following psychological problems: poor concentration, worry and anxiety? If there are any other disorders associated with the aforementioned challenges, specify and elaborate briefly.
5. How supportive is the institution towards pregnant students?
6. If supportive, what kind of support does it offer to them? Payment plans? Isn't a myth and are pregnant students aware of the services/ support available to them? Yes.... /No.....
7. If no, why?
8. How do pregnant students cope with the financial and administrative challenges they encounter? What mechanism are available to them?

THE END



**APPROVAL LETTER**

DEPARTMENT OF SOCIAL WORK



P. Bag 1020  
BINDURA, Zimbabwe

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**BINDURA UNIVERSITY OF SCIENCE EDUCATION**

Date 05/12/22



**TO WHOM IT MAY CONCERN**

*Dear Sir/Madam*

**REQUEST TO UNDER TAKE RESEARCH PROJECT IN YOUR ORGANISATION**

This serves to advise that BRIAN CHINYISI Registration No.

B. 1953972 is a **BACHELOR OF SCIENCE HONOURS**

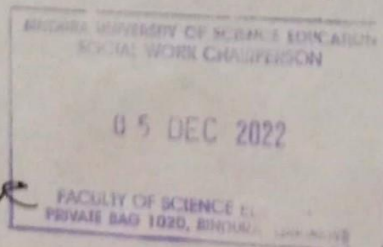
**DEGREE IN SOCIAL WORK** student at Bindura University of Science Education who is conducting a research project.

May you please assist the student to access data relevant to the study and where possible conduct interviews as part of the data collection process.

Yours faithfully

*Zembere*

**Dr. M. Zembere**  
**A/CHAIRPERSON - DEPARTMENT OF SOCIAL WORK**



## TURNITIN REPORT

### Lived experiences of pregnant students:A case of Bindura university

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