Wonder-Women: Case Studies of Pregnant University Students – Change and Transition

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ATTESTATION OF AUTHORSHIP

"I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning."

Signed: _____

C. D. Poffley

Date:_____

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ABSTRACT

Changes have occurred within educational settings over the past 30 years, creating a more equal learning environment for women. Despite the fact that women aged 18-39 years now outnumber men within New Zealand universities, there is still evidence of inequality for pregnant university students.

A qualitative case-study approach was used to explore and describe the stages and patterns of transition from being a university student to becoming a pregnant university student. Each woman demonstrated the complexity of the transitions. The pregnant body and becoming visible were factors that impacted on all five women who participated in this study. The case studies describe how pregnancy intervened in the experience of being a student.

Various coping mechanisms were employed by these pregnant university students. The research suggests that they find balance through compartmentalizing aspects of their lives. They attribute educational and personal outcomes to luck. These strategies have enabled these women to aim for educational or personal success. Yet it remains clear that the university does not provide adequate support for these pregnant university students. Policies and resources need to be established to aid pregnant university students in this process of transition.

KEY WORDS

There are some concepts used within this thesis that have multiple or complex meanings. To ensure that there is a shared understanding, I will provide clarification of these terms.

Changes and Transitions

For the purpose of this study, the terms changes and transitions will be considered as separate concepts. Bridges (2001) provides a clear distinction between transitions and changes. He describes changes as "situational shifts" that can occur with or without transition. In contrast, transition refers to a period of adaptation and relates more to internal adaptation and personal development. Golan (1981) defines this as "a period of moving from one state of certainty to another, with an interval of uncertainty and change in between" (p 12). However, there is often a relationship between these two concepts and that relationship will inform this research.

Trimester

When discussing time frames related to pregnancy, the total duration of pregnancy is broken down into three trimesters, each consisting of approximately 3 months, or 13 weeks. Therefore the first trimester relates to the first 13 weeks of pregnancy, the second trimester falls between weeks 14-27, and the third and final trimester occurs between 28-40+ weeks (Pullon, 1999).

CHAPTER ONE

Study Overview

Introduction

Despite the wealth of research pertaining to the experiences of university students there is still a gap within the literature. This relates to pregnant university students. Personal experience has shown me how difficult continuing with one's education during pregnancy can be. As a university lecturer, I have also seen students withdraw either temporarily or permanently from their studies due to pregnancy. By developing an understanding of the transition that pregnant students experience it is hoped that recommendations from this thesis will result in better educational and personal outcomes for pregnant students in the future.

Aim of the Study

The aim of this study was to explore and describe the stages and patterns of transition from being a university student to becoming a pregnant university student. This was achieved by 3 further aims of the study:

    i)   Identify the associated factors that influence students during the transition phase.

    ii) Explore students perception of how transition from one role, or state, to another impacts on their learning.

    iii) Establish how universities can aid in this transitional process.

Background and Justification for the Study

In this section I will declare my personal experience as a pregnant university student. This has motivated my work in this field. This explanation will acknowledge my preconceptions and provide the initial lens that I look through when I listen to the participants' stories of becoming a pregnant university student. I will also briefly describe a pilot study that I completed in 2004, which investigated what services and support was available for pregnant university students within the eight universities in New Zealand. Finally I will discuss the gap within the research

pertaining to pregnant university students, and how there is a need to find out more about these students.

Declaring My Position

My motivation and interest in the experiences of pregnant university students began in 2003, when as a part time Master of Education student I became pregnant. The decision to continue with my education did not consider the effects pregnancy might have on my performance as a student. As my pregnancy progressed, tiredness and memory impairment meant I found it harder to produce my usual standard of work. My experience was one of forgetting I was pregnant as my attention was on completing assignments. I became refocused on my pregnancy when my growing abdomen was no longer compatible with the computer desk. This realization meant personal tensions in the form of guilt and confusion. I felt guilty for forgetting my unborn child and questioned if this could affect the bond between mother and baby. Furthermore, I was confused, as my situation had changed yet I was not conscious of exactly how and when this change had occurred. I had a sense that I was no longer in control. It was as though the transition of pregnancy had a direct and unexpected impact upon my life as a student. It resulted in a transitional experience that I was not aware of until it had happened.

The experience was also one of feeling trapped because it was important for me to continue with my studies. My academic completion date plan had no room for 'time out' and I was concerned that if I stalled I might never finish my degree. What enabled me to continue on this path despite my emotional and psychological stress, were the supportive people I had around me. My husband and parents were exceptionally supportive, taking on a large proportion of my responsibilities as a parent, and my role within the house. I also had four lecturers during my pregnancy, who were very understanding. While university expectations were that I complete the required work there was some flexibility. Yet I put pressure on myself to ensure that deadlines were met prior to my baby's due date. The reality was that student life carried on regardless of what else was occurring in ones private life.

Knowing, according to Palmer (1998), begins in our intrigue about some subject but the intrigue is the result of the subject's actions upon us. As a lecturer within a university, I developed a heightened awareness of pregnant undergraduate students and colleagues (who were also part time students) and their coping experiences. This thinking about 'others' led me to wonder more about these neglected voices in the educational experiences of pregnant university students. My

anecdotal evidence led me to conclude that pregnant university students are disadvantaged. This appears to happen either by continuing studying while experiencing the negative physical side effects of pregnancy, or by taking time out and encountering the implications of completion time constraints. In appreciating that I knew something about the experience of pregnant university students there seemed a need to develop a greater understanding of these experiences. I wanted to make a difference to the experience of pregnant university students, by researching their experiences and informing educational institutions of their needs.

A Pilot Study

In 2004, I undertook a pilot study to investigate the services available for pregnant university students. I emailed various departments of the eight New Zealand universities and asked three main questions; firstly if there were any policies that considered the needs of pregnant students, secondly if they had resources or processes specifically for students who are pregnant and thirdly if any statistics were maintained on this student group. Findings showed that no statistics are gathered on pregnant university students and only one university actively and openly promoted inclusion of pregnant students. While this university promoted inclusion of pregnant students, it was not clear what services were in place to support them. Furthermore, findings illustrated that pregnant students were expected to initiate enquiries if there were any issues by visiting the disability office. It was significant to note that at one university conflicting information was given by two different people suggesting that staff at this university had limited knowledge concerning services available. The conclusion drawn from this pilot study was that if student services within universities were not clear about the resources available, then pregnant students would be no wiser either.

Significance of the Study

The dearth of literature on the actual transitional experience of pregnant university students was a further impetus for this study. Literature regarding pregnant university students is scant, and what is available is either anecdotal reports (Hamilton, 2002) or legal reports on university students who were no longer eligible for scholarships or were not permitted to participate within sporting fields, due to falling pregnant (Mizus, Moody, Privado, & Douglas, 2003; Rossouw, 2004). Senander (2004) responded to these reports informing readers of the support available for pregnant Catholic college students in America. What was available considered pregnant

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university nursing students in South Africa (Netshikweta & Ehlers, 2002). This study considered the limited sex education nursing students received, and how this then impacted upon the care they might provide other women as nurses. The paucity of literature necessitated the review of literature on teenagers who had become pregnant (Kelly & Hess, 2001). This study's findings highlighted the importance of continuing with education for future success in life. While much of this study's findings fall outside the scope of this study, the relevance of teenage pregnancy and future success is relevant in New Zealand as the average age of a school leaver university student is 17 or 18 years (Hughes, 2004).

The link between pregnancy and employment was also reviewed (Chien & Ko, 2004; Evans & Rosen, 1997; Feinberg, 1998; Liu & Buzzanell, 2004). Within this literature a strong focus on stress emerged and how this impacted upon pregnancy. This literature appeared to be better suited to inform this study, as there is often a correlation between working and studying, especially at a tertiary level (Broido, 2004; Huddleston & Unwin, 1997). Yet there was one glaring difference in that pregnant workers are eligible for up to one year's maternity leave and pregnant university students are not. Therefore, it is evident that there is a significant gap in the research pertaining to pregnant university students, and this study may be a catalyst for further research on this unique body of students.

Research Design

A case study approach using a feminist perspective and a qualitative methodology was considered to be the best method to investigate transitions of university students who become pregnant. Pregnant students were invited to participate in this research through recruitment advertisements placed around one New Zealand university; Auckland University of Technology (AUT). Participant information sheets were provided to interested students. Once students had indicated their interest to participate in the study consent forms were signed. The five participants were pregnant and currently studying at AUT, either part time or full time within different undergraduate and post-graduate programmes of the university. Data collection involved semi-structured interviews which were tape recorded. As this study uses a qualitative methodology, the collected data were analysed using qualitative descriptive thematic analysis (Van Manen, 1997; Yin, 2003). In keeping with the case study approach there were two phases of data analysis. The first was inter-case, where each individual case was analysed, followed by a second cross-case analysis where cases were compared and contrasted.

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Review of Chapters

Chapter one provides an overview of the thesis topic. The aim of the study is established and the background and justification for completing this study on pregnant university students is outlined. I declare my position within the study, which stems from my own personal experience as a pregnant university student. My firsthand experience, supported by a pilot study on services provided for pregnant university students, and the dearth of literature on this topic provide me with significant reasons for completing this study. There is a brief outline of the research design used in this study, as well as a review of the chapters of this thesis.

Chapter two is a literature review, and has four distinct sections. The first section considers pregnant university students from a gender, equity perspective. This section reviews the current position of women within the university system and considers if the needs of pregnant university students are being met through the Equal Educational Opportunity policy that ensures equity for all university students. The Treaty of Waitangi is an agreement between Maori and the crown, which has the underlying principles of partnership, participation and protection. These principles underpin all social and educational policies within New Zealand, and therefore it is necessary to explore if these principles are applied in practice within the university. The second section considers the various perspectives of pregnancy that relate to the New Zealand context. These perspectives underpin society's values and beliefs around pregnancy, and therefore influence choices pregnant women make. One perspective is that pregnancy is a time of transition, and in the third section I refer to literature pertaining to transition theory in relation to pregnancy and education. Transition is a time of change and is often considered a time of stress as well. Therefore, the final section considers the potential of stress for pregnant university students, and how this might impact on the pregnancy, and the educational experience of pregnant university students.

Chapter three explains the research methodology. The theoretical perspectives that have underpinned this qualitative method are described, and the use of case study is justified. I describe how participants were recruited into this study, the interview process and briefly introduce the five women who made this study possible. I acknowledge the process of obtaining ethics approval for the study, as well as describe the consultation process that I followed to ensure my research addressed the principles of the Treaty of Waitangi. I consider the ethical

issues that relate to this study, in particular informed consent, confidentiality, anonymity, and the minimizing of harm. The feminist ethical concerns that were particular to this research are also discussed, such as the vulnerability of pregnant students who are not well. I then explain the data analysis process that was used, looking at inter-case and cross-case analysis, followed by the identification of the themes that explain the transitional experiences for these pregnant university students. Finally I discuss how I validated the findings of this study and describe methods taken to ensure the trustworthiness of the research.

Chapter four will introduce each participant and provide a sense of who each woman is. Participants were both full time and part time students, and were enrolled in a variety of programmes. The inter-case analysis is vital to understanding the complexity of individual perspectives. While there were some commonalities between the women, this chapter highlights the uniqueness of each woman's experience.

Chapter five is the first of the chapters that share the study's findings. This chapter discusses themes that emerged from the data that relate to these women's experiences of transition. The first theme is 'the pregnant body' and while body image during pregnancy is not a new discovery, the pregnant body within the university context is. The women's stories speak of 'becoming visible' making this the second theme of transition. The implications for life as a student are explored, especially in relation to how they believe being a pregnant university student has impacted on their learning. The third theme in this chapter describes what factors emerged from the data to enable these women to continue their studies and what created a barrier to their learning during this time of transition.

Chapter six, the second of the data analysis chapters, considers how these women cope with the experience of transition. It describes how compartmentalizing various aspects of their lives enabled participants to find a balance between the demands or effects of pregnancy and what they can cope with in order to aim for success as students. The final theme of being lucky is explored, along with how participants are relatively happy to leave their educational futures in the hands of fate and absolve their rights as students.

Chapter seven provides a discussion on the findings of this study. I explore the main themes that emerged from the data, and how they can be analysed in relation to what is already known about transitional theory and other aspects of literature related to the experiences of the participants in this study.

Chapter eight is the final chapter. I identify the limitations of this study, and areas requiring further research. I provide recommendations for policy and practice and identify how these findings may be of value to other universities in relation to the needs of pregnant university students. As some of the participants were also employees of the university, these recommendations may also reflect the needs of the people who work within the university environment.

Conclusion

This chapter has provided a synopsis of this thesis, which analyses the transitional stories of five university students as they became pregnant university students. I have provided a brief background and justification to this study, and explained my personal reason for this choice of study, thereby acknowledging my preconceived thoughts as a lens for which I analysed the participant's stories. In the following chapter I explore the literature that provides a platform of knowledge to develop a deeper and more specific understanding of pregnant university students.

CHAPTER TWO

A Review of the Literature

Introduction

The concept of pregnant university students is a relatively new area of research. Studies considering this group of students are only being reported on in recent years (Netshikweta & Ehlers, 2002). Previously there was very little research or literature pertaining to pregnant university students. Primarily anecdotal reports state that pregnant university students have experienced inequality and struggled for success, despite policies that are in place to support them (Mizus et al., 2003; Rossouw, 2004; Senander, 2004). While there are obviously some educational and equity issues surrounding pregnant university students, no-one has yet explored what student life is like, or what sense these women make of their unique experience.

The literature discussed in this chapter has been accessed from various domains to inform this study. To begin, I examine the position of women within the university system. I will explore how women learn and how this is different within the context of the university. I will also consider relevant social policies such as the Equal Educational Opportunity (EEdO) policy (Auckland University of Technology, 2004), the Parental Leave Policy and The Treaty of Waitangi, to see if these policies and agreement are being used adequately to support pregnant university students. In the second section I review various perspectives of pregnancy. These include the biomedical perspective, pregnancy as a disability and pregnancy as a choice. The social construction of pregnancy as a key aspect of women's role is also discussed. Perspectives specific to the bicultural context of New Zealand will also be incorporated. One of the main views of pregnancy is that it is a time of transition, enabling women to be prepared for impending motherhood. Therefore, the third section will discuss transitional theory, the purpose of transition in pregnancy, along with an exploration of various perspectives of student transitions. I have based my research on the assumption that pregnant students experience various degrees of stress, and therefore the final section in this chapter will explore the potential for stress for pregnant university students. Implications for the unborn baby, the woman, and her education are also discussed.

Gender, Equity and Social Policy

Reports indicate that women now outnumber men in universities. But there is evidence to suggest that they do not have equity with men. It would also appear that there is a lack of policy and/or university processes that support and protect the rights of pregnant university students.

Women and Learning within a University System

As pregnant university students are the focus of this study, it is important to consider how women are positioned and learn within the context of a university system. This may impact on women's general educational experience. It is suspected that women have had to adapt to the patriarchal structure that universities have been developed upon (Dillabough, 2001; Gilligan, 1993; Huddleston & Unwin, 1997).

Consideration of women within university sectors was once seen as detrimental to male students, and for this reason, women were forbidden to attend university (Gilligan, 1993; Sachs, 1978). It was also believed that women who attended university would not develop emotionally, and would be 'unfeminine' (Belenky, Clinchy, Goldberger, & Tarule, 1997; Gilligan, 1993). But over the past 30 years, women have fought for equality in education, and have experienced many changes (Belenky et al., 1997; Oakley, 2005).

Reports show that the numbers of women entering university are on the increase (Hughes, 2004; Zamani, 2003). Hughes' (2004) Social Report, outlines participation within the New Zealand tertiary sector. Not only are participating students older, but also women now outnumber men by 6.7% in the 18-24 year age bracket and by 4.5% in the 25-39 year age bracket (Hughes, 2004). Most importantly, these women are in their reproductive years. Women no longer feel that they must stay at home, settle down and raise a family, but that they have choices available to them that previous generations did not (Oaks, 2003; Tam, 2005).

The increasing number of women entering university in their reproductive years has resulted in the change of student demographics (Broido, 2004; Fairchild, 2003; Lowery, 2003; Mahat, 1998; Polson, 2003; Rosales & Person, 2003). Fairchild (2003) makes comparisons

between the traditional university student and the adult student. The biggest difference between these two groups is the multiple roles that adult students have. Many of them have other commitments and responsibilities, such as work or family. This can all result in role conflict, something that women have always struggled with, particularly in relation to career and motherhood (Russell & Fitzgibbons, 1982). Pregnancy however, could be seen by women as another role, something else that they require to spend time focusing on. Therefore, combining pregnancy and their student role may well create role conflict for pregnant university students when the two roles become incompatible. Therefore, pregnancy will unavoidably stand in the way of some women meeting their goals in life, or make reaching them that much harder (Rosales & Person, 2003).

There is also an awareness now of types of knowledge, and acknowledgment that women learn and know in different ways (Belenky et al., 1997; Brickhouse, 2001; Gilligan, 1993; Ryan, 2001). Brickhouse (2001) suggests that knowledge is "culturally situated" (p. 283). She believes that knowledge will reflect one's culture, and that women's knowledge will automatically be different from men's knowledge, because of the cultural difference of gender. This is particularly evident according to Huddleston and Unwin (1997), who report on the need for women-only classes. These classes are provided for women who are returning to education, to ensure they feel secure in their learning environment, as well as allow them to value their life experience as previous learning. However, there are sound political and strategic reasons for not isolating women in the educational contexts (Ryan, 2001). Ryan (2001) believes that women are already isolated enough, and further division of the genders would only "maintain a sex-differences approach and thus maintain male/female dualism" (p. 70). It might be that pregnant university students are even further isolated, as they are living a woman specific experience of pregnancy in a male dominated context which does not accommodate this female physiological process.

Despite the increased number of women entering universities, and the knowledge that women learn in different ways from men, gender issues remain one-sided in education (Barr, 1999; Brickhouse, 2001; Dillabough, 2001; Oakley, 2005; Zamani, 2003). In New Zealand the impact of student loans demonstrates just how disadvantaged women are, with women taking three and a half more years than men to pay off their student loans (Childs, 2004). This could be related to the fact that women tend to earn less than men, or they take time out from their careers to have and raise children. Regardless of the reason, women continue to adapt to fit into the patriarchal structure of the university to experience success (Huddleston & Unwin, 1997), rather

than the structure adapting to create a more harmonious and supportive learning environment for all women.

Policies and Pregnant Students

While there are various policies that protect the rights of women, pregnant women, and students in New Zealand, there are no specific policies that protect the rights of pregnant university students, other than the Equal Educational Opportunity (EEdO) policy (Auckland University of Technology, 2004) . Each university in New Zealand refers to this policy in relation to disabled students, of which pregnant students are incorporated. The EEdO policy stems from the Universal Declaration of Human Rights (1948), which includes the right to equality, regardless of gender or other status. In this instance, pregnancy could be considered 'other status', and therefore would be included in this policy. Article 25.2 states "motherhood and childhood are entitled to special care and assistance," yet this is not mentioned in any EEdO policy. I believe the ambiguity of the EEdO policy provides a grey area that is open to interpretation by each individual, and therefore does not offer much protection for pregnant university students.

Another policy that supports employed pregnant women in New Zealand is the Parental Leave Policy (1987). This policy was developed to protect women's position of employment while they had time off work to have their children. Currently working women are entitled to 14 weeks paid maternity leave, which can commence six weeks before the due date, unless the woman is deemed unfit for work by her doctor or midwife. In this case the woman is entitled to 14 weeks paid maternity leave earlier. All women are also entitled to up to 52 weeks unpaid extended leave, which they are able to take at their discretion in consultation with their employer. Currently there is no such leave available to pregnant students, other than deferment of semesters. This means that leave required by pregnant students is dictated by the structured university semesters, rather than by the needs of the individual pregnant student. I believe that this disadvantages students who need to take time out, possibly unexpectedly, and instead they push themselves to complete at least the semester they are currently in.

Auckland University of Technology's educational policies are underpinned by The Treaty of Waitangi (Auckland University of Technology, 2006), to ensure that the principles of partnership, participation and protection are applied to ensure equity for all students. With this in mind, it

would appear that the university is not currently addressing the principles of this agreement for pregnant university students. There is no evidence of working in partnership. The university has not consulted with pregnant university students to survey their needs to ensure that they can participate in education. Nor are there sufficient policies that provide protection of their right to participate.

There is obviously a need for policies to be developed to help women overcome the challenges they face in society. An action plan has recently been proposed by a female Member of Parliament, to help New Zealand women in relation to education and well-being (Childs, 2004). However, suggestions are directed towards women with children, not pregnant women specifically. Evans & Rosen (1997) believe that to understand the dynamics of pregnancy planning in relation to career, will assist in the development of policies that will enhance the working environment for pregnant women. The same could be said for pregnant students. By understanding the combined dynamics of pregnancy and studying, policies that enhance their well being and their learning can be developed.

Perspectives of Pregnancy

It could be thought that pregnancy is pregnancy, regardless of culture; however, this is not actually the case. Pregnancy is such a unique experience, that each woman would tell a different story (Schmied & Lupton, 2001). While there is a wealth of knowledge of the physiological processes of pregnancy, values and beliefs related to pregnancy can be significantly different for each individual woman. This indicates the complex nature of perspectives of pregnancy; but it is not possible to consider each individual perspective, and for that reason, I have chosen to focus on five perspectives that are dominant within the New Zealand context. The first is the biomedical perspective, which has a strong influence in pregnancy care. The following two perspectives are influenced by the biomedical perspective. The understanding that pregnancy creates a disability for women and that pregnancy can be a choice for women. The fourth perspective considers pregnancy as a social expectation of women. This perspective supports the view that pregnancy is a time of transition; the time of becoming a women. The fifth and final perspective incorporates a Māori view of pregnancy, contextualizing the focus of perspectives within New Zealand.

These perspectives are very relevant to the women who participated within this study. I believe that consideration of these perspectives is required to develop a deeper understanding of the complex experiences of pregnancy. It is also the values and beliefs of individuals that underpin decisions made, by women themselves, and policy makers within various contexts.

A Biomedical Perspective

The Western view of pregnancy has a strong scientific or biological foundation (Bainbridge, 2001; Rothman, 2000). Historically very little was known about the reproductive process, but now we are more aware than ever, of how babies are conceived and develop. Rothman (2000; 2004) uses the analogies of 'body as factory' and 'mother as labourer' to show how pregnancy can be brought down to pure physiological processes and that pregnancy is 'woman's work'. This view is further supported by the focus on the physical impacts of pregnancy, such as morning sickness, fatigue, and tender breasts (Bainbridge, 2001; Pullon, 1999; Wheeler, 2002). The biomedical perspective is a male dominated perspective, one that is more concerned with the developing foetus as an outcome of pregnancy rather than concern for the well-being of the pregnant woman (Rothman, 2000). The focus on the physiological aspects of pregnancy tends to result in women being aware of the social implications of this. As a result, they might alter their lifestyle to accommodate social pressures to protect the developing foetus. This can result in negative implications for pregnant women, and they can be labeled as disabled due to the pregnancy.

Pregnancy as a disability. Due to the physiological aspects of pregnancy, the Western world has viewed pregnancy as a 'condition' in the past (Lindsay & Enright, 1997; Oakley, 2005; Rothman, 2000, 2004). It has connotations of illness and disease, which are reinforced by natural effects of pregnancy such as morning sickness and fatigue. It is for these reasons that pregnancy has been said to create a disability for women (Lindsay & Enright, 1997; Rothman, 2004), as these physiological implications can prevent pregnant women from being able to complete or participate in some aspects of life. This was evident in my pilot study, where pregnant students were referred to the disability office for support.

Lindsay & Enright (1997) refer to pregnancy as a disability, especially in the first and third trimesters due to the physical and emotional stress experienced by some women. Yet Lederman (1984) would propose that this can be dependent upon the woman's attitude, to both the pregnancy and the physical discomforts she experiences. On the other hand Rothman (2000) suggests that pregnancy is considered a disability due to the tension between making pregnancy

fit a patriarchal structure and the need to celebrate its uniqueness. In the fight for equal rights, liberal feminism has viewed pregnancy as a disability to create equality with men's experiences. In doing so pregnancy is devalued as the unique female process that it really is. Yet acknowledging pregnancy as a unique process to women, Rothman (2000) believes that once again women will be classified by their biology, and will be "forced into traditional roles" (p.103), as there is no equivalent role for men. This would be a step back for women's rights, again limiting pregnancy to a physiological process and ignoring pregnancy as a holistic experience.

In spite of this, the modern world view is that pregnancy is not generally considered a disability. The World Health Organization (2002) actually refer to pregnancy as an aspect of reproductive health. When a woman has the opportunity and choice to become pregnant, and then has the appropriate support during the pregnancy to enable the birth of a healthy infant, it is considered that this woman is in a state of health, not disease or disability.

Pregnancy as a lifestyle choice. With such a strong biomedical perspective underpinning the knowledge of pregnancy, there is also the understanding that pregnancy can be a choice in Western society (Clarke, 2004; Rothman, 2000; Schmied & Lupton, 2001; Wolf, 2001). Historically women were forced to choose between motherhood or career (Russell & Fitzgibbons, 1982; Sachs, 1978), that is, women could only have one or the other, not both. While this is still a reality for some women (Drewery & Bird, 2004), women now have choices available to them (Oaks, 2003; Schenker, Eaton, Green, & Samuels, 1997), such as contraception or termination. Choice is also reflected in the ability to choose when one becomes pregnant to a certain degree (Rothman, 2000).

Furthermore, the choice to decide if one wants to be pregnant at a particular time in a woman's life was evident in the work of Schenker et al (1997). Their study showed that of the 584 female lawyers who participated in their study, 154 women underwent 215 terminations, choosing their studies and career over motherhood. For some of these women, this means they chose this option twice or more. Such a situation may not be restricted to woman lawyers, as Oaks (2003) discusses the increasing rates of pregnancy terminations in Ireland related to women now having better occupational opportunities. Rothman (2000) also points out however, that choices can be made in limited circumstances, and that the choice to terminate a pregnancy can be forced due to limited alternative options. Rothman summarizes this situation as "a choice a woman makes when she is told she has a choice but sees only one way out" (p. 181). Tam (2005) also adds that women have restricted choices, due to the multiple roles that they have. This might be the case

for pregnant university students, who are not supported in their student role while pregnant. They might have to face making forced choices, in respect to their pregnancy or their continued participation within education.

Pregnancy as a Social Expectation

Pregnancy encompasses a pivotal social expectation of women (Choi, Henshaw, Baker, & Tree, 2005; Oakley, 2005; Schmied & Lupton, 2001; Smith, 1995; Wolf, 2001). This expectation is also often held by women themselves (Johnson, Burrows, & Williamson, 2004; Rothman, 2000; Tam, 2005). As Rothman (2000) states; "women have been carefully trained to want motherhood, to experience themselves and their womanhood, their very purpose in life, through motherhood" (p. 94). This perspective of pregnancy, as epitomizing women's roles, comes from the dominant masculine culture (Oakley, 2005). Women who choose not to follow this mantra are often questioned for their choice, or judged for it (Rothman, 2000). It is as though being pregnant and becoming a mother is a step within the developmental construction of womanhood. If a woman does not experience this it is assumed that she is lacking something, or has not developed or matured into womanhood. In this perspective, pregnancy is a transition to womanhood. This is evident in one recent study in the United States of America, which reported that despite the egalitarian nature of the current university generation, 21.5% of students still believe that a woman's rightful place is at home with the family (Broido, 2004). If this statistic is truly reflective of current Western social views, it is not surprising that women are delaying motherhood as suggested by Drewery and Bird (2004) and Hughes (2004). It would appear that it may still not be socially acceptable for women to have the dual responsibilities of children and work or study.

Yet when women are pregnant, there are social expectations that accompany this. Women are expected to change aspects of their lives now that they have the responsibility to protect the developing foetus. They are expected to stop smoking, drinking, and in some cases stop exercising or reduce stress in their lives when possible (Wheeler, 2002; Wolf, 2001). Wolf (2001) makes reference to the many losses that a pregnant woman experiences, and identifies with the guilt a woman might experience if she is not prepared to make such sacrifice. There are also social expectations surrounding a pregnant woman who continues to work, making pregnancy and employment an area that has been extensively researched (Chien & Ko, 2004; Evans & Rosen, 1997; Fackelmann, 1991; Feinberg, 1998; Giles, 1997; Gross & Pattison, 2001; Hamilton, 2002; Wolf, 2001).

One of the most obvious social expectations of employed pregnant women, is that at some stage of their pregnancy, they will go on maternity leave (Liu & Buzzanell, 2004). It is accepted that women will require time to prepare for and give birth. This expectation is supported in New Zealand by the recent introduction of paid parental leave ("Parental Leave and Employment Protection (Paid Parental Leave) Amendment Act," 2002). There are however, restrictions on who would be eligible for this 14 week payment, and unless the pregnant student is also working, it is unlikely she would be covered by this act.

With the increased number of reports of pregnant students who have either placed themselves in high risk situations to keep their pregnancy secret (Rainey, 2006) or have filed lawsuits because of discrimination related to being pregnant (Gose, 2003; Mizus et al., 2003), the needs of pregnant university students are beginning to emerge. Graduate students at one university in the United States of America, are supported in their studies through scholarships, and are now being awarded six weeks paid leave, with no expectations of productivity during these six weeks (Fogg, 2006). Farrell (2006) and Senander (2004) also claim other universities are now being very supportive of pregnant university students, especially when pregnancy is unexpected, however, the relevance and effectiveness of this support still remains under researched.

Incorporating a Māori Perspective of Pregnancy

As this study was completed within a New Zealand university, it is essential to incorporate a Māori perspective on pregnancy within this discussion. While New Zealand society has a dominant Western culture, the indigenous Māori culture is very visible within our society. Traditionally Māori women who became pregnant were well cared for by their whānau (family); their partners, parents and grandparents (Kia Ora, 1986). All individuals took part in ensuring the woman was well cared for through eating proper *kai* (food), *mirimiri* (massage), *ronga* (herbal medicine), and *karakia* (prayer for the safe arrival of baby). Males had an active role in the birth.

With urbanisation and the loss of Māori knowledge and access to extended whānau, the traditional support structures have been lost. The Treaty of Waitangi and renaissance attempts at the recapturing of cultural knowledge is seen within Māori models of health (Durie, 2001; Pere, 1997). The Te Whare Tapa Wha model for example, suggests that the health of individuals needs

to be considered from four perspectives (Bunkle, 1992; Durie, 2001; Rimene, Hassan, & Broughton, 1998). They include not only physical aspects of wellbeing, but also spiritual, emotional, and family. When one of these aspects are not taken care of, then the person is considered to be in a state of ill-health, and it can affect the whole family, not just the individual. Rimene, Hassan and Broughton (1998) suggest that when Māori women are pregnant the developing foetus is acknowledged as a member of the family, and is treated as an individual in their own right. The woman becomes tapu or sacred, someone who is to be protected from harm.

Another Māori model of health is Te Wheke (Pere, 1997). Pere (1997) explains that this model is represented by an octopus, and "each tentacle represents a dimension that requires and needs certain things to help give sustenance to the whole" (p. 3). Te Wheke considers a broader range of factors that are related to the individual. One that is different and significant for this study is the environment. This places the individual into a context, and considers how the individual relates to and is affected by their environment. For pregnant students, this is a significant factor for consideration. They are in an educational environment, one that is not designed with pregnant women in mind, and this must have consequences for pregnant students.

Statistics also show that Māori women tend to have their children at a younger age compared to non-Māori populations (Craig, Mantell, Ekeroma, Stewart, & Mitchell, 2004; Mantell, Craig, Stewart, Ekeroma, & Mitchell, 2004). In 2001 the mean age for pregnant Māori women was 25 years, compared to 28 years for European women. This same study reported that Māori women tend to have more children than European women. This might suggest that Māori women are more likely to be pregnant while attending university. This is supported by the statistics in Hughes (2004), which show that Māori are one of the fastest growing populations to attain tertiary qualifications.

Educational systems could follow in the footsteps of midwifery practice in New Zealand whose practice is also underpinned by the Treaty of Waitangi principles of partnership, participation and protection. The midwifery model of care is based on a partnership between the woman and midwife (Guilliland & Pairman, 1994) to ensure that the woman participates in decision making, protecting her at this sacred time. While the biomedical model tends to focus on the baby, or the outcome of the pregnancy, Guilliland and Pairman (1994) suggest that midwifery practice is quite different in that its central focus is the woman and a key element to this standard

of practice is the "shared control and responsibility" (p. 5). This model acknowledges uniqueness and individualism, and retains and promotes the rights of the woman, unlike the current educational processes which often cater to mass numbers and managerialism.

Experiences of Transition

Transition is a concept that has been explored and documented for some time in a variety of areas (Bridges, 2001; Foster, 2004; Golan, 1981; Hillman, 2005; Smith, 1995; Tam, 2005; B. R. Thompson & Thornton, 2002; Wilson & Gillies, 2005). Transition is often discussed in relation to changes that people have to make or experience in some way. This change then moves this person from one space or paradigm to another. When in between 'spaces' it is said that the person usually experiences a sense of turmoil or chaos, and it is the persons internal adaptation to the turmoil and chaos that creates the transition, as without it, it is just change (Bridges, 2001; Golan, 1981).

Transitional Theory

As suggested earlier, there are many theories of transition; however I have chosen to discuss one theorist who provides a framework of transition theory that is well suited to this study. Bridges (2001) states that "transition is the way that we all come to terms with change" (p. 3). He believes that it is an internal adaptation to a new 'way of life' and therefore is somewhat individually interpreted and understood. Change can occur at any stage of our lives, but how that change affects us internally and our response to it, is what creates transition. The more significant the change, the more significant the transition, or the longer it might take, and without transition, change is either insignificant or unsuccessful.

Bridges (2001) also believes that there is a three-phase process involved with transition, which he refers to as "an ending, neutral zone, and beginning again" (p. 2). Firstly, a change occurs which results in an ending for the way things used to be. The second phase is the neutral zone and a time of adaptation. This can be seen as a creative time, but also somewhat chaotic or confusing. Finally, in the third phase the person is learning to leave the past behind and begin to

live a 'new' life, or begin again. Bridges (2001) theory of transition is well suited to this study, as the ending phase would be represented when the women discover that they are pregnant, which possibly creates significant changes for each woman, including physiological, emotional, behavioral and lifestyle changes. The neutral zone is the space where the tensions are created, where decisions might be made regarding their life as university students who are pregnant. When the students have made the internal adaptation and have accepted a new way of life as a pregnant university student they will have completed their transitional journey.

Bridges (2001) also acknowledges that transitions can be stimulated just by the thought of potential change, and that it is not uncommon for people to resist transition. When this occurs, there could be a resistance to any of the three phases. Perhaps there is a reluctance to let go of the way things were, or dislike of what is ahead, or possibly there is some discomfort with living within the uncertainty of the neutral zone. This uncertainty is significant when considering pregnant university students. They are possibly going through two transitions; the transition to motherhood, and the transition that often occurs in education. This would suggest that these students are experiencing a considerable amount of uncertainty and must therefore have a significant impact on their well-being and educational achievements.

Pregnancy as a Transition

Another perspective to consider is that pregnancy is a time of transition, that it creates a transition to motherhood (Choi et al., 2005; Johnson et al., 2004; Myers-Walls, 1984; Oakley, 2005; Smith, 1995). Oakley (2005) suggests that "transition to parenthood is the most stressful of all adult transitions, especially for women" (p. 120). This is an area that has been well explored over time and there is an understanding that becoming a mother for the first time requires a change in role or self-identity. The time of pregnancy is required to adapt to these changes. In fact, the time provided in pregnancy is said to be the time required for the new mother to adapt to her new role and responsibility. While time is considered a factor for this adaptation process, Thompson, Murphy, O'Hara and Wallymahmed (1997) suggest that the time to adapt to pregnancy is limited, and therefore could add to stress levels. This would suggest that pregnant university students would experience high levels of stress, as the academic demands would require the students to allocate time to focus on these requirements, rather than the pregnancy.

Raphael-Leff (1991) however, believes that the physical and psychological effects of pregnancy are not the issue, rather it is other life events that occur concurrently that cause conflict during the adaptation requirements of pregnancy. Lederman (1984) also compares attitudes to pregnancy and its physical constraints, and how these impact the daily lives of pregnant women. She believes that the more the woman is able to adapt to the physical changes and accept them, the more likely she is to carry on with her plans. Alternatively, women who resent the changes are more likely to feel burdened or limited by them, and therefore will have to make lifestyle changes to cope with them. Lederman bases these beliefs on the theoretical background that pregnancy is a life crisis. Women are required to move from a pre-pregnant paradigm, which had a particular lifestyle based on self-image and priorities, to a new lifestyle incorporating pregnancy and then motherhood, where the old lifestyle was no longer possible to maintain. In order to succeed in pregnancy women are expected to adapt. This could be an explanation as to why some women feel the need to suspend their studies until they have settled into their new paradigm.

However, these authors omit one important factor that pertains to whether the pregnancy is planned or unplanned. It is interesting that despite the choice of pregnancy discussed earlier, 60% of pregnancies in New Zealand are unplanned (Childs, 2004), making this a factor that requires consideration. Evans and Rosen (1997) believe that expected pregnancies allow time for the women to prepare for pregnancy before they conceive, and that planning acts as a shield to some of the negative impacts of pregnancy. There is also the belief that the positive effects of pregnancy could act as buffers to stress. Thompson, et al. (1997) explain that women might believe that the negative aspects of pregnancy are normal and to be expected. In contrast, women interpret unexpected pregnancies as a crisis, causing the woman to experience conflict between adapting to pregnancy and other life events (Raphael-Leff, 1991).

Education as Transition

Transition in education has been researched thoroughly over time and a variety of factors have been considered. For example: transitions related to age and human development (Crocket & Bingham, 2000; Drewery & Bird, 2004; Marini, 1984; Tam, 2005), moving from one level of schooling to another (Hillman, 2005; Vlaardingerbroek, 2006), changing from extrinsic motivation to intrinsic motivation (B. R. Thompson & Thornton, 2002), or adapting to a different culture to complete your education (Misra, Crist, & Burant, 2003). Misra et al. (2003) considered how

international students experience increased stress due to being in a new environment and culture. Likewise, pregnant students face adaptation to the physical environment related to the physiological changes of pregnancy as well as the psychological and social changes in relation to pregnancy and upcoming motherhood.

Transitional experiences in education pivot around identity formation of the individual. Drewery and Bird (2004) suggest that as individuals pass through various transitions, they refine their identity, but that society tends to identify people often in relation to the job that they do, stating that "it is questionable whether identity is ever so fully and completely formed – at any time in the lifespan!" (p. 254). This is interesting when considering transitional theory as described earlier by Bridges (2001). If as individuals we are always evolving, always in transition, we can't be expected to 'begin again' as Bridges suggests. Drewery and Bird (2004) would however, support Bridges theory that transition would be dependent upon the significance of the changes that stimulated the transitional experience. For pregnant university students, especially for those who have unexpected pregnancies, the change might well be perceived as significant. It could therefore be said that times of transition, whether during pregnancy or within the field of education, may be a cause of stress.

Rosales and Person (2003) consider the impact of pregnancy on the health *and* education of female students. They believe that this transition will either stop women from attending higher education and experiencing success, or it will increase their stress levels, as they will be required to strive harder in order to succeed. However, continuing with their education under these conditions is not ideal either, as learning is more problematic when ones affective state is in turmoil (Lindsay & Enright, 1997; More, 1974).

Potential for Stress

The experience of stress and one's response to stress is individual and subjective, making it difficult to measure (Feinberg, 1998; Mahat, 1998). Stress can be caused by a variety of factors as stressors are multifarious (Cooper & Davidson, 1987). Cooper and Davidson discuss a 'feedback loop', where stressors in one domain of life will impact other domains of life, especially if they are not dealt with appropriately. With such a diverse resultant effect, consideration of the individual as a whole is required to assess all possible factors when looking for predictors or effects of stress for pregnant university students.

It is well known that current university students are under an enormous amount of pressure (Lowery, 2003). This pressure comes from a variety of sources, but a significant factor is the pressure to succeed, as success in the academic world equates to success in society (Hughes, 2004). While this is not the only contributing factor causing stress for university students, when the student becomes a pregnant university student, this pressure may increase. Consideration of the implications of this increased stress is therefore required.

Implications of Stress

The effect of stress on pregnant women has been an area of much research in recent years. Findings from quantitative studies have shown that stress itself may have a detrimental effect on the development of the foetus (Chien & Ko, 2004; Evans & Rosen, 1997; Fackelmann, 1991; Giles, 1997; Schenker et al., 1997; L. M. Thompson et al., 1997). Sable and Wilkinson (2000) found that women who perceived stress constantly during pregnancy had an increased chance of delivering a low birth weight baby due to intrauterine growth restriction. While they believed that this could be due to the use of drugs and alcohol as a coping strategy during pregnancy, Fackelmann (1991) found that pregnant women in high stress jobs secrete increased amounts of catecholamine. This results in decreased blood flow to the uterus causing preterm labour and delivery of small babies. While this study showed the physiological links between stress and pregnancy, there needs to be consideration of the bigger picture using qualitative methodology to develop a more realistic understanding of the implications of stress on pregnant women.

Another pregnancy outcome related to stress that has been studied is miscarriage. Schenker, et al. (1997) found that high work hours increased the chance of having a miscarriage in the first trimester of pregnancy by three times. Giles (1997) however believes that work increased the levels of anxiety and stress, and this was the contributing factor, not the hours worked or the physical components of work. He raises the issue of what constitutes work, and this is open to interpretation. There have been correlations between work and study, as already discussed; therefore study also has the potential of raising stress levels. There also needs to be consideration for the unemployed pregnant woman who is living in poverty. Lifestyle factors such as these could possibly be just as stressful, if not more stressful.

Stress has also shown to have an affect on student learning. Cooper & Davidson (1987) discuss how the behaviour manifestations of stress can result in impaired performance. This could be related to the increased emotions experienced by students in stressful times, as More (1974) believes that emotions create a barrier to learning by interfering with rational thought. Studies have also found that stress can have a negative effect on pregnancy with preterm births (Lederman, 1984) and increased caesarean section delivery (Chien & Ko, 2004).

However, regardless of the type or cause of the stress, support is said to be the key to success (Cooper & Davidson, 1987; Fairchild, 2003; Polson, 2003; Rosales & Person, 2003), and there appears to be a strong link between support and wellbeing (Chien & Ko, 2004; Cooper & Davidson, 1987; Evans & Rosen, 1997). Some studies have shown that there is also a positive correlation between social support and pregnancy outcome (Hagoel et al., 1995; Williamson, LeFevre, & Hector, 1989). However, these findings are not conclusive as Williamson et al. (1989) found that support does not lessen the effects of stress as predicted. The primary reason why these conflicting results have occurred is due to the quantitative methodology that was used to measure stress and support. While we can count the number of interactions that may be considered supportive, this number does not indicate the quality of those interactions. It is for this reason that Bellman, Forster, Still and Cooper (2003) believe that we need to consider support from a qualitative paradigm, not quantitative. More recent studies have begun to consider perception of support, or lack of it, and how this effects individuals (Mahat, 1998; Misra et al., 2003; Polson, 2003). These studies show that it is the perception of support or lack of it that effects stress levels in individuals. Polson's (2003) education study showed that perception of lack of support resulted in negative implications for the student, academically and psychologically. Evans and Rosen (1997) found that the planning and timing of pregnancy affected the amount and quality of support given, with women experiencing unexpected pregnancies receiving less support. It would appear that stress in modern life is however, socially constructed, as pregnancy itself is not intrinsically stressful (Wheeler, 2002). It is for these very reasons that support needs to be provided for both academic and personal stress (Rosales & Person, 2003).

We now live in a 'knowledge society', where it is perceived that one must have high levels of knowledge in order to participate in society (Hughes, 2004). Participation in society adds to individuals' sense of belonging or identity, but is also dependent upon well being. Due to the lack of literature pertaining to pregnant students, it would appear that this is an area that student

services are not yet addressing. Through the introduction of policies specifically for pregnant university students, the causes of stress will be reduced. This will have a direct effect on health and well-being, and produce an enhanced educational environment for pregnant university students, as they will be provided with the support required to achieve this (Evans & Rosen, 1997).

Conclusion

From the literature it is evident that there are many factors to consider when researching pregnant university students. Society's perspectives underpin our values and beliefs' regarding what is acceptable during pregnancy. This places pressure on pregnant women to conform to these expectations, or experience conflict and stress. However, despite the progress of liberating women from their gender stereotype, they still have to make choices about their lives around pregnancy and work/education.

While it is understood that pregnancy is a time of transition to motherhood, it would appear that the stressful nature of transitions may not be compatible with educational demands. The dual transitions that the pregnant student might experience may continue to place her and her unborn child at risk due to the increased stress experienced during this time. With the lack of overt policies for pregnant students, they are a vulnerable group of students, who universities are at risk of loosing. Unfortunately, it seems that pregnant women are not being given the same access to education, as policies like the EEdO (Auckland University of Technology, 2004) would suggest. It would also appear that there are still a number of gaps within this field. This study will be adding to this body of knowledge regarding pregnancy and education. It is hoped that it may be the catalyst for many more studies, enabling a deeper more comprehensive understanding of what student life is like for pregnant university students.

CHAPTER THREE

Research Methodology and Method

Introduction

This chapter describes the design of this study, and has three distinct sections. The first section considers the epistemology and theoretical perspectives that underpin this study. In the second section, the design of the study will be described along with reasons a qualitative methodology of case study was chosen. In the third section I will provide explicit details of the research methods, including recruitment of participants, the interview process and being awarded ethics approval. Furthermore, the ethical issues that relate to this particular study will be discussed, especially in relation to informed consent and the minimizing of harm. I will describe how the data were analysed as individual cases and across cases. Finally, I will discuss the validity of this study's findings, with consideration for the issue of trustworthiness, a necessary discussion for all research.

Epistemology

Belenky, Clinchy, Goldberger and Tarule (1997) state, "firsthand experience is a valuable source of knowledge" (p. 61). As noted in the introduction, I have been a pregnant university student myself; therefore I know what I know from firsthand experience. Stake (1995) suggests that knowledge is constructed from first hand experience, but also through the interpretation of other's experience. When informed by another about an experience, the interpretation is formed from what has been stated and is based upon previous experience of the same situation. When listening to the stories of pregnant university students, I already had my own personal interpretation of the experience to further construct my understanding. While this can create a paradoxical situation, as it could constrain further understanding, I believe that by acknowledging my personal experience, it can be considered an advantage to this study, and it is from this point that new perceptions will arise.

Adult Knowing

To inform the theoretical aspects of this study I have referred to the work of Belenky et al. (1997) who look at 'women's ways of knowing'. Their feminist research was influenced by the works of William Perry and Carol Gilligan, who both developed theories of knowledge development in the 1970s and early 1980s referred to as constructivism. That is the belief that knowledge can be built up, integrated from previous experience and new experiences, and from both personal and social contexts of life. Belenky et al. challenged the usual ways of knowing as being gender specific, and believe that women have their own way of understanding the world. Therefore, the work of Belenky et al. provided me with another lens for which to look through and gain an understanding of these participants' stories.

Belenky et al. (1997) also state that "parenthood initiates an epistemological revolution" (p. 35). This means that the process of becoming or being a parent brings new knowledge and new understandings, about life and about self. Therefore it could be stated that the participants themselves have expert knowledge on their experiences of transition into becoming pregnant university students. It provides value to these experiences and to the voices of the women themselves.

Both Gilligan (1993) and Belenky et al. (1997) consider their adult knowledge theories from the perspective of difference based on gender. This they believe is opposed to the male perspective which is usually generalized to both male and female realities. The most interesting and relevant aspect of Belenky et al.'s work is that there is a strong correlation between internal thought processes and the external environment or life experience/situation, which is unique to women. There is a strong suggestion that one influences the other, which is well suited when considering pregnancy and education, both of which have overt internal transitions that are influenced by external factors.

However, there has been some critique of this perspective. Ryan (2001) indicates that Belenky et al.'s theory is really just a simplified version of what William Perry found when he studied the male experience of learning. She suggests that there are more significant factors to consider beyond gender difference, such as "the political climate (that is, patriarchal social relations and sexist discourses) in which learners' subjectivities are constructed" (p. 71). I do not necessarily agree with Ryan's (2001) opinions. It should not be considered simplified just

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because Belenky et al choose to use more basic terms. Ryan appears to be placing value or hierarchy on these two theories of knowledge development, based upon the chosen discourses used, suggesting that the more technical, masculine terminology is better. One of the reasons why Belenky et al. are so influential to this study is that regardless of terms used by the women who participate in the research, they will all be valued for the stories that they tell using their own voices.

Feminist Epistemology

Another theoretical perspective that underpins this study on pregnant students is feminism. Reinharz (1992) takes a post modern perspective on feminism and suggests that there are so many different categories of feminism, that it can be whatever a woman wants it to be. Yet there are two branches of feminism that appear to be well suited to this study. They are social feminism and liberal feminism.

Social feminism is constructed around the thought that women need to be liberated from male patriarchal structures which have maintained the suppression of women (Barr, 1999; Naples, 2003; Rothman, 2000). Naples (2003) states that "the emphasis on the two-parent, male and female household form in social policy reproduces the gender division of labour inside and outside the house" (p. 16). That is, social policies that are currently in place reinforce women's traditional role of housekeeper and mother.

Liberal feminism has a focus on developmental equity. That is that women should have equal rights and access to develop in the same way as men, and that women are just as capable as men to provide for themselves (Barr, 1999; Rothman, 2000; J. Thompson, 1995). Thompson (1995) suggests that liberal feminism enables value to be placed upon personal knowledge, which in turn deconstructs the traditional 'male dominated' forms of knowledge. However, Barr (1999) feels that there is an element of 'blind faith' "in equal opportunities and access to education as ways forward" (p. 22).

This suggests to me that a combination of social and liberal feminism is required, as only focusing on one detracts from the complexity of women's reality. As Rothman (2000) points out, liberal feminism creates equality for women in a man's world, but questions where the place of pregnancy fits within this world? There is nothing like it for men, and therefore, we need to maintain the rights and freedom that liberal feminism has awarded women, without returning back

to previous patriarchal structures. It is for this reason that I believe there is actually a strong link between social feminism and liberal feminism. Both of these theories are based on the fact that women do not need men to survive in life, but rather, have the ability to support themselves. However, men's role within this dynamic aspect of life cannot be ignored, and I would rather consider feminism from the perspective of men and women having different qualities and complimenting each other (Hall, 1997; Oakley, 2005; Rimene et al., 1998), rather than omitting men altogether. This reflects a focus on the community rather than the individual, and encompasses the concept of whānau. It also supports the use of a qualitative methodology, which is often considered the more feminine research method (Polit & Beck, 2006). Polit and Beck (2006) also state that "feminist research uses approaches that are similar to those of critical theory research, but the focus is sharply on gender domination and discrimination within patriarchal societies" (p. 225).

Qualitative Methodology

One of the key characteristics of qualitative inquiries is that they aid our understanding of how people construct an understanding of their 'real world' (Cohen, Manion, & Morrison, 2000; Merriam, 1998; Miles & Huberman, 1994; Neuman, 2006; Oakley, 2005; Polit & Beck, 2006; Rothman, 2000). Because the real world experience is the focus, a qualitative approach allows for the complexity that naturally occurs in everyday life. When considering the transitional experiences of pregnant university students, it is appropriate to use a qualitative methodology in order to gain detailed information.

Quantitative methodology is more likely to break reality into parts, and these would be studied in isolation, out of context. Any factors or variables that do not account for a significant part of the whole might be considered an error in the research process (Merriam, 1998; Miles & Huberman, 1994; Neuman, 2006; Stake, 1995) and there is the risk of silencing voices, especially women's voices (Bhopal, 2000). In contrast, Merriam (1998) states that "qualitative research can reveal how all the parts work together to form a whole" (p. 6). Therefore, any unique aspects encountered will be given value, and will aid the understanding of people's experiences. This study is based on the premise that the experience of pregnancy itself is unique to each individual woman (Johnson et al., 2004; Pullon, 1999; Schmied & Lupton, 2001). As pregnancy is a key element to this study, it requires consideration of all these unique experiences, which provide further support the use of a qualitative design.

Another key characteristic of qualitative research is the importance of interpretation from the individuals perspective (Cohen et al., 2000; Stake, 1995). While it could be argued that this is also true of quantitative research, one of the weaknesses of using quantitative methods for developing understanding with statistical research findings is that such methods cannot account for the complexity of human life. Previous quantitative research intended to develop insight into the effects of support for students has provided conflicting results (Bellman et al., 2003). These are primarily due to the statistical nature of these studies, which have not considered all factors involved. Bellman, et al. (2003) strongly suggest that future research about supporting students, needs to be conducted from a qualitative paradigm, not quantitative. Therefore, the use of case study as a qualitative methodology will aid the development of greater understanding of the transitional experiences of university students who wish to continue with their studies while pregnant.

Case Study Approach

Case study is one research approach that has been used in both quantitative and qualitative studies (Bassey, 2002; Cohen et al., 2000; Merriam, 1998; Polit & Beck, 2006; Stake, 1995; Yin, 2003). Areas such as the health service (Polit & Beck, 2006; Pope & Mays, 2000; Yin, 1999), education (Bassey, 2002; Cohen et al., 2000; Merriam, 1998; Stake, 1995) and policy development (Merriam, 1998; Pope & Mays, 2000; Yin, 2003), have all used case study to develop insight and understanding of various situations and phenomenon. This is because case studies are usually exploratory in nature (Cohen et al., 2000; Merriam, 1998; Polit & Beck, 2006; Smith, 1995; 1999; Yin, 2003). They enable issues to be explored in context, therefore allowing contextual factors that impact on the focus of study to be incorporated within the findings. This study has aspects of health, education and policy, and lends itself to a case study approach.

Yin (1999; 2003) and Pope and Mays (2000) provide evidence of the use of case study within health service research. This study considers the stories of pregnant university students and it could be suggested that there are some correlations with health service research. Pregnancy can be considered a health issue, and the university is a service provider for university students. While the university is providing the service of education, I believe the institution still has the responsibility to ensure the health and well-being of their students.

There are a variety of other reasons for using a case study approach for this study. Case studies are holistic and allow for the complexity of real life, and are strongly relevant to the real world (Bassey, 2002; Cohen et al., 2000; Miles & Huberman, 1994; Neuman, 2006; Polit & Beck, 2006; Pope & Mays, 2000; Stake, 1995; Yin, 1999, 2003). Polit and Hungler (2006) also state that case study methods are flexible in that they accommodate unexpected factors. This allows for new discovery, which is the primary purpose of the research process. It is also important to note, that this study's topic of pregnant university students is a relatively new area of research, therefore there is an expectation of new discoveries. As it has already been established that pregnancy itself is a concept that has different connotations for each individual (Johnson et al., 2004; Pullon, 1999; Schmied & Lupton, 2001) it would be expected that the chosen method and approach to study pregnant university students would support this.

When conducting case study projects, it is essential that the 'case' be defined (Cohen et al., 2000; Merriam, 1998; Miles & Huberman, 1994; Stake, 1995; Yin, 1999). Stake (1995) suggests that in education, cases usually refer to people or programmes, and that "a case is a specific, a complex, functioning thing" (p. 2). For the purpose of this study, it is the pregnant students in particular, that are the cases being studied. It is also important to note however, that the programme that they are enrolled in and the university itself is part of their case, and it might in fact be aspects of these factors that highlight the uniqueness of each case.

Stake (1995) suggests that case studies generally focus on what is common between cases, as well as what is unique. Therefore, it is important to acknowledge and value differences between cases, to develop a more realistic and in-depth understanding of the variety of changes that occur for pregnant university students. This is one of the unique attributes that case study offers to research. The aim of the study is not to generalize findings to all pregnant university students, but to develop an understanding of the cases we are studying first (Cohen et al., 2000; Merriam, 1998; Polit & Beck, 2006; Stake, 1995). However, Stake (1995) also states, this "implies knowledge of others that the case is different from" (p. 8). To identify what is unique about each case, there must be some understanding of what is already known about with regards to pregnant university students. In this study the researcher has first hand knowledge of this experience, which can be drawn on to make comparisons, as well as choosing a small number of cases for further comparison.

The role of the researcher in case study approaches can be seen as a positive factor (Ely, Anzul, Friedman, Garner, & McCormack-Steinmetz, 1991; Merriam, 1998). Merriam (1998)

considers the researcher as "the primary instrument for data collection and analysis" (p. 7) because each researcher is able to use existing knowledge to expand on issues in a sensitive way. These factors create a solid research process, resulting in findings that are trustworthy.

Research Methods

In this section I will describe the way in which I recruited participants for this study and how each woman who participated within the study constructs a single case. I will briefly explain some relevant factors pertaining to the students who participated within the research, and discuss the ethical issues particular to this type of research. I will then explain how the data were analysed and how the themes emerged.

Participant Recruitment

Participants were informed of this study through the use of recruitment advertisements (appendix A). These were posted on notice boards and left at various locations around AUT. Participants had to be pregnant (between 4 – 40 weeks pregnant) and also had to be studying within any programme at AUT, both prior to and during this pregnancy.

When potential participants made contact with me, either through telephone or email, they were provided with information about the project in writing in the form of a participant information sheet (appendix B). They were also provided with a consent form (appendix C) and encouraged to make contact with me again if they were still interested. Once the potential participant had read the information provided and decided to continue with their participation within this project, they then made further contact with me and we arranged a time and place to meet that was convenient and comfortable to them.

In the initial phase of developing and designing this project, I had one pregnant student contact me, stating that she had heard about my study through word of mouth, and was interested in participating. Once ethical approval had been given I made further contact with this participant and provided her with a participant information sheet and advised her to contact me again if she was still interested.

Once the advertisements were posted there was an immediate reaction from pregnant students wishing to participate. Interestingly, the second participant contacted me within two hours of the posters being placed. Over this first week, I had a total of five interested students contact me, and another one the following week. This demonstrated many things to me: that there are actually a significant number of pregnant students on campus, that this topic is important, and that these students are keen and willing to talk about their experiences of being pregnant university students.

Lee (1993) noted that in one research study, participants who responded to advertisements were most likely to be highly educated people. However, he also points out that there is almost no control over who responds to the advertisement, which he considers a disadvantage to this recruitment process. There is always the possibility that the respondent may not be suitable to the study. I had not actually thought about this as being a potential problem for my study, until approximately 4-6 weeks after the initial phase of responses, when a seventh student made contact with me one Monday morning on the grounds of finding more out about the study. It transpired that she had been having some problems. I realised quickly that she had called me as someone to talk with rather than having a genuine interest in the study. This was interesting for two reasons. Firstly, it raised the ethical consideration of suitability of participants for this study. As pregnant women are considered a vulnerable group of people, I had to ensure that they were truly comfortable and that their participation within this study would not place any undue stress upon them. It was for this reason that I encouraged this individual student to make contact with me again, if everything works out for her and her pregnancy. After four weeks, she again made contact and became the fifth participant in this study. The second issue that this situation raised was the fact that this student contacted me to talk. She had seen my posters recruiting participants, and perhaps could not see anywhere else to turn to for advice or support during this difficult time. Once again, this supports the need for this research.

Interviews

The participants were interviewed to generate data for this study. Interviews allow for a deeper insight into the actual experience of transition, and allow opportunity to clarify themes and factors that influence this process (Merriam, 1998; Neuman, 1997; Polit & Hungler, 1995). Interviews were also well suited to this project, because the use of these women's words matches

the feminist approach to the study. Belenky et al. (1997) point out that there is a historical difference when considering the use of language between the two genders. In the past men did all the talking and women listened. This would indicate that in the past, women's voices have gone unheard. By encouraging and valuing what women had to say and listening to their stories, I believe that the feminist approach of this study is supported.

Stake (1995) suggests that interviews are a good way of checking the researchers understanding, but that it is not essential that we use the exact words of the research participants. However, he also goes on to state that during the analysis phase, true meaning of what the participant says can be lost in the translation into more academic terms. It is for this reason that I have chosen to use many of the participant's quotes to support my discussion. This also enables the readers of this study to develop their own understandings, which may differ from my own.

The interviews were semi-structured (appendix D), and the questions were asked if they were relevant to each participant. Semi-structured interviews ensure that the focus of the study is addressed, but they also allow for flexibility, to address the unexpected or to be directed more by the interviewee. While some questions enabled the gathering of required demographic data, the use of inquiry type questions exposed what was unique and important to each individual woman. Further questions arose in response to the line of discussion and I also ensured that I completed the interview with an opportunity for the women to mention anything else that they saw as important, that had not already been covered within the interview.

Following the first two interviews I had a discussion with my supervisors about the order of the questions. A decision was made to alter the order of the questions. By discussing the pregnancy after focusing on education, the interview felt like it was going backwards and repeated itself. Upon reflection, the pregnancy questions fitted better with the questions pertaining to who the student was and what her demographics were. The pregnancy contextualised the participant as a person or woman first, and then as a pregnant student second.

Interviews took place at a venue of the participants' choice. These ranged from the participant's family home, an office or a classroom on campus, or even a private room in the library. Each interview was recorded and took approximately half an hour to three quarters of an hour to complete. Once the interview was finished, the participant was provided with a small gift or koha of appreciation. The recorded interviews were then transcribed personally. The first reason was that I wanted to immerse myself in the data. Miles and Huberman (1994) point out

that qualitative data is usually not "immediately accessible for analysis" (p. 9), but by completing my own transcribing, I accessed it straight away. This allowed for it to be fresh in my mind, and enabled me to pick up factors that I might have missed had there been a delay.

Another reason for completing my own transcription was to ensure that the transcript was accurate and as complete as possible. Ely et al. (1991) explain that interviews are so valuable in data collection and analysis "because they seek the words of the people we are studying… so that we can understand their situations with increasing clarity" (p. 58). I listened to some sentences repeatedly, to make sure that I heard correctly and when a sentence was inaudible I would leave a space to acknowledge that I could not hear what the participant had said. This was done in the hope that the participant may remember what she had said at this time and complete it for me.

Furthermore, completing the transcribing myself also allowed me to make notes about the participants' body language and gestures such as adjusting body position following a specific question, or laughing or tears in eyes. Ely et al. (1991) point out that "interviewing cannot be divorced from looking, interacting and attending to more than the actual interview words" (p. 43). They also note however, that the researcher must make certain unconscious decisions about what is observed and noted. Regardless of this, I believe that any additional data beyond the words adds richness of the women's story and is valuable information that fits well with the approach of this study, as suggested by Yin (1999).

The transcripts were then sent back to the participants for them to review so that they could alter it, either by changing something, adding or removing information. Of the five participants involved in this study, two participants made changes to the transcript, and these included grammatical changes and clarification of conversation that was not easily heard during the transcribing process.

Defining Each Case

The numbers of cases within a case study is dependant upon the size and construction of each case (Yin, 1994). Yin (1994) suggests that cases can be defined four ways. The first definition considers whether a single case or multiple cases are being studied. These can also be defined by context. It is possible to study one case that contains many subunits. It is also possible to study many cases within the one context, in a design which incorporates replication. This study

used a multiple-case study, using the replication design, and the aim was to develop between 5-8 cases. Of the seven students who made contact with me, five decided to continue their participation after reading the participant information sheet. Each pregnant student who participated in this study created an individual case.

Case one was a 38 year old woman who identified as Māori, and was 36 weeks pregnant with her second child. Her first child is now 14 years of age, and she had at some stage thought that she would not actually have any more children. Case one was enrolled part time at Master's level. While she was happy for me to use her first name, I have provided her with a pseudonym in keeping with AUTEC ethics approval. Therefore, for the purpose of discussion later, case one will be referred to as Mihi.

Case two was a 32 year old woman who identified as Pakeha, and was 34 weeks pregnant with her first child. She was enrolled part-time at Master's level. Case two allowed me to choose her pseudonym, and will therefore be referred to later as Nancy.

Case three was a 30 year old woman who identified as British, and who was 36 weeks pregnant with her first child. She was enrolled part-time at Master's level. At the time of the interview, case three had deferred for the semester, and this will be discussed in more detail within the next chapter. Case three chose the pseudonym of Sarah for herself.

Case four was a 32 year old woman who identified as Māori, and was 31 weeks pregnant with her first child. She was enrolled full time at undergraduate level. It is also important to note that this is the acquisition of a second university degree for case four. She chose to use the pseudonym of Tee.

Case five was a 25 year old woman who identified as a New Zealand European, and was 12 weeks pregnant with twins, her first children. She was enrolled at undergraduate level. Once again, it is also important to note that this is a second career for this participant, who worked as a tutor in another field prior to commencing full time study this year. Case five has chosen to use the pseudonym of Naomi.

While the aim of this study was to recruit 5-8 participants, it was felt after the fifth interview that there was sufficient data to draw conclusions from. With the uniqueness of pregnancy being incorporated within the study, it could also be suggested, that each additional participant would

add something new to the data, but this would mean that the study would possibly never draw to an end.

There are a few interesting factors related to the five women who participated within this study. The first factor relates to the level of the students enrolment. Of the five students who participated in this study, three of them were enrolled at post-graduate level, and two at undergraduate level. While it would appear that this is a reasonable spread, it is interesting to note that the students who chose to participate within this study have all experienced success in other educational areas. The obvious omission of beginning undergraduate students with no other educational attainment or life experience may be accounted for when considering the work of Belenky et al. (1997), who suggest that possibly students with less educational success believe that they don't have the knowledge that a researcher might be looking for, or that what they know is not worth knowing, and therefore did not consider participating in this study.

The second interesting factor relates to the participants educational careers. All five women who participated in this study have had a career within an educational context where they have had direct contact with students. For three of the participants this is still the case. This factor may have made these women more inclined to participate, as they may have also seen the value of this study from a practitioner's perspective, as well as from a student's perspective. I feel it is also important to note here that as three of the cases worked full time within the university environment as well as being part-time students, some of the findings that emerged from this study relate to their employed position, as well as their student role.

The third interesting factor relates to the faculty three of the students were enrolled in. Three of the five participants were all students within the same faculty, and two of them also worked full time within this same faculty. I am aware that there was some encouragement from one participant to another to take part in this study. There was awareness among participants that the stories might be considerably different when discussed from post-graduate or undergraduate perspectives. Further discussion related to these cases will take place in the following analysis and discussion chapters.

Ethical Issues

There were many ethical issues to consider when designing this study. They included issues pertaining to informed consent, privacy and confidentiality, and the minimizing of harm. As

the participants of this study were pregnant university students, they were considered a vulnerable group, as they were both pregnant, and students within the university that I teach. Within this section I will address some of the issues that were considered during the developmental stage of designing this project, and I will also discuss some of the issues that arose during the recruitment process that required ethical consideration to ensure that this research maintained ethical standards. I found that ethical issues were intertwined within the research process, possibly due to the feminist perspective that underpinned this qualitative study.

Ethics approval. This study received ethics approval from the Auckland University of Technology Ethics Committee (AUTEC) on 27 March 2006 (appendix E). As part of obtaining ethics approval, consultation with the Kawa Whakaruruhau Komiti at AUT occurred (appendix F), to ensure that the principles of the Treaty of Waitangi were being addressed and applied in this study. I was advised by the Kawa Whakaruruhau Komiti that it was essential that if possible, Māori participants be incorporated into this study, and they informed members of the Māori community within AUT of my study.

Informed consent. In order for informed consent to be given by the participant, they must be provided with all relevant information pertaining to the study. This includes the risks and benefits of participation. It is only then that the participant can provide informed consent. Students who contacted me and expressed an interest in participating in this study were provided with a participant information sheet and a consent form, either electronically or personally in hard copy. They were given the space and time to read these and had the option of contacting me again to confirm their participation and arrange a suitable time to carry out the interview. Participants were required to complete a consent form prior to the timetabling of interviews; however, consent could also be implied by the timetabling and completion of an interview.

Privacy and confidentiality. Privacy and confidentiality was maintained at all times. Participants were given the option of choosing a pseudonym for the recorded interviews and for the final report. No identifying information was included in any transcribing or in the final report of this study. Due to the limited number of pregnant students at AUT, I will only refer to the level of programme that each student is studying within, as either undergraduate or master's level. I will not identify the actual school or programme that they are in, as these details might make it possible for others to identify these students.

Anonymity. As the interviews were carried out in person, face to face, it was not possible for the participants to remain anonymous to me as the researcher. It is possible for one of my supervisors to identify the women involved, as she has retained their consent forms, separate from the research data.   However, they have and will remain anonymous to everyone else, as privacy and confidentiality will continue to be maintained in accordance with the AUT research and ethics guidelines. As stated previously, each participant was also given a pseudonym to protect their identity.

Minimizing of harm. Initially there were two specific ethical considerations relevant to this study. The first related to the psychological consequences of participation, and the second related to the participants student status. However, once the study began a further two new ethical considerations arose. These were both related to recruitment procedures, with committed attention to participant well-being.

The first ethical consideration, i.e.: the psychological consequences of participation, there was the potential that the women may be affected by conflicting emotions while telling their story of transition. Polit and Beck (2006) discuss the vulnerability of participants who are pregnant, and suggest that research carried out on this subset of the population needs to ensure that both woman and foetus are safeguarded against harm. I minimised this risk by addressing this potential issue and explaining this possibility to the participants within the participant information sheet. Contact was made with AUT health and counselling to ensure that they were available in case the need arose. I would have provided contact details of a counsellor to any participant who became upset or distressed during the interview. No participants required this intervention.

In relation to the second ethical consideration, I reassured each participant through the information sheet that participation in this research project would have no effect on their status as a student, and would not affect their grades in any way. I also chose to decline participation by any student who was currently enrolled within the programme that I teach in.

However, as stated earlier, while carrying out this study; two further ethical considerations arose. The first related to recruitment procedures, particularly those who had informed me that they were at the very early stage of pregnancy. I was reluctant to make further contact with any student who had expressed interest but had not got back in contact with me. The reason being they may have lost the baby and I did not want to put them through any unnecessary stress.

The second consideration was related to the health and well-being of the participants, both the woman and her un-born baby. This somewhat stems from the above situation, but also considers the participants motivation for participating within this study. If they are looking for a support network, then participation within the study was not appropriate. Nor was it appropriate if the potential participant expressed that they were having some health issues due to the pregnancy, where the pregnancy itself was a potential problem for the participant. Participation may actually cause further undue stress and harm, and therefore I guided any potential participant who expressed this kind of issue to me, to the appropriate avenues for support, such as their midwife, doctor or to AUT health and counselling.

There is the belief that qualitative research is usually a softer research method, and therefore may be considered less harmful to participants (Morse & Field, 1995). Yet participation in this study required both the participant and the researcher to discuss some intimate and very personal issues during the interview. The participant is required to expose themselves both mentally and emotionally. Therefore, questions can potentially trigger both expected and unexpected responses, especially when discussing their stories of pregnancy (Ely et al., 1991; Morse & Field, 1995). Ely et al. (1991) suggest that researchers need to be "increasingly aware and reflective" (p. 218) in order to minimize any harm. They discuss the intuitive feelings that a researcher has as providing guidance when discussing sensitive issues. I was acutely aware that any stress placed upon the women, may have a negative effect upon the unborn baby, and therefore wanted to minimize this.

Data Analysis

This section provides the details of how the data were analysed. I will begin with an audit trail, so that if the research process was to be repeated, that the same process could be carried out. While this theoretically allows for similar findings to be exposed, I believe that the nature of this type of enquiry, and the complexity of the findings would actually make this almost impossible. However, I need to make my analysis processes overt so that it is clear to the reader how the themes for this study emerged.

Audit trail. There were two phases of data analysis. The first was inter-case, where each individual case is analysed, and then cross-case analysis, where cases are compared with each

other. As this study uses a qualitative methodology, the collected data were analysed using qualitative, descriptive thematic analysis (Merriam, 1998; Miles & Huberman, 1994; Neuman, 2006; Pope & Mays, 2000; Van Manen, 1997). That is, I was looking for key words or terms that aided my understanding of each case.

Following the return of the transcripts by the participants, I began reading them again. I read through and used four highlighter pens and coded the words of the participant. Blue indicated factors that were relevant to each individual case. These factors contextualized the case in its own right, and provided a rich description of this woman's story. Smith (1995) discusses this process as *idiographic*, where the researcher gains a detailed, in-depth description of each case, which allows for a better understanding of the case in context. It was important to develop this knowledge base to work from, in order to see similarities and differences and to aid in the explanation of these.

Pink was used when a similarity arose between cases. As stated earlier, some similarities were noted during the transcribing process. However, this also meant that a second reading was required, especially of the initial cases, as there was nothing to compare them with at this moment in time. There was a lot of moving back and forth between the cases to look for these similarities, or slight differences even with the similarities.

Green was used to indicate that I needed to carry out further investigations. An example of this was when one of the participants described the sleeping room available at AUT health and counseling. I made a note to go and check this service out for myself. And finally yellow indicated factors or statements that surprised me. These were significant because they enabled me to see someone else's story, and prevented me from viewing these stories from just my lens.

Miles and Huberman (1994) refer to this process as *data reduction*, and state that it is a "process of selecting, focusing, simplifying, abstracting and transferring the data that appear in written up transcriptions" (p. 10). In this process judgments were made about what was important to each case, what was unique about their story. These quotes went onto a data display table (appendix G) to help visualise the issues further. Miles and Huberman (1994) suggest this stage of data analysis enables further analysis of the data. I found this analysis created my view of the bigger picture for each case, while focusing on a specific aspect of one or more cases.

Inter-case analysis. When writing up each woman's story, I cut their section of the table into parts. This allowed me to physically play with the data and move related themes together. I also found it helpful to return to the transcripts to put some specifics back into context. While I could have used just description to show my findings, this stage of inter-case analysis was enhanced by placing direct quotes from the women within their story. This provides me and the readers of this thesis with a sense of who each woman is, and the essence of her story, without breaking it down into fragments. Providing both a rich description along with the quotes in my discussion, also allows for the readers to draw their own conclusions.

Cross case analysis. Merriam (1998) states that "findings are a mix of description and analysis…the analysis usually results in the identification of recurring patterns" (p. 11). The first recurring pattern was noted as soon as the second interview was completed. Following each interview, other themes started to emerge. Following the final interview, rereading and analysis of each transcript occurred and four themes emerged. These four themes have created two main areas for discussion in relation to transitional experiences of pregnant university students. The first area pertains to changes and transitions, and the second area pertains to how the women coped with theses changes and transitions.

The final themes. Many themes emerged from each individual woman, but I chose to discuss only what was unique to them. For Mihi, the themes were 'making choices' and 'negotiating discrimination'. Nancy had to 'make sacrifices' and experienced 'mixed emotions'. Sarah was 'protecting self' and 'needing support'. Tee identified as 'wonder woman' yet was also 'being powerless'. And finally Naomi was 'experiencing crisis' and 'keeping a secret or two'.

The themes that relate to the changes and transitions of becoming a pregnant university student that were common to the five women were 'the pregnant body' and 'becoming visible'. The themes that relate to how the women coped with this were 'compartmentalizing' and 'being lucky'.

Issues arising from data analysis and writing up. The main issue that arose from analyzing the data and writing up of the findings related to the complexity of the subject and the cases being studied. At times I felt that I had gathered so much data, I wondered how I was going to do it justice.

The second issue to arise was the further questions that arose. At times I wonder if I have created more areas for further research, than I have provided answers for the questions that I

asked. This may also be related to the complex nature of the subject, and while I acknowledged this, I was not really ready for it. I also accept however, that this is the nature of research.

Validity

All research studies discuss their validity of their processes and findings (Bush, 2002; Cohen et al., 2000; Merriam, 1998; Neuman, 2006; Polit & Beck, 2006). The degree of validity for a study, is essential if changes are going to occur in response to the findings of that study (Merriam, 1998). Validity can be defined as internal or external validity. According to Merriam (1998) internal validity questions the interpretation of the findings and external validity considers if "the findings of one study can be applied to other situations" (p. 207). Bush (2002) however, suggests that assessing validity is not appropriate for all research methods, and recommends consideration of trustworthiness instead.

Trustworthiness of the research. The trustworthiness of qualitatively designed research is often questioned (Bassey, 2002; Cohen et al., 2000; Ely et al., 1991; Merriam, 1998; Miles & Huberman, 1994; Neuman, 2006). It is believed that the research process is so open to 'contamination' by the researcher that the findings can not be accurate and therefore are not trustworthy. While Merriam (1998) highlights the positive factors that the researcher brings to the research process, she also acknowledges that there are limitations. She points out, that "human instruments are as fallible as any other research instrument" (p. 20). Every tool and process used within the research process needs to be questioned for it's appropriateness for each particular study, to ensure that the findings of any research are trustworthy.

As a result, some standards have been set to make sure that the research process and findings are valid and reliable. Miles & Huberman (1994) and Bassey (2002) both provide a list of guiding questions, to test research findings. I will use some of these questions that are appropriate for this project to ensure that this study is trustworthy. (To view the list of questions, please review Miles & Huberman, 1994, p. 278-280, or Bassey, 2002, p. 120).

Merriam (1998) also suggests that the researcher is required to be a certain type of person, with the necessary skills, and that these need to be assessed. Personality traits such as an acceptance for uncertainty, patience and an ability to work without structures or set processes are vital when carrying out qualitative case study research. Decisions are often made in an on-going way, usually in response to what is being exposed and dependent on what is best for the

research process (Cohen et al., 2000; Ely et al., 1991; Merriam, 1998). These traits enable the researcher to take their time and work through a significant volume of data, to discover and understand the essence of the case. In this way, the researcher is doing what is best for the research process to ensure that the findings are accurate.

Conclusion

In this chapter, I have identified the theoretical frameworks that support the epistemological stance and provide various lenses to view the data. Using the work of Bridges (2001), and the feminist work of Belenky et al (1997) I have been able to consider the participants' story's from other perspectives, as well as my own. This has enabled these stories to be seen as they are; women's stories about transition, related to issues of pregnancy and education.

I believe that there is a sound rationale for choosing qualitative methodology and case study. Each case is unique and individual. The case study approach has allowed each woman to be valued and differences between these cases to be accepted. It allows the various transitions that have occurred to emerge.

I have also provided explicit details of the study's general methods and procedures. This enables others to critique the research process, and supports the trustworthiness of this study. These details include participant recruitment through advertisements and how the interviews were conducted. Some introductory details for each woman were provided, allowing a beginning picture to be formed of who the participants were. The ethical issues related to this study were discussed, especially in relation to this group of participants who belong to a vulnerable group due to being pregnant. Finally, I described the methods of data analysis that were used to enable cases to be discussed separately and as part of an inter-case analysis.

In the following chapter, I will introduce the women in more detail, providing more specific information that related to each case. This will allow the readers to get a sense of each woman, to enable the drawing of other possible meanings from each story and to enable the distinctive voice of each woman to be heard.

CHAPTER FOUR

Introducing the Women

Introduction

The intention of this chapter is to introduce the women who chose to participate in this study in more detail and begin to analyse their stories of transitioning from a university student, to a pregnant university student. As with any case-study, it is essential that an understanding of each individual case is established. This allows for their uniqueness and individuality to shine, and enables the reader to gain a sense of who each woman is. It is for this reason that the focus of this chapter is on each woman's uniqueness. These are factors that presented as important to her.

In keeping with Merriam's (1998) suggestion that findings are a mixture of description and analysis, I have used many direct quotes from each of the women's interviews. This has two main effects; it continues with the feminist perspective, as it allows for the women's voices to be heard, and it also allows the reader to draw possibly alternative conclusions, enhancing the trustworthiness of this study. Each woman's story is presented in the order that the interviews took place.

'Mihi': Making Choices and Negotiating Discrimination

Mihi was a 38 year old woman who identified as Māori. She was 36 weeks and four days pregnant with her second child when I interviewed her. I arrived one morning to meet Mihi for the first time in person.

Mihi's story began when she was both surprised and happy to find out that she was pregnant with her second child, during a regular doctor's visit. Mihi's first child was now 14 years old. She delayed having a second child, as she was pursuing education and a better career. When younger, she was unable to consider combining educational goals with pregnancy and motherhood, and at that time she chose her education.

However, Mihi now found herself pregnant while continuing her education. Mihi described being *"in a better space,"* and feeling *"a lot more secure."* This change in Mihi's circumstances altered her attitude about being a pregnant university student, and she did not see why being pregnant should now stop her from achieving her educational goals:

"I really want to get this qualification finished, and I don't see why being pregnant should hinder that."

Mihi's current circumstances, combined with her previous maternal experience, enable Mihi to aim for her desired educational success despite her pregnancy. Belenky et al. (1997) would suggest that her previous experience with pregnancy and mothering might have provided her with the knowledge and self-belief that she could cope with being a pregnant university student. However, it was evident that Mihi still had choices to make. Mihi was enrolled part time at master's level before she fell pregnant, and had made the decision earlier to complete a masters programme that did not include a thesis or dissertation:

"I decided I just couldn't commit to the workload, and that going to classes was actually a lot easier, I didn't have to commit really you know, you just go to classes, do the work and that's it."

This decision revolved around other external commitments, such as working full time, and her family/home commitments, rather than her pregnancy. She felt that at this stage of her life she could not cope with the demands of a thesis, as *"a thesis was like having another baby."* Yet despite this unexpected change in Mihi's life, she turned it around to be a motivating force, which was driving her desire to complete the qualification. She now had the responsibility to support her growing family:

"The qualification means more money, more opportunity and when you've got kids, I mean that's what I'm doing it for."

While Mihi felt internally motivated to continue with her education while pregnant, she experienced some difficulty in finding a lecturer who would support her in their paper, when she was 6-7 months pregnant. Mihi felt that she needed to be *"upfront with lecturing staff."* She was sure:

"If I told them, there wasn't a problem."

But there was. When she approached a lecturer about their paper, and the possibility of enrolling while pregnant, she was often persuaded not to due to the commitments. These commitments involved group work, and while it was never expressed overtly that the pregnancy was the barrier to her ability to commit, she felt that it was:

"They didn't say no outright, but they did the big 'oh, probably not suitable to you….there is going to be a lot of team work and group work' and stuff."

In the mixed messages that Mihi received she needed to sift through this and make her own conclusions. Mihi felt that the lecturers were worried that her 'situation' might have meant her need to leave the group process, and that this would be unfair for other students. Yet being singled out because of pregnancy is also unfair. There is always the possibility with any student that they may need to leave the group process, as students sometimes get sick, or have other life events that distract them from their studies.

As well as being a student of AUT, Mihi also worked full time for this university, and work emerged as a dominating factor in Mihi's experience of transition. At times it appeared that she considered the combination of work and family more than study and family:

"I had poured a lot of energy into working there, so it took me a while to kind of step back and say ok, work finishes at 4:30 I can go home now and just be mum, so yeah, I had to make some serious changes about where work ends and where family starts…yet it dawned on me last week when I had to quit work basically, and then you know I realized oh shucks, I'm actually 36 weeks pregnant… I'd better stop working."

Mihi shows how clear boundaries between work and family are necessary in order to have time for these roles in her life. Perhaps being a student was not as important as much as these other two aspects of her life. Interestingly Mihi thought that she had better stop working, but not her studies.

For Mihi, her transitional experience was a time of decision making, and negotiating discrimination. The unexpected pregnancy could have become a barrier to her education. However, instead of her pregnancy causing her additional stress and pressure, Mihi chose to consider it an advantage, motivating her to succeed for her expanding family. Yet she did come up against barriers from lecturers, who were not open to having a pregnant student in their class. This would indicate that women still have some way to go before equity is a reality, and that the

equal educational opportunity policies that are currently in place, are not as effective as they perhaps should be.

'Nancy': Making Sacrifices and Mixed Emotions.

Nancy was a 32 year old woman, who identified as Pakeha. She was 34 weeks pregnant with her first child when we met in her office for the interview. Nancy was obviously pregnant, and I felt that she had a sense of efficiency about her. Nancy was striving for two things in life; to start her family and to expand her career options. It had taken Nancy sometime to get pregnant, and she was very happy:

> *"It took a long time to get pregnant so, it was three years, and some surgery… and yeah, it was a long time coming, so yeah I was really pleased about it."*

Nancy was also enrolled part time in a master's level programme and was only three weeks away from finishing her thesis. For Nancy, it was essential that her thesis was finished before the baby arrived:

> *"I certainly felt pressure to get my masters under way and done, so that I could have my family... that was the order I wanted to do it in."*

Transitioning was experienced by Nancy as having an order of events to achieve. The timing of her baby's birth needed to fit an ordered schedule. Yet creating an order of events is not without mixed emotion. For Nancy, being a pregnant university student meant being on an emotional roller coaster. It appeared that she had to negotiate her way through a mixture of conflicting emotions. These included being overjoyed at being pregnant and not thinking about her studies, to feeling guilty about not being prepared for the baby's arrival and resenting the time required to complete her thesis at this late stage of pregnancy. Becoming pregnant at this time in her life was planned and expected, but as she is getting closer to the arrival of her new baby, the transition experience was one of strain and resentment:

> *"The times when I've been struggling lately, you know where the writings not going so well, or I get some feedback from my supervisor which is not positive, it means I need to go back and address something again, it's thrown me because it's, I sort of feel like, that, that's my baby's time, …yeah, so it's kind of made me a bit more emotional about it actually because any challenge to my thesis, is a challenge to my baby."*

Despite these emotional ups and downs that Nancy experienced, she also expressed some sense of control over her studies. Nancy has found that her non-negotiable due date for the baby's arrival is a motivational force, which is driving her to complete the academic work:

"The pregnancy's given me an end date which is kind of non-negotiable, which has been an advantage when I've studied part time I guess, because I've been doing my thesis for 18 months, and I could have let it carry on for another year, and just kind of potted along, so, I've kind of, up-ed the amount of work that I've done in the last three months in particular, knowing that I had a very set in date that was non-negotiable."

Nancy believed that her sense of control was related to her being a post-graduate student. She felt that perhaps an under-graduate student, who is pregnant, may not feel as though they have as much power and therefore not as much control:

"I think it's really different when you're a post-graduate student, cause you have so much more control over what happens, and what happens for you, I can't imagine that it feels like you've got nearly as much power when you're an undergraduate student, and while I think as an educator, that I would try and be empathetic, when you're dealing with lots of students, I don't know how flexible we'd actually be, with people, so I think it's quite different when you're a post-graduate student."

In order to cope with being a pregnant university student, Nancy was required to make some sacrifices. This meant focusing on her thesis rather than her pregnancy. However, this has come at the cost of experiencing some emotional turmoil. This has also been a time of personal learning for Nancy. Her firsthand experience of being a pregnant university student has enabled her to gain insight into the struggles that pregnant students have.

'Sarah': Protecting Self and Needing Support

Sarah was a 30 year old woman who identified as British. She was just over 36 weeks pregnant with her first child and still employed when interviewed. Sarah was relieved at the opportunity to sit down and have a break. She looked physically tired and uncomfortable being so pregnant. It was obvious that her body had been overtaken by the pregnancy; she expressed that she was *"ready to trade in"*.

Despite her current feelings, Sarah was actually very happy to be pregnant. While she had some idea of her desired educational goals, she always knew that plans might change because of her biological clock:

"I always knew I was about 30 and my husband's been wanting children for a number of years… I always knew that I might not fully complete it, I might only just do my post graduate diploma, and I might not actually do the research part of it, but it's always good to start off saying you aim to do something, and I don't mind if I have to cut back, but I would like to do the research part of it, but I'm not sure if that will happen….because of children."

Sarah was at the early stage of her master's journey, and she now realised that the transition of pregnancy might prevent her from completing this qualification. She had this strong feeling about her that while it is good to have goals, these are somewhat flexible and fluid. Lives change and therefore goals change.

Like Mihi, Sarah was able to continue with her studies at the early stages of her pregnancy. However, because of the physiological changes that Sarah experienced later in the pregnancy, she had made the choice to defer for the semester when the baby was due:

"If I [my body] was like the last semester of last year, I think I could have managed that because I was of a suitable size, but now, I feel enormous, I've put on about 20kgs, a third of my body weight, so… if I did the practical module, I'd become a bit compromised, I don't think that I could have the force to do some of the manipulation techniques that I was taught."

It was apparent that she had the knowledge of what would be required of her as a pregnant student and the insight to see that she would not be able to meet her standards. While she did wonder if women should be given any concessions when they are pregnant, she felt that it was related to women's choices of responsibility:

"I have chosen to take on those extra responsibilities of study with a child, then I should be expected to achieve the same standards [as] everybody else… I suppose it's my personal, personal pride that you don't want to think, no I, I can still do it."

It would appear that Sarah wants to maintain her sense of pride, even during the pregnancy, and perhaps that is another reason she chose to defer. Perhaps as a pregnant student she would not be able to meet the standards set by her profession which is dominated by males. Therefore, as a pregnant student she could defer and maintain her pride both as a

student, and as a pregnant woman. She appeared very comfortable with her decision, as well as the ambiguity of her future:

"I feel a lot more supported and secure about life, being married and being fairly settled."

Despite having a sense of security, Sarah may have decided to defer for this semester due to her lack of immediate practical support structures. Sarah has resided in New Zealand for three years with her husband, and had no immediate family living close by. Sarah's lack of family support structures was significant to her story. She needed time and space to consider her options for the future, and deferment provided her with this:

"I had other things on my plate to worry about rather than thinking, I just thought that the extra stress of sitting down and doing assignments, attending classes, were going to be too much, and I thought this [the pregnancy/baby] was gonna be more to concentrate on… the last thing I want to think about a month before I give birth, is writing assignments."

At this time of significant change, Sarah was aware of her need to juggle and balance the future. She was going through the transition to motherhood and struggled to include a transition to pregnant student as well. She needed time to adapt to her upcoming role as mother, and consider how she would combine this with her current multiple roles:

"Because I'm going to be studying the second semester… I suppose just my perception so far, how I'm going to juggle, looking after a baby, I don't know how much time this [the baby] is going to take and will I actually be able to balance that with doing my study, having time to sit down and write an assignment, or read an article, or going to the library, that's my main concern."

At times, women must feel like circus entertainers, with all the juggling and balancing that they must do. However, it would appear that Sarah has expectations on herself and her future as a mother and a student:

"I'm not idealistic about, thinking, oh yes I'll be able to manage it, it won't be any problem, I do see there could be issues, but hopefully I can work around those. I need support from other people to help with that. And I think if all was to give, then the study would have to give, not obviously the care of the baby."

For Sarah, the physiological changes of pregnancy were too overwhelming for her to continue her transition as a pregnant university student. She had the knowledge and insight to know that what was best for her at this time of change, which was to defer for a semester, maybe

two. She is aware of her need for support if she is to achieve educational success, yet it would appear that it is still not clear where she will get this support from.

'Tee': Wonder Woman and Becoming Powerless

Tee was a 32 year old woman who identified as New Zealand Māori. She was ecstatic to be 31 weeks pregnant with her first child. Tee was very self-confident and seemed to be comfortable with her pregnant body. Tee had been taking hormone treatment and had been told that it would still take some time for her to conceive. Yet she conceived straight away, and was thrilled. Tee was used to success as she had experienced a significant level of achievement in her life. This was her second degree, and she had previously represented New Zealand in sport:

> *"I think also because of my background in sports and having played at an international level, I'm pretty focused…well my husband thinks that I have very unrealistic expectations on myself, because he sees that I'm always striving for not just success, but I want to be able to do really well, and I think that's a combination of senior student and just a motivated person who, having achieved at other aspects of my life, I tend to put a bit of pressure on myself to achieve those things."*

However, it became apparent through the interview that her educational goals had changed since becoming pregnant. Tee was in her third year of a undergraduate degree and she began to wonder *"how are my studies going to fit around this?"* While she was still highly motivated, it seemed that she was now somewhat willing to accept guidance from others regarding her educational pathway:

> *"I wanted to stay on schedule, and I kind of thought, I don't know if it's, [you] just think you're wonder woman and you can do everything, but being told that maybe this might be in your best interest, that you just take a bit of time to be able to really enjoy baby and so on, which you know, now that I think about it, I'm totally fine with, but yeah, I think I maybe unrealistically just thought that I could still continue."*

Tee was aware that her particular faculty had previous experience working with students and staff who were pregnant. Perhaps this was one reason she allowed them to guide her through this transition. For some reason, Tee was unable to transfer her previous self knowledge about her capabilities to her current situation. I could see that this very strong and self-determined woman had become somewhat powerless in her new role as pregnant student. A push to

consider other options resulted in Tee feeling more flexible about her future, but this was tinged with guilt:

> *"So it was kind of forced, I guess, in a way, but good, so then I can actually just really enjoy baby, yeah…I guess I'm gonna have to be flexible about it because I am gonna be finishing quite close to my due date, but you know, that may need some reconsideration, because I really do want to pass this component, I don't want to have to repeat it next year, so, what ever I can do now to ensure that I pass, I'm gonna make sure I do… I try and yeah, force myself to do that and then I don't feel so guilty later."*

Like Mihi, Tee perceived that she had choices to make. However, Tee's voice during this part of the interview suggested that she was still not convinced completely that she was doing what was best for her, as though her determination to succeed had come at a cost. She now struggles with feeling guilty about focusing so much on her study. She talked about this in terms of making sacrifices and balancing various aspects of her life:

> *"It's a balancing act too, because I tend to not be able to spend as much time with my husband as well, you know, and my family or friends to that matter, and I know like with the five weeks it is a very intensive five weeks and it's just the way it is, and I kind of think that you know for that five weeks, this is what I need to do to achieve it."*

I would imagine that Tee's success in life is a significant part of her self-concept. When going through any transition, it is possible for people's self-concept to come under question. It would appear that this new role, however expected, has made Tee doubt herself. However, life as a pregnant student is really only just beginning for Tee, and there are other issues that she is still yet to work through. When she would expect to have the full support of her lecturers, and to some extent she feels that she does, they are actually placing her in a vulnerable position specifically because of the pregnancy. Pregnancy for Tee adds a new dimension to class learning, but the reality is one of missing out:

> *"The lecturer is really supportive, and she's actually quite excited because it gives everyone else in my class an opportunity to work with a pregnant patient. At first my reaction was like, yeah, only too happy to take one for the team, I'm like the class guinea pig or something… so there are certainly advantages that my classmates will get, I don't know about my own learning."*

Perhaps Tee's Māori identity is telling her how important it is to fit in and be one of the crowd (Rimene et al., 1998). Yet while Tee is learning to cope with the expectations placed upon

her as a pregnant university student, she is also thinking ahead. She is aware that she does not know what to expect. She does not know what life will be like for her as a new mother, and she was the first women to express any concern for the welfare of her baby. Transition for Tee is about thinking about her future:

"There's also the thought of impending labor and what that means, and you're sort of thinking about baby's welfare and what's gonna happen. It's the unknown because it's my first child, um yeah it's the uncertainty really, so yeah, and that's on my mind as well."

It is said that transition is a time of uncertainty, and this is an example of how pregnancy brings changes that women can not always prepare for or have control over. Tee has a degree of powerlessness as a pregnant university student. Her usual high expectations of herself have been sidelined and she acknowledges that having the support from faculty staff to help her through the transition to pregnant university student was helpful.

'Naomi': Experiencing Crisis and Keeping a Secret or Two

Naomi was a 25 year old and identified as New Zealand European. She was embarking on an education for a second career, and had chosen to enroll in a certificate programme for one year to see how she liked being a student again. Naomi was only 12 weeks pregnant and she had had a terrible first trimester, due to the unexpected nature of her pregnancy.

At first Naomi just thought that she was just unwell, and then told she possibly had an ectopic (tubal) pregnancy. While it was a surprise to find out that she was pregnant, Naomi was somewhat relieved to hear that she didn't have to make any decisions regarding the pregnancy:

"When I first found out that I was pregnant and they thought it was ectopic, I was like, ok, well that kind of decides it for me really, doesn't it. Then I told my boyfriend that I was pregnant but I might have to have an operation, it was easier to tell him, because it wasn't actually real, and it was easy for me to get my head round it."

Getting her *"head around it"* actually was a significant factor in Naomi's transition to being a pregnant university student. Getting the news finally that she was pregnant with twins was beyond what Naomi was capable of dealing with on top of her education. She was due to sit an exam at this time, and there was such an overwhelming sense of pressure that she felt like she was loosing her mind:

"I was supposed to have an exam, and I didn't. I was in shock and confused… just like I can't do this exam… I was a bit too crazy in the head to cope with it on that day."

Following the news of her pregnancy, Naomi had four weeks off for mid year break and this provided her with much needed space and time to just think about what her options were and what she would actually do:

"Then through that whole month of my school holidays, it was just 'what are you gonna do?'… and thinking about what I was going to do and how I was going to cope."

Naomi was shocked and seeking answers. This situation triggered some confusion at a time when she needed clarity for decision making. Unfortunately, she was also open to being persuaded with the slightest of suggestion:

"I don't know if it was just every time I went to hospital, they said, you know cause I'm having twins, and they were like, you know you're gonna be twice as sick as any other person, so then I'd start to feel sick for a while."

Transition and stress go hand in hand, and through this experience of transition Naomi has developed an unusual stress response. Prior to becoming pregnant, Naomi felt that she coped quite well with stress. However, this has changed and it is having a negative impact upon her health and well-being, as well as her education:

"I had my exam yesterday, and before that I got really kind of worked up and stressed out about it, so I started to get sick again and then I couldn't study."

This new stress response could be related to two things: the change in hormones which is normal in pregnancy and a sense of increased pressure now that she has to think of others. In the past, Naomi's success or failure would only affect her and no-one else. However, now that she has decided to continue with the pregnancy and bring new lives into the world which she will be responsible for, she now has more pressure to succeed. And it is not just success that Naomi is now aiming for:

"I think it was just because the babies had been on my mind, my whole mind has changed, you know, like for that month when I was on holiday, I was thinking, wow, this is a major change in my life… like I know it's gonna be a serious major effect on me, but I want to try and concentrate as much as I can, and not let my grades slip… you know you've gotta be like an A+ student so you get the best paid jobs, so therefore you can look after your children"

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With all the changes that Naomi was experiencing, I wondered who she talked to for support. Naomi was aware of the counseling service at AUT, but was very articulate about who she would want to talk to about her situation:

"I'd want it to be a lady who has had children, and kind of been through the same thing as I've been through, but older."

For Naomi, becoming a pregnant university student was a crisis event in her life. She had made plans and this pregnancy was not part of these. Now she must create space to make decisions, not just for herself but also for her unborn children. Naomi's transition is one of experiencing stress that has had negative effects on both her pregnancy and her education.

Complexity of Themes

The five women, who participated within this study, were all pregnant university students at AUT. The first three women were studying part time at Masters level. The first woman, Mihi, was completing a master's degree quite different from the other two, in that it did not require a thesis or dissertation. The next two women, Nancy and Sarah, were in fact on similar educational pathways but at different ends. Nancy was only weeks away from submitting her thesis, while Sarah had just started her papers before finding out she was pregnant. Sarah was also unique in that she was the only participant who had chosen to defer for the semester when she was due. All three of these women were at the end of their third trimester, and were also employed at AUT. They were all either on or contemplating maternity leave within the week of our interview.

The last two participants were enrolled full time in undergraduate programmes. Tee was unable to complete her clinical requirements of her degree as she was in her third trimester of pregnancy. Naomi, the youngest participant in the study at 25 years, was in her first year of her programme, and was completely shocked to find out that she was now expecting twins.

While these women fall within the two specific categories defined by their level of study and if they are part time or full time, I believe that these five women were all very different, and provided sound data on the unique transitional experiences of pregnant university students. For Mihi, this was a time for making choices, which occurred while negotiating discrimination. The irony is that as she was singled out because of her pregnancy, some of her options were

removed, and she was guided away from participating in papers that involved group work. Yet one reason group work is used in educational settings is that it facilitates the development of skills that enable students to work with others (Huddleston & Unwin, 1997). Surely it would be of benefit to these students to have a more realistic group dynamic where they have to use these skills to negotiate a student's absence for what ever reason. How is it that when women are making decisions that could effect themselves, physically and psychologically, they must also work through barriers that are placed in their way by the very institutions that are there to help them develop and grow as equal members of society. Mihi's programme was within a male dominated field. Perhaps this means that they have no provisions or less experience of working with pregnant university students. Is it still the case that women must adopt a male lifestyle in order to succeed in this field? If so, then women have not come very far at all over the past 40 years. It would appear that in this particular instance the concept of pregnancy is not compatible with education or self-development.

Nancy had to make sacrifices and experienced mixed emotions. It might be thought that a sacrifice pertains to decision making, which Mihi also experienced. However, where Mihi made decisions with the attitude that she could have what she wanted, the term 'sacrifices' would imply that Nancy had to unwillingly give some things up. Nancy gave up her baby's time to finish her thesis. How important is this time of pregnancy? It would appear that Nancy thought that this time was less important than her qualification. It could be said that this time is essential to bond with your child. Nancy might actually agree with this, otherwise she may not have had the emotional turmoil that she did. And while this was a time of learning for Nancy, unfortunately the contextual constraints of the university may not be flexible enough to enable lecturers with this insight to provide adequate or suitable support for pregnant university students.

While Nancy was gaining insights about life for pregnant students, it would appear that Sarah was already aware of her own abilities and circumstances. This may be related to a sure sense of self, which Belenky et al. (1997) suggest is a key factor in having procedural knowledge. With this knowledge she was not prepared to put her career or pregnancy in jeopardy. Sarah made the decision to defer so as to protect her student record as well as to provide space for her transition to motherhood. Sarah was aware of her need for support if she was to succeed in the future. Yet she also did not want special treatment, as she still wanted to make in on the same terms as everyone else, to maintain her sense of pride. The worry here is that Sarah is a potential lost student if the university does not provide adequate support for her; therefore it would be in the universities interest to meet her needs.

Like Sarah, Tee knew herself very well. She has experienced significant achievements in her life, and initially she thought that being pregnant should not alter that. However, the new role of pregnant student has made Tee doubt her knowledge, and she has gone to the expert's for guidance and support. I say experts, because I believe that is how Tee views the teaching staff within her faculty. Pregnant students are not unprecedented, and therefore, the knowledge that the teachers have must be based on previous experience. However, I do question this knowledge somewhat. While Tee was telling me about her experience with her lecturer wanting her to be a pregnant role model for the class, there was an element of laughter. The way she describes *"taking one for the team"* is somewhat disturbing, like she is sacrificing something of herself in this process. So this begs the question, what is it that she is sacrificing? Is it her dignity and privacy? Or perhaps she is sacrificing her rights as a student? Perhaps she is prepared to do this in order to still 'fit in'? Does she have a sense of responsibility, that she is somehow required to 'do her bit' for her classmates? While lecturers might think that they are helping pregnant students, I believe that they are actually disempowering them. They need to be more aware of the boundaries of this assistance, and not take advantage of students while they are in vulnerable positions.

Naomi's transition was just at the beginning. I found it interesting that Naomi was so specific about whom she needed to talk to for guidance and support at this time. Perhaps this is about being valued, and the need for her to have acknowledgement of her crisis. Perhaps she just needed to trust that she would get the right information and guidance from anyone she spoke to about it. Naomi talked about her pregnancy not being real in the beginning, so perhaps talking to someone who had been through this made it more real for her? However Smith (1995) and Wolf (2001) both suggest that a role model is a key aspect for helping first time mothers through the transition of pregnancy. That is the pregnant woman begins to identify with other women who have already been through this life changing experience, and it is therefore natural to look to them for advice and support. Naomi also had the desire to keep her pregnancy a secret in such a public place as the classroom as long as possible at this early stage. Although with twins, it probably won't be long before she has to negotiate this aspect of her life in public. How will she cope with this unwanted attention? Will she develop yet another way of coping in stressful situations? She has already managed to turn the initial negative thoughts about the pregnancy into a positive motivational force; pushing her to succeed even more than before. Now she has the responsibility of two new lives to think about, she is now aiming even higher.

Conflict

It would appear that there are a variety of conflicts within the themes of transition for these pregnant students. This may well be expected when consideration is given to Bridges (2001) transitional theory. However, each story is different and each conflict is different, even if just slightly. Regardless of the stage of pregnancy, or the programme that each student is enrolled in, conflict is part of their transition to being pregnant university students. Yet this needs to be addressed if these students are to experience academic success while pregnant.

According to More (1974) there is a strong correlation between emotions and a student's ability to learn. Lindsay and Enright (1997) explain that when emotions interrupt the learning process, they create a barrier to learning by interfering with rational thought. However, perhaps this is dependent upon other personal coping skills. Women are known as the more emotional gender (DiQuinzio, 1999), therefore it could be assumed that they have the skills required to overcome its potential interference. Yet this is an assumption, and what is really required for pregnant university students is time and space to be a pregnant university student.

Creating Time and Space

It was interesting to note, that of the five participants, three of them also were in paid employment and either considering or already on maternity leave. Yet there is no expectation of this for pregnant university students. This could be because maternity leave is a socially constructed concept associated with working women (Liu & Buzzanell, 2004). When any working women announces her pregnancy, one of the questions she is often asked is how long she will work in pregnancy. There are maternity leave policies specifically for pregnant women who are working. It is socially expected that women will take 'time off' to be a mother. Of course students can take a semester or two out of their programme to have a child, yet there is no 'stopping of the clock' so to speak, which enables pregnant students to have time off at their discretion. This is again related to women's choices, however, this time the options are set out by the university, not the student. The need to create time and space for pregnant university students is a significant finding in this study, one that is discussed further in the following two chapters in relation to the other themes that emerged from the data.

Conclusion

The transition of pregnancy is a significant time of change for these students. It is a time of new experiences and learning. Not only are these pregnant students transitioning to motherhood, but transitioning also requires them to reconsider their student role. This experience can create a sense of conflict for pregnant university students, which can have a negative impact on their academic achievements. Therefore, students experiencing the transition of pregnancy need to be given time and space to think about the present and the future. The next chapter considers the themes that were shared by the five participants in this study. Yet while there is some commonality between them, it is also evident that each woman experiences common factors in her own unique way.

CHAPTER FIVE

The Pregnant Body and Becoming Visible

Introduction

The transition of becoming a pregnant university student includes experiences that relate to pregnancy and those of experiencing difference. There are multiple transitions occurring because these women are pregnant while also being students and one transition impacts on the other. As Schmied and Lupton (2001) suggest, "the experience of pregnancy, including the physical sensation, mental images and emotions it includes, is inevitably interpreted and represented via the networks of discourses within which a woman is located at the time of her pregnancy" (p. 35). I believe that this creates a complexity that has actually been captured within this research. While this complexity has already been explored within the inter-case analysis of each woman, there have been further themes or processes that are actually common to all the participants.

During the analysis of each woman's story, many of them described the physical changes of their bodies and how these changes are making them visibly different from other students. Body image during pregnancy is an area that has received a considerable amount of attention in the past (Choi et al., 2005; Clarke, 2004; Draper, 2003; Elvey, 2003; Johnson et al., 2004; Rothman, 2000; Schmied & Lupton, 2001; Warren & Brewis, 2004; Wolf, 2001). Yet the stories that these students shared with me went beyond their struggle with body image. The issues became more complex and included incorporating physical practice, negotiating space within the classroom, and being aware of fellow student reactions. Pregnancy can be viewed as a very private and intimate process, yet it generally occurs within very public and open contexts. These students are going through the transition of pregnancy in the classroom or on the university campus, surrounded by a variety of students, each with their own values and beliefs regarding pregnancy. Once the pregnancy begins to show, these students become visible, and this can have both positive and negative affects on their learning. These students now stand out in the crowd and have to find ways of coping with this new, and sometimes unwanted, attention.

The Pregnant Body

Johnson, Burrows and Williamson (2004) suggest that "body satisfaction is context-dependent" (p. 366). Therefore, how pregnant women are treated on campus and in the classroom can make a difference about how they feel about their own body. This in turn can affect how they feel about the developing foetus, and their role as a student, and can have a direct impact on their transitional experiences. Once their bodies start to change, the women become visibly different. They now stand out in the classroom or on campus because of their altered bodies. The pregnancy can become a reason for attention, and this was a concern for the students in this study.

All the women in this study used negative terms to describe their altered body. Nancy and Sarah discussed feeling *'uncomfortable'*. Sarah rationalized this with physiological descriptions such as; *'peripheral swelling'* and *'a bulging abdomen'.* She informed me that she was *'ready to trade in'.* This might suggest that she was no longer happy with her pregnant body, and that she just wanted the baby now in replacement of it; or perhaps this is related to the stereotype of a typical female body as usually being thin. Mihi also described her body in negative terms, using descriptions such as *'expanding stomach'*. But she also went a step further and compared herself to an elderly aunt with arthritis:

> *"My aunty who's got arthritis, had arthritis in her knee and hip, yeah it's hard for her to get up and down off low couches, and now I've become aware that, holy blinkin heck, it really is hard to get off these things."*

Tee, who was very fit and active, referred to her altered body as *'ballooning'.* Her vulnerability regarding her new body was made worse because of some of the activities that were carried out within the practical components of her course:

> *"This next block that I'm doing is musculoskeletal so it will require you [to] get down to shorts and sometimes like when we're doing shoulders, obviously you have to expose your shoulder, so I'm not quite sure how that's gonna [go], cause usually we're just in bras or singlet. Singlet will be fine I can cope with singlet, but I don't think I'd really like to get down to my bra in front of my classmates."*

When the course has practical physical components that require direct human contact, then a personal embodied experience might well be shared with a perfect stranger, as was the case for Sarah:

"*I've just been trying to do some treatment with someone, and my patient said oh your baby's kicking me, only because ah, it's just in the way.*"

It is understandable that these four women might be so attuned to their changed bodies, as their transitional experience of pregnancy placed them all in their third trimester. However, it is also interesting to note that Naomi, who was just at the end of her first trimester and was not yet obviously pregnant, also had concerns about her changing body and was thinking ahead to how she would function as a student with an altered body:

"*At first I didn't think that I could do it, um I didn't think my body could do it, like how does your body contain two of them you know, let alone one…they say at 30 weeks, you're pretty much unable to get around with twins. "I've sort of thought about the future when I'm quite big, towards the end of my course, and how will I sit at the sewing machine, like your belly's up to here (Naomi uses her hands to indicate how big her belly will be at this stage, and she uses the table we are sitting at to compare her potential situation), and you suddenly think, help, you know, how's that gonna affect your study?*"

I was interested to hear Naomi thinking so far ahead for two reasons. The first reason is that it indicates that consideration of the pregnant body is a transitional factor that occurs mentally before it occurs physically. The second reason was because this was not a new issue. I had experienced trouble sitting in front of the computer, wondering why I couldn't get closer, and then realizing once again that I was heavily pregnant. Mihi also described how her "*expanding stomach*" was incompatible with some environmental factors such as the tables and desks:

"*I noticed that as I started getting bigger, just the tables and stuff seem to rub up against you, you can't, ah well at least our desks in the offices, I'm more or less working like this away from the table (Mihi demonstrates sitting at the table and holding her hands out straight to reach the work space on her desk), so yeah, the office resources I suppose in terms of the tables and chairs aren't really set up for women who have an expanding stomach.*"

While this relates more to Mihi's working environment, it is not uncommon for staff who are also students to study within an office type environment too. One of the reasons for choosing to use private office space as apposed to more public spaces could be due to the effects of being visible:

"It cuts into my time because if I'm here working on my thesis, I'll run into the students, and you know, we'll be trying to deal with student issues as well… there's not a space that's separate from the students."

Becoming Visible

"Normally in theory you can hide behind your clothes and behind a desk and so on." - Tee.

Tee suggests that students within the university context might consider themselves somewhat invisible. They usually 'fit in', are one of the crowd and from the front of the classroom, the teacher really just sees a sea of faces, especially within large undergraduate classes. However, when a student becomes pregnant this changes. They are no longer just like everyone else; their body is different, they are taking on a new role, new responsibility, and everybody knows this, regardless of how they are connected to the student.

Some of the women in this study were concerned about how their class mates might react to seeing them pregnant:

"I think it's just interesting to note class mates reactions, because I actually kept it quiet for some time, but I think it's too obvious now so when we start back on Monday I wouldn't have seen some of my class mates for about ten weeks, so they'll really freak out, but you're kind of more aware of looks." - Tee.

It is possible that Tee already had experience of being different from her classmates, due to her identifying as Māori. However, there is now another reason for her difference, and while the other students may not have known the reason why she felt different earlier, she certainly felt its effects:

"I think the only time I felt, oh not really stink, but when we do our practical exams in that fifth week, everyone got all dressed up in their clinical gears, and I just had track pants on kind of thing. I didn't have my name badge on, I wasn't too gutted about that, but you know, it's the way it is, and priorities have changed now for me, so at first I was a little bit, you know, but I think now I've just come to a general acceptance that this is the way that it is and I certainly don't have any regrets."

It is possible that Tee's experience of difference has already shown her that this pregnancy is going to draw attention to her. Perhaps her fellow students have already shown her what it

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means to stand out in their crowd. While it was important for Tee to fit in with her class mates, Naomi felt quite differently about her fellow students:

"I don't really want to tell them about my baby or anything, it will be just like them talking about it for the rest of the year, it would do your head in…not that I'm embarrassed about it, but just that I couldn't be bothered with people hassling me about it everyday, "how are you feeling?" "Can you feel it yet?" "What are you going to call it?" Is it a boy?" You know, all that kind of crap you can't be bothered with eh? I mean it's nice to have it from a few people, but not like 30 people… I don't really like talking about it to everyone, especially people you don't really have a close relationship with."

Becoming visibly different as pregnant students, means there is also additional pressure to prove to others that you are still capable of achievement. The women in this study talked about wanting to maintain their academic standards, despite the suggestion that pregnancy might actually be viewed as a weakness by others. Sarah could see that her pregnancy could possibly compromise her academic standards. Naomi on the other hand stated that there was increased internal pressure for her to succeed because she wanted to *"show everyone that I can still do it".*

However, becoming visible does have some advantages. These students have gained insight into what life is like on campus for pregnant women. They have begun to notice other pregnant women. Mihi stated that being pregnant herself, made her more aware of other students who were pregnant:

"If you drive a Holden, you notice people who drive Holden's, right? Being pregnant, I notice women who are pregnant now, and I've been noticing them around the campus, and I never used to see them before, and now I see gosh, there actually is quite a few pregnant women here."

Perhaps this indicates that men and women who have not been pregnant don't see students as pregnant. The question then is; are their needs being met by the university? The women in this study reported a lack of resources for pregnant women on campus, and commented that the resources that are available are not actually meeting their needs. Naomi wondered how women who don't live so close to campus manage, as she was acutely aware of her need to lie down and have frequent rest periods since becoming pregnant. Nancy and Tee both demonstrate the lack of appropriate resources on campus:

"I'm not aware of spaces that are private that you could have a rest, cause I have on the few odd occasions, shut the door in here, cause my office mates not around at the moment, and lay down on the floor." - Nancy

"I've become acutely aware that there's no-where to change nappies, and there's no nursing rooms, or where you might want to go and breast feed if you have to." - Tee

These students have gained an insight into the lack of resources available to them once baby arrives, and this may also suggest that they are thinking ahead, beyond the pregnancy, to when they are students with a new baby. This is another aspect of their transitional experiences. They are aware of the next step in this change process, and have begun to develop strategies that will enable them to incorporate their new role as mother with their student role.

The experience of transition for pregnant university students is a complex life experience. While body image is not a new concept in relation to pregnancy, adapting to their pregnant body in such a public and visible way, seems to have affected their role as students. Therefore their transition of pregnancy has resulted in a student transition. In the following section, I will describe how these women felt about their learning since they became pregnant. I will identify what factors they have found helpful, and what has created a barrier in the educational journeys for these five pregnant university students.

Learning while Pregnant: the Pregnant Student's Perspective

Cognitive functioning of pregnant women is an area that has received a lot of attention (Brett & Baxendale, 2001; Chin, 2003; deGroot, Hornstra, Roozendaal, & Jolles, 2003; Shors & Leuner, 2003). However, research findings have produced conflicting findings. This may be due to the fact these studies have generally used a quantitative method (deGroot et al., 2003). Quantitative studies generally only considered a small number of factors such as hormone levels (Brett & Baxendale, 2001; Shors & Leuner, 2003), or looked at very specific women who reported memory loss following birth (Brett & Baxendale, 2001), rather than considering the multitude of factors that can impact on cognitive functioning. One study was completed on mice (Chin, 2003) and findings show that cognitive functioning was enhanced during pregnancy and after birth. Wolf (2001) reports similar findings and suggests that this enhanced functioning relates specifically to caring for the baby, as apposed to a general improvement.

Just as previous research reported contradictory findings, the women in this study also provided mixed responses to the question; do you think your pregnancy has affected your learning? While reasons for mixed findings in earlier studies have been put down to methodological factors, I believe the reason for mixed findings in this study is that it reflects the complexity of the issue and the uniqueness of each participant. Four of the women expressed a negative impact on their ability to study:

"I actually feel a bit dumber, you know, just not as umm… I suppose as quick, and as clued up as I was before I was pregnant… I'm not retaining as much, I think." - Mihi

"For a while there, I definitely felt like my brain was not working as fast, and that it was harder to concentrate, lots harder to concentrate." - Nancy

"My mind tends to wander… forgetful…." - Tee

"I feel sick, so then I can't study, so my minds like, you try and sit there and read but you can't." - Naomi

Mihi acknowledged that her morning sickness in the first trimester prevented her from *"functioning 100%"* this resulted in her missing classes due to this debilitating physical effect of pregnancy. Tee also felt unwell early in the pregnancy, but her lack of control over it was not going to affect her desire to continue with her studies:

"Well for the first eight weeks, that was really rough, not physically ill but just very shady, but since then really, it kind of just stopped, and basically the main thing really is just yeah fatigue, but I just try and just get on with it really, you can't do much about it."

Nancy on the other hand was fortunate to have reasonably trouble free first and second trimesters. However, this was not the case with her third trimester. The physical changes that occur within this trimester have taken their toll on her and impacted upon her ability to study:

"My first trimester was an absolute breeze, as was the second, and I'm just starting to get uncomfortable now, with some pelvic pain now, and I've actually had some fatigue from low iron, but that's all sorted out now…so that's probably, those things probably do effect how much work I did outside of normal working hours."

For these four women, the physical affects of pregnancy has affected them as students. Mihi, Nancy and Tee, who are all in their third trimester and therefore probably experiencing varying degrees of fatigue, have altered cognitive functioning. Conversely, Naomi who is still in her first trimester is still experiencing the affects of morning sickness which are a result of altered hormone levels. Therefore, pregnancies negative impact on the student's ability to study might be determined by the stage of pregnancy they are experiencing at the time. Yet Sarah was different from the other four women, in that she felt there was no change, stating that *"I haven't had any memory impairment".* In fact Sarah actually found that being a pregnant student provided her with more 'food for thought':

> *"Infact, the last module that I did was about how you developed to be the person you are and, ah the things that influence your practice and perhaps going to influence it in the future, so in theory it gave me more to talk about, because obviously this is got to effect perhaps how I'm going to practice, and perhaps other peoples perceptions of me as well"*

It is important to remember here that Sarah had deferred for this semester, while she was in her third trimester. She had also reported having a trouble free pregnancy in the early phase. This may indicate that a pregnant students experience could be dependent on the stage of pregnancy as well as their physical experience of pregnancy. While Tee has chosen to *"just get on with it"* I can't help wonder if she would be the same if she was just generally sick. It is possible that despite feeling unwell, the positive aspect of being pregnant has helped motivate her to continue with her student commitments.

The women in this study found that being pregnant students motivated them in another way. It provided them with the motivation to succeed to a higher academic standard than usual:

> *"You've gotta be like an A+ student, so you get the best paid jobs, so therefore you can look after your children." - Naomi.*

While this would enable them to be in better positions to provide for their families in the future, this must also be an additional source of stress for these students. Despite the motivation pregnancy provided, actually maintaining high standards of academic work at this time was made more difficult because of the pregnancy. It impacted on study time, resulting in these students having to miss out on study time, or extend it to other times to get the work done:

> *"It doesn't really allow me to put in as much extra study as I would like to…at the end of each day when I'd like to be able to go home and go over what we've covered, I'm finding*

that it's just a bit, you know, I need to have a bit of a break and then come time, you know after dinner or whatever, then I go back to it." - Tee.

"Probably with my study at night, it's quite hard to stay up all night, like I could stay up till like 12 o'clock, 1 o'clock before, and just get my work done, do that for a few nights in a row, whereas I don't think I could do that now, not that I've had to yet, but I think that would be hard to do now." - Naomi

"I read something, and then I'm like ok, what was that all about? So I've got to read it again, make some notes, I've gotta commit quite a bit of time to study." - Mihi

"At the beginning of my third trimester when I was anaemic, it definitely impacted on how much time I gave to my thesis, and I didn't do as much work, I went home and slept." - Nancy

It is not unusual for students these days to fit in their study with other responsibilities in their life (Fairchild, 2003; Hamilton, 2002; Misra et al., 2003; Polson, 2003; Rosales & Person, 2003). However, it has become very clear that pregnant students are disadvantaged as students because of their pregnancies. Both Tee and Sarah admitted to being compromised or disadvantaged, and others provided a sense of frustration:

"Frustrating in a way that some of what we're doing relates to the clinical and I feel because I haven't done that, that I can be slightly disadvantaged." - Tee

"I'd become a bit compromised, I don't think that I could have the force to do some of the manipulation techniques that I was taught." - Sarah

"When I'm getting stressed out, I can't study, I feel sick, so then I can't study, so my minds like, you try and sit there and read but you can't… I'm not gonna be able to study next year so that's kind of, it's a bit upsetting I guess." - Naomi

Naomi also felt that she was disadvantaged financially because of the demands of the pregnancy now becoming a priority over the resource needs of her study:

"Financially, a little bit more pressed, just because you've gotta buy like nice food, like nice fresh vegetables all the time, so financially it's a bit more in your pocket, um, I had to do my

assignment, I needed like 12 bits of card, black card and white card, which ended up being like 70 bucks."

It is important to note that Naomi chose to buy healthy food, to support the growth and development of her babies, instead of the resources for her assignment. This actually became a source of stress for her, which is also known to not be good in pregnancy. In the end, her boyfriend bought her the card, so that both her pregnancy and educational needs were met. It could be said that Naomi's boyfriend provided the essential support that she required to ensure equity for her academically. So what other factors influenced students in a positive way to maintain their educational goals while pregnant?

Support: A Positive Influence

Just as Naomi had found her boyfriend supportive, two other women also talked about having very supportive family members around them at this challenging time. All five women were in relationships with the father of their child, and there was a sense of support from these men. However, the number of other people supporting these women and the relationship between them differed somewhat. While Mihi, Tee and Naomi all had other family members that they found supportive, Sarah's family lived overseas and only her mother-in-law was planning to come to New Zealand to help her once the baby was born.

Mihi identified specific people that she has found supportive of her as a pregnant student, such as her family and partner, and some of her colleagues. Of particularly support were people who have got children or grandchildren, and therefore have some understanding of what she is currently experiencing. Naomi also expressed a similar need, to talk with other women who had been through something similar:

"One of my friends at school, umm, she kind of went through the same thing but didn't keep her baby…. it was [also] nice to have like, an older lady who had already had children."

Interestingly, Mihi, Tee and Naomi all talked about having supportive lectures. There is a belief that lecturers have control or knowledge of the needs and experiences of pregnant university students:

"The year three coordinator, the head of division and so on have been very supportive, and I think they've kind of been a bit bomb-barded with also having two lecturers with

pregnancies, and obviously there was another student last year in third year, so, it certainly [is] not unprecedented but, they've been very co-operative and willing to assist in whatever way they can." - Tee

"I would probably just go to my tutor, and then she would put me in the right direction… she sorts it all out for me, like when I couldn't do my exam, it wasn't the exam for her, so she went around and kind of talked to all the other tutors." - Naomi

It would seem appropriate for pregnant students to access AUT's health and counseling service for support. Yet Sarah and Tee were the only women who had used this service as a source of monitoring at the early stages of pregnancy. While Naomi had also used their service initially, this was prior to her finding out that she was actually pregnant, when she thought that she had a stomach bug. While some of the women in this study found this service very supportive and helpful, it would appear that others found that not all of their needs could be met. Nancy had enquired about the sleeping room:

"I'd spoken to someone who said that there are windows in that room up high and you can't get the light out, kind of thing… well I just didn't see it was any advantage over this space I guess."

Working at AUT provided an alternative for Nancy, her own office space. This alternative space would not be available to other students, and therefore could be considered an advantage for pregnant students who are also employed at the university. However, other factors related to being employed by AUT also arose, and they were not so advantageous.

Sarah had wanted to use her professional development fund to help pay for childcare when she returns to her studies once baby arrives. This would appear a reasonable request, especially as Sarah does not have an extended family in New Zealand to rely on for support or assistance. The funds would directly be supporting her to develop professionally. However, this request was denied:

"I've thought about, cause I get $1000 professional development money, that umm, like some people spend that on their health, like gym membership, and I tried to use that money towards say childcare, which isn't necessarily helping my study, but will help me study, because, someone's looking after that child, and just the financial side it would really help, but I've been told I'm not allowed to do that, so it's a bit of a shame."

This demonstrates just how disadvantaged women are in the world of academia. Policies with regards to how professional development funds can be used have probably been written from the dominant perspective – the male perspective. Because men are not very often responsible for childcare, this was not given due consideration as an appropriate way to use these funds. This can be considered a barrier for Sarah's desire to continue with her education once her baby arrives. She will have to consider her other options and make a forced choice regarding her academic future.

Conclusion

In this chapter I have shown how participants expressed their transitions into pregnant university students. Adapting to their pregnant body and becoming visible are significant factors in the process of transition. Some students were required to incorporate physical practice components of the course with their pregnant bodies. They needed to negotiate space within the classroom and on campus. While all pregnant women have to adapt to their accommodating body, they generally don't do it under the scrutiny of lecturers and class mates. The women in this study did, and as they became visibly different they became aware of other's reactions.

Becoming visible also means these students have gained insights into the needs of pregnant students. The experience of reviewing and scanning for resources has identified a lack of resources available on campus for pregnant women. These factors were all sources of stress for these students and had a negative affect on their learning.

The negative physical affects at different stages of pregnancy, affected the students ability to study. Whether it was morning sickness in the first trimester or fatigue in the third, these students struggled to meet their academic requirements due to pregnancy. Becoming a pregnant university student also means increased pressures to not only prove to others that they can still achieve academically, but also to ensure better educational outcomes. This is now an essential driving force, as there is now pressure to be able to provide financially for the family, which is more assured when students have the best grades. One factor that these women reported as being a significant positive factor in promoting continuation with their studies is support. They all identified key people in their lives who provide the support required, whether it was financial, guidance about their educational path, or just a friendly ear to listen to their concerns.

Despite the negative affects of pregnancy, the ability of these students to carry on with their studies while pregnant is impressive. They have used a variety of coping mechanisms to help them through this time of transition. These are discussed in the following chapter.

CHAPTER SIX

Compartmentalizing and Being Lucky

Introduction

In the previous chapters I have demonstrated the complex nature of the transitional experiences for pregnant university students. In chapter four I explored the specific factors that were unique to each woman. Then in chapter five I discussed how the pregnant body and becoming visible were common factors between the five women who participated in this study. With such significant changes and transitions, it is expected that these women will look for ways of coping. This chapter explores the common themes that emerged from the data and represent coping mechanisms that were utilized by the women in this study.

There is a belief that women are privileged in their embodied experience of pregnancy, and therefore they automatically focus on all details relevant to the pregnancy (Draper, 2003; Smith, 1995). However, I will show in this chapter that this is not always the case. Students in this study attempted to find ways of coping with the changes that occurred as a result of becoming a pregnant university student. One way was through compartmentalizing, or developing a mind-body split. This involved complete or partial separation of the pregnancy from their student role, and was one way students attempted to create balance in their lives. Another way of coping was to accept a loss of control, and leave some aspects of their lives/education up to fate. This might suggest that these students abdicate their rights as students. In this chapter I will describe how the women in this study referred to these coping mechanisms, to aim for success as pregnant university students.

Compartmentalizing

According to Myers-Walls (1984) compartmentalization is "the ability to keep the roles separate and forget one while involved in another" (p. 268). In this study there were two distinct aspects of compartmentalizing used by the women. The first pertains to the belief that the mind and body can be split. During pregnancy the women could forget that they were pregnant. As

quoted in chapter four, Mihi was the only woman who suggested that she had actually forgotten that she was pregnant, even at 36 weeks gestation. While Mihi compartmentalized this way, Nancy could only cope with concentrating on one thing at a time, and at the time of the interview, her thesis got all her attention:

"I really want to get the thesis out of the way so that I can concentrate on being pregnant, and concentrate on the last part of my pregnancy, because I've been so well, and worked full time and studied, I almost feel like I haven't paid enough attention to my pregnancy, like I've got a room at home that's got all the baby stuff just chucked into it, and I don't feel particularly organized, and that's because of my studies."

Nancy was aware of the need to give her pregnancy some attention, as when I asked about factors that she has found supportive during this time, she identified two key people. The first was a colleague:

"One of my work colleagues here is really excited about me being pregnant, and that's really nice, because this work environment and the research environment within the school is not an environment that's use to pregnant women, or babies, or people having their lives impacting on their post graduate education."

The second person Nancy found supportive was her master's supervisor:

"…and also my supervisor who's a really good friend of mine, she's kind of the other way, I don't know that she'd particularly think to ask, or think it was a big deal, so because it's not a big deal, we just get on with the thesis stuff, and in a way that's nice as well."

So Nancy even compartmentalized the people who she finds supportive. A work colleague who reminds her that she is pregnant and shares in her excitement of this, and her supervisor who is keeping her focused on her thesis. It is like these people in her life are helping her maintain this division between her pregnancy and her study. While this would appear a rather drastic form of compartmentalizing, I believe that Sarah actually demonstrated the most significant form of compartmentalizing, because she deferred for the semester when she was due to give birth. This might suggest that she could only cope with focusing on her pregnancy at this stage, and not the demands of being a pregnant student at all, or perhaps it was Sarah's lack of support that prevented her from maintaining dual roles.

Naomi compartmentalized in a unique way, and she was at an advantage in that her pregnancy was not yet visible. Naomi chose not to let her class-mates know about her pregnancy, because she didn't have a relationship with them where she felt this was appropriate:

"You don't really want to tell them, like I don't really want to tell them about my baby or anything, it will be just like them talking about it for the rest of the year, [and] it would do your head in." - Naomi

Naomi needed to make clear distinctions between her life as a student and her life as a pregnant woman, and by not talking about it with fellow students, enabled her to make this division. Her head was already full with the news of her pregnancy, and the information required for her to make decisions regarding her future. She needed to make space for her studies, and she was able to do this through compartmentalizing.

Compartmentalizing could be considered a culturally constructed concept. The two women in this study who identified as Māori both wanted to continue with their studies while pregnant:

"I'm [the] sort of person who just thinks oh well, you just get on with it." - Mihi

"I wanted to stay on schedule" – Tee

Perhaps Mihi and Tee wanted to continue with their studies while pregnant to maintain their holistic well-being in accordance with the Maori models of health as discussed in chapter two. However, as discussed in chapter four, both women came up against barriers in the form of lecturers and their ability to participate within certain papers. While Mihi found a way around this wall by finding another lecturer and paper to enroll in, Tee had to accept direction from people in positions of power, and not complete the clinical papers while she was pregnant.

The second distinct aspect of compartmentalization pertains to actions or behaviours that the women adopted to make clear boundaries between the pregnancy and other aspects of their lives (Myers-Walls, 1984). Students needed to separate their role as pregnant woman from their role as student. This was done so that students can find balance in their lives and have a sense of harmony.

Finding Balance

For students transitioning from university student to pregnant university student, compartmentalizing means they can separate the physical and psychological changes related to pregnancy, from the mental functioning of the brain which is required as a student. For the women in this study, it was apparent that they used compartmentalizing as a coping mechanism to find balance in their busy lives:

"It's always about the balance between working and studying as well, and how much I actually manage to achieve." - Nancy

"…how I'm going to juggle, looking after a baby, I don't know how much time this is going to take and will I actually be able to balance that with doing my study, having time to sit down and write an assignment, or read an article, or going to the library." - Sarah

"It's kind of, it is a balancing act, and more so at the moment... it's a balancing act too, because I tend to not be able to spend as much time with my husband as well, , and my family or friends to that matter." - Tee

"I would say it's not a particularly friendly environment for pregnancy or for having a family, and having a kind of work life balance. A lot of the people that work within the research groups are men or women who don't have children, or whose children don't impact on their work at all." - Nancy

I believe that there is an element of prioritizing that goes into finding balance as well. Finding balance does not mean that everything is given equal time, but rather that time is divided between the various needs determined by the woman at any given time. If pregnant students are going to prioritize factors of their lives, this also means that they must be making sacrifices, just as Tee suggests. While these students are pregnant, it would appear that their studies have been given priority:

"At this stage I have been making my studies a priority." - Tee

"Yeah I missed out on a few [classes] but I made sure they weren't my really, really important classes, I'd make myself go to my really important classes." - Naomi

So despite feeling unwell, Naomi needs to prioritize her studies over her pregnancy. Yet pregnant students priorities might well change as the pregnancy progresses or once babies are born:

"It's the way it is, and priorities have changed now for me." - Tee

"I think if all was to give, then the study would have to give, not obviously the care of the baby." - Sarah

For Tee, her priorities changed in response to limitations placed upon her by faculty staff. That is, she lost control over her ability to complete the clinical paper, but could control what she would prioritize, given her options. Sarah's priorities however, were determined primarily by her lack of support. If provided with more practical support, Sarah's options might be different, and therefore her priorities might change. These provide good examples of how pregnant university students make forced choices.

Compartmentalizing is a chosen coping mechanism to find balance between their new role as pregnant women and their role as student, thereby ensuring that current commitments and priorities are still met. At a time when these women experience a loss of control, they appear to be striving to gain control where they can, and that is through compartmentalizing. What they can't control they now put down to being lucky.

Being Lucky

One of the first themes to emerge from the data was a sense of luck or being lucky. I was surprised at how easily these students referred to this concept in relation to their student role. There is often a sense that students actually have rights and a reasonable amount of control. Education is after all, a commodity, and students are the consumers of this commodity. However, it would not appear that these five students were so aware of their rights, as each of them mentioned being either lucky, fortunate or unfortunate.

Mihi, Sarah, Nancy and Naomi, all talked about being lucky or fortunate. Throughout the interview Mihi considered herself 'lucky' for various reasons but especially lucky to have a female lecturer:

"…but luckily for me my lecturer was a female who also had children and was quite understanding of my situation, cause I said to her, you know there's going to be times when I'm just going to be jumping up and down to go to the toilet every five minutes, and she was like, oh don't worry, I understand completely, so I was quite lucky in that sense having her as my lecturer."

When Mihi did finally locate a male lecturer who accepted her into his class, she felt lucky that his paper was in her major. One of the more shocking statements regarding luck came from Nancy:

"I went through a period of just not giving a flying s**t about my thesis, where I was running around on lots of happy hormones I think, and I really didn't really care (laughter) and I knew that I should be caring about it but I really just couldn't have cared less…but I wasn't really focused on very much of anything, I was just, happy, and racing around doing my thing… and that lasted for a couple of weeks and I was kind of running out of time with my thesis, and I knew that I needed to start getting worried about it, and I just couldn't make myself get worried about it… luckily I got over that."

I was perplexed to hear Nancy think of herself as being lucky to have got over being happy about being pregnant. It was almost like she could only be one way or the other. That is, to be happy and not studying, or to not be happy and studying. How sad that she felt that she had to make this choice, that she couldn't be happy about being pregnant while she continued with her studies. Sarah also felt lucky for various reasons:

"I'm being fortunate enough that my mother in-law will be here to help with the first part, cause this second module is four weeks….luckily it's a two hour lunch break, and I think I can go home….Luckily the, the first module is spread over many, many months, so hopefully I might be able to cope, I should be able to find some time cause my mother in-law's here till September, and I'm sure she'll help me, but I imagine it'll be quite tiring, the change in routine and looking after a baby."

So Sarah was lucky because she is going to have much needed support, and lucky that the timetable will fit with both the timing of the support from her mother-in-law, and with the demands of caring for a new-born baby. Naomi felt lucky for two reasons:

"I'm lucky cause I'm so close, I can get up at 10 to 9, and go to my 9 o'clock lecture… yep, it's hard to get up in the morning, and we're quite fortunate cause I only live a minute away from my classrooms, so I can go home and have a little lie down, or put my feet up for like

20 minutes or something, between classes….quite fortunate that I don't have to stand on my feet all day."

Naomi's proximity to campus, and the fact that she is not on her feet all day, were relevant factors for her before she became pregnant. Yet she now considers herself lucky to have these factors in her student life, now that she is pregnant. This could be said for most of these students. Sarah's future timetable would be her timetable regardless of her needs outside of her student life. The timetable was not created with her breastfeeding in mind. Mihi's first teacher would have been a woman regardless of her being pregnant and feeling sick.

It was interesting when Tee did not talk about being lucky, but rather being unfortunate: *"Unfortunately that was during exam week last year…. unfortunately I'm just unable to complete the clinical's…. unfortunately like I say we're not working in semesters, we're working in blocks and [in] the next theory block [the] baby will only be about four weeks old."*

It would appear that fate has not been as kind to Tee as it has been to the others. But I also wonder if Tee's history of high achievement has changed her perspective. Maybe she is aware that success in life is based on control, and as it has already been established in chapter four, Tee's sense of control has been somewhat removed from her since she became a pregnant university student.

While being lucky might suggest that these students have absolved their rights and responsibilities somewhat, this also demonstrates the complexity of the requirements for these students. Instead of asking for these things, they left it up to fate to determine what would help them or not. They need their lecturers to understand what it is like to have morning sickness and not feel too good in class. They need some flexibility around time structures. They need support as well as appropriate resources, for during the pregnancy. These and other recommendations are discussed in the following chapter.

Conclusion

In this chapter I have explored how participants spoke about coping with the transitional experiences of the pregnant body and becoming visible. They use the coping mechanism of

compartmentalizing to find balance in their very busy and highly demanding lives. They also choose to let their educational paths fall into the hands of fate, believing that they are lucky when factors fall their way, as apposed to expecting that their rights as students will be maintained regardless of being pregnant.

Yet there appears to be an irony here. These students have experienced changes in becoming pregnant, which has sent them on the transition of pregnancy. This has resulted in them making further changes to adapt to the transition of pregnant student. It could then be said that these students are experiencing a multitude of transitions to cope with the original transition. It is amazing that only one of these women has chosen to defer, and that the others are carrying on despite the chaos and conflict that they appear to be experiencing. In the following chapter I will reflect on the findings of this study, explore the limitations to it, consider areas for future research and make recommendations that will hopefully support pregnant university students in the future.

CHAPTER SEVEN

Discussion of Findings

Introduction

In this chapter I will discuss some of the more common themes that emerged from the data, and discuss these findings in relation to what is already known. Experiencing the pregnant body has created a transition of pregnancy, which has directly impacted the transition to pregnant university student. It has singled these students out and given them solo status. This has had a negative impact on the academic experience of these women, and they have utilized various coping mechanisms to aid their transitions. The most significant finding of all from this study is that these students need time and space to be pregnant university students.

The Pregnant Body in Student Transitions

Pregnancy is a physiological process, which requires alteration of the women's body to adapt to the growing foetus. There are many ways of looking at this physical change. For some women, this change is an indication that all is well and they develop a sense of security or comfort in their expanding bodies (Draper, 2003; Johnson et al., 2004). It can also represent the development of a new relationship between the mother and her baby (Schmied & Lupton, 2001). There are also some negative feelings about the woman's changing body. Loss of identity and autonomy are significant negative consequences of pregnancy (Oakley, 2005; Schmied & Lupton, 2001; Warren & Brewis, 2004; Wolf, 2001). There is an apparent breakdown in usual social bodily boundaries and the pregnant woman can be seen as 'public property' (Draper, 2003; Elvey, 2003; Johnson et al., 2004; Rothman, 2000).

While the pregnant body is an issue for many pregnant women, the women in this study had to incorporate their pregnant bodies into their lives as students. As Rothman (2000) states, "biological motherhood occurs in a social context" (p. 103). At AUT there is an expectation with some programmes that the student will take an active and participatory role within a practice environment, and also the classroom. Being pregnant can impact upon this expectation in various ways. The student might feel unable to complete this aspect of the course. Feeling compromised,

the student might choose to defer while pregnant or accept that their standard of work may drop due to pregnancy, as the cases of Sarah and Naomi demonstrated. This is not fair and equitable for these students as they have to prove their ability above and beyond that of other students who are not pregnant.

On the other hand, lecturers who run the programme might actually make this choice for the student, and limit the student's participation within the practice components of the course, as was the case for Tee. Mihi and Nancy, both Master's students, had more control over their programmes, and made conscious decisions to limit their workloads. There appears to be a significant amount of inconsistency here for students. How a student is treated because of pregnancy is determined by the programme that they are enrolled in, or the lecturers they have contact with. It is as though the educational system disables pregnant students. It might also be that pregnant students disable themselves.

Disabling the Pregnant University Student

It was surprising to hear one pregnant student comparing herself to someone with a disability, as I don't consider pregnant women to be disabled; neither does the World Health Organization (2002). Perhaps there are some factors that are similar, and therefore require further discussion. The findings of this study showed that the physical affects of pregnancy at different trimesters has a negative impact on student learning. Naomi at 12 weeks was struggling with morning sickness, and Mihi, Nancy, Sarah and Tee experienced fatigue in the third trimester. Generally speaking, when we consider a pregnant woman, we think of a woman with a single live foetus. However, where does this leave women with twins or triplets? As Naomi stated; *"they say at 30 weeks, you're pretty much unable to get around with twins".* Surely if someone can't 'get around' then there is an element of disability. However, this is someone else influencing Naomi with their beliefs about pregnant women and someone else is disabling her.

Sherrill (2005) defines disability as "the loss or reduction of functional ability and/or activity" (p. 54). This could be potentially relevant for pregnant university students as the negative physical affects of pregnancy, such as morning sickness and fatigue, has the potential to reduce the woman's activity or ability to function. Oakley (2005) however, refers to pregnancy as being a handicap for women. Handicap, according to Sherrill (2005) is "a condition produced by society and environmental barriers" (p. 54). This would suggest that when structures and processes create limitations for pregnant students, they are being handicapped, not because of the

pregnancy directly, but because of the lack of resources and policies to support them. Both of these terms, disable and handicap can be social constructions, and I believe the danger is to label all pregnant women as disabled or handicapped, as they clearly are not. Take Mihi for example, who wanted to participate in her programme and complete her qualification despite being pregnant. If she had not been able to sift through her options, and limited herself to her initial enquiries, then she may have got the message from lecturers that pregnant women cannot participate at university as students.

While pregnancy can be a time of joy and excitement, it can also be a time where the woman's body reacts to the physical changes, and does not reflect this positive emotion. Morning sickness and fatigue are two of the most well-known conditions related to pregnancy (Bainbridge, 2001; Wheeler, 2002; Wolf, 2001). Pregnant students, who suffer through these physical symptoms, must face this as a challenge to their continued role as a student. Yet there is another message here in that these women are feeling somewhat vulnerable about their bodies, related to the physical affects of pregnancy and the fact they have become visibly different. Pregnant students become more aware of how others see them, and how they might react to their pregnant status, because they are concerned others will disable or handicap them. As Wolf (2001) suggests, "a pregnant woman might feel like the same person – but she sees others perceptions of herself shift and change" (p. 64). To exist as a pregnant student in the social world of education, the participants were singled out and given solo status.

Being Singled Out

Thompson and Sekaquaptewa (2002) believe that when an individual "finds himself or herself to be the only representative of his or her social category present" (p. 184), they are identified as having 'solo status'. Due to the limited number of pregnant university students on campus, these women would clearly fall into this category, especially in the third trimester when the pregnancy is more visible. Thompson and Sekaquaptewa (2002) also found there to be negative consequences for students with solo status. Because they are so visible, they are often scrutinized or monitored more closely. This can be due to preconceived beliefs about pregnancy. With the stereotype of decreased cognitive functioning for women during pregnancy (Wolf, 2001) it could be assumed that there is a belief that pregnant university students will struggle academically. If this is expected by the lecturer or fellow students, the student might have additional pressure to prove this is not necessarily the case for them. Naomi discussed this point

in her interview, and explained that there was additional pressure to succeed due to the increased sense of responsibility that she had, now that she was pregnant.

Gaining solo status is possibly of particular concern for the two women in this study who identified as Māori. Their ethnicity might have already provided them with solo status, and if so they must now also negotiate an additional reason for acquiring a second solo status. Tee talked about *"taking one for the team"*. Perhaps Tee's Māori identity is telling her how important it is to fit in and be one of the crowd (Rimene et al., 1998). This might also suggest that Tee is prepared to make sacrifices in order to be accepted by her classmates and lecturer. By participating as a role model, she may get less scrutiny from a performance perspective, but the sacrifice here would be that her pregnant body may come under scrutiny by others.

Yet there also seems to be an irony here. People in Western culture have always prided themselves on being individuals and unique (Draper, 2003), yet when there is the opportunity or means to meet this ideal, there are unwanted consequences. When encountering difference, the emphasis gets focused on the individual who is different from the rest. This difference is then challenged by society and then by the individual themselves. As Netshikweta and Ehlers (2002) found in their study of pregnant nursing students, there was a reluctance to attend antenatal clinic by pregnant nursing students, for fear of their fellow student's reactions. It is as if these students are conscious that they will be judged for being different because they are pregnant while also being students. At a time when pregnant students need support and understanding, they might receive unwanted attention.

Unwanted Attention

While women's work of pregnancy is usually considered invisible (Oakley, 2005), most pregnant women could probably tell a story of a perfect stranger crossing personal boundaries, purely because of pregnancy (Draper, 2003; Johnson et al., 2004; Rothman, 2000). Johnson, Burrows and Williamson (2004) found that pregnant women did not appreciate being the centre of attention, especially so when their personal space was invaded by strangers. Johnson, Burrows & Williamson (2004) and Rothman (2000) believe that pregnancy provides a legitimate reason for strangers to invade personal space of a pregnant woman. It is as if the protruding abdomen no longer belongs to the woman, but rather to society (Draper, 2003; Elvey, 2003). It could be viewed that the foetus is a separate being, for which society takes some collective responsibility (Rothman, 2000). This is supported by Johnson, Burrows and Williamson's (2004) suggestion

that women are sometimes considered mere incubators for the developing foetus, rather than individuals in their own right. Therefore, it could be said that it is the woman's altered body that is visible, and not necessarily the woman herself.

When Tee was asked to be a pregnant model in one of her classes, Tee's lecturer may have forgotten that Tee was a woman in her own right, and that it was probably not appropriate to place Tee in a potentially vulnerable position. For Tee to expose her body and become the center of attention in class must be difficult at the best of times, let alone when she is coming to grips with her pregnant body. This might also account for why Naomi was so keen to keep her pregnancy her *"little secret",* as students whom she had no relationship with prior to pregnancy, would now feel like they could ask her personal questions, day after day. Despite wanting to keep her pregnancy a secret from her fellow students, I found it interesting that Naomi was quite happy to share her story with me, a perfect stranger. Lee (1993; 2004) suggests that Naomi might have felt safe talking with me as a researcher because there is no chance of our paths crossing again. I also feel that my interest in this sensitive subject suggested to Naomi that I would value what she had to say, and not judge her situation. When students lose their sense of self because of their pregnancy, they might feel like they are loosing any control. Loss of control is a common feeling in pregnancy (Wolf, 2001), but in order to maintain academic standards, the students needed to adopt compatible coping mechanisms.

Coping with the Experience of Transition

As discussed in chapter two, Bridges (2001) theory of transition has three distinct phases: "an ending, neutral zone, and beginning again" (p. 2). There is evidence of the ending phase for the participants of this study. Their ending phase occurred when they found out they were pregnant. This discovery triggered their need to make adjustments in order to incorporate pregnancy with their student role. These adjustments included consideration of the physical effects of pregnancy, particularly morning sickness and fatigue for some of the participants in the first trimester. Yet pregnancy already has transitions of its own (Wheeler, 2002). Therefore, it is evident that the participants in this study are going through multiple transitions. Each time something changes in their lives, whether it is related to the pregnancy or their education, the participants were triggered into another cycle of transition, which occurred on top of any transitions that were already occurring.

The second phase of Bridges theory is the neutral zone, and typically there are elements of chaos and confusion at this time of adaptation. There was certainly evidence of this for some of the participants, especially in relation to the incorporation of pregnancy with the requirements of their programme. Bridges also suggests that the neutral zone can be a time of creativity, and the participants were somewhat creative in how they adapted.

It would appear that compartmentalizing has been used by these students as a coping mechanism that enabled them to focus on other aspects, roles or realities in their lives without the added pressure of pregnancy or impending motherhood. Rothman (2000) suggests that compartmentalization is part of our everyday life. "We 'change hats', 'shift gears' as we move from one mechanical social order to another. We carry these separate selves around, experiencing not only the compartmentalization between people, but within ourselves as well" (p. 35). Therefore, it is normal and expected that students would put their student hat on when studying, and not the pregnant woman hat. Yet normally, other roles can be left behind. For example, mothers usually 'leave behind' their mother role when they attend university to attend class. This is not the case for pregnant students. They take their pregnancy with them to class, or to the computer to write their thesis. They have a constant reminder that they are in fact pregnant.

The concept of compartmentalizing, or mind-body split is not a new one. Some authors suggest that our language actually promotes the separation of mind and body, through the use of terms such as 'me' and 'my body' (Elvey, 2003). This would suggest that the body is equal to property, which we have control over, and can also neglect at times. This is further supported by Rothman (2004) who points out that the body is "like a shelter, which houses the more important mind" (p. 24).

Due to the embodied experience of pregnancy, mind-body split has been explored significantly for pregnant women (DiQuinzio, 1999; Elvey, 2003; Myers-Walls, 1984; Rothman, 2000, 2004; Schmied & Lupton, 2001; Wolf, 2001). Schmied and Lupton (2001) state that "many women find it difficult to conceptualize a body image of the foetus as separate or distinct in itself from their own bodies" (p. 38). They believe that the boundaries between the woman and her developing foetus are somewhat blurred. They suggest that during the first trimester the foetus is so small and 'invisible', it really is just a concept within the mother's head. But then in the third trimester there is visibly another being within the woman, with an individual identity distinct from the woman. However, when women don't identify with this separate being that they have embodied, both the pregnancy and the impending birth have a surreal feeling. While the students

in this study used compartmentalizing as a coping mechanism to balance their educational requirements while pregnant, Rothman (2000) warns against this. She believes that to deny the continuity of the embodied experience of pregnancy, through compartmentalizing it, there is the potential to harm the relationship between mother and unborn child. These relational interactions are the first social interactions for the child, and set the scene for future social interactions following birth. It is vital that pregnant women take time to bond with their unborn children to ensure that the mother-child relationship is somewhat established before the birth. As already stated however, there is no time for pregnant students to focus on their pregnancy, in fact there seems to be less. Because of the university processes, pregnant students need to prioritize, in order to achieve some academic success before baby arrives.

Finding Harmony

It might seem easy to prioritize study while being pregnant. It is believed that pregnancy is a time when the women have very little control over what is happening to them physically (Rothman, 2000; Schmied & Lupton, 2001; Warren & Brewis, 2004; Wolf, 2001). In accordance with Wolf's (2001) suggestion, that modern women are now "used to controlling their lives" (p. 26), it might therefore be natural for pregnant women to try and control what ever aspects of their lives that they possibly can. The women in this study wanted to maintain control over their priorities.

Nancy uses the term 'work-life balance' indicating that there are only two domains; work being the place of employment, and life being everything else. However, Myers-Walls (1984) identified specific areas in women's lives that compete with time required to be a mother. These were work, social life, marriage and housekeeping. She also believed that individuals experience role conflict when they "attempt to ful-fill multiple roles which involve conflicting expectations or an overwhelming number of tasks" (p. 268). She identified four main reasons for the experience of conflict: time conflict, location conflict, energy conflict and conflict in expectations.

The women in this study could possibly experience all four reasons for conflict, making the time as a pregnant university student potentially stressful. Yet as already stated compartmentalizing appears to be a cultural construct. As stated in chapter two, Māori philosophy of health is holistic and incorporates many factors in life to create harmony within the individual. Bunkle (1992) states that Māori health philosophy consists of "the integrated unity of physical, intellectual, spiritual, and social well-being" (p. 67). Because this view of health is holistic, to

separate them would mean to create an imbalance, creating a weakness or illness in the individual and whanau (Rimene et al., 1998). This might be why Mihi and Tee both wanted to carry on with their student role while pregnant, as to discontinue or compartmentalize it would create an imbalance. Glover (2005) explains that the wairua (spirit) is effected when the mind is altered. In stressful situations, it is well known that the cognitive ability of the mind can be impaired. When this occurs, as is the case for stressed pregnant university students, it will affect their wairua or spirit. This can impact further on their clarity, and so begins another change, and therefore another potential transition.

Mihi also expressed some contradictions during her interview, which I found really interesting. I believe that these contradictions could represent one of two things. Initially they indicated that Mihi was not confident with her voice and the knowledge that she had, as might be suggested by Belenky et al (1997). She might have still been deciding what accounted for knowledge and what didn't. On further reflection, perhaps this is more of an example of how Mihi is situated within her Māori cultural identity, and the dominant Western culture of the educational context in which she works and studies. In one she would prefer to view things holistically, but in the other she can not, so she shifts between these two, and this creates these contradictions. This demonstrates how Mihi lives between the two worlds; Te Ao Māori (The Māori world) and the Western world. This has the potential for creating more stress for these students, and they will require support to survive the academic world.

Seeking Support

Some of the women in this study referred to the support that was required to help them as pregnant university students, and some of the women identified family as essential support. This was especially so for Mihi and Tee who both identified as Māori. As stated earlier, *whānau* (family) is a factor that can provide stability to Māori, and fosters their sense of harmony. While family is a specific factor in Māori models of health, it is not only Māori who acknowledge the importance of this support. Nancy and Naomi also identified the importance of having good family support. Conversely, Sarah expressed that she had a lack of support within New Zealand, and that she was going to require this if she was to succeed in education.

I believe that there is often an assumption within the New Zealand culture that people will always have family to support them. Yet families are not always available to support these students. This is often when the students might turn to the lecturer for guidance and support.

The students in this study had a perception that lecturers have 'expert' knowledge as far as dealing with pregnant students. This then carries on to a point where students are quite happy to take guidance from these people, guidance usually in relation to academic processes. This does concern me somewhat, as my previous pilot study showed that lecturers don't generally have a formal line of guidance for students who are pregnant. While the lecturers from Tee's school have worked with pregnant students and staff before, this personal experience might have prejudiced them to think only one way about pregnant students. Their interpretation of life as a pregnant student might not be as clear or accurate, as perhaps it could be, and therefore they may make suggestions or recommendations that are not fair or equitable to all students who are pregnant.

As discussed in chapter two, Evans and Rosen (1997) suggested that expected pregnancies allowed time for women to adapt to pregnancy and the changes that occur with this natural process. Yet this was not the case for the women in this study. Two of the five women were unexpectedly pregnant, yet Mihi and Naomi seemed to incorporate pregnancy with their student role more than Sarah for example, who planned her pregnancy and then deferred her studies. Thompson et al. (1997) also recommended that the positive effects of pregnancy might buffer any negative aspects. Yet in this study Naomi managed to continue with student life, despite feeling very unwell in the first trimester of her unexpected pregnancy. For the participants of this study, whether the pregnancy was planned or unplanned did not directly effect the participant's perception of support, or impact on their experience of transition.

Making Forced Choices

There is a correlation between loss-of-control and pregnancy (Elvey, 2003; Johnson et al., 2004). The bodily changes and how the foetus develops are out of control and therefore left in the hands of fate. Perhaps this sense of no-control carries over into other realms of life for pregnant women, and they feel like they must make forced choices. Of the five women who participated in this study, only one of them deferred for the semester when she was due. For Sarah, pregnancy and a lack of support forced her to make a choice about her enrolment as a student. This has created a barrier to her education. While the other four women had chosen not to let this happen for them, there are possible future implications as Naomi has already accepted her fate and stated that she is not going to be able to study next year. While the pregnancy itself is not a barrier for Naomi, the impending arrival of her twins has forced her to review her future educational goals. While this has created a barrier for Naomi, it may only be momentary or it may

become permanent. Sarah expressed that if her workload becomes too much, it will be her study that "would have to give, not the care of the baby".

Tee was also required to make forced choices. Her options as a student were limited due to the pregnancy. Regardless of her motivation and her desire to do what was required as a student to succeed, she was talked into not completing the clinical aspect of her programme while pregnant. While she stated that she now thought that this was for the best, the tone in her voice and the internal debate that she expressed indicated to me that perhaps she was still struggling with this choice. Findings in this study would suggest that pregnant students should not be forced into making choices from limited options, but need to be provided with the time and space to be a pregnant university student.

Creating Time and Space to be a Pregnant University Student

The creation of time and space does not mean that pregnant students should not be able to be pregnant university students, but that they need to have equal access to their education. It has been shown in the literature review that there is a lack of policies to support pregnant university students. Findings from this study also showed that there is a lack of resources on campus to accommodate these students. For example, pregnant abdomens do not fit so well at computer desks. Pregnant women also require somewhere to have a rest and put their feet up. As the transition experience also involved scanning and reviewing their situation for the future, these pregnant students were also concerned about the lack of resources for students with babies.

It is this finding of the study that does not concur with Bridges (2001) theory of transition. His final phase of transition is known as beginning again, and for the students incorporating the transition of pregnancy into their student role, there was little evidence of these students 'beginning again'. I believe that this is primarily due to two reasons. Firstly, these students were all pregnant and pregnancy had a direct effect on their experiences of student transition. They appeared to still be in the neutral zone, looking for resources that would support them now and as students with young babies. Some were being creative, trying to find solutions to potential problems. Yet there was also a general acceptance among the participants that they are also adapting to the unknown, and therefore solutions or adaptation may not fit what occurs for them in the future. Secondly, I believe that to truly begin again, there must be a sense of equilibrium. As Drewery and Bird (2004) indicate, as human beings we are always evolving, therefore always

in transition. Perhaps the transition to being a mother will mean a continual process of being in transition.

With the theme of being lucky, findings from this study also showed that pregnant university students were also more concerned with having their needs met than their rights as students. As Rothman (2000) states, "a focus on rights ignores needs" (p. 195). I have chosen to hear these student's voices, and listen to what their needs are. And while Rothman (Rothman, 2000) has a valid point, there is no point in changing policies to accommodate pregnant university students, if these policies don't meet their needs.

Conclusion

It is evident from the findings of this study, that the transitional experiences of the participants in this study support the first two phases of Bridges (2001) transitional theory, an ending and neutral zone. Pregnancy creates a change that the student must adapt to. This is not a new finding. The transition of pregnancy has already been discussed. But what is new, is that this transitional experience can trigger other transitional experiences that occur because the women in this study were students who were pregnant.

While there is not a lineal path of transition for pregnant university students, it is evident that some factors of pregnancy trigger different transitions for the participants in this study. The pregnant body can have a negative impact on the role of the student, and on her learning. The negative physical effects of pregnancy, such as morning sickness and fatigue can influence choices made by the student. These factors can impose themselves within any of the three trimesters of pregnancy, and can make her visibly different from others. Being singled out and becoming a focus within a classroom or on campus, can have both positive and negative effects on transition for these students, but this is dependent upon who is singling the student out; herself or others. It is also evident that the women who participated in this study were still in transition. They were seeking ways to cope with the changes that were occurring, trying to adapt to their new lives, but this appeared to be a constant, evolving experience. With the future somewhat unknown, I would suggest that these women will always be in transition, now that they have begun their journey to motherhood.

CHAPTER EIGHT

Conclusion

Introduction

In the previous chapters, themes of transition have been discussed as they relate to university students becoming pregnant university students. I have shown the complexity of these themes, as they relate to the individual cases. This complexity has developed further with additional themes common to all women in this study. The pregnant body and becoming visible were common between the women, yet they also experienced these themes in their own unique way. I have also explored how pregnant students cope with these transitional experiences. Often coping mechanisms such as compartmentalizing require further changes to be made. This is turn creates further transitions, like a spiral.

This chapter will reflect on the findings of this study and explore the implications of these transitions for policy and practice. I will return to the aims of the study, to compare these with what was achieved. I will discuss the limitations to this study, and explore potential changes I might make if I had to repeat the research process. Finally, I will provide recommendations for the university, regarding teaching practices and policy development, so that future pregnant university students are not discriminated against, and are supported in their educational journey.

Returning to the Aims of the Study

The main aim of this study was to explore and describe the stages and patterns of transition from being a university student to becoming a pregnant university student. While I have not identified a specific lineal process of transition that these students go through, I believe that this study has achieved identifying the specific factors of the pregnant body and becoming visible, which influence the students' experience of transition. It has also been found that these transitional experiences are dependent upon other factors, such as the stage of pregnancy, the women's experience of the physical effects of pregnancy, which programme she was enrolled in, and the support networks that were available to her. It was found that student experiences of

transition were directly affected by the transition of pregnancy and pregnancy was shown to have a predominantly negative affect on pregnant student learning. While this was also dependent upon the above factors, it was also influenced by the individual lecturers that the student had contact with.

While coping mechanisms during the transitional experiences of pregnant students were not an aim of this study, they emerged from the data as factors that influenced the student during this transition, and included compartmentalizing and being lucky. Students were living within multiple roles, and in order to cope with the many demands upon them they would compartmentalize to find balance or harmony in their lives. There was also a sense of no control for these students and they chose to leave some factors in their lives up to fate. It was as though the educational structures and society's perspectives of women who are pregnant have impacted on the women by silencing them, limiting their options and creating forced choices for them. It became evident that pregnant university students require space and time to be pregnant. The current university system, which is built on the dominant patriarchal structure, has not factored in the possibility of pregnant women being students within this system. This study shows that if the university wishes to retain pregnant students, and ensure their academic success and well-being that policy and practical changes are required to support these students through their transitional experiences.

Limitations of the study

With only five participants in this study, this can create some limitations of this study. All five women who participated within this study were either currently, or historically, working in the educational environment. Now that could be an indication that they are personally aware of what it means to work with pregnant students themselves, or that having this 'other-side' knowledge of the educational system, has given them support to carry on with their education despite being pregnant. However, I am left wondering if this provided them with a unique perspective. No participant was in the second trimester of pregnancy at the time of the interview. While four of the women had been through this trimester, no discussion focused specifically on stages of pregnancy. Only one participant was in the first trimester, and she provided interesting data from a fresh perspective. While each pregnant student would probably add to the findings of this study, it is unrealistic to have a never ending study.

Another limitation of this study is that it is a small study, with only five participants from one university. However, this was also part of the research design, and to develop further understanding of transitional experiences of pregnant university students, this study needs to be replicated in other universities. As is common with qualitatively designed studies, I am still left with perhaps more questions about pregnant university students than I started with. While this might be considered a limitation, or a natural occurrence within the research process, it does provide a platform for future study.

The final limitation to this study is the qualitative design. In order to influence policy, institutions often prefer the objective findings and statistics that quantitative research provides. It is important that the findings of this qualitative study are not dismissed, but incorporated into the development of new policies and practices that incorporate and support pregnant university students.

Directions for Future Research

As previously stated, this study has resulted in more questions than answers, and I have identified various areas that could be explored in future research. These research areas include exploring the experience of pregnant university lecturers, exploring what student life is like with a new baby, exploring how lecturers feel about having pregnant university students, and what they understand of the needs of pregnant university students. It would also be helpful to repeat this study in other institutions, to see if the findings are unique to AUT, and to broaden the knowledge base of the experiences of pregnant university students.

Implications for Policy and Practice

The findings of this study are important for future pregnant university students, as well as for the university. It is important that pregnant university students are not discriminated against, and that they receive equality in the field of tertiary education. The recommendations of this thesis are situated around the finding that the university needs to create time, space and support for pregnant university students.

Recommendations

Policy development. Policies need to be developed specifically for university students who become pregnant. These policies need to ensure that students have options available to them to either complete the course as they wish, or to manipulate the structure of their course if this is what they prefer. This policy also needs to provide a 'stopping of the clock' for students to utilize at their convenience. This will enable students who have started papers, to take time out without being penalized for doing so, and they can pick up and carry on with their work once they feel ready. This policy also needs to recognize that every pregnant student is different. Therefore, the university needs to work in partnership with pregnant students to find out what their individual needs are.

Creating space. Universities need to create more overt and appropriate resources for pregnant women on campus, and for mothers with babies. This needs to include the allocation of attractive and calm spaces that enables pregnant students to rest in private.

Informing university staff. All university staff, including front line staff or lecturers, must be informed of the above policies and resources. Then when students approach them for advice or guidance, they can inform them of what support is available for pregnant university students. This could be included as part of the orientation of new staff to AUT. Lecturers also need to be educated about the need to maintain student privacy and confidentiality.

Student choice. Regardless of what resources become available for pregnant university students, it is essential that the choice to use these remains with the student.

As three of the participants were staff, the following recommendation relates to pregnant staff members.

Professional development funds. Professional development funds of AUT staff members should cover the cost of childcare while time is given to study. This is to ensure that work life balance is maintained, and that women with children are supported in their professional development.

Concluding statement

Just as Bridges (2001) suggested, transitions can be a time of confusion and personal development. This study's findings show that pregnant university students have multiple unique transitional experiences due to their pregnancy. While they move from being a university student to a pregnant student, they must cope with the physical changes that are a consequence of the biological changes that are occurring in their bodies. This results in these students experiencing their pregnant bodies in the public context of the university, a context which is not designed or structured with these students in mind. The five pregnant students in this study needed to incorporate their pregnant bodies into physical practice and negotiate space on campus, all the while being aware of other's reactions. Juggling these factors has had a negative impact on their educational experience. There is added pressure to succeed, to show people that pregnancy does not mean that they are disabled or limited in any way. There is pressure to meet the requirements of the programme they are enrolled in, and as a result look for coping strategies that will help them succeed. Compartmentalizing various aspects of their lives enables pregnant students to find balance in their lives. Yet they also absolve their rights, and choose to leave some aspects of their student lives in the hands of fate. This thesis recommends that universities can make changes for pregnant university students. This can be done by creating time and space for these students to be pregnant; creating a smoother transitional experience and possibly better educational success.

Are you pregnant?
Are you studying at AUT?

If you have said yes to both of these questions, or know somebody who could, then please read on.

- Pregnant university students are being sought to participate in a research project on the transitional experiences of becoming a pregnant university student.

- This project will be considering what student life is like now for the participants who become pregnant while studying.

- Participants will need to have been studying at AUT prior to and during this pregnancy.

- If you are interested in participating in this project, or know someone who might be interested, then please contact Cara Poffley on 921-9999 ext 7137 or email cara.poffley@aut.ac.nz to find out more.

Participant Information Sheet

Project Title: Paradigm Transition Experiences: From University Student to Pregnant University Student.

Invitation: If you are a pregnant university student, currently studying at Auckland University of Technology, you are invited to participate in this MEd study which aims to highlight the experiences of transition of pregnant university students, and explore the factors that influence this process of transition.

Who am I?
I am Cara Poffley, an AUT nursing lecturer working within the Bachelor of Health Science (Nursing) programme. Currently I work with beginning second year students. I am also enrolled at AUT as a Masters of Education student.

What is the aim of the study?
The aim of this study is to develop an understanding of the changes that students go through when they become pregnant while studying at university. We may then develop policies and practices that support students through this transitional experience.

Who can be participants in the study?
Any student who is enrolled in any course at AUT and who is now pregnant. You need to have been studying at AUT prior to and during this pregnancy.

If you decide to participate what will it involve?
This project involves a private interview, which will last for approximately one hour. Our conversation will be audiotaped, and then transcribed. These tapes and transcripts remain confidential to my typist, my research supervisors and myself. A pseudonym or false name will be used on all the tapes, transcripts and reports to protect your identity. If you wish to participate in this project, you will be required to complete a consent form. Copies of the transcripts will be available to you, and you will be invited to add further comments and delete any parts of the interview you do not want included in the study.

If you would like to have a support person present, be interviewed in your home, or have any other preferences regarding the interview, please let me know.

You may withdraw yourself or the information you have provided at any stage prior to the completion of the data analysis. At the end of the study the audiotape will be destroyed.

What will the risks and benefits be of participating in this study?

The risks of participating in this study are minimal. As a student of AUT, you can be assured that your participation will not have any effect on your studies in any way. Through the process of discussing your transitional experience, there is the slight potential that you may experience conflicting emotions. In the unlikely event that you experienced significant distress in any way while taking part in this study, I can support you in seeking counselling through the AUT health and counselling services.

The potential benefits of participating in this study include the knowledge that you may have aided in the development of policies and practices that support future pregnant university students. It is also possible that through discussion in the interviews, that any conflicting thoughts/emotions that you have already experienced, may be clarified for yourself, therefore providing a clearer sense of what you are doing at this moment and why.

Your participation in the study is entirely voluntary. You do not have to take part in the study. If you do agree to take part you are free to withdraw from the study, including withdrawal of any information provided, up until the time when data analysis is complete. After that time it may be impossible to separate data from individuals. If you choose to withdraw you do not have to give a reason.

What will happen to the results of this study?

The final research will be published as a Masters of Education thesis, which will be available in the Auckland University of Technology library. Articles relating to the study may also be published in relevant professional journals and presented at conferences and seminars within an academic context. Your identity will not be revealed in any of these contexts.

How will your privacy be protected?

Pseudonyms will be used for all participants during interview transcriptions, analysis and the written work. You will choose your own pseudonym and the researcher will be the only person who will know your true identity. Any information with your name or contact details will be kept in a locked filing cabinet. Only you, my supervisors and myself will read the transcripts.

What are the costs of participating in the project?

The only cost to you that I envisage is your time. This includes up to one hour for an interview and time for reading transcripts. I appreciate that you are giving your time voluntarily.

Opportunity to consider invitation

Thank you for reading this information sheet and considering being a participant in my study. If you would like to be a participant in this study, or have any questions regarding the study or your involvement, please contact me again to

arrange a date and time to meet and complete the enclosed/attached consent form. If you do not return the consent form I will assume that you do not wish to be a part of the study. You do not have to give a reason and I will not discuss it with you further.

Participant Concerns

Any concerns regarding the nature of this project should be notified in the first instance to my primary supervisor.

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTEC, Madeline Banda, madeline.banda@aut.ac.nz

921 9999 ext 8044.

Researcher Contact Details:

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Approved by the Auckland University of Technology Ethic's Committee on 27 March 2006. AUTEC Reference number (05/219).

Consent to Participation in Research

Title of project: Paradigm Transition Experiences: From University Student to Pregnant University Student.
Project supervisor: Jane Bone
Researcher: Cara Poffley

- I have read and understood the information sheet provided about this research project.

- I have had an opportunity to discuss this study. I am satisfied with the answers I have been given.

- I understand that taking part in this study is voluntary. I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way. If I withdraw, I understand that all relevant tapes and transcripts, or parts thereof, will be destroyed.

- I have had time to consider whether to take part.

- I consent to the interviews being audiotaped, transcribed and used as research data.

Participant signature: ………………………………………………………

Participant name: ………………………………………………………

Date: …………………………….

PROPOSED QUESTIONS FOR INTERVIEWS:

Note: These questions are a guide only, and may or may not be asked or answered.

Part A: General demographic questions.

Tell me about yourself.

1. How old are you?

2. What ethnicity do you identify as?

3. What is your current living situation?

4. What is your relationship status at the moment?

5. Do you have any other dependents? If yes, how many?

Part B: Questions regarding your education.

Tell me about being a student before you were pregnant.

6. What programme are you enrolled in?

7. Are you enrolled part time or full time?

8. When do you expect to complete this qualification?

9. Why did you choose this programme?

10. Does your programme have a practical off campus component to it? (If yes, does this involve a physical element?)

Part C: Questions regarding this pregnancy.

Tell me about this pregnancy.

11. How many weeks pregnant are you?

12. Have you experienced any physical effects of pregnancy?

13. How did you feel when you found out you were pregnant?

Part D: Pregnancy and study – making the transition.

Tell me about student life for you now that you are pregnant.

14. Have you had to make any changes to your studies due to this pregnancy? If yes, what changes in particular?

15. Have you required time off from class/practicum due to your pregnancy?

16. Do you believe that the pregnancy has affected your learning in any way?

17. What have you found supportive during this time of change?

18. What barriers/difficulties have you experienced at this time?

19. What are your future plans with regards to your education while you are pregnant? (eg: continue or take time out).

20. Have your plans changed at all since your pregnancy?

M E M O R A N D U M

To:	Jane Bone
From:	**Madeline Banda** Executive Secretary, AUTEC
Date:	27 March 2006
Subject:	Ethics Application Number 05/219 **Paradigm transition experiences: from university student to pregnant university student.**

Dear Jane

Thank you for providing written evidence as requested. I am pleased to advise that it satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC) at their meeting on 14 November 2005. Your ethics application is now approved for a period of three years until 27 March 2009.

I advise that as part of the ethics approval process, you are required to submit to AUTEC the following:

- A brief annual progress report indicating compliance with the ethical approval given using form EA2, which is available online through *http://www.aut.ac.nz/research/ethics*, including a request for extension of the approval if the project will not be completed by the above expiry date;

- A brief report on the status of the project using form EA3, which is available online through *http://www.aut.ac.nz/research/ethics*. This report is to be submitted either when the approval expires on 27 March 2009 or on completion of the project, whichever comes sooner;

You are reminded that, as applicant, you are responsible for ensuring that any research undertaken under this approval is carried out within the parameters approved for your application. Any change to the research outside the parameters of this approval must be submitted to AUTEC for approval before that change is implemented.

Please note that AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to make the arrangements necessary to obtain this.

To enable us to provide you with efficient service, we ask that you use the application number and study title in all written and verbal correspondence with us. Should you have any further enquiries regarding this matter, you are welcome to contact Charles Grinter, Ethics Coordinator, by email at charles.grinter@aut.ac.nz or by telephone on 921 9999 at extension 8860.

On behalf of the Committee and myself, I wish you success with your research and look forward to reading about it in your reports.

Yours sincerely

Madeline Banda
Executive Secretary
Auckland University of Technology Ethics Committee
Cc: Cara Poffley cara.poffley@aut.ac.nz

APPENDIX F

Kawa Whakaruruhau Komiti
Schools of Nursing and Midwifery
Auckland University of Technology.

14 November, 2005

Cara Poffley
Senior Lecturer
School of Nursing

Kia ora Cara

Thank you for bringing your research project to the attention of the Kawa Whakaruruhau Komiti. We note your response to the recommendations we have made which includes participants of nga wahine Māori.

Your response to our question "what benefits this research will bring to Maori students at AUT" promises to add to understanding of the support networks which assist a dual successful outcome.

We applaud your intention to maintain the principles of the Treaty of Waitangi during the course of this research. We look forward to ongoing communication with you

Naku noa

Tui O'Osullivan
Chairperson
Kawa Whakaruruhau Komiti

APPENDIX G
Data Display Table

PREGNANCY AND EDUCATION/TRANSITION DATA

Interview 1: 'Mihi'	Interview 2: 'Nancy'	Interview 3: 'Sarah'	Interview 4: 'Tee'	Interview 5: 'Naomi'
Ready for the birth, nervous as 'expected', but in a better space, a lot more secure. But also "it's starting to sorta sink in that oh, ok, I'm going to have a baby really shortly, so.."	Despite having a long time to adapt to pregnancy (had been trying for 3 years to get pregnant) and studying during this time, still wanted to keep them very separate.	"I'm ready to give up, I'm not nervous, I'm looking forward to it, I'm ready to trade in."	Finishes the five week block at 36 weeks, will then do assignments from home without coming to class, and then having the rest of this year off. Meeting assessment requirements but using a method that suits her needs / situation.	Has had a terrible time in the first trimester, first found out that she was pregnant, then that it might be ectopic, then that it might be triplets, and now knows that she is having twins. Not 'knowing' all the facts has made her decision making processes more difficult, and she talks about feeling 'quite crazy'. While I would expect that she would be preoccupied with the pregnancy, I was surprised that she talked about herself this way. This indicated to me that she probably wasn't able to think about much of anything, let alone the pregnancy or her study.
Spent the summer holidays trying to find a lecturer that would take her on at 6-7months pregnant They didn't say no outright, but they did the big "ohhh, probably not suitable to you" "there is going to be a lot of team work and group work and stuff" So the lecturers planted this seed in her head that it would not be fair on other students if she could not meet the expectations of group work – and she accepted this to some point. But also felt that there was no flexibility from the lecturers for pregnant students – particularly in the business faculty (male dominated area).	"I certainly felt pressure to get my masters um, under way and done, so that I could have my family" Not clear where this pressure comes from exactly, but she seems to compartmentalize a lot, so would think it comes from her. "that was the order I wanted to do it in" She knew people who had studied with a child to look after, and she knew she did not want to do this. Pregnancy was good timing cause she could finish her study and then have the baby – "A bit closer to the wire than I had hoped for."	Deferred for the semester when baby due – workload too 'cumbersome'. "I had other things on my plate to worry about rather than thinking, cause it was, I'm due in May, I just thought that I'd, think the extra stress of sitting down and doing assignments, attending classes, were going to be too much, and I thought this was gonna be more to concentrate on (indicating the pregnancy/baby)." "the last thing I want to think about a month before I give birth, is writing assignments."	Felt very shady (rough) during exam week last year so that was unfortunate, but "I'm pretty focused, because of her background in sports, having played at an international level, I knew what I needed to just get on with it," so she was able to "block it out, so it didn't effect her too much, but she would have liked to have done a little bit better (she got A's and one B) Used to being a high achiever, so has high expectations of herself now too.	'The power of suggestion' When she would go to the hospital for a check up, they would ask her if she has had any morning sickness, and when she said no, they informed her that when she does get morning sickness, that she would be "twice as sick as any other person, so then I'd start to feel sick for a while".

Had enrolled in this prior to getting pregnant, as with working full-time, family commitments, as well as studying, couldn't cope with the demands of a thesis, therefore pregnancy was not a factor in deciding to do this degree, but rather other external commitments were. However also stated that "a thesis was like having another baby."

Has not changed anything about this enrollment.

Academic work only – no practical component to study – research has more of a theory slant on it, rather than clinical focus. "Experimentally lab based study". Wanted to get other skill sets. And put time constraints to her work, she didn't want to do a longitudinal study, did a snap shot.

Would like to do thesis at the end, but happy to not complete if this is what has to be.

Fatigue doesn't allow her to put in as much extra study as she would like to. Her motivation levels are kind of waning, weaning. Would usually get home and study. Is now finding that she is having to fit in study when she does feel like it, either late at night or at obscure times of the morning (eg: 4am)

Sickness/nausea would "would only con=me on for half an hour and then [it] would just kind of go, you'd have something to eat, and then just chill out for a little bit"… "and if I got stressed…I noticed that I felt nauseous again."

Stress of an impending exam is now also making her feel sick, so she is unable to study. This is a new experience for Naomi, who never use to worry about exams and "I don't usually feel sick when stressed"

Continuing with one paper this semester while pregnant and due to give birth. Will not take time off. Will continue with studies even once baby is born – has thought ahead regarding this.

Finishing thesis at the moment.

Hoping to finish thesis before baby comes in a few weeks- "that was my plan"

Feeling that any challenge to the thesis is a challenge to the baby

"I was influenced, what papers I would do this year. I could have done the physiotherapy module in manual therapy, but that requires a whole year, plus physically I don't think I could do some of those, some of the things, you have to actually go out on placement, and I don't think I could commit to that, that time, and yeah, cause even though I work as a physio now, I quite like that my students do it, because it is quite difficult."

Avoided doing any practical components.

"Last semester I was of a suitable size, but now, I feel enormous; I've put on about 20kgs, a third of my body weight."

The changing body of pregnancy!

Physically some times it difficult doing some treatment techniques, my wrists don't feel quite as strong.

Wondered how her studies going to fit around this, not how is this going to fit around my studies.

"At this stage I have been making, um, my studies a priority."

Dr appts and so on, I've tried to fit around my schedule, rather than taking off in the middle of class.

Realizing she is going to have to be flexible, "I am gonna be finishing quite close to my due day, but you know, I really do want to pass this component, I don't want to have to repeat it next year, so what ever I can do now to wnsure that I pass, I'm gonna make sure I do."

Pregnancy has been a major change in her life:

"my whole mind has changed, you know for that month when I was on holiday, things I was thinking of was, wow, this is a major change in my life, you know, I wasn't thinking of, I didn't do any study, … so coming back to school was like a major shcok, cause it was like , right back in to it, an exam on the second day."

This exam was meant to be sat on the last day of the last semester, but Naomi reported that she was "a bit too crazy in the head to cope with it on that day."

Looked for a paper where the assessments were: read literature, do assessment.

"Needed it to fit around me"

"It's always about the balance between working and studying as well" pregnancy was not allocated time as such, this just happens regardless of what else is going on in life.

Sarah finds that she is thinking about the logistics of student life after birth, "what do I do about looking after the baby and studying?"

Is this because she has been able to do this due to her

"A lot more motivated second time round obviously, rather than coming straight out of school."

At a place in her life where she is able to channel, life experience, and "I really know for sure this is

Originally thought that the pregnancy was ectopic.

"so I was like, ok, well that kind of decides it for me really, doesn't it. It's like, and then I told my boyfriend that I was pregnant but I might have to have an operation,

Column 1

Felt lucky:

TO find a paper that was suitable and also in her major;

TO have a female lecturer who understood what it was like to feel sick while pregnant;

"I'll have to get it done this year"

There is a driving force to 'get it done' regardless of other factors such as pregnancy and birth. What was her motivating force? The pregnancy and responsibility or time? "I've got to get this qualification finished, cause yeah, so that I can move on," "I really want to get this qualification finished, and I don't see why being pregnant should hinder that." "the qualification means more money, more opportunity and when you've

Column 2

Felt   LUCKY: that she got over being happy about being pregnant and was able to get back into her study.

"I really want to get the thesis out of the way so that I can concentrate on being pregnant and concentrate on the last part of my pregnancy, um, because I've been so well, and worked full time and studied, I, I almost feel like I haven't paid enough attention to my pregnancy… I don't feel particularly organized when it comes to the baby, and that's because of my studies." Very accepting of this, so long as she finishes her thesis!

Can only cope to look at one

Column 3

compartmentalizing her life?

Fortunate:

Because her mother-in-law will be here to help her with the baby while she is studying in the second semester. Won't be able to help her out completely, so still has to look for alternatives later on in the semester.

Lucky:

Because there will be a two hour lunch break so she will be able to go home to feed her baby.

The first module is spread over many, many months, so hopefully I might be able to cope.

She knew people in CEPD for the university who informed her of her rights to prof dev funding and leave.

I won't be working this next module, so don't have to worry about three factors of working, childcare and study – that would be a different kettle of fish.

Wanted to use her $1000 professional development fund to pay for childcare while studying, but is unable to do this – why not? This disadvantages women who work, have children and wish to study.

Column 4

what I want to do."

Unfortunate:

Felt unwell during exam week last year due to first trimester of pregnancy

Unable to complete the clinicals

Can't blame the pregnancy as an excuse for her not remembering.

We're not working in semesters, we're working in blocks.

Not following the 'normal' pathway, restructured the papers to be theory only at this moment in time.

The program has the flexibility to do this, but whose decision is this? "I'm just unable to complete the clinicals," "I won't be able to complete the clinicals,"

Column 5

so it was easier to tell him, because it wasn't actually real."

Decision making was taken away from her because of the potential ectopic – this meant that she wasn't really pregnant in her mind, and this made it 'safe' to tell her boyfriend.

Fortunate:

That she didn't have to stand on her feet all day

Cause she only lives a minute away from her classrooms, so she "can go home and have a little lie down, or put my feet up for like 20 minutes or something between classes, or go and get something to eat"

"I didn't think that I could do it, um, I didn't think my body could do it, like how does your body contain two of them, let alone one,….um, I'm not gonna be able to study next year."

Naomi had thought about the possibility of continuing with her studies, even part time, and now that there is two babies, that is no longer an option in her eyes.

"It's a bit upsetting I guess."

got kids, I mean that's…that's what I'm doing it for."

aspect of her life at once – compartmentalizing.

"I sort of feel like, that you know, that's my baby's time, I mean that time…" "It's kind of made me a bit more emotional about it for me, actually because any challenge to my thesis, is a challenge to my baby (laughter).

No thought about studies when she found out that she was pregnant – didn't enter her mind initially. Later on began to think about the logistics of studying at the same time but feels that she is the kind of person who "just thinks, oh well, you just get on with it."

Anaemia has impacted on how much time she gave to her thesis, "I didn't do as much work, I went home and slept… at the end of the working day, and I didn't come in on the weekends."

Feels pregnancy has enhanced her learning, possibly due to the paper she was doing at the time, focused her to look inwards "Practice reality, it was about how you develop to be the person you are and, ah the things that influence your practice and perhaps going to influence it in the future, so it gave me more to talk about, because obviously this is got to effect perhaps how I'm going to practice, and perhaps other peoples perceptions of, of me as well."

The year 3 coordinator and head of division and so on, have been very supportive, they've been a bit bomb-barded with also having two lecturers with pregnancies, and there were other students last year in third year, it certainly not unprecedented, but they've been very co-operative and willing to assist in whatever way they can.

Have previous experiences of this school aided this participant? Have they made a judgment that all pregnant students are the same?

Experiences mixed emotions: Upset that she cannot carry on with her education next year, that she is having to sacrifice something of herself in this situation, but also happy that she is having twins "because I can get it over and done with" – the thought that she can have her family in one go rather than having space in between children, therefore doesn't have to give so much of herself up.

REFERENCES

Auckland University of Technology. (2004). Equal educational opportunities: Policy statement. Auckland University of Technology.

Auckland University of Technology. (2006). About AUT: The Treaty of Waitangi.

Bainbridge, D. (2001). *Making babies: The science of pregnancy*. Massachusetts: Harvard University Press.

Barr, J. (1999). *Liberating knowledge: Research, feminism and adult education*. Leicester: The National Organisation for Adult Learning.

Bassey, M. (2002). Case study research. In M. Coleman & A. R. J. Briggs (Eds.), *Research methods in educational leadership and management* (pp. 108-121). London: SAGE Publications.

Belenky, M. F., Clinchy, B. M., Goldberger, N. R., & Tarule, J. M. (1997). *Women's ways of knowing: The development of self, voice, and mind*. New York: Basic Books.

Bellman, S., Forster, N., Still, L., & Cooper, C. L. (2003). Gender differences in the use of social support as a moderator of occupational stress. *Stress and Health, 19*, 45-58.

Bhopal, K. (2000). Gender, 'race' and power in the research process: South Asian women in East London. In C. Truman, D. M. Mertens & B. Humphries (Eds.), *Research and inequality* (pp. 67-79). London: UCL Press.

Brett, M., & Baxendale, S. (2001). Motherhood and memory: A review. *Psychoneuroendocrinology, 26*(4), 339-362.

Brickhouse, N. W. (2001). Embodying science: A feminist perspective on learning. *Journal of Research in Science Teaching, 38*(3), 282-295.

Bridges, W. (2001). *The way of transition: Embracing life's most difficult moments*. Massachusetts: Perseus Publishing.

Broido, E. M. (2004). Understanding diversity in millennial students. *New Directions for Student Services, 106*, 73-85.

Bunkle, P. (1992). Becoming knowers: Feminism, science, and medicine. In R. DuPlessis, P. Bunkle, K. Irwin, A. Laurie & S. Middleton (Eds.), *Feminist voices: Women's studies texts for Aotearoa/New Zealand* (pp. 59-73). Auckland: Oxford University Press.

Bush, T. (2002). Authenticity - reliability, validity and triangulation. In M. Coleman & A. R. J. Briggs (Eds.), *Research methods in educational leadership and management* (pp. 59-72). London: SAGE Publications.

Chien, L.-Y., & Ko, Y.-L. (2004). Fatigue during pregnancy predicts caesarean deliveries. *Journal of Advanced Nursing, 45*(5), 487-494.

Childs, E. (2004, Thursday September 23). Government plans to help out women. *North Shore Times,* p. 6.

Chin, G. (2003). Hormones, learning, and memory. *Science, 299*(5615), 1949.

Choi, P., Henshaw, C., Baker, S., & Tree, J. (2005). Supermum, superwife, supereverything: Performing femininity in the transition to motherhood. *Journal of Reproductive and Infant Psychology, 23*(2), 167-180.

Clarke, A. J. (2004). Maternity and materiality: Becoming a mother in consumer culture. In J. S. Taylor, L. L. Layne & D. F. Wozniak (Eds.), *Consuming motherhood* (pp. 55-71). New Jersey: Rutgers University Press.

Cohen, L., Manion, L., & Morrison, K. (2000). *Research methods in education* (5 ed.). London: Routledge Falmer.

Cooper, C. L., & Davidson, M. (1987). Chapter 10: Sources of stress at work and their relation to stressors in non-working environments. In R. Kalimo, M. A. El-Batawi & C. L. Cooper (Eds.), *Psychosocial factors at work: And their relation to health* (pp. 99-111). Geneva: World Health Organisation.

Craig, E. D., Mantell, C. D., Ekeroma, A. J., Stewart, A. W., & Mitchell, E. A. (2004). Ethnicity and birth outcome: New Zealand trends 1980-2001. Part 1: Introduction, methods, results and overview. *Australian and New Zealand Journal of Obstetrics and Gynaecology, 44*, 530-536.

Crocket, L. J., & Bingham, C. R. (2000). Anticipating adulthood: Expected timing of work and family transitions among rural youth. *Journal of Research on Adolescence, 10*(2), 151-172.

deGroot, R. H. M., Hornstra, G., Roozendaal, N., & Jolles, J. (2003). Memory performance, but not information processing speed, may be reduced during early pregnancy. *Journal of Clinical and Experimental Neuropsychology, 25*(4), 482-488.

Dillabough, J. A. (2001). Gender theory and research in education: Modernist traditions and emerging contemporary themes. In B. Francis & C. Skelton (Eds.), *Investigating gender: Contemporary perspectives in education* (pp. 11-26). Buckingham: Open University Press.

DiQuinzio, P. (1999). *The impossibility of motherhood: Feminism, individualism, and the problem of mothering*. New York: Routledge.

Draper, J. (2003). Blurring, moving and broken boundaries: Men's encounters with the pregnant body. *Sociology of Health and Illness, 25*(7), 743-767.

Drewery, W., & Bird, L. (Eds.). (2004). *Human development in Aotearoa: A journey through life* (2 ed.). Sydney: McGraw Hill Australia Pty Limited.

Durie, M. (2001). *Mauri ora: The dynamics of Maori health*. Auckland: Oxford University Press.

Elvey, A. (2003). The material given: Bodies, pregnant bodies and earth. *Australian Feminist Studies, 18*(41), 199-209.

Ely, M., Anzul, M., Friedman, T., Garner, D., & McCormack-Steinmetz, A. (1991). *Doing qualitative research: Circles within circles*. London: Routledge Falmer.

Evans, M. A., & Rosen, L. (1997). Pregnancy planning and the impact on work climate, psychological well-being, and work effort in the military. *Journal of Occupational Health Psychology, 2*(4), 353-361.

Fackelmann, K. A. (1991). Job stress: A risk for pregnant workers? *Science News, 139*(11), 165.

Fairchild, E. E. (2003). Multiple roles of adult learners. *New Directions for Student Services, 102*, 11-16.

Farrell, E. F. (2006). Havens for students who give birth. *The Chronical of Higher Education, 52*(38), A43.

Feinberg, J. S. (1998). Pregnant workers: A physician's guide to assessing safe employment. *The Western Journal of Medicine, 168*(2), 86-92.

Fogg, P. (2006). New maternity policy for Stanfords Ph.D's. *The Chronical of Higher Education, 52*(23), A11.

Foster, E. (2004). Desiring dialectical discourse: A feminist ponders the transition to motherhood. *Women's studies in Communication, 28*(1), 57-83.

Giles, M. (1997). When stress is a threat. *Parenting, 11*(8), 60.

Gilligan, C. (1993). *In a different voice: Psychological theory and women's development*. Cambridge, Mass: Harvard University Press.

Glover, M. (2005). Analysing smoking using Te Whare Tapa Wha. *New Zealand Journal of Psychology, 34*(1), 13-19.

Golan, N. (1981). *Passing through transitions: A guide for practitioners*. New York: The Free Press.

Gose, B. (2003). Sacred Heart U. settles pregnancy suit. *The Chronical of Higher Education, 50*(11), A43.

Gross, H., & Pattison, H. (2001). Pregnancy and working: A critical reading of advice and information on pregnancy and employment. *Feminism and psychology, 11*(4), 511-525.

Guilliland, K., & Pairman, S. (1994). The midwifery partnership: A model for practice. *New Zealand College of Midwives Journal, 11*, 5-9.

Hagoel, L., Van-Raalte, R., Kalekin-Fishman, D., Shifroni, G., Epstein, L., & Sorokin, Y. (1995). Psychosocial and medical factors in pregnancy outcomes: A case study of Israeli women. *Social Science and Medicine, 40*(4), 567-571.

Hall, V. (1997). Women in educational management. In M. Crawford, L. Kydd & C. Riches (Eds.), *Leadership and teams in educational management* (pp. 73-87). Buckingham: Open University Press.

Hamilton, K. (2002). Faculty club: Do babies matter when charting an academic career? *Black Issues in Higher Education, 19*(3), 42.

Hillman, K. (2005). *The first year experience: The transition from secondary school to university and TAFE in Australia* (Research report: Longitundinal surveys of Australian youth). Victoria: The Australian Council for Educational Research Ltd.

Huddleston, P., & Unwin, L. (1997). *Teaching and learning in further education: Diversity and change*. New York: Routledge.

Hughes, P. (2004). *The 2004 social report: Indicators of social wellbeing in New Zealand*. Wellington: Ministry of Social Development.

Johnson, S., Burrows, A., & Williamson, I. (2004). 'Does my bump look big in this?': The meaning of bodily changes for first-time mothers-to-be. *Journal of Health Psychology, 9*(3), 361-374.

Kelly, D. M., & Hess, G. C. (2001). Pregnant with meaning: Teen mothers and the politics of inclusive schooling. *Alberta Journal of Educational Research, 47*(4), 375.

Kia Ora (Writer) (1986). Ukaipo/Whenua [Video]. In Waiora and the Department of Health (Producer). New Zealand: Perspective video.

Lederman, R. P. (1984). *Psychosocial adaptation in pregnancy: Assessment of seven dimensions of maternal development*. New Jersey: Prentice-Hall, Inc.

Lee, R. M. (1993). *Doing research on sensitive topics*. London: Sage Publications Ltd.

Lee, R. M. (2004). Recording technologies and the interview in sociology, 1920-2000. *Sociology, 38*(5), 869-889.

Lindsay, J. W., & Enright, S. G. (1997). *Books, babies and school-age parents: How to teach pregnant and parenting teens to succeed*. California: Morning Glory Press.

Liu, M., & Buzzanell, P. M. (2004). Negotiating maternity leave expectations. *The Journal of Business Communication, 41*(4), 323-349.

Lowery, J. W. (2003). Student affairs for a new generation. *New Directions for Student Services, 106*, 87-99.

Mahat, G. (1998). Stress and coping: Junior baccalaureate nursing students in clinical settings. *Nursing Forum, 33*(1), 11-19.

Mantell, C. D., Craig, E. D., Stewart, A. W., Ekeroma, A. J., & Mitchell, E. A. (2004). Ethnicity and birth outcome: New Zealand trends 1980-2001: Part 2. Pregnancy outcomes for Maori women. *Australian and New Zealand Journal of Obstetrics and Gynaecology, 44*, 537-540.

Marini, M. M. (1984). The order of events in the transition to adulthood. *Sociology of Education, 57*, 63-84.

Merriam, S. B. (1998). *Qualitative research and case study applications in education*. San Francisco: Jossey-Bass Publishers.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2 ed.). California: Sage Publications, Inc.

Misra, R., Crist, M., & Burant, C. J. (2003). Relationship among left stress, social support, academic stressors, and reactions to stressors of international students in the United States. *International Journal of Stress Management, 10*(2), 137-157.

Mizus, M., Moody, M., Privado, C., & Douglas, C. A. (2003). Connecticut: Pregnant athlete files discrimination suit. *Off Our Backs: A Women's Newsjournal, 33*(7/8), 6.

More, W. S. (1974). *Emotions and adult learning*. Westmead: Saxon House.

Morse, J. M., & Field, P. A. (1995). *Qualitative research methods for health professionals* (2 ed.). California: Sage Publications, Inc.

Myers-Walls, J. A. (1984). Balancing multiple role responsibilities during the transition to parenthood. *Family Relations, 33*, 267-271.

Naples, N. A. (2003). *Feminism and method: Ethnography, discourse analysis and activist research*. London: Routledge.

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.

Neuman, W. L. (1997). *Social research methods: Qualitative and quantitative approaches*. Boston: Allyn & Bacon.

Neuman, W. L. (2006). *Social research methods: Qualitative and quantitative approaches* (6 ed.). Boston: Pearson.

Oakley, A. (2005). *The Ann Oakley reader: Gender, women and social science*. Bristol: The Policy Press.

Oaks, L. (2003). Antiabortion positions and young women's life plans in contemporary Ireland. *Social Science and Medicine, 56*(9), 1973-1986.

Palmer, P. J. (1998). *The courage to teach: Exploring the inner landscape of a teacher's life*. San Francisco: Jossey Bass.

Parental Leave and Employment Protection (Paid Parental Leave) Amendment Act, (2002).

Pere, R. T. (1997). *Te wheke: A celebration of infinite wisdom*. Wairoa: Ao Ako Global Learning New Zealand Ltd.

Polit, D. F., & Beck, C. T. (2006). *Essentials of nursing research: Methods, appraisal, and utilization* (6 ed.). Philadelphia: Lippincott Williams and Wilkins.

Polit, D. F., & Hungler, B. P. (1995). *Nursing research: Principles and methods*. Philadelphia: Lippincott.

Polson, C. J. (2003). Adult graduate students challenge institutions to change. *New Directions for Student Services, 102*, 59-68.

Pope, C., & Mays, N. (2000). Chapter 1: Qualitative methods on health research. In C. Pope & N. Mays (Eds.), *Qualitative research in health care* (2 ed.). London: BMJ Publishing Group.

Pullon, S. (1999). *New Zealand pregnancy book: Conception, pregnancy, birth and life with a new baby* (2 ed.). Wellington: Bridget Williams Books Ltd.

Rainey, A. (2006). What athletes can expect when they are expecting. *The Chronical of Higher Education, 52*(38), A41-44.

Raphael-Leff, J. (1991). *Psychological processes of childbearing*. London: Chapman and Hall.

Reinharz, S. (1992). *Feminist methods in social research*. New York: Oxford University Press, Inc.

Rimene, C., Hassan, C., & Broughton, J. (1998). *Ukaipo: The place of nurturing: Maori women and childbirth*. Dunedin: Te Roopu Rangahau Hauora Maori o Ngai Tahu (The Ngai Tahu Maori Health Research Unit).

Rosales, A. M., & Person, D. R. (2003). Programming needs and student services for African American women. *New Directions for Student Services, 104*, 53-65.

Rossouw, H. (2004). Groups ask Botswana to stop punishing students who get pregnant. *The Chronicle of Higher Education, 50*(26), 36.

Rothman, B. K. (2000). *Recreating motherhood* (2 ed.). New Jersey: Rutgers University Press.

Rothman, B. K. (2004). Motherhood under capitalism. In J. S. Taylor, L. L. Layne & D. F. Wozniak (Eds.), *Consuming motherhood* (pp. 19-30). New Jersey: Rutgers University Press.

Russell, A., & Fitzgibbons, P. (1982). *Career and conflict: A woman's guide to making life choices*. New Jersey: Prentice-Hall, Inc.

Ryan, A. B. (2001). *Feminist ways of knowing: Towards theorising the person for radical adult education*. Leicester: The National Organisation for Adult Learning.

Sable, M. R., & Wilkinson, D. S. (2000). Impact of perceived stress, major life events and pregnancy attitudes on low birth weight. *Family Planning Perspectives, 32*(6), 288-294.

Sachs, A. (1978). The myth of male protectiveness and the legal subordination of women: An historical analysis. In C. Smart & B. Smart (Eds.), *Women, sexuality and social control* (pp. 27-40). London: Routledge and Kegan Paul.

Schenker, M. B., Eaton, M., Green, R., & Samuels, S. (1997). Self-reported stress and reproductive health of female lawyers. *The Journal of Occupational and Environmental Medicine, 39*(6), 556-568.

Schmied, V., & Lupton, D. (2001). The externality of the inside: Body images of pregnancy. *Nursing Inquiry, 8*, 32-40.

Senander, A. (2004). Standing with pregnant students. *America, 190*(18), 14-17.

Sherrill, C. (2005). Is terminology of the World Health Organization important? *Palaestra, 21*(3), 54-55.

Shors, T. J., & Leuner, B. (2003). Estrogen-mediated effects on depression and memory formation in females. *Journal of Affective Disorders, 74*(1), 85-96.

Smith, J. A. (1995). Qualitative methods, identity and transition to motherhood. *The Psychologist, 8*(3), 122-125.

Stake, R. E. (1995). *The art of case study research*. California: Sage Publications, Inc.

Tam, S. (2005). Engendering youth: Shortcomings of Canadian youth employment programs. *Women and Environments International Magazine, 66/67*, 34-36.

Thompson, B. R., & Thornton, H. J. (2002). The transition from extrinsic to intrinsic motivation in the college classroom: A first-year experience. *Education (Chula Vista), 122*(4), 785-792.

Thompson, J. (1995). Feminism and women's education. In M. Mayo & J. Thompson (Eds.), *Adult learning, critical intelligence and social change*. Leicester: The National Organisation for Adult Learning.

Thompson, L. M., Murphy, P., O'Hara, J., & Wallymahmed, A. (1997). Levels of daily hassles and uplifts in employed and non-employed pregnant women. *Journal of Reproductive and Infant Psychology, 15*(3/4), 271-281.

Thompson, M., & Sekaquaptewa, D. (2002). When being different is detrimental: Solo status and the performance of women and racial minorities. *Analyses of Social Issues and Public Policy, 2*(1), 183-203.

Van Manen, M. (1997). *Researching lived experience: Human science for an action sensitive pedagogy*. London: Althouse Press.

Vlaardingerbroek, B. (2006). Transition to tertiary study in New Zealand under the national qualifications framework and 'the ghost of 1888'. *Journal of Further and Higher Education, 30*(1), 75-85.

Warren, S., & Brewis, J. (2004). Matter over mind? Examining the experience of pregnancy. *The Journal of the British Sociological Association, 38*(2), 219-236.

Wheeler, L. (2002). *Nurse-midwifery handbook: A practical guide to prenatal and postpartum care* (2 ed.). Philadelphia: Lippincott Williams and Wilkins.

Williamson, H. A., LeFevre, M., & Hector, M. (1989). Association between life stress and serious perinatal complications. *Journal of Family Practice, 29*(5), 489-494.

Wilson, G., & Gillies, R. M. (2005). Stress associated with the transition from high school to university: The effect of social support amd self-efficacy. *Australian Journal of Guidance and Counselling, 15*(1), 77-92.

Wolf, N. (2001). *Misconceptions: Truth, lies and the unexpected on the journey to motherhood*. New York: Doubleday.

World Health Organization. (2002). *A framework to assist countries in the development and strengthening of national and district health plans and programmes in reproductive health: Suggestions for programme managers*. Geneva: World Health Organisation.

Yin, R. K. (1994). *Case study research: Design and methods* (2 ed.). California: Sage Publications, Inc.

Yin, R. K. (1999). Enhancing the quality of case studies in health services research. *Health Services Research, 34*(5), 1209.

Yin, R. K. (2003). *Applications of case study research* (2 ed.). California: Sage Publications, Inc.

Zamani, E. M. (2003). African American women in higher education. *New Directions for Student Services, 104*, 5-18.