

## **Lived experiences of nursing students about their pregnancies**

TSHINONDIWA E. MOHALE AND NELTJIE C. VAN WYK

*Department of Nursing Science, University of Pretoria, Private Bag X323, Arcadia, 0007, South Africa.*

*E-mail: neltjie.vanwyk@up.ac.za*

*(Received: 10 February 2017; Revision Accepted: 12 May 2017)*

### **Abstract**

Nursing students face challenges when they get pregnant as it often leads to either the termination of their studies or unnecessary long study periods. Our aim was to explore and describe the lived experiences of nursing students at a college in South Africa regarding their pregnancies. In a descriptive phenomenological research design nine participants were interviewed. Only one question was asked of them: “*How did you experience your pregnancy being a nursing student?*” The transcribed interviews and observational notes described the natural dimension of the phenomenon (experiences of pregnancy during training) that reflected the conscious awareness of the participants of the phenomenon. Through eidetic reduction and imaginative variation, the phenomenological dimension (essence and substantiating constituents) of the phenomenon was revealed. ‘Self-dependence’ was the essence of the experiences of the participants.

**Keywords:** Nursing, students, pregnancy, experiences, self-dependence, self-appreciation, resilience.

### ***How to cite this article:***

Mohale, T.E. & van Wyk, N.C. (2017). Lived experiences of nursing students about their pregnancies. *African Journal for Physical Activity and Health Sciences*, 23(2), 261-272.

### **Introduction**

Pregnant students do not fit the cultural norm at education institutions (Logan et al., 2007); and they often experience problems with completing their studies (Sheppard, 2009). Pregnancies during nursing training are a challenge for both students and lecturers. The attendance of classes does not pose problems with uncomplicated pregnancies. Problems are, however, experienced during practical training. In the third trimester of pregnancy, students cannot continue with patient care and thus have to interrupt their studies. Special rosters need to be designed which adds to the workload of lecturers with detrimental effect on their relationship with students (Netshikweta & Ehlers, 2002). Nurse training institutions differ in the management of pregnant students. The students either have to take a break from training (Bvekerwa et al., 2011), are expelled from the institution (Ndifon et al., 2006) or are allowed to continue with their training at their own risk (Prairie State College, Department of Nursing, 2012).

Nursing students at the selected college who get pregnant are allowed to continue with their studies, however, policies state clearly that students are given only extra two years for a total number of four years in training (the duration of the nursing course) to repeat any stage of learning. Pregnant students thus lose out on a chance to repeat a study year, as the time that they have to interrupt their studies due to pregnancy is included in the two years given to repeat a study year (College Standard Working Procedure [SWP], no 13/2010). Students who do not get pregnant can repeat two years of study should they fail an examination, while students who get pregnant have the chance to repeat only one year of study in case of poor results in an examination.

Between 2009 and 2013, 40 students reported pregnancies at the selected college. Many of them had to repeat a study year and some had to terminate their studies when they failed an examination after they had maternity leave; the reason being that they had used the extra years that they had been granted to complete the four-year course as maternity leave. The college has a high number of students who do not complete their course at a rate of 26 per cent (College Senate Report, 2014). At the time of data collection in 2011, 273 students were registered at the selected college.

The selected college does not have support programmes to assist students during their pregnancy and thereafter, with the result that the students find it very difficult to cope with the challenges of their pregnancies and motherhood as well as with their training. Such programmes do not exist most probably due to a lack of information regarding how students experience their pregnancies. This study thus aimed to explore and describe the lived experiences of students at a selected nursing college in South Africa regarding their pregnancy.

## **Methodology**

### *Research design*

In this qualitative inquiry, a descriptive phenomenological research design was used. Potential participants were identified by college staff and invited by the first author to take part in individual interviews to describe their experiences of being pregnant during training. Thirteen potential participants were invited of which 4 declined to take part in the study, leaving nine participants who were interviewed at venues and at times that they preferred. Only one question was asked of them: “*How did you experience your pregnancy being a nursing student?*” The participants were encouraged to “go back to the things themselves” and unlock their consciousness to bring to the surface what was really considered to be their lived experiences (Cogswell, 2008:86). The interviews lasted about 30 minutes and were tape recorded with the permission of the participants. Initial interviews were followed-up with all the participants to ensure dense descriptions of their lived experiences. Observational notes were

compiled to record the emotions of the participants and reflective notes were by the interviewer to prevent emotional involvement. Data collection was terminated after the second round of interviews. The researchers were satisfied that they obtained sufficient information.

The transcribed interviews and observational notes described the natural dimension of the phenomenon (experiences of pregnancy during training). It reflected the conscious awareness of the participants (Zahavi, 2003). Through reading and rereading of the natural dimension of the phenomenon according to the guidelines for data analysis in phenomenology research of Dahlberg et al (2008) an understanding of the whole experience was obtained. In phenomenology, reference is made to an understanding of the initial whole (Wertz, 2005). Through eidetic reduction (the ability of the mind to query the reality behind the given) the understanding of the phenomenon was raised to a higher level in order to tell what the phenomenon is (Zahavi, 2003). The researchers distanced themselves from the natural dimension of the experiences to gain an understanding of its transcendental meaning (Hintikka, 1995). According to Dahlberg et al. (2008: 255) phenomenological researchers aim to describe “how the phenomenon is and not what the informants said about it”. The characteristics of the phenomenon were identified through free imaginative variation. A concrete example of the experiences of the participants was “imaginatively varied in every possible way in order to distinguish essential features from those that were accidental or incidental” (Wertz, 2005:168). When a change in the characteristic transforms the identity of the phenomenon, it is considered to be essential (Dowling, 2005). Through free imaginative variation, essential meaning units, also called constituents (Dahlberg, 2006), were revealed. The constituents were studied while keeping the whole in mind as parts should be understood in terms of the whole (Carlsson et al., 2004) to gain an understanding of the essence of the phenomenon. The essence of the phenomenon (experiences of pregnancy during training) represents the ‘new whole’ (Lopez & Willis, 2004) and “makes the phenomenon to be that very phenomenon” (Dahlberg, 2006:11). The new whole is referred to as the phenomenological dimension of the experiences (Finlay, 2002). The essence and constituents were integrated in the knowledge base of experiences of students being pregnant through a comprehensive literature review (Gearing, 2004).

#### *Ethical considerations*

The Research Ethics Committee of the Faculty of Health Sciences of the university where the first author completed postgraduate studies approved the study protocol (Reference number: 164/2010). The head of the college gave permission for the involvement of the students in the research and the participants gave written informed consent to take part in the study.

### *Rigour*

The first author put her pre-understanding of the phenomenon on hold during data collection and analysis until the meaning of the experiences of the participants was revealed. In phenomenology research the process is called bracketing (Finlay, 2002). Once the meaning of the experiences, reflected in the essence and supporting constituents were formulated, 'un-bracketing' took place and the findings were reintegrated into the study context and existing literature (Gearing, 2004). Excerpts from the transcribed interviews were used to describe the constituents.

### **Results**

The essence of the phenomenon "*self-dependence*" indicates the participants' experiences of having had to deal with a lack of support from others. They developed a sense of accountability and responsibility towards themselves, their pregnancies and infants. As they all had to temporarily discontinue their studies they could not rely on their fellow students, lecturers and college management for the support. The participants developed courage to depend on themselves and they were determined not to show to others that they needed support. "*Self-dependence*" became a coping mechanism, but also isolated them from others. They preferred to "be-for-themselves" in terms of the concept of "being-for-oneself" in existentialism that emphasis the reliance of the person on himself or herself for defining himself or herself. Their "*self-dependency*" provided them with a sense of security and safety, as they no longer depended on the reaction of others towards them. They also no longer had to live up to the expectations of others in the sense of "being-for-others" that are associated with the threat of judgment from others.

The constituents that substantiate the essence are "*self-containment*", "*isolation from others*", and "*self-appreciation*."

#### *Self-containment*

"*Self-containment*" emerged when the participants realised that they had to provide what they required to cope with the pregnancy and the interruption of their training in order not to depend on others for support. Their pregnancies brought some unexpected changes in their training and they had to make some adjustments in order to proceed with their lives. When they were excluded from their training groups they were also excluded from communication with the lecturers and college management. It forced them to be proactive and to find the information that they required. For some of the participants the arrangement served as a confirmation of their self-containment: "*I am very independent...*" while others had to learn new skills to become self-contained.

The participants had to ensure that they stayed abreast with events that took place at the college during their absence. They could no longer rely on others to keep them updated. They had to make decisions, take action and be responsible for their actions, which luckily happened to be to their benefit: *“I chose to accept it and to make the best of it, I can also say that it made me stronger to be out of the comfort zone... [of others telling her what to do]”*.

Through the development of *“self-containment”* the participants gained inner strength to take control of their own situation: *“I am [now] a strong person and I live according to choices”*. When they were in training, decisions were made on their behalf. The participants were suddenly forced to be independent and to make choices on how to handle the difficult situation of being pregnant and to interrupt their studies. They had to choose how to react to the situation: *“I have learnt to handle disappointments better and I have learned how to be strong by myself”*. The development of *‘self-containment’* enabled them to feel confident: *“I have grown a lot”*.

*“Self-containment”* led the participants to question the fairness of the college policy on pregnancy that forced them to interrupt their studies and when the college management determined the dates for the interruption of the studies, one participant confronted them: *“I knew my due date was supposed to be in the last week of the examination.... they said that I cannot write [any of the papers]....so I asked why not ....and they [the college management] said it’s college policy....I told them ....I cannot take this maternity leave, because it’s too early”*.

#### *Isolation from others*

The participants isolated themselves from their lecturers. They assumed that the lecturers would judge them for being pregnant while they were in training: *“Let’s say I had a problem....I could not go to the lecturers...because I had that thing in my mind that they will judge me because I am pregnant”*.

*“Isolation from others”* was brought about by a general feeling of being excluded: *“I had to stand alone there [excluded from activities] and watch others interact....I was not allowed to take part”*. The participants felt that they were supposed to be included in college activities unless they requested not to be included.

The participants were faced with remarks from their lecturers that made them feel isolated from the group of students as a result of their pregnancy. They realised that their pregnancies led to them being treated differently from others: *“The lecturers always excluded pregnant students in the class”*. The exclusion made them feel that they were no longer part of the group of students: *“It felt like we are no longer part of the class”*. The participants also experienced

harassment from their lecturers: *“They will mention something and later say even you pregnant ones can also listen”*. Once the college management and lecturers became aware of the participants’ pregnancies, they no longer involved them in practical work: *“We were not even allocated anywhere....it is as if they have no plans for us”*. The participants would have appreciated it if the lecturers had plans for them regarding their re-integration into the system. Instead, they felt that the lecturers were focused on finding ways to exclude them. Participants experienced the interruption in their studies as unnecessarily lengthy. One of the participants gave birth in 2009 and was only allowed to resume her training in 2011: *“We felt like we were being punished because one cannot give birth in 2009 and wait for a study group in 2011”*. They perceived the college management and lecturers to be inflicting punishment on them for falling pregnant.

The participants expected the same type of support they received from college management and lecturers before they became pregnant to be applied in their personal lives during their pregnancies. They could not understand the change in the behaviour of the people who had previously supported them: *“I mean they are your facilitators and you must be able to go to them and feel free [to talk to them]”*.

Unfortunately the lecturers were not only unsupportive but they also engaged in some gossip about the participants: *“Once you leave [the office] you will be discussed with whoever.... and their friends....you know it because everybody knows everything [about the student].... so you don’t feel free to talk to them....that was basically my experience with the college”*. The participants felt that they were being victimised by the college staff for falling pregnant and, therefore, as a defence mechanism isolated themselves from others. They could not open up to the college staff because they felt that once they spoke to one lecturer, the whole college staff will know about their pregnancy and problems.

The participants experienced neglect by the college management and lecturers: *“They don’t worry much about us”*. They felt that their lecturers did not support them and that they were no longer a priority. They believed that the lecturers felt that the participants were responsible for the lack of support that they got: *“It makes you feel like you messed up”*.

#### *Self-appreciation*

The participants became aware of their strengths and appreciated that they could cope on their own notwithstanding the problems that they experienced at the college. They also experienced mixed feelings. They were sad about the lack of support from the college management and lecturers, but at the same time they were excited about their pregnancies and the prospective birth of their infants:

*“My pregnancy.... from my personal view.... beside the college and everything.... was something exciting....it was something that I wanted”.*

The participants were eager to disconnect from the negative encounters that they had with college management and lecturers and preferred to focus on how they could manage the situation. They did not want to become negative towards others: *“I do not want them to influence me negatively and also I did not want to have a negative energy towards them”*. The participants wanted to foster a positive attitude towards themselves, their pregnancies and the college management and lecturers. All they wanted to do was to be given a chance to continue with their studies as soon as possible: *“I just want to.... focus on my studies”*.

When the participants felt excluded and isolated because of their pregnancies, they reclaimed their self-worth by working hard to achieve academically. They also believed that they were dependent on themselves to ensure that they prove that being pregnant does mean that they could not be successful students: *“I was in the second semester when I gave birth.... and I managed to write the exams”*.

*“Self-appreciation”* became a reality when the participants accepted what had happened to them. They then were no longer upset by the reaction of others towards them: *“These people do not matter anymore”*. With *“self-appreciation”* the participants moved from feeling sorry for themselves to accepting responsibility for themselves. They realised that their pregnancies delayed their progress to complete their studies: *“...I feel if it was possible for student nurses not to get pregnant because it’s a waste of time [reference to the prolonged study period]”*. Some participants felt that if it were not for their pregnancies, they could have already completed their studies: *“...sometimes I regret having the baby because I would have completed.....”*

## **Discussion**

Self-dependence became a coping mechanism for the participants. They focussed on “being-for-themselves” as they could not live up to the expectations associated with “being-for-others” from the college management and lecturers. They relied on themselves to cope with challenges of their pregnancies and prolonged study period. When the college management and lecturers withdrew their support, the participants had no choice but to support themselves.

Perspectives regarding the “self” define human existence. It comprises of physical, social and psychological elements that are responsible for directing behaviour in different stages of human development (Jordaan & Jordaan, 2003). Perceptions of the “self” can be influenced by culture-related circumstances

(Kenny & West, 2008). The participants had to cope with a developmental stage of being pregnant adults in a rigid college culture that did not make provision for their needs. In engagement with others (college management and lecturers) they had to re-direct their “self” from being dependent on others to being dependent on themselves. When people depend less on others and more on themselves higher levels of personal maturity is achieved (Vaillant, 2011). The participants indicated that they gained from the negative experiences with college management and lecturers. The stress that could be caused by pregnancy (Baqtayan & Mai, 2012) and a lack of support during pregnancy (Fatih et al., 2007) was managed through self-containment and appreciation of own abilities. They also decided to isolate themselves to minimize negative experiences. Decisions not to rely on others are, according to Pramono (2013), indicative of self-worth. When people, however, become too self-reliant and isolated from others they forfeit opportunities to benefit from interaction with others (Adler et al., 2010).

Human behaviour is often not determined by choices of the “self”, but through environmental factors (Rehman & Sadruddin, 2012). Although the participants indicated that they decided to depend on themselves, their behaviour could have been forced by environmental factors. According to their experiences the college staff and lecturers were unsupportive. They thus had no choice than to rely on themselves. Environmental factors determined their behaviour and contributed to a loss of support. According to Adler et al. (2010) humans benefit from belonging to groups as they get the opportunity to validate their self-identity through feedback from others. The group also provides individuals with a sense of belonging (De Greck et al., 2011) that is lost when people rely only on themselves. Inter-dependence on others enables people to gain from interpersonal interaction and to receive acceptance from others (Murray, 2008). The participants described feelings of being rejected by others (college management and lecturers) as they no longer belonged to the group of students.

“Isolation from others” was used by the participants as a means to protect themselves from rejection. They feared judgmental reactions from college management and lecturers. According to Van den Berg and Mamhute (2013) pregnant students often experience stigmatization from lecturers that leads to the termination of their studies. When people experience negative reactions from others or fear that they could experience negative reactions, they withdraw from interaction with others (Landau et al., 2008). Human beings have, however, social needs that can only be satisfied by other human beings (Murray, 2008).

Withdrawal from others only happens when it is forced by either fear for discomfort or it is imposed by others (Jordaan & Jordaan, 2003). In this study, participants isolated themselves, but were also excluded from training by college management. While they were still attending classes the lecturers excluded them



in discussions. According to Morgan et al. (2007) such isolation has a detrimental effect on the psychosocial well-being of people. When a person is not accepted as one of a group, identity problems are experienced (Rochat, 2008). Acceptance by members of a group convey messages of dignity to the individual (Morgen et al., 2007) and without such interaction feelings of loneliness develop (Cacioppo et al., 2009).

“Isolation from others” imposed by themselves and by college staff contributed to the participants’ appreciation of their own abilities. Without support from others, they had to focus on their own coping mechanisms. Through appreciation of one’s own skills personal growth is experienced (Kolkto-Rivera, 2006). The participants believed that they could manage without support from others. They were no longer dependent on others, but instead relied on themselves. According to Ugoji (2013), when people rely on themselves their self-worth increases and strategies are developed that can be used to cope with future stressful situations. Negative experiences that forced appreciation of own strengths in the first place get re-defined and can contribute to the development of a positive self-esteem (Inman & Ogden, 2011).

### **Implications for nursing education**

The findings could be used to develop programmes to support pregnant nursing students. College management, lecturers and students need to take part in the development. Policies regarding pregnancies during training need to be explained to students in their first year and ongoing support of students during absence from the college need to be available.

### **Implications for health policy**

Services to enable students to enjoy healthy pregnancies should be a basic requirement on all university and college campuses. Flexible learning programmes that make it possible for pregnant students to complete their studies in minimum time will contribute to the educational level of the youth.

### **Conclusion**

Pregnant nursing students were isolated from others and they in turn isolated themselves from those whom they believed were not in support of them. The participants felt a sense of achievement when they reached self-appreciation. Their experiences are not unique to the context in which the study was conducted. The literature discussion confirmed that when people loose support from others, they tend to focus on their own capacities. Skills get developed that are appreciated and considered as achievements.

## Acknowledgement

The authors acknowledge the assistance with language editing of the manuscript by Ms Berdine Smit. This research received a grant from the Community-Oriented Nursing Education Project for Women and Child Health of the University of Pretoria, Pretoria, South Africa.

## References

- Adler, R.B., Rosenfeld, L.B. & Proctor, R.F. (2010). *Interplay: The Process of Interpersonal Communication* (11<sup>th</sup> ed.). New York: Oxford University Press.
- Baqutayan, S.M.S. & Mai, M.M. (2012). Stress, strain and coping mechanisms: An experimental study of fresh college students. *Academy of Educational Leadership Journal*, 16, 19-30.
- Bvekerwa, S.T., Choto, I. & Shonhiwa, L. (2011). A survey of student nurses views on the pregnancy policy in nursing education and training: A study of Chinhoyi School of Nursing, Zimbabwe. *Journal of Innovative Research in Education*, 1, 49-66.
- Cacioppo, J.T., Fowler, J.H. & Christakis, N.A. (2009). Alone in the crowd: The structure and spread of loneliness in a large social network. *Journal of Personality and Social Psychology*, 97, 977-991.
- Carlsson, G., Dahlberg, K., Lützen, K. & Nyström, M. (2004). Violent encounters in psychiatric care: A phenomenological study of embodied caring knowledge. *Issues in Mental Health Nursing*, 25, 191-217.
- Cogswell, D. (2008). *Existentialism for Beginners*. Danbury, United Kingdom: For Beginners LLC.
- College Standard Working Procedure (2010). *Policy Guideline no 13/2005 Maternity leave of students within the SAMHS Nursing College* (3<sup>rd</sup> ed.). July, 13, 1-3.
- College Senate Report (2013 – 2014). Thaba Tshwane: SAMHS Nursing College.
- Dahlberg, K. (2006). The essence of essences – the search for meaning structures in phenomenological analysis of lifeworld phenomena. *International Journal of Qualitative Studies on Health and Well-being*, 1, 11-19.
- Dahlberg, K., Dahlberg, H. & Nyström, M. (2008). *Reflective Lifeworld Research* (2<sup>nd</sup> ed.). Studentlitteratur, Sweden: University of Lund.
- De Greck, M., Shi, Z., Wang, G., et al. (2011). Culture modulates brain activity during empathy with anger. *NeuroImage*, 59, 2871-2882.
- Dowling, M. (2005). From Husserl to Van Manen: A review of different phenomenological approaches. *International Journal of Nursing Studies*, 14, 131-142.
- Fatih, O., Johnson, D.C., Dimoulas, E., et al. (2007). Social support and resilience to stress: From neurobiology to clinical practice [review]. *Psychiatry*, 35-40.
- Finlay, L. (2002). Outing the researcher: The provenance, process and practice of reflexivity. *Qualitative Health Research*, 12, 531-544.

## *Nursing students and their pregnancies 271*

- Gearing, R.E. (2004). Bracketing in research: A typology. *Qualitative Health Research*, 14, 1429-1452.
- Hintikka, J. (1995). The phenomenological dimension. In B. Smith & D.W. Smith (Eds.), *Cambridge Companion to Husserl* (pp. 78-105). Cambridge, United Kingdom: Cambridge University Press.
- Inman, C. & Ogden, J. (2011). Facing mortality: Exploring the mechanisms of positive growth and the process of recalibration. *Psychology, Health & Medicine*, 16, 366-374.
- Jordaan, W.J. & Jordaan, J.J. (2003). *People in Context* (3<sup>rd</sup> ed.). Johannesburg, South Africa: Heinemann Higher and Further Education (Pty) Ltd.
- Kenny, D.A. & West, T.V. (2008). Self-perceptions as interpersonal perception. In J.V. Wood, A. Tesser & J.G. Holmes (Eds.), *The Self and Social Relationships* (pp. 119-137). New York: Psychology Press.
- Kolkto-Rivera, M.E. (2006). Rediscovering the later version of Maslow's hierarchy of needs: Self-transcendence and opportunities for theory, research and unification. *Review of General Psychology*, 10, 302-317.
- Landau, M., Greenberg, J. & Solomon, S. (2008). The never-ending story: A terror management perspective on the psychological function of self-continuity. In F. Sani (Ed.), *Self-continuity: Individual and Collective Perspectives* (pp. 87-100). New York: Psychology Press.
- Logan, C., Holcombe, E., Manlove, J. & Ryan, S. (2007). *The Consequences of Unintended Childbearing: Towards The National Campaign to Prevent Teen and Unplanned Pregnancy*. New York: Child Trends Inc.
- Lopez, K.A. & Willis, D.G. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research*, 14, 726-735.
- Morgan, C., Burns, T., Fitzpatrick, R., et al. (2007). Social exclusion and mental health: Conceptual and methodological review. *British Journal of Psychiatry*, 1, 477- 483.
- Murray, S. (2008). Risk regulation in relationships: Self-esteem and the if-then contingencies of interdependent life. In J.V. Wood, A. Tesser, A. & J.G. Holmes (Eds.), *The Self and Social Relationships* (pp. 3-25). New York: Psychology Press.
- Ndifon, W.O., Ogaji, D.S.T. & Etuk, S.J. (2006). Sexuality, contraception and unintended pregnancy among female student nurses in Nigeria. *Benin Journal of Post Graduate Medicine*, 8, 12-21.
- Netshikweta, M.L. & Ehlers, V.J. (2002). Problems experienced by pregnant student nurses in the Republic of South Africa. *Health Care for Women International*, 23, 71-83.
- Prairie State College, Department of Nursing (2012). *Policy and Information Booklet for 2012-2013*. Chicago, USA: Prairie State College.
- Pramono, R.B.E. (2013). Self-reliance: The essence of making difference in Robert Frost's 'Road Not Taken'. *International Journal of English and Literature*, 4, 19-27.

- Rehman, M.H. & Sadruddin, M.M. (2012). Study on the causes of misbehaviour among South-East Asian children. *International Journal of Humanities and Social Sciences*, 2, 162-174.
- Rochat, P. (2008). Know thyself, but what, how and why? In F. Sani (Ed.), *Self-Continuity: Individual and Collective Perspectives* (pp. 243-251). New York: Psychology Press.
- Sheppard, C. (2009). *The State of Youth in South Africa: Trends in Education Attainment*. Pretoria, South Africa: Centre for Poverty Employment and Growth, Human Sciences Research Council of South Africa [HSRC].
- Ugoji, F.N. (2013). Self-esteem, depression and stigmatization as determinants of educational attainment of pregnant adolescents in Delta State, Nigeria. *International Journal of Humanities and Social Science*, 3, 154-160.
- Vaillant, G.E. (2011). Involuntary coping mechanisms: A psychodynamic perspective. *Dialogues in Clinical Neuroscience*, 13, 366-370.
- Van den Berg, G. & Mamhute, R. (2013). Socio-educational challenges of pregnant students and student mothers. *Anthropologist*, 15, 305-311.
- Wertz, F.J. (2005). Phenomenological research methods for counselling psychology. *Journal of Counselling Psychology*, 52, 167-177.
- Zahavi, D. (2003). *Husserl's Phenomenology*. Stanford, USA: Stanford University Press.