UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

LIVED EXPERIENCES OF STUDENTS AT A MILITARY NURSING COLLEGE REGARDING THEIR PREGNANCIES

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SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

MAGISTER CURATIONIS

IN THE

FACULTY OF HEALTH SCIENCES

DEPARTMENT OF NURSING SCIENCE

AT THE

UNIVERSITY OF PRETORIA

APRIL 2015

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DECLARATION

I declare that this work has been completed by the author at the University of Pretoria. It is my original and has not been submitted for the award of any degree at any other institution. Due reference and acknowledgement has been made for the sources and quotations used.

TSHINONDIWA ESTHER MOHALE **DATE**

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DEDICATION

The work is dedicated to the following people who supported me during my studies:

- My heavenly Father God, who gave me strength throughout the study
- My husband Modumedi Eugene Terrence Mohale, for his love, support and encouragement
- My daughter Mmankgodi Thato and son Tebello for their patience, perseverance and support
- My parents late Ndidzulafhi Andrew and Murunwa Sarah Tshivhula
- My parents in law Mr Simon and Late Mrs Anna Mohale
- The nursing students who shared their experiences with me

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ACKNOWLEDGEMENTS

I wish to express my gratitude to the following persons who contributed to the success of this study:

- My research supervisor, advisor and study leader Professor Neltjie van Wyk, who was a source of inspiration, support and encouragement throughout the study
- Dr Carin Maree for the research support
- Mr Sagren Naidoo Chief Information Specialist at the University of Pretoria Library, for his assistance
- My husband, Eugene Modumedi Terrence Mohale, and my two children Mmankgodi and Tebello Mohale for their unfailing love and support.
- My siblings Eddie, Queen, Winnie , Rose and Abel for your continuous encouragement and support
- Rakgadi Shela, for her support throughout my study
- Major General Lifeni Make, Major Sammy Rakomane, Captain Cebby Wolf, Corporal Foley Maluleka and Ms Baleseng Kekana for their support.
- The South African Military Health Services under the leadership of Lieutenant General V.I Ramlakan for approving my request to study full- time and conduct research for a year.
- Community Oriented Nursing Education Project for Women and Child Health for funding the study.
- The South African Military Health Service Nursing College for allowing me to conduct the study at their premises. The Principal and staff members. Lt Col Karen Zägenhagen and Major Angeline van Wyngaarden for their support.

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ABSTRACT

Title: Lived experiences of students at a military nursing college regarding their pregnancies

Military nursing students face challenges when they fall pregnant while training because of their responsibilities towards soldiering and being a student. The purpose and objective of this study was to explore and describe the lived experiences of students at a military nursing college regarding their pregnancies. The descriptive phenomenological method was pursued to explore the lifeworld of participants. Data were collected by means of conducting unstructured interviews with 9 nursing students. The analysis of data was done using a descriptive phenomenological approach following Giorgi's (1985) methodological interpretations. The participants' lived experiences were characterised by self-containment when they realised that they were excluded from the groups they belonged to and had no one to depend on but themselves. Isolation of self from others and isolation by others from self was accepted by participants as a way of dealing with shame and avoiding confrontation. Self-appreciation was a huge achievement when participants realised that despite all their challenges, they maintained their self-worth and were determined not to give up their studies. The exploration and description of experiences provided a platform to discuss the essence and constituents supported by a thorough literature review, to deepen the understanding of the new knowledge. The study findings are only applicable to the context within which the study was conducted - within the confinement of the military environment. Recommendations include developing support programmes for pregnant nursing students and providing training regarding pregnancy policy to all first year nursing students, and further research to compare similarities with other non-military nursing colleges in South Africa.

Keywords

Lived experiences, military, nursing students, pregnancy, phenomenology,

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CHAPTER 1
BACKGROUND TO THE STUDY

1.1 INTRODUCTION

South Africa (SA) has a diverse population with a variety of cultural influences acting on the behaviour of its people. In some cultures young women are encouraged to become pregnant to prove their love for their partners (Ziyane and Ehlers, 2006:36) and in others the use of contraceptives is considered to be taboo for young women because of a belief that their use may cause long term infertility (Zungu and Manyisa , 2009:60).

A study by Ndifon, Ogaji and Etuk (2006:13) revealed that young nursing students in Nigeria engaged in sexual activity to prove their fertility to their prospective husbands to ensure marriage proposals. Under these circumstances pregnancies are planned notwithstanding the detrimental implications that they might have for the progress of the student's studies. A similar situation is found in South Africa. In a study of Sekgobela (2008:63) regarding pregnant nursing students, 37% of the participants revealed that they had planned to get pregnant.

1.2 Background to the study

1.2.1 Incidence of pregnancies among young women

In the United States of America (USA) in 2009 women between 20 and 29 years were responsible for 72% of all non-marital births reported (Zolna and Lindberg, 2012:3), which indicates that a significant percentage of pregnancies are associated with younger women who get pregnant out of wedlock. The statistics do not refer to whether the pregnancies were planned. In another study it is stated that of all the reported pregnancies in the USA during 2006 – 2010, 37% were unintended (Mosher, Jones and Abma, 2012:1).

The age of women at the time of their first pregnancy is rising globally. According to global statistics, the mean age of a mother at first birth was reported to has been

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25.8 years in 2012 and 25.6 years in 2011 (Martin, Hamilton, Osterman, Curtin and Mathews, 2013:2). One of the reasons for waiting longer before getting pregnant can be attributed to the use of contraceptives (Martin, et al, 2013:6).

Williamson, Parkes, Wight, Petticrew and Hart (2009:2) reported that studies done between 2004 and 2006 indicated that in the sub-Saharan region of Africa not many young women used contraceptive measures. Only 37% of girls and women between the ages of 15 and 24 used contraceptives because of the cultural norm that sex before marriage is rejected as well as the use of contraceptives by young unmarried women (Zungu and Manyisa, 2009:60).

Not all young African women support the 'no sex before marriage norm' and engage in sexual relationships (Gama, 2008:35) and, as they cannot openly access contraceptives, they get pregnant (Ehlers 2003:238). In Sub-Saharan Africa the incidence of pregnancies of young women between the ages of 18 and 24 in 2012 accounted for 40% of all pregnancies (Hubacher, Olawo, Manduku, Kiarie and Chen, 2012:511).

1.2.2 Implications of pregnancy for students

Young pregnant students do not fit the cultural norm at universities and colleges and thus find it very difficult to access pre-natal health care (Logan, Holcombe, Manlove and Ryan, 2007:1). The health care services that are rendered on university campuses focus on the prevention of pregnancies and not the support of pregnant students. The dire consequences of student pregnancies are not limited to their problems in accessing appropriate health care services. They also experience problems with completing their studies. Up to 60% of pregnant students in SA do not complete their studies (Sheppard, 2009:8), which is a matter of concern to all university authorities.

1.2.3 Implications of pregnancy for nursing students

Pregnancies during nursing training represent challenges for both the student and the training institution. The attendance of classes does not pose problems for students with uncomplicated pregnancies and they usually prefer to carry on with

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their classes and examinations (Netshikweta and Ehlers, 2002:80). During practical training they have to deliver nursing care in hospitals and clinics, which they are not capable of doing during the third trimester of pregnancy.

Pregnant nursing students not only find it difficult to cope with the academic challenges, but also experience strained relationships between themselves and their lecturers to the detriment of progress in their studies (Netshikweta and Ehlers, 2002:80). The lecturers have to design special rosters for them that adds to their workload.

At the Chinhoyi School of Nursing Studies in Zimbabwe students who get pregnant are coerced to take a three-year break from training to take care of themselves during the pregnancy and of their babies. The students are allowed to re-apply for admission to the nursing school after the three-year period, but are not guaranteed that they will be accepted back into the programme (Bvekerwa, Choto and Shonhiwa, 2011: 53).

In Nigeria irrespective of whether nursing students planned to become pregnant or get pregnant unplanned, the policies of the colleges and universities stipulate that they be expelled from the institution (Ndifon et al 2006:13).

At the Prairie State College in the USA pregnant nursing students are allowed to continue attending classes and clinical learning experiences at their own risk and all medical expenses are the responsibilities of the students (Department of Nursing. Prairie State College, 2012:23).

1.2.4 Implications of pregnancy for students at military colleges

Pregnant students at military colleges face unique challenges, as all employees that include students in military service have to take part in physical exercises and military operations. In the United States of America (USA) Army and Air Force pregnant employees are “deferred” for six months post-delivery. Deferment means that their training and assessment for promotion to a higher rank in the service is postponed. The navy defers pregnant sailors for twelve months (Department of

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Defence, USA. *Report to the White House Council on Women and Girls,* 2009:4). None of the military colleges in the USA are engaged in the training of nurses. Registered nurses who have done their training at public and private institutions are appointed in the military service.

SA has a unique system of integrating military and nursing training. These students are soldiers and nurses in training and thus have to follow the rules and regulations of military and nursing training. Nursing students at the SAMHS Nursing College who get pregnant are allowed to continue with their studies until completion; however, the policy states clearly that students are given only two years for a total number of four years in training to repeat any stage of learning. Pregnant students lose out on a chance to repeat, as the time that they have to interrupt their studies due to pregnancy is enclosed in their two years given to repeat a stage (SAMHS Nursing College Standard Working Procedure [SWP] no 13/2010:2). Should students fail an examination, after being granted a chance to continue after maternity leave, they would have exhausted all the opportunities to complete their studies. The students then become de-registered as students at the college and the South African Nursing Council (SANC) (SAMHS Nursing College SWP no 13/2005, 2010:2).

The SAMHS Nursing College developed Standard Working Procedure [SWP] no 13 of 2005 as revised in 2010, in accordance with the Department of Defence Instruction and Policy (DODI) no 19 of 2000 to manage the maternity leave of students. The policy provides for four months of maternity leave with pay commencing at least two weeks before the expected date of delivery according to the certification of the attending medical officer. For any student who had a stillbirth, miscarriage or the baby passing away within five weeks after birth, a maternity leave of six weeks applies (SAMHS Nursing College SWP no 13/2005).

Should a nursing student get pregnant and go on maternity leave whilst her year group students are attending classes, she would be forced to wait for another group to proceed with her studies, and would be included in the “repeaters” grouping (SAMHS Nursing College SWP no 13/2005: 2). Students who are associated with students who repeat a study year due to their pregnancy while their peers progress

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to a next stage become easily depressed and lose their enthusiasm for their studies (Conte, 2004: 507).

1.3. PROBLEM STATEMENT

Between 2009 and 2013, 40 students reported pregnancies at the SAMHS Nursing College (Monthly report to the SAMHS Command Council February 2014). Many of them had to repeat a study year and some had to terminate their studies when they failed an examination after they had had maternity leave and, therefore, had used the extra years that they had been granted to complete the four-year course. At the college, an estimated 26% of students do not complete the four-year nurse training course (SAMHS Nursing College Senate report, 2014: 2).

The college does not have support programmes to assist the students during their pregnancy and thereafter, with the result that the students find it very difficult to cope with the challenges of a pregnancy or a newborn baby as well as with their military and nursing training.

The South African system of a combination of military and nursing training is unique. Elsewhere in the world nurse training is not done in military colleges and hospitals. No research findings exist, therefore, about the experiences of military students in other countries who study nursing and become pregnant.

The following research question is applicable:

What experiences do students who are appointed by the South African National Defence Force (SANDF) as soldiers and nurses in training have when they get pregnant?

1.4. PURPOSE OF THE STUDY

The aim of this study was to explore and describe the lived experiences of students at a military nursing college regarding their pregnancies.

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1.5. SIGNIFICANCE OF THE STUDY

The lived experiences of students in a unique situation of being soldiers and nurses in training were explored and described through a descriptive phenomenological study. The theoretical significance of the study relates to the contribution that the research will make to the knowledge base of the phenomenon of the lived experiences of students at a military nursing college regarding their pregnancies. The exploration and description of their experiences could lead to an improved understanding of the challenges that these students experience and to the development of support programmes for them.

1.6 CONTEXT OF THE STUDY

The SAMHS Nursing college campus at Thaba Tshwane, Pretoria in the Gauteng Province provides the Four-year Integrated Nursing Diploma only, with the Bloemfontein and Cape Town campuses offering the Pupil Enrolled Nursing and the Bridging Courses. Nursing students between the ages of 18 and 22 are accepted through the Military Skills Development System, whilst serving members between the ages of 20 to 30 are selected if they have proof of being enrolled as a nurse for a specified number of years. The yearly intake of seventy (70) first stage nursing students, sixty (60) second stage, sixty-five (65) third stage and sixty-five (65) fourth stage is accredited for training by the SANC.

The nursing college is not structured to train two groups at a time due to lack of infrastructure and shortage of nurse educators. Given the above, nursing students who get pregnant and have to take maternity leave cannot attend separate classes if they miss out on a block. Some nursing students wait up to eighteen months to join their group mates depending on when the block phase (daily class attendance) was planned and when they went on maternity leave.

1.7. DEFINITION OF TERMS

The terms used in the study included nursing student**,** pregnancy, lived experience and military nursing college.

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Nursing student

'Nursing student' refers to a student in a programme leading to certification or qualification as a registered nurse. The nursing student is registered with the SANC under section 23 of the Nursing Act (50 of 1978), as amended, and registered at the targeted nursing college (South African Nursing Council Nursing Act, 1978:5).

In this study nursing students refer to female persons between the ages of 18 and 30 years as appointed from the Military Skills Development Programme. This programme is a government initiative (previously known as "national service" to the military) and it is conducted over a period of two years. It targets students who have completed their grade 12 with degree- or diploma entrance to a university to provide them with military training and skills that they can make use of after completion of their two years in the military), as well as enrolled nurses employed at all three military hospitals in SA and studying at the SAMHS nursing college campus at Thaba Tshwane for the four-year nursing programme.

Pregnancy

"Pregnancy" also known as "gestation" is divided into early term (37 0/7 weeks), full term (39 0/7 weeks), late term (41 0/7 weeks) and post term (42 0/7 weeks) referring to a delivery between 37 weeks 0 days and 41 weeks 6 days (Spong, 2013: 2445). A pregnancy lasts for about nine months, measured from the first date of the woman's last normal menstrual period. It is conventionally divided into three trimesters, each lasting about three months (Zungu and Manyisa, 2009: 61).

"Planned pregnancy" refers to a pregnancy which is discussed and agreed upon by both partners who are in a stable relationship, either married and unmarried (Barrett and Wellings, 2002: 548). "Unplanned pregnancy" refers to a pregnancy that occurs without advanced planning and is also known as an unintended pregnancy, where a woman used a failed method of contraception or none without any desire to fall pregnant (Santelli et al, 2003: 94).

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In this study, “pregnancy” refers to the condition from conception, the development of the foetus, until the delivery of the newborn baby.

Military nursing college

‘Nursing college’ refers to a post-secondary educational institution that offers professional nursing education at basic and post-basic levels, and where such nursing education has been approved in terms of section 15(2) of the Government Notice no. R425 (SANC, 1985).

In this study “nursing college” will refer to the SAMHS Nursing College.

Lived experience

Van Manen (1990:35) defines “lived experience” as “statements made to reflect the emotions that affected one’s consciousness or state of the mind as awareness unaware of itself. It involves the immediate, pre- reflective consciousness of life”.

Dahlberg, Dahlberg and Nystrőm (2008:32) explain ‘lived experience’ as the statement of a conscious mind describing the relationship the body possesses with the world. Experiences are created through consciousness during interaction between the subject and the world (Solomon and Higgens, 1996:94)

Strubert Speziale and Carpenter (2007:92) describe ‘lived experience’ as descriptions of events, emotions and fears as lived by a narrator in the richest and descriptive form in the own personal style.

In this study, ‘lived experience’ refers to the experiences of being pregnant of the participants in the study.

1.8. SUMMARY

The chapter sets the tone of the study. The background, rationale and significance of the study were explained and key terms that will be used throughout this dissertation were defined. In Chapter 2 the research methodology is described.

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CHAPTER 2

PARADIGMATIC PERSPECTIVE, PHILOSOPHICAL FRAMEWORK AND RESEARCH METHODOLOGY

2.1 INTRODUCTION

Although the research process is complex, it follows specific steps that are systematically linked to ensure that the topic is thoroughly researched and valid findings are produced.

The aim of this study was to understand a complex human issue; that is, to explore and describe lived experiences of nursing students after falling pregnant at the South African Military Health Nursing College. A phenomenological qualitative study was conducted, as the researcher believed that only participants could tell what their lived experiences were. In this chapter an overview of the paradigmatic perspective and philosophical framework underlying the research process is presented. The philosophical framework is followed by a description of the research methodology.

2.2 PARADIGMATIC PERSPECTIVE

A constructivist research paradigm was used, as it was assumed that the lived experiences of individual nursing students could only be studied through their personal description as they re-lived events that occurred throughout their pregnancy.

2.2.1 Research paradigm

A paradigm is considered as a philosophical worldview, which consists of general assumptions on which research is based (Dahlberg, Dahlberg and Nyström, 2008:155). Polit and Beck (2012:11) describe a paradigm as a general perception that people have about the world they live in and, therefore, also the world they study.

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A worldview answers **ontological** questions about the interaction of human beings with one another in the real world and the nature of how natural they are in their interactions (Dahlberg, Dahlberg and Nyström, 2008:156). In research ontological questions apply to the characteristics of the phenomenon under study (Botma et al, 2010:40). The **epistemological questions** of the worldview refer to knowledge that is considered as valid and the associated **methodological questions** to the methods that could be used to gather and analyse data in order to contribute to the existing knowledge base related to the studied phenomenon (Polit and Beck 2010:13).

The **constructivist paradigm** is also known as the **naturalistic paradigm.** Supporters of constructivism emphasise that the meaning of phenomena is not primarily constructed by individual persons as they encounter the phenomenon. Meaning is socially constructed and it comes into being through interaction between human beings (Barkway, 2001:193). Husserl, the father of phenomenology, regarded a constructivist epistemological position as essential to phenomenology as he believed that knowledge was constructed out of human engagement with objects and events (Caelli, 2000:372). In this study the researcher engaged with participants to describe the phenomenon through their intentional consciousness of the phenomenon.

2.2.2 Meta-theoretical assumptions: constructivist paradigm

The constructivist paradigm assumes relativist **ontology,** which implies that multiple realities exist (Denzin and Lincoln, 2003:35). The assumptions of constructivist researchers relate to their beliefs that the world is not only an objective reality. It is also a subjective reality and these researchers choose to focus on the subjective reality. The world (reality) is constructed through the interaction of human beings and meanings are given to objects through the experiences of humans of the objects in their environment (Polit and Beck, 2012:12).

The primary interest of constructivist researchers is “subjective and inter-subjective social knowledge and the active construction and co-creation of such knowledge by human agents that is produced by human consciousness” (Denzin and Lincoln,

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2005:203). The knowledge base of a phenomenon is collectively constructed by human beings (Barkway, 2001:193).

Constructivist researchers assume a subjectivist **epistemology** as they and their research participants co-create understandings of the world (reality) (Denzin and Lincoln, 2003:35). An anti-foundational approach is used in creating understanding. These researchers refuse to "adopt any permanent, unvarying or foundational standard by which truth can be universally known" (Denzin and Lincoln, 2005:204). The validity (truth) of the generated knowledge is determined in the interaction between the researcher and the participants.

The preferred **methodology** of constructivist researchers is dialectic as they consider differing theories to explain the understanding of the world (reality) and the hermeneutic to provide them the opportunity to interpret the understanding of the world (reality) (Denzin and Lincoln, 2003:35). The researcher used a descriptive phenomenological methodology to describe the lived experiences of nursing students who were once pregnant at the South African Military Health Nursing College.

The philosophical framework associated with a descriptive phenomenological inquiry is explained in the next section.

2.3 PHILOSOPHICAL FRAMEWORK

A descriptive phenomenological approach enabled the researcher to understand reality through a careful process of data collection/analysis and applying an open mind to the phenomenon (lived experiences of nursing students who became pregnant while studying at the SAMHS Nursing College) (Crotty, 1996:15).

a) Epistemological and ontological assumptions of the philosophical framework

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Consciousness

Edmund Husserl (1859 – 1938) believed that reality can only be studied through the conscious awareness of the persons who are exposed to it. A rich description of events is obtained when the conscious awareness and thus understanding of the event by the people who experienced it is studied. Studies of people's consciousness of events enable researchers to understand reality as the life-world of people (Solomon and Higgens, 1996:93). In this study the researcher conducted unstructured one-on-one interviews with participants. The participants provided rich descriptions of their experiences as they re-lived them**.**

Consciousness is intentional

Husserl believed that acts of consciousness are intentional (Solomon and Higgens, 1996:251) and deliberate and are due to the influence that the world (reality) has on humans (Rapport and Wainwright, 2006:232). Researchers conduct phenomenological studies through exploring and describing lived experiences, which are deliberate and intentional (Dahlberg, Dahlberg and Nyström, 2008:47).

Unintentional acts of consciousness are considered as unreal and therefore excluded in phenomenological studies (Zahavi, 2003:17).

Experience

Daily human encounter with reality creates experiences that when studied by the researcher produces new knowledge (Dahlberg, Dahlberg and Nyström, 2008:32). In his quest to prove phenomenology as a scientific method of study, and contrary to the belief that scientific interventions were the only reliable and trusted methods of data collection, Husserl believed that lived experiences can contribute to new knowledge when explored and described (Cogswell, 2008:86). Husserl linked the connection between the subject (humans) and the object (thing) in their daily interaction with reality as the thread that creates experiences that are subject to study (Cogswell, 2008:85).

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Experiences are created through consciousness during interaction between the subject and the world. Phenomenology explores and describes intentional and deliberate daily encounters with reality (the world) in order to culminate in new knowledge built on knowledge that is already known (Solomon and Higgens, 1996:94).

Essences

Husserl's philosophy describes essences as the core outcome; the new or essential meaning emerging when the analysis of the phenomenon is completed. For phenomenological researchers to attain the essence, they must acquire the meaning first, which surfaces during data analysis through the breaking down of raw and rich data (lived experiences which are the whole) provided by participants into smaller parts (meanings or essences) derived from the parts as a new whole (Dahlberg, 2006:12).

Intuition

Intuition surfaces when the phenomenological researcher remains open-minded to lived experiences (the whole) as best narrated by those who had the experiences without explaining and using pre-understanding to describe the phenomenon (Offredy and Vickers, 2010: 101).

Husserl believed that researchers should apply eidetic reduction as the best method for bracketing (Wertz 2005:168), due to the researchers' involvement with participants. The researcher's involvement may lead to a false belief of being present when the actual experience took place (Swanson-Kauffman and Schonwald, 1988 in Wojnar and Swanson, 2007:177).

Lifeworld

Humans encounter certain emotions during their daily engagement with the world (reality), being unaware that the relationship between people and the environment they live in becomes experiences (Todres and Wheeler, 2001:3). Researchers study the experiences as re-lived by participants as having being locked away in the

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consciousness (Wertz, 2005:169) through exploration and description from the natural attitude which is the worldview (Cogswell, 2008:87).

b) Methodological assumptions

Through the groundbreaking work of Husserl researchers have the prerogative to select the phenomenological method as a method of choice when studying the consciousness of people of their own experiences. The researcher explored and described the rich and raw data (Giorgi, 2005:80) in the natural attitude (reality) as narrated by participants and converted the data into a phenomenological attitude, leading to the emergence of new meaning (essence) (Dahlberg, Dahlberg and Nystrőm, 2008: 33).

Assuming phenomenological reduction

Phenomenological reduction provides a platform for pure descriptions of lived experiences to be transcribed without omissions or adding information that was not provided by the participants (Hardy, 1999: 48 – 49). The phenomenological reduction assumes its position when bracketing is applied (Speziale and Carpenter, 2007:80).

Though researchers were not present during the occurrence of the intentional acts of consciousness, they are afforded the opportunity to be part of participants' lived experience through the process of appresentation (Dahlberg, Dahlberg and Nyström, 2008: 58) when they immerse themselves in the descriptions of lived experiences to finding new meaning of the phenomenon (Dahlberg, Dahlberg and Nyström, 2008: 59). Pre-understanding is bracketed when phenomenological reduction is applied (Dahlberg, Dahlberg and Nyström, 2008: 55).

Eidetic and transcendental reduction is the most important and commonly used reduction in Husserl's phenomenology. Bracketing is applied throughout research to ensure that the consciousness is explored with the differentiation between the intended meaning from the participants' descriptions and the consciousness (Hintikka, 1995:79). Husserl points out that when we apply phenomenological

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reduction through bracketing the phenomenon is studied in its pure form (Rapport and Wainwright, 2006:232).

Descriptions from others

Husserl was interested in understanding and describing the essential nature of consciousness from a first-person perspective (Giorgi, 1997:235). He explains that people are intentionally conscious of their experiences and the experiences can therefore be told to other people (researchers). Researchers and the people who experienced the phenomenon (participants in the research) can co-create a description of the phenomenon. It is, however, important that the researchers bracket their perceptions and ideas about the phenomenon and focus only on the participants' views of the phenomenon (Dahlberg, Dahlberg and Nystrőm, 2008: 184).

Search for the invariant meaning

Through applying eidetic reduction, the researcher searches for the relationship between the phenomenon and the way that it was consciously experienced by the participants (Zahavi, 2003:45). Eidetic reduction refers to the search for meaning (Dahlberg, Dahlberg and Nystrőm, 2008: 54) and in this study the researcher used eidetic reduction to search for the essence and supporting constituents that best describe the lived experiences of nursing students who became pregnant while studying at the South African Military Health Nursing College. Invariant meanings are searched for to distinguish the essence of the phenomenon from other incidental explanations (Zahavi, 2003:39).

2.4 RESEARCH METHODOLOGY

The research methodology will be discussed below.

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2.5 PHENOMENOLOGICAL INQUIRY TO EXPLORE AND DESCRIBE LIVED EXPERIENCES OF STUDENT NURSES REGARDING THEIR PREGNANCIES

2.5.1 Research method

Phenomenology is a qualitative research method aimed at studying lived experiences of individual human beings (Pollit and Beck, 2008: 64). The researcher makes knowledge claims based on the constructivist perspective whereby multiple meanings of individual experiences are socially and historically constructed with an intention to provide a thorough description of the conscious experience thereof (Barkway, 2001:193).

In this study, participants narrated their experiences as they were lived. They went back into their consciousness to reconnect with the feelings they had at the time of the experiences. The researcher bracketed her perceptions and preconceived ideas about their experiences and focussed only on their descriptions of their experiences.

2.5.2 Research design

Descriptive phenomenology aspires to arouse researchers' perception of lived experiences as an act of intentional consciousness as described by the participants in their own words (Speziale and Carpenter, 2007:82). Husserl developed phenomenology as a scientific research method (Solomon and Higgens, 1996:251) to explore and describe the connection between the consciousness of the participants and their world (reality). He emphasised that by exploring and describing the lived experiences of participants the real phenomenon can be revealed (Higgs and Smith, 2006:55).

2.5.2.1 Assuming the phenomenological attitude

a) An open life-world approach

An open life-world approach and phenomenology represent how human beings interact with each other in the world. Human beings are already an attachment of the

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world, which has among other things, its own culture, traditions and history. To understand the phenomenon at hand in life-world research, human beings' conscious awareness of the phenomenon has to be studied (Dahlberg, Dahlberg and Nyström, 2008: 56). According to Husserl, the life-world is complex and it is the task of the researcher to attach linguistic meaning to the phenomenon in the life-world. The phenomenologist researcher tries to clarify the life-world of the research participants through the bracketing of their preconceptions (Todres and Wheeler, 2001:3). An exploration and description of the world that we experience involves a study of the conscious awareness of it by the people who experience it (Cogswell, 2008:87).

In this study the life-world of pregnant nursing students was studied to identify the essence of their experiences.

b) Bracketing

Offredy and Vickers (2010:101) define bracketing as a process that researchers use to withhold their thoughts, opinions, known theories, and emotions when they conduct research. Bracketing is done to allow new understanding of a phenomenon to emerge from its raw state (Cogswell, 2008:86). For this reason Husserl urges researchers to go 'to the things themselves' in order to explore and describe the phenomenon in its un-interpreted state (Cogswell, 2008:86). The focus is in such cases on the exact words of the participants who experienced and lived the phenomenon (Wertz, 2005:169).

Researchers possess a wealth of knowledge that makes bracketing a challenge for them. Records of the thoughts, feelings and involvements of the researchers have to be compiled and kept to sensitise them about their own preconceptions and to enable them to recognise their thoughts, feelings and involvements in the data gathered from the participants (Hammill and Sinclair, 2010:18). In this study, all transcripts of interviews were reviewed by the supervisor of the researcher. Ongoing reflective interviews between the researcher and the supervisor enabled the researcher to practise bracketing.

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2.5.2.2 Researcher's role

The researcher encouraged the participants to share their lived experiences through unstructured phenomenological interviews. The raw information received from them through their rich descriptions of their lived experiences was described to provide a "whole" description of the phenomenon under study. Thereafter the description of the "whole" phenomenon was analyzed to identify themes (parts) that best described the "whole phenomenon" (Dahlberg, Dahlberg and Nyström, 2008: 243). In this activity the researcher moved from the "whole" to the parts. Similar themes were linked to form constituents that would substantiate the essence (new whole) of the phenomenon. The constituents were studied and the essence was formulated. The essence represents the whole phenomenon (Streubert Speziale and Carpenter, 2007:93).

2.5.2.3 Research setting

In this study the research setting was the South African Military Health Nursing College situated in Thaba Tshwane, West of Pretoria at the Military Health Training Formation. The nursing college offers a four-year nursing programme. At the time of the study there were eighty-nine first-year students, eighty-four second-year students, fifty-six-third year students and forty-five fourth-year students.

All interviews were conducted at the SAMHS Nursing College and 1 Military Hospital after the Officer Commanding (Principal) of the SAMHS Nursing College gave permission for the research to be conducted. The nurse educators were informed about the request, and an information session was conducted with them telling them about the study and the arrangements for the data collection.

The college registrar and the student counsellor were the nodal point and coordinators of the process to identify and invite students to take part in the research. Several meetings were held with them to confirm the availability of the participants.

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2.5.2.4 Selection of participants

Out of the thirteen potential participants identified by the student counsellor, only nine were willing to participate in the study. The coordinators held separate briefings with the potential participants prior to engagement with the researcher to reassure them that all legal and ethical processes were followed, and to ensure that their participation was voluntary.

The nature of the study allowed only a certain population and few participants, as the goal was to explore and describe the participants' experiences for studying the phenomenon rather than for generalising the findings to all female students (Porter, 1999:797).

2.5.2.5 Inclusion criteria

The inclusion criteria specified that only female nursing students who had been pregnant during their training be included in the research population. The potential participants had to be still students at the selected nursing college at the time of the research.

2.5.2.6 Data collection

Data collection was conducted through unstructured phenomenological interviews and field notes, with open questions being asked that allowed probing and bridling to take place (Offredy and Vickers, 2010:102).

a) Unstructured phenomenological interviews

Through unstructured phenomenological interviews the participants were encouraged to "go back to the things" and unlock the consciousness to bring to the surface what was really considered to be the lived experiences. The study method follows a phenomenological description of collecting data in a manner that follows a particular method (McNamara, 2005:699)

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All participants who agreed to take part in the study were contacted individually and appointments were made according to their availability in terms of time and place. The participants were mainly based at the military hospital and military nursing college during the day and at the residence after hours. Care was taken that participants were not disturbed whilst in the clinical area or in class, which left them with a choice of their own times and place for the interviews as they saw fit.

The hospital and the college made venues available in case the participants wanted to make use of them for the interviews to be conducted. The unit nursing managers at the hospital were made aware of the study, and they provided all the support the researcher required.

All participants who agreed to take part in the study were contacted individually, and appointments were made according to their availability. The proposal of the study was explained to them prior to the commencement of the interviews; care was taken that they all sign a consent form after reading the information leaflet thoroughly and clarifying that they understood all the information contained in the information leaflet. All participants were concerned that their names should not be mentioned in the study, but the researcher reassured them that no identifying information would be included in the dissertation.

The following question was posed to all participants "*How did you experience your pregnancy being a student at a military nursing college"?* The participants were asked to describe their lived experiences comprehensively and the researcher encouraged a rich description by asking probing questions. The interviews were tape recorded with the permission of the participants. Some of the participants gave very short descriptions of their lived experiences during the first interviews, but elaborated on that in follow-up interviews. The interviews lasted between 45 and 60 minutes.

Three of the nine participants were very sad during the interviews as they recalled negative feelings. The researcher had to stop the interviews to comfort them. All the participants appreciated the opportunity to discuss their experiences. They felt that their lecturers had not been interested in what they were going through. The lecturers were only concerned about the disruption of schedules and the extra work

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that the pregnant students caused, as individual arrangements had to be made for them.

b) Field notes

Groenewald (2004:15) points out that field notes allow the researcher to go back and read what was captured during the interviews. Field notes are also used as a secondary source of data collection. The researcher compiled observational notes during the interviews to record the emotions of the participants (see Annexure I for an example) and reflective notes about her own emotions (see Annexure G for an example) and how she managed not to have her emotions influence the descriptions of the participants.

c) Reflective journal

A reflective journal is often used in phenomenological research to facilitate phenomenological reduction. Streubert Speziale and Carpenter (2007:96) agree that the reflective journal assists the researcher to facilitate the phenomenological reduction.

Polit and Beck (2012:495) encourage researchers to keep a reflective journal in order to apply bracketing fully to exclude bias. The researcher kept a journal to help her not to become emotionally involved (see Annexure H for an extract).

2.5.2.7 Data analysis

Through data analysis the phenomenological researcher aims to describe “how the phenomenon is and not what the informants said about it” (Dahlberg, Dahlberg and Nyström, 2008:255). The end product should provide the reader with a description of the “new whole” in the form of the essence of the phenomenon substantiated by constituents.

Streubert Speziale and Carpenter (2007:96) point out that through data analysis individual participants’ lived experiences are used to get a clear understanding of the

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phenomenon. The essence of the phenomenon is captured and described as it is supported by the constituents.

The researcher applied Husserl's philosophy of identifying the essential characteristics of the phenomenon through free imaginative variation (Beck, 1994:255). The descriptive characteristics of the phenomenon under study were questioned in her imagination in order to see what the truly essential characteristics of the phenomenon were. When a change in the characteristic transforms the identity of the phenomenon it is considered to be essential. The essence and constituents identified were self-dependency, self-containment, isolation by others and self-appreciation.

The constituents were formulated from the following key concepts: self-isolation, self-blaming, being on one's own, avoiding confirmation, comparing poorly with other students, not open to confide in college staff, feeling excluded, feeling punished, feeling not supported, pain/unhappiness, being in need of help, being afraid of rejection, study challenges, learning experience, self-motivation, at first excited.

a) Eidetic reduction

Through eidetic reduction phenomenological researchers become aware of the essential characteristics of the eidetic attitude of the phenomenon as it is derived from the concrete natural attitude. The participants provide the researcher with the natural attitude of the phenomenon (their descriptions of their conscious awareness). Should the researchers opt to set out their descriptions of the phenomenon only a descriptive study has been done. Phenomenological researchers attempt to raise the understanding of the phenomenon to a higher level in order to tell what the phenomenon is. They provide an eidetic description that is referred to as the phenomenological attitude of the phenomenon (Zahavi, 2003:39).

Eidetic reduction is defined as the mind's ability to make different mental images of what is perceived and narrated as an experience by the participant. It is the ability of the mind to query the reality behind the given and the actual (Zahavi, 2003:39).

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In this study the researcher performed “a demanding conceptual analysis” of the descriptions of the participants to explore and describe the essence of the phenomenon (Zahavi, 2003:39).

b) Essences

Husserl believed that experiential studies must be interpreted from the whole to parts and from parts to the whole in order to have an understanding of the phenomenon, as essences are derived from the parts that were disconnected from the whole. “An essence could be understood as a structure of essential meanings that explicates a phenomenon of interest” (Dahlberg, Dahlberg and Nyström, 2008:245). The essence of the phenomenon represents the “new whole” of the phenomenon (Lopez & Willis, 2004:728) and “makes the phenomenon to be that very phenomenon” (Dahlberg, 2006:11). Essences are not added to the research; they are already present in the intentional relationship between the phenomena and the participants and the researcher. The essence “is disclosed in the researching act that takes place between the researcher and the phenomenon” (Dahlberg, 2006:12).

According to Husserl the disclosure of the essence happens through free imaginative variation. The researcher attempts to “vary the descriptive characteristics of the phenomenon under study in his or her imagination in order to see what the truly essential characteristics of the phenomenon are” (Beck, 1994:255). When a change in the characteristic transforms the identity of the phenomenon it is considered to be essential. When a change in the characteristic does not transform the identity of the phenomenon, it is not considered to be essential (Beck, 1994:255). Through this process the essential meanings are identified, which becomes the constituents that support the essence of the phenomenon. In this study the researcher aimed at discovering the essence of the experiences of students who fall pregnant while they are busy with their training to become nurses at a military college. The essence had to be discovered in the descriptions of the participants.

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(c) Description of analysis of data

A descriptive analysis focuses on the description of the phenomenon through its essence and supporting constituents and does not try to provide an explanation of the phenomenon. The essence and supporting constituents emerge from the descriptions of the participants (Dahlberg et al (2008) in Norlyk & Harder, 2012:428). The meaning that the participants attach to the phenomenon is the focus of the research (Dahlberg, Dahlberg & Nyström, 2008:193). In this study the researcher encouraged the participants to provide her with their descriptions of their lived experiences and through descriptive analysis she allowed the essence to be revealed to her. She made use of a process of delaying understanding of the phenomenon that Dahlberg, Dahlberg and Nyström (2008:124) call “bridling’ in order not to understand the phenomenon too quickly so that one does not “make definite what is indefinite”. Through prolonged engagement with the data the true essence of the phenomenon of this study was revealed.

The researcher applied the descriptive phenomenology approach in data analysis, with the methodological interpretations of Giorgi (1985) being the procedural trailing step of choice (Giorgi, 1997: 245-247).

Merleau-Ponty (1968) in Dahlbergh et al, (2008:234) pointed out that the use of recorded information does not necessarily provide the full gist of the conversation, since emotions and gestures cannot be captured as lived. The researcher commenced the data analysis by listening repeatedly to all the tape-recorded interviews, and transcribed them verbatim, ensuring that all non-verbal communication such as crying, sighing, sadness and laughter were reflected. Only one interview was transcribed at a time to ensure that every single word was captured. All transcribed data was stored in the computer as an original electronic copy of each interview and a printed copy at hand for easy reference. The original electronic copies were then duplicated to serve as working documents. The researcher made a column on each transcription, which was left open to make observational notes and write words that are similar to the phenomenon. On completion of transcribing, the researcher then moved to the second step, which was reading the transcribed data.

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Dahlbergh et al. (2008:239) guided lifeworld researchers on the processes of identifying meaning through the deconstruction and categorisation of data into smaller parts. The achievement of the process was reached when the researcher analysed the data “from the whole to the parts and from the parts to the whole”. The researcher focussed on the parts while keeping the whole in mind as parts should be understood in terms of the whole (Carlsson, Dahlberg, Lùtzen and Nystrőm, 2004:193).The researcher critically examined the data going through each word and sentence to identify the invariant meaning that best describes the phenomenon from the lived experiences. The natural attitude of the phenomenon (an un-reflected perception of the phenomenon) was bracketed. With careful application of an open mind, the researcher questioned the meanings associated with the phenomenon that she became aware of. She made use of ‘bridling’ to prevent the formulation of meanings too early.

The researcher used the extracted essential expressions (participants’ own words), which became the meaning and when processed they became the constituents that support the essence of the phenomenon. The researcher divided the page into three columns, the first column reflected the participants’ own words that related to the phenomenon (meaning), followed by the reflection of the constituents as derived from the clusters of meaning (essential meaning) with the essence (new whole) reflected on the last column derived from the essential meaning (refer to Figure 3.1).

The researcher used a diagram (Figure 3.1) to illustrate the process of data analysis as part of the addendum and did not include it in the text as guided by Dahlberg et al, (2008:244), who pointed out that the cluster meanings does not form part of the presentation of the findings, but should merely be used to assist the researcher to analyse the data from meanings to essential meanings to the essence. The orange coloured part reflected the meanings and the blue coloured part reflected the essential meanings that became the constituents.

Speziale and Carpenter (2007:96) point out that through data analysis individual participants’ lived experiences are used to get a clear understanding of the phenomenon. The essence of the phenomenon is captured and described as it is supported by the constituents. The participants provided the researcher with the

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natural attitude of the phenomenon (their descriptions of their conscious awareness). The researcher identified a common theme from the descriptions of participants (natural attitude), which formed a cluster of essential meaning known as the "constituents", in which a new whole (essence) emerged.

Dahlberg (2006:12) indicated that the essence "is disclosed in the researching act that takes place between the researcher and the phenomenon", confirming the new phenomenological meaning which is unknown to the participants. In this study the researcher encouraged the participants to provide her with their descriptions of lived experiences of their pregnancies and, through descriptive analysis, allowed the essence to be revealed to her.

The researcher only went back to verify the exhaustive descriptions in the natural attitude, with participants in agreement with the descriptions. The trustworthiness of the findings was established when all participants recognised the study findings to be accurate. Verification of the phenomenological descriptions was not done since the essence emerged at the end of the descriptions (Giorgi, 2006, in Norlyk and Harder, 2012:428) and the participants were not conversant with the new knowledge. At the end nine interviews were transcribed and analysed, leading to the emergence of the new whole (essence).

- **Preparation of data**

The audiotapes were transcribed verbatim by the researcher. Thereafter she read the transcripts while listening to the tapes to ensure that all the information on the tapes was captured in the transcripts. The transcripts do not include any information that can be used to identify the participants. The researcher re-read the transcripts to commence with the analysis, but realised that some of the transcribed interviews lacked a comprehensive description of the experiences of the participants. She thus called the specific participants and arranged follow-up appointments. The interviews were audio-taped and transcribed verbatim. The transcribed follow-up interviews were checked against the audiotapes to ensure that all the data were captured.

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Dahlberg et al. (2008:238) advise researchers to own the data and immerse themselves in the data, as if they were present when the experiences took place and to familiarise themselves with the content through repeated reading. The researcher familiarised herself with the data through reading and re-reading all participants' transcripts. The researcher read the transcribed data the first time to ensure that the tape-recorded message was the same as the transcribed text. The text was read whilst the tape recorder was listened to. The researcher read the content again a second and a third time, applying the phenomenological reduction to ensure that there were no omissions or additions to the text, as well as to understand the participants' descriptions. The repeated action of examining the data provided the researcher with a broad understanding of the descriptions as described in the participants' exact words, representing the "initial whole".

- **The initial whole**

The researcher familiarised herself with the data by reading the whole text of the interviews and by listening to the audiotapes several times. She bracketed her preconceptions about the phenomenon to remain open-minded to the descriptions of the participants of their conscious experiences. She developed an understanding of the whole of the phenomenon through the reading of their descriptions of their whole experiences.

- **Phenomenological parts**

The analysis of data in phenomenological research is "a movement from the whole to the parts and to the whole again and it is directed towards finding meaning" (Carlsson, Dahlberg, Lùtzen and Nystrőm, 2004:193). In this section the researcher focussed on the parts while keeping the whole in mind as parts should be understood in terms of the whole (Carlsson et al, 2004:193). The researcher bracketed the natural attitude of the phenomenon (an un-reflected perception of the phenomenon) and with care pondered on and questioned the meanings associated with the phenomenon that she became aware of. She made use of 'bridling' to prevent the formulation of meanings too early.

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The researcher focused in this part of the data analysis on describing the meaning units as it began to emerge through the in-depth study of the transcribed interviews. The main focus was to understand the phenomenon of lived experiences of student nurses regarding their pregnancies. The meaning units were grouped into meaning clusters that enabled the researcher to identify a pattern of meanings. The clusters were not reflected in the description of the findings as reflections were done only to raise the analysis to the level of identifying the essential constituents (Dahlberg et al, 2008:244). A diagrammatic presentation of the clusters is included in an annexure (refer to Figure 3.1). The constituents form part of the whole because constituents substantiate the essence of the phenomenon.

- **Searching for an essence of the phenomenon – a new whole**

The clusters of meanings were related to one another and a pattern was identified that lead the researcher to the phenomenon's essence. The essence represented the meaning of the phenomenon and reflected the "new whole" of the experiences (Dahlberg et al, 2008: 243).

2.5.2.8 Description of findings

In the description of the findings the researcher first presented the essence of the phenomenon and then the constituents as it is general practice in phenomenological research to first describe the essence. If it is done the other way round, the reader of the discussion of the findings will not know "what the constituents are constituents of" (Dahlberg et al, 2008: 255). Quotes from the transcribed interviews were used to describe the constituents, but not in the description of the essence, as the latter is more abstract than the constituents (Dahlberg et al, 2008: 255).

2.5.2.9 Literature review

A literature study to link the essence and the constituents to the existing knowledge base was done and presented in the form of a literature review in a separate chapter and not in the same chapter that focuses on the findings. In descriptive

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phenomenological research the findings are presented first followed by a literature discussion

2.5.3 Measures to ensure trustworthiness

Edmund Husserl (1859 – 1938) believed that the real world comprised what is seen and experienced, and made it his mission to prove that not only is scientific knowledge obtained through experimental research a valid knowledge, but is also that which is experienced in the world (Cogswell, 2008:86).

Participants were used in this phenomenological study to describe their lived experiences that occurred in a natural attitude, to allow the researcher to analyse their experiences in a phenomenological attitude giving the phenomenon under study a new meaning. The natural attitude and the phenomenological attitude differed completely, whereby the findings of the study did not match the day-to-day experience as narrated by the participants, the reason being that the essence only emerged at the end of the analysis process (Giorgi (2006) in Norlyk and Harder, 2012:428). The researcher has thus not returned to the participants to do a 'member checking' of the findings because the data contained the phenomenological attitude, which participants are not familiar with.

The researcher remained the only viable witness to the collected data and the analysis thereof, and is held accountable to the trustworthiness of the analysis by remaining faithful and honest during the analysis process. The researcher's pre-knowledge and pre- understanding about the phenomenon was bracketed (Gearing (2004) in Starks and Trinidad, 2007:1376) in order to allow the essence of the phenomenon to emerge from the data (natural attitude). According to Speziale and Carpenter (2007: 97), trustworthiness is achieved in a phenomenological study when bracketing is applied consistently. When the findings are confirmed to be a true reflection of the description according to the informants' description, trustworthiness is said to have been achieved. Once the essence and the supporting constituents were described the researcher completed the last phase of bracketing namely that of re-integration. This phase focused on the re-integration of the bracketed information

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and a simultaneous comprehensive literature search to integrate the findings of the study into the knowledge base of the phenomenon (Gearing, 2004:1434).

The validity of the findings was realised when the essence emerged from the descriptions of the phenomenon under study (Beck, 1994:258). The researcher made use of “bridling” to hold back her understanding of the phenomenon in order to allow the essence to reveal itself. This was accomplished through prolonged engagement with the data and several meetings with the research supervisor. The researcher made no reality claims and leaves it to the readers of the report (dissertation) to become critical evaluators of her understanding of the essence of the phenomenon (Beck, 1994:258).

The use of the researcher’s colleagues and research supervisor to scrutinise her change of thought during the data analysis process eliminated the possibility of the researcher influencing the outcome of the findings (Finlay (2002) in Starks and Trinidad, 2007:1376).

A reflective journal assisted the researcher to rule out any misconceptions about the essence and the supporting constituents and it also assisted her in reflecting on how she moved from the natural attitude to the phenomenological attitude regarding the studied phenomenon.

2.6 Summary

Chapter Two provides the reader with a comprehensive description of the research methodology of the study. In Chapter 3 the findings will be described.

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CHAPTER 3

PRESENTATION OF FINDINGS

3.1 INTRODUCTION

In this chapter the experiences of the student nurses regarding their pregnancies (natural attitude) are described. These experiences were narrated by participants with the conversion of data into a phenomenological attitude, leading to the emergence of new meaning (essence) (Dahlberg et al, 2008: 33). The data analysis was aimed at describing "how the phenomenon is and not what the participants said about it" (Dahlberg et al, 2008:255). The description of the findings emanated from the initial whole (the narratives) to the parts (meaning units that are also called "constituents") and from the parts to the new whole (the essence of the phenomenon). (Refer to Addendum C.) The lived experiences of the participants reflected their encounters with the self (themselves), their family members, friends, fellow students, their lecturers and clinical supervisors. In phenomenological research the essence of the phenomenon is presented first followed by the description of the constituents. Only the description of the constituents is substantiated with quotations from the transcribed interviews (the natural attitude of the phenomenon) (Dahlberg et al. 2008:255).

3.2 DESCRIPTION OF THE ESSENCE OF THE PHENOMENON

3.2.1 The essence: Self-dependence

The lived experiences of students at a military nursing college regarding their pregnancies are best described by the essence "self-dependence" In all the descriptions narrated by the participants a central theme referring to situations in which they had to depend on themselves became definite. The essence is substantiated by the constituents, 'self-containment', 'isolation from others' and 'self-appreciation as illustrated in figure 3.1.

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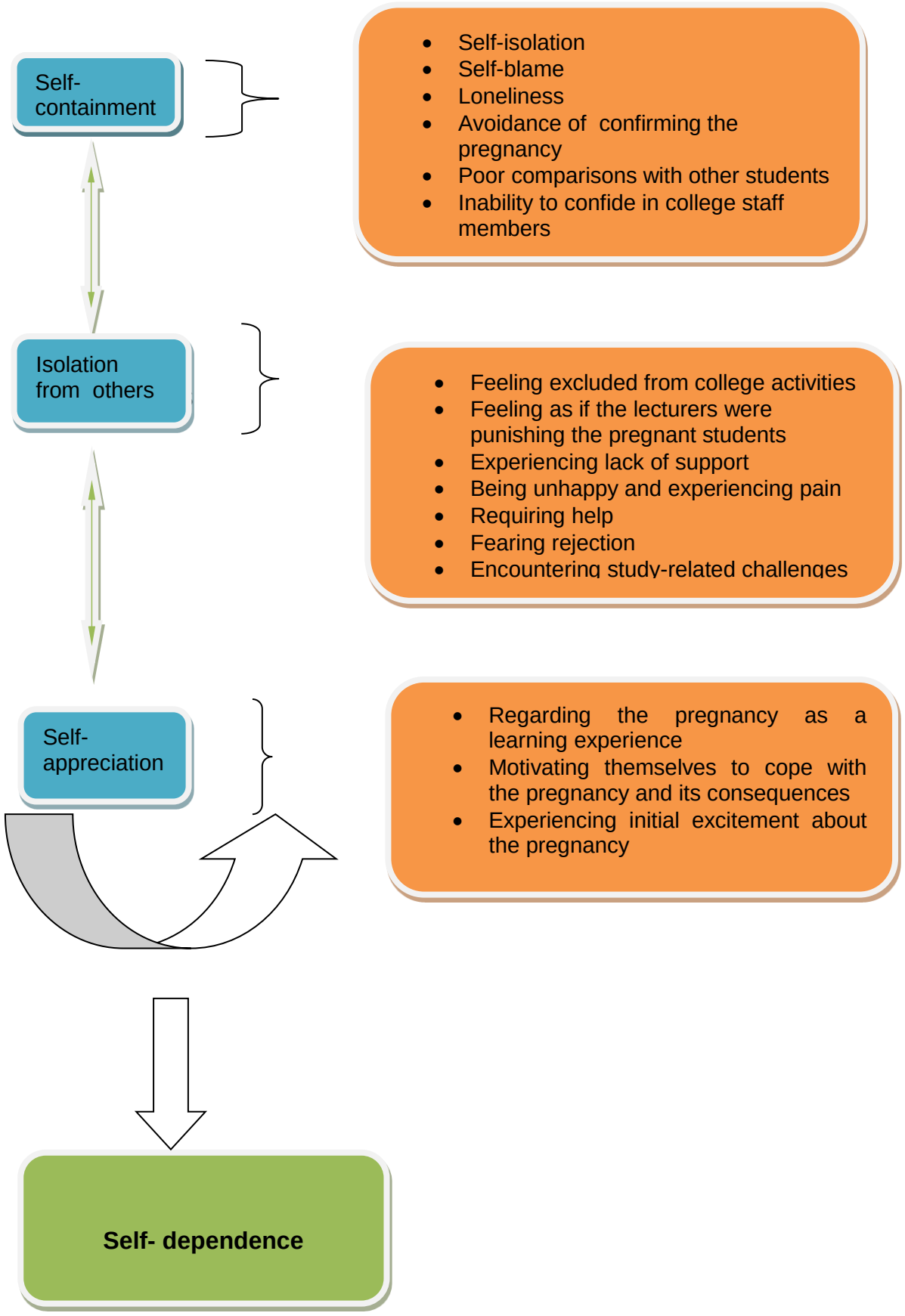
FIGURE 3.1



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"Self-dependence" happened as a result of the absence of others to depend on and the ability to depend on themselves. The participants developed a sense of accountability and responsibility towards themselves, their pregnancies and the babies that they expected. Although they narrated that they were aware that falling pregnant while training to become nurses at the military college could have a negative impact on their training, they were not prepared for the dire consequences it had on progress with their studies.

The college policies regarding the management of pregnant nursing students were explained to them and the participants found themselves subjected to compliance, which brought about emotions of pain and sadness. They realised that they would have to repeat a study year because of their pregnancy and that they would thus only be allowed to repeat one year and not two years, as in the case of students who do not get pregnant whilst in training. They experienced the policies as non-supportive. The college management, lecturers and clinical supervisors had no choice but to implement the policies that contributed to the participants' feelings of 'being on their own' and 'having to rely on themselves', as they could not rely on the management and staff of the college.

Having to cope with a pregnancy (planned or unplanned) while in training to become a nurse and a soldier falls outside the expected behaviour of a person in training in the military environment. The policies therefore exclude such students until after the birth of their babies. "Self-dependence" brought about self-worth, which was a positive attitude for the participants to have. They managed to function efficiently notwithstanding the policies of the military environment.

The participants developed courage to depend on themselves regarding their studies and they were determined not to show to others (college management and staff) that they could not cope and that they needed their support. By relying on themselves to cope with the interrupted training they also protected themselves from possible disappointment and hurt. "Self-dependence" became a coping mechanism, but also isolated them from others who could have supported them. They preferred to "be-for-themselves" in terms of the concept of "being-for-oneself" in existentialism that emphasises the reliance of the person on himself or herself for defining himself or herself. Their 'self-dependency' provided them with a sense of security and safety,

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as they no longer depended on the reaction of others towards them. They also no longer had to live up to the expectations of others in the sense of "being-for-others" that are associated with the threat of judgment from others.

"Self-dependence (essence) is supported by the constituents "self-containment", "isolation from others" and "self-appreciation".

3.3 DESCRIPTION OF THE CONSTITUENTS

Self-containment

The participants realised that they had to provide what they required to cope with the pregnancy and the interruption of their training in order not to depend on others for support. Their pregnancies brought some unexpected changes in their training as soldiers and nurses and they had to make some adjustments in order to proceed with their lives. Military activities are done in groups and communication with students is also done in groups and not with individuals.

When the participants were excluded as a result of their pregnancies from their training groups they were also excluded from communication. The exclusion from communication forced them to be proactive and to find the information that they required. For some of the participants the arrangement served as a confirmation of their self-containment: "*I am very independent..."* while others had to learn new skills to become self-contained.

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

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Through the development of "self-containment" they gained inner strength to take control of their own situation: "*I am* [now] *a strong person and I live according to choices*". In the military environment officers take control of instructions and give instructions to those in training. Students are not expected to take control and to make decisions. When the participants were in training decisions were made on their behalf. The participants were suddenly forced to be independent and to make choices on how to handle the difficult situation of being pregnant and to interrupt their studies. They had to choose how to react to the situation: "*I have learnt to handle disappointments better and I have learned how to be strong by myself."* The development of 'self-containment' enabled them to feel confident: "*I have grown a lot.*"

"Self- containment" led the participants to question the fairness of the college policy on pregnancy that forced them to interrupt their studies. Participants tried to find explanations regarding the decisions made for them by the college managers to go on maternity leave early. The pregnancy policy allowed nursing students to have four months maternity leave which had implications of waiting between six and eighteen months before continuation with the studies for pregnant nursing students.

When the college management determined the dates for the interruption of the studies, one participant confronted members of management: "*I knew my due date was supposed to be in the last week of the examination.... they said that I cannot write* [any of the papers]....*so I asked why not ....and they* [the college management] *said it's college policy....I told them you know ....I cannot take this maternity leave, because it's too early."*

Isolation from others

The participants isolated themselves from their lecturers. They assumed that the lecturers would be judgemental to them for being pregnant while they were in training: "*Let's say I had a problem with whatever subject ....I could not go to the lecturer....because I had that thing in my mind that they* [the lecturers] *will judge me because I am pregnant."*

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"Isolation from others" was brought about by a general feeling of being excluded: "*The thing is I was never ever on light duty [*a military word used when a person is excused due to illness from participating in military activities*], but I had to stand alone there* [excluded from activities] *and watch others interact with people....I was not allowed to take part."* The participants felt that they were supposed to be included in college activities unless they requested not to be included. They experienced the exclusion from activities as a result of their pregnancy. It is a norm in the military world to place a "soldier" on "light duty" especially if physical activity is involved that could be detrimental to his or her health. Only medical officers approve light duty. No person can decide to place another person on light duty and exclude the person from college activities without the approving authority and proof of activities (parades and drill) that the member must not participate in.

As nursing students at the military college are also employees of the Department of Defence and Military Veterans they have to, according to labour legislation, go on maternity leave at least two weeks before they give birth. The participants who were supposed to go on maternity leave just before or during examinations tried to hide their pregnancies from the college management in order to write the examinations and to be promoted to the next semester: "*When you are pregnant you want to avoid the college staff as much as you can, cause once they know they start to plan your maternity leave.... while you want to* [complete]....*the exams....you want to tell them late* [about the pregnancy]*."*

The participants considered the dress code (the military explanation of the different sets of uniforms for different occasions distinguished by the variation of codes) for pregnant students of the military college as a means of degrading them. They stood out from the other students and they believed that they were deprived from the acknowledgement that students enjoy in their usual military attire. The participants thus tried to hide from their lecturers to avoid being questioned about the pregnancy: *"So basically you hide from them, you don't go to communicate with them because ....when you go they find out you are pregnant and they tell you what to do".* The participants would have liked to be involved in the planning of the interruption of their studies due to the pregnancy, but they were not allowed to participate and thus

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refrained from discussing their situations with the lecturers: "*You have no say in it, so you just try to hide and you don't communicate with anyone."*

The participants were also faced with remarks from their lecturers that made them feel excluded and isolated from the group of students as a result of their pregnancy. They realised that their pregnancies led to their being treated differently from others, which was not an experience they had before: "*The lecturers always excluded pregnant students in the class".* The exclusion made the participants feel that they were no longer part of the group of students: "*It felt like we are no longer part of the class, we are just there".* The participants also experienced harassment from their lecturers: "*They will mention something and later say even you pregnant ones can also listen".* Once the college management, lecturers and clinical supervisors became aware of the participants' pregnancies, they no longer involved them in practical training: *"We were not even allocated anywhere, and don't even appear on the change list* [a list used to tell students in which clinic and ward practical training will take place.*, It's as if they have no plans for us."* The participants would have appreciated it if the lecturers had had plans for them regarding their re-integration into the system. Instead, they felt that the lecturers were focused on finding ways to punish them for being pregnant while in training. Participants experienced the interruption in their studies as unnecessarily lengthy. One of the participants gave birth in 2009 and was only allowed to resume her training in 2011: "*We felt like we were being punished because one cannot give birth in 2009 and wait for a group in 2011".* They perceived the college management and lecturers to be inflicting punishment on them for falling pregnant by forcing them to wait 18 months for continuation with their training.

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

Discussions of the participants' pregnancies and interruption of their studies were not always done in a confidential manner. One of the participants was informed by a

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fellow student that the college management wanted her to complete a request for maternity leave. The manager did not discuss it with her in person: "*So what happened was that one of the managers gave a message to a student and told her that I must come and sign my maternity leave."*

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

The participants experienced neglect by the college management, lecturers and clinical supervisors: "*They mostly come and check students* [during experiential learning in the hospital wards] *who are actively in the course, but for us who have fallen back* [students who had to interrupt their studies due to being pregnant].... *they don't worry much about us."* They felt that their lecturers and clinical supervisors did not support them during experiential learning and that they were no longer a priority. They believed that the lecturers and clinical supervisors felt that the participants were responsible for the lack of support that they got: "*It makes you feel like you messed up."*

The participants found themselves in need of help because of their study challenges but they were afraid of rejection should they reach out for support. "*I feel neglected, I feel like they* [college management, lecturers and clinical supervisors] *don't care about us anymore."* After completion of their maternity leave they had to work in the hospital until they could resume their studies. During that time they experienced that they just had to do routine work and that they did not matter: "*you just have to work* [in the wards]....*until it is time for you to go to class* [resume attendance of lectures]*."*

'Isolation from others' was also caused by the gossip of their peers, which was specifically focused on the participants who were not married at the time of the

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pregnancy. Their peers spread rumours about them being promiscuous: "*When you are not married it's even more of a stigma. You know, they put that thing like you are a loose girl* [a person who takes part in sex in an irresponsible manner]*."* The participants felt that their peers believed that sexual immorality was the cause of their pregnancies.

The participants limited their contact with fellow students. As the participants had to interrupt their studies they had to be included in another group of students who they have considered to be their juniors: *"[One is included] ...in a new group.... new people and somehow it is not nice.*" The students with whom they had been friends prior to the interruption of their studies could no longer be friends with them, when the participants resumed their studies, their colleagues were senior to them and they no longer wanted to associate with the students who were pregnant: "*When you are in the hospital* [doing practical training] *and you go to visit one of them* [in another ward]*.... they talk about things you don't know, so basically you just become left out."* The participants experienced abandonment from the group of students to whom they had belonged prior to the interruption of their studies: "*They leave one behind...one keeps on phoning them...but they do their own things in their own class* [group]." Some of the participants also experienced gossiping from their former peers: "*Obviously you have the people who are not your friends and all the stories that come out there, so you also have to deal with that and the stigma attached to it* [being a pregnant student*]."* From their friends they got much support: "*They were very supportive actually.... more supportive than the college* [management, lectures and clinical supervisors]*."* The consolation came from friends who offered support when others [college management, lecturers and some fellow students] were not so keen to provide support.

The "isolation from others" was not only a negative experience. Isolation was perceived differently amongst the participants, to some it evoked the feelings of pain and hurt as they felt like they did not belong to a group whilst to others it was just a challenge that they had to cope with: "*I felt left out....it makes you feel like you messed up....but the baby was there so what can one do."* Luckily not all people isolated them. Some of the participants remained friends with the students that they

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had been friends with before the interruption of their studies: "*My friends accepted that* [the pregnancy and the interruption of my studies]*."*

Participants were in need of help and turned to their friends who were mostly their roommates and a few peers who were not judgemental towards them, to assist them with cleaning their rooms in preparation for the accommodation inspections by the college staff and provide moral support when they needed someone to talk to and share their emotions.

Self-appreciation

The participants became aware of their strengths and appreciated that they could cope on their own with their pregnancies notwithstanding the problems that they experienced at the college. They also experienced mixed feelings. They were sad about the lack of support from the college management, lecturers and clinical supervisors and were uncertain about whether they would be able to resume their studies, but at the same time they were excited about their pregnancies and the prospective birth of their babies. The thought of being pregnant brought a feeling of self-worth to the participants, which not only was indicative to them that they were responsible for themselves but that there was another person they must care for. They were happy and they focused on the one thing that was important to them – their pregnancies: *"My pregnancy.... from my personal view.... beside the college and everything.... was something exciting.... it was something that I wanted.... so it was exciting."*

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

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

""Self-appreciation" became a reality when the participants accepted what had happened to them. They then no longer were upset by the reaction of others towards them because of their being pregnant and being in training to become soldiers and nurses: "*Like I said before.... these people do not matter anymore....I just want to forget this whole thing* [being a pregnant student and experiencing poor support from others] *and focus on my studies* [when she could resume with the attendance of lectures]*."* The participants realised that there would be a time when they would be able to carry on with their studies. They prepared themselves to make a success of studying.

Some of the participants hoped that they would one day be able to look back on their experiences and remember that having been pregnant was also a positive experience: "*My pregnancy.... from my personal view.... beside the college.... was something exciting.... it was something that I wanted.... so it was exciting.... I was very happy and health wise I did not have any problems with the pregnancy."* The positive side to their experiences was more important than the negative experiences that they had. They accepted their pregnancies and decided to focus on the positive side of their experiences. They did not want negative experiences to take away the joy of giving birth. Although some of the participants were not married at the time of their pregnancies they felt that it was the right time in their lives to get pregnant: "*I am happy because I think it's the right age* [referring to her age], *the right stage* [of her life].....*even though I am not married.... I just thought this is the right time* [to have a baby]*."* It did not matter whether they were married or not, or what the college staff and their peers said about them, they felt a feeling of excitement at being

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pregnant. Other participants were more fatalistic about their experiences. They experienced something that they knew could have happened to anyone of the students at the college: "...*just another day.... just another baby.... just this time it was my baby.*"

With "self-appreciation" the participants moved from feeling sorry for themselves to accepting responsibility for themselves. They realised that their pregnancies delayed their progress to complete their studies: "...*I feel if it was possible for student nurses not to get pregnant because it's a waste of time [to fall pregnant].*" Some participants felt that if it were not for their pregnancies, they could have already completed their studies and started their careers as registered nurses: "...sometimes i regret having the baby because I would have completed." They also indicated that they would advise students to rather wait and complete their studies before getting pregnant.

3.4 SUMMARY

In Chapter 3 the findings were presented. A description of the essence "self-dependence" and the supporting constituents "self-containment", "isolation from others" and "self-appreciation" were presented. In the next chapter the findings will be discussed with the supporting literature to the essence and the constituents.

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CHAPTER 4

DISCUSSION OF FINDINGS

4.1 INTRODUCTION

The discussion of findings in this study contributes to new knowledge on the uniqueness of experiences of a group of military nursing students who fell pregnant while in training. Having a dual role of a soldier and a nurse applies only to military nursing students. In South Africa only one military nursing college exists; therefore the experiences discussed in this chapter cannot be compared to those of participants from elsewhere.

4.2 SELF-DEPENDENCE: THE ESSENCE OF THE EXPERIENCES OF THE PARTICIPANTS

Self-dependence revealed itself to the researcher as the new knowledge and essence of the phenomenon under study through the interrogation and analysis of data. The essence of a phenomenological enquiry is unknown to the study participants. In this study participants had to depend on themselves, which led to the discovery of their self-dependence.

The “self” is considered a fundamental component that defines human existence, which is constantly changing in keeping up with the different stages of human development. The “self” comprises the physical, social and psychological elements that are responsible for directing human behaviour (Jordaan and Jordaan, 2003:616).

The “self” is incorporated within the body and the mind making it possible to conceptualise the past, present and future needs to reach the level of self-actualisation (Jordaan and Jordaan 2003:616). The researcher assumed that the signs of emotion were intentional and resulted from the state of self-awareness between the body and the mind (Solomon and Higgens, 1996:251). Therefore, the “self” always comprises the two components of body and mind.

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Kenny and West (2008:120) are in agreement with Jordaan and Jordaan, (2003:618) on the fact that culture influences the different roles and characteristics that the "self" assumes in society. The researcher observed that the military culture had an influence on the character development of nursing students.

Self-dependence usually characterises the daily engagement of people with others (being for others). However, in this study participants had to find their self-dependence while being subjected to the isolating behaviour of others (Cox, 2009:39). Similarly, Aron et al. (2008:217) point to the change that occurs with the social inclusion of identities of the "self" and the other, according to which the "other" becomes part of the "self".

Self-reliant individuals accept themselves in whatever circumstances they find themselves in, whether good or bad. They are conversant with their obligations to fulfil a call of duty to others (Read, 2009:1). Pregnancy did not stop participants from continuing their nursing duties. When faced with the challenges at the college the pregnant nursing students managed to care for patients and themselves.

Pregnancy was a stressor in participants' lives since it brought about changes that were going to affect their studies, relationship with significant others, the college managers and their peers. Participants developed strategies to deal with stress, since they could not reveal to college managers and their peers that they needed support.

Pregnancy among other factors is identified as a cause of stress in individuals, resulting in system overload (Baqutayan and Mai, 2012:20). According to Fatih et al. (2007:35) lack of social support rather than pregnancy was considered the highest cause of stress.

Nazeem and Khalid (2010:43) differ in their statement. They allude to the fact that stress on its own is harmless. However, the level at which people elevate the stressful situation has an impact on their coping mechanisms. The impact is found to be less invasive on positive thinkers due to their ability to accept the stressful situation as less harmful. Participants in this study applied positive thinking by embracing stress as less threatening and became self- dependent.

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In his study addressing coping strategies for stress, Vaillant (2011:366), points out the different ways in which individuals can cope with stress. They can seek for help or access information about the stressful situation in order to come up with possible solutions to their stress. In light of the availability of ways to deal with stressful situations, strategies of coping are associated with choice. Making a choice – whether good or bad – is indicative of self-reliance, pride and self-worth of the individual (Pramono, 2013:19).

Gross, (2002:281) states that, human nature allows people to respond to emotions as a matter of choice. The outcome of their action is based on the choices they make. In this study the coping strategy of choice for participants was to become self-dependent. While choosing to become self-dependent, participants were practical in their decision, and overlooked how the world expected them to respond to certain stimuli.

Jordaan and Jordaan (2003:608) allude to the fact that individuals make sound decisions despite their experiences based on the sound state of mind motivated by self-encouragement.

Since people share common meaning and understanding, it is likely that their interpretation of situations and how they relate to certain stimuli will be similar (Jordaan and Jordaan, 2003:621). People apply unconscious defence mechanisms to deal with situations that evoke emotions associated with pain. According to Vaillant, (2011:368) people suppress emotions in order to exercise self-control. By so doing, they achieve a level of personal maturity when positive defence mechanisms are geared into action.

Social roles confine women to certain behaviour and response regarded as culturally acceptable (McKay and Mentor, 2013:55). Participants in this study were made to feel that they had committed a crime by falling pregnant. A group of pregnant nursing students were subjected to two cultures in contrast with each other. The military culture required full participation in military activities from all soldiers and pregnant persons cannot participate. In contrast with the military culture, societal culture embraces pregnancy at the at which participants' age.

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Personal upliftment became a motivation with which participants in this study could identify, as a means to redeem themselves from those who judged them because of their pregnancy. On striving towards the attainment of becoming self-sufficient and self-reliant, participants discovered that they were happier to depend on themselves so that they could claim all the victory of achievement without sharing the acknowledgement with anyone.

Self-dependence is an essence of three constituents. Self-containment is discussed below as the first constituent.

4.3 SELF-CONTAINMENT

The three constituents of self-dependence are as follows:

- Self-containment
- Isolation
- Self-appreciation

Self-containment emerged as a constituent when the participants in this study started making some adjustments in their lives to cope with the demands of pregnancy and their studies. Avoidance and silence were applied as a strategy to control their emotions and remain self-contained, meaning that there was a barrier in communication between the participants, the college managers and their peers.

Poor communication was illuminated as one of the challenges faced by the participants, precipitated by being separated from their initial group due to the interruption in training. The separation not only involved their year groups but other important role players such as the college management and staff. Adler, Rosenfeld and Proctor II (2010:69) draw our attention to the importance of self-concept development through influential people in our lives. In this study the participants were separated from the influential people in their lives who could have contributed to the development of their self-concept as pregnant students.

African cultures and societies socialise their children to maintain silence and to use avoidance strategies as opposed to confrontation as a sign of respect for senior people. In a study conducted on young Black South Africans (Nduna and Jewkes,

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2011:363), findings were that participants confirmed silence as a strategy for self-containment and avoidance as a sign of respect to their elders whilst emotional outbursts were regarded as a sign of immaturity and a lack of readiness for adulthood (Nduna and Jewkes, 2011:361). The participants in this study supported their African culture and preferred to avoid others and to rely on themselves. Interaction with others could have resulted in confrontations and outbursts that could have harmed their image in the community.

Self-containment is viewed in a different context from the African and Western perspectives. Western cultures associate self-containment with discipline and taking control of one's life, and disapprove of anyone who does not act in a self-contained way (Guilfoyle, 2002:301). African culture epitomizes and honours self-containment and views self-containment as associated with respect for elders and maintenance of harmony in the society (Nduna and Jewkes, 2011:369).

It can be argued that in this study participants were mainly from African descent, practised their social roles and carried out their responsibilities towards their elders (Nduna and Jewkes, 2011:363). It can also be indicated that behaviour is motivated by the environment in which one finds himself or herself (Rehman and Sadruddin, 2012:166).

Focus on the "self" and containment of the "self" can negatively influence communication with others. Participants in this study chose not to communicate with the college managers, lecturers and their peers.

Poor communication can create problems or cause distortion of the sent message (Munodawafa, 2008:369). The participants of this study had to overcome the challenges associated with poor communication. They managed to get information regarding their training through other students, as the college management and staff did not communicate with them.

When information is obtained through other means than directly from the communicator, it is possible that the communication that was disseminated was distorted by interpersonal, intrapersonal and environmental factors. The messenger

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might have his/her own intentions whilst the recipient can distort the message on the basis of previous experiences and or own needs driven by suspicion (Pfeiffer, 1998:1).

Nduna and Jewkes, (2011:361) do not promote the containment of emotions because it is the major cause of ill health. Contained anger and unresolved emotions also caused psychosocial stress (Nduna and Jewkes, 2011:361).

Participants identified themselves with the groups they belonged to during their training. The groups were responsible for creating the self-image of participants through the process of social comparison (Adler et al, 2010:69). While self-concept is dynamic, participants remained influenced by the group they no longer belonged to (Iyer, Jetten and Tsivrikos, 2008:188).

When the participants learnt of their pregnancies, they were terrified and did not have the knowledge of how the news would be received by the college managers. They relied on their colleagues (groups) to protect them by keeping the knowledge a secret until they were ready to disclose. In this study, the trusted others were found to have disclosed the information before participants could do so, which led to a communication breakdown between the authorities and the participants.

Adler et al, (2010:93) warn that self-disclosure is a two-way path according to which others will disclose personal information to assist those in trouble or for their own benefit and in order to gain recognition.

While self-disclosure can enhance rewarding relationships and promote mental health, it can also lead to a breakdown in relationships and social isolation (Forgas and Moylan, 2012: 89). Depending on how disclosure is handled, there are consequences that can emerge from the situation. There is expected possible rejection of an individual whose information is disclosed by others, and a feeling of betrayal by the individual whose information was made known to others (Adler et al. *(*2010:101).

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Self-containment or self-control is defined as the power to control one's actions, impulses or emotions. Self-control is achieved by applying learnt traits to control emotions or through the individual's own personality traits, responsibility and maturity (Duckworth, 2011:2639). According to Nash, Stoch and Harper, (1992:20) people respond to emotions according to the influence they have from the social environment.

Self-containment made participants in this study to develop resilience and were able to control their emotions. Rajan-Rankin (2013:2) defines resilience as "a dynamic process wherein individuals display positive adaptation despite experiences of significant adversity or trauma".

Self-containment or self-restraint was adopted and embraced by participants in this study and applied as a counter mechanism for dealing with isolation and provocation. Pregnant nursing students suffered isolation and they in turn isolated themselves from their colleagues, lecturers and management of the nursing college.

Shaw, Dallos and Shoebridge (2009:179) emphasised that young women have a need to feel connected with their peers rather than to compete against them, and when isolation is experienced they retract. Self- containment equipped pregnant students with the willpower to control their emotions and tame them to remain within the confines of what is accepted by society as "good behaviour".

The "self" also known as "individuality" reacts when it is challenged, by forcing the ego to assume a new identity. The "self" ensures that individuals reflect on mistakes by confronting and attempting to resolve them (Huskinson, 2002: 438).

Participants felt a need to assume a new identity (self-containment) when they felt challenged to protect themselves from being taken advantage of. Gergen (1996:10) alludes to the fact that humans have always found comfort in relationships, which is found to be inseparable from human nature.

A self-contained individual is self-determined and takes ownership of his/her actions. Boundaries are established between the "self" and others for self-directed roles and

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responsibilities (Guilfoyle, 2002:279). As opposed to Gergen (1996:10) who maintained that though there is a need to be involved with others, there is resistance against adhering to structures of interaction with others. Guilfoyle, (2002:300) emphasised that self-containment is created and maintained when “others” are involved.

In a natural world humans are drawn to a certain lifestyle or identify with a particular group or culture for the purpose of belonging and acceptance. Humans become connected with others and adopt their ways and behaviour (interdependence) therefore reflecting the new trends and values they have adopted from others (De Greck, et al, 2011:2871).

The participants were young nursing students who indicated to the researcher that they still required guidance from their parents. The need for guidance made participants to expect that college managers will assume a parenting role. A need to belong is identified as the third need in Maslow’s Hierarchy of Needs that must be fulfilled (Kroth, 2007:8) which, when not fulfilled, can result in noticeable behavioural changes.

Induction of humans in a societal context is maintained through developed structures within the community, such as churches and schools. The said structures fulfil certain individual needs within an interpersonal-, a group-dynamic- and work framework. The structures make provision for person-to-person relationships, affiliation to a tertiary student group, social groups and professional groups whose social identity one shares. When individuals perceive that they are being excluded from the group, they assume a position of self-protection (Jordaan and Jordaan, 2003:40).

In a search for social identity, humans resolve and accept who they are based on the reaction of others towards them. They depend on others to validate who they really are. With the absence of communication with significant others, humans fail to have a sense of identity (Adler et al. 2010: 7).

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In a study conducted by Shaw et al, 2009:174) young women were overburdened by searching for self-worth and identity through relationships with others. Should the relationships prove to have challenges, undesirable changes in character emerge as a mechanism to control emotions of sadness, betrayal and pain.

Adler et al, (2010: 18) allude to the fact that people are closely knit in an interpersonal relationship, with an interdependence between them that comes from the essential benefits (being taken care of and protected) that come with the friendship. The interpersonal relationship occurs on a small scale with the close and trusted persons. Impersonal communication takes place with those whom we come into contact with daily who are of no significant benefit to us.

Murray (2008:3) justified interdependence as a channel utilised by individuals to promote association with others as a means to escape rejection. In this study participants had interpersonal relationship with the college managers and their colleagues with expectations of essential benefits.

The African and Western context differs in the definition of pain, suffering and trauma. While the African perspective believes that trauma affects people as a whole and the community in which they interact or the group they belong to, the Western perspective differs, arguing that trauma is conceptualized within the consciousness, and it is connected only to an individual who perceived the experience (Motsi and Masango, 2012:1)

Kruglanski, Miller and Geen (1996:1061) emphasise that social identity in individuals claimed as the “self” is derived from personality traits that depict humans as social beings. Humans find themselves relating to others through identifying with a certain group. Upon realisation of misidentification because of changes in situation (falling pregnant while training to become professional nurses), a considerable breakdown in harmony within the group is evident.

The participants expected that the college managers would assume parental roles, based on the participants’ needs for guidance. According to the “perceived organizational support” (Kroth, 2007:11), employees need not compete through over

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performance or any kind of policy instruction to receive recognition or to be cared for or supported. The support should be a voluntary action without expectations offered by the employer. Self-containment was evident when the need to be cared for and supported was not satisfied.

When relationships are established, individuals allow themselves to be vulnerable and put themselves at risk by depending on others in their desire to be protected. However, when conflicting circumstances emerge, there is a huge dependence on the other to provide a positive response to concur and protect (being taken care of and protected). The dependence relationships expose individuals to total rejection leading to emotional pain and suffering (Murray, 2008:4).

The experienced pain propelled participants to change behaviour through self-containment. According to a study conducted by Zeigler-Hill and Pratt, (2007:1) unconscious behaviours are helpful to people who experienced trauma by distorting the truth and sense of awareness. Individuals are prevented from facing reality (defence mechanisms) and focusing on negative aspects of life by building their self-esteem.

According to Smith (1999:282), behavioural changes in pregnancy are regarded as a transition to motherhood with changes that a young woman experiences while developing into womanhood. This transition illuminates the “new possible selves”. While it can be argued that pregnant students were self-contained to avoid provocation, the author indicates the changes that occur in young pregnant women in preparation for motherhood based on the need to be close to those in similar conditions in order to share experiences.

The author has alluded to the fact that the transition becomes intense in that pregnant women find themselves in conflict within their interpersonal relations with people who play different roles in their lives. In this study participants isolated themselves from college managers and their colleagues in order to avoid confrontation and confirmation of their pregnancy. Self-containment was a protective measure against others, in order to remain within the structured setting with limitations to those around them.

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According to Adler et al, (2010:292) when individuals have integrated in their groups, they are bound to feel a sense of responsibility towards each other. There is a need to provide for their needs, to support and protect one another. With the strong bond of dependence formed, it is easy for others to notice when they are being isolated, ignored or avoided. The treatment changes and distance grows between the individuals (Adler et al. 2010:292).

The character of human beings has been shaped to react when the "self" is being attacked to protect its identity. In many instances the attack is genuine and mainly aimed at correcting certain behaviours and enhancing personal growth. People, who perceive that they are being judged, receive corrections defensively. The defence strategies provide a temporary feeling of achievement compared to a lifetime of knowledge that could have been gained (Crichter, Dunning and Armor, 2010:947). Participants in this study became defensive when they believed that the college managers and lecturers wanted to make their lives difficult. Participants could have learnt more about the available policies regarding pregnancy at the nursing college, and enlighten other female nursing students who did not know about the pregnancy policies.

The rejection of social origins by the Western view, which were believed to be the cause of mental illness, symbolized the belief that the "self" as an egocentric individual is capable of reasoning. Therefore, an individual can be understood within the context of self-containment and is self- sufficient. The African view proposes that in order for an individual to experience self-worth, self-fulfilment and self-control, a need to belong to social structures is inevitable (Motsi and Masango: 2012:2).

Participants in this study voiced their frustrations and anger when ostracised as a result of their pregnancies. Participants had strong interpersonal relationships with their peers and lecturers. The interdependence relationship was evident amongst participants and it was noticed through self-containment since the expression of anger could create discord within the group. A risk of depression has been reported in interdependent individuals brought about by the suppression of anger (De Greck et al, 2011:2872).

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Isolation is discussed below as the second constituent of self-dependence.

4.4 ISOLATION

Isolation in this study emerged when participants had to disclose their pregnancies to the authorities. Fear of rejection, exclusion, pain and unhappiness pushed them to the confines of anti-socialization.

According to Van den Berg and Mamhute, (2013: 305), a study conducted in the United States of America indicated that 70% of student mothers abandoned their studies as a result of stigmatisation. Students' pregnancy, even at tertiary institutions is not fully welcomed in other countries.

In Zimbabwe college students are expected to complete their training before starting a family (Van den Berg and Mamhute, 2013: 306). Those who are pregnant while in training face many challenges. In this study, participants experienced isolation by others whom they perceived as their essential support structure and they in turn isolated themselves from others because of the noticeable change in others' behaviour towards them.

In a study conducted by Netshikweta and Ehlers (2002:79), 68% of participants experienced isolation through broken relationships with other students and the college managers. By being isolated, participants were rejected and they faced humiliation by being disengaged from their initial groups (Statman, 2000: 528).

The following words were uttered by Jackson (1978) after he had spent 51 days in solitude sailing across the Atlantic Ocean: "I found the loneliness of the second month almost excruciating. I always thought of myself as self-sufficient, but I found life without people had no meaning. I had a definite need for somebody to talk to, someone real, alive and breathing" (Adler et al, 2010: 5). It can be deducted from the passage that human beings are social beings.

According to Biordi and Nicholson (2013:85), "social isolation" "is defined as separation caused by self or others from the social structures or groups that an

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individual belonged to or functioned in". Isolation is defined as "the process or fact of isolating or being isolated", according to Stevenson and Waite, (2011:752). It is evident that with isolation, separation takes place.

Cacioppo, Fowler and Christakis (2009:3) argue that also animals are often affected when they experience isolation. It can be expected of humans to suffer social isolation, since their nature of creation involves engagement with others leading to dependency and or interdependency relationships with others.

Landau, Greenberg and Solomon (2008:97) indicate that individuals are inclined to withdraw and keep to themselves as a result of the negative perceptions they have towards relationships that caused pain and suffering in their lives. People don't want to be exposed to the same pain again.

Isolation is further categorized in the manner with which it came about. In this study participants had isolation forced on them and they also isolated themselves from others. Guinness (1990:32) associates social isolation with alienation, which is more intense than loneliness because of its bigger affliction to an individual's self-identity and values. It can be argued that the isolated participants felt rejected and were treated as "cast offs", whilst the others who isolated themselves sought solitude to deal with their problem of pregnancy (Guinness, 1990:32).

In their study of some Samoan communities Steward-Withers (2011:55) prove that family plays a vital role in determining the status of an individual. People are respected and given a certain position in society as a result of their social standing in the community. Participants in the current study suffered the similar fate since some were frightened to confide in their families and the college managers about their pregnancies for fear of losing their social status in their social environment.

Social isolation was mainly applied as a torture mechanism to be used on prisoners of war (Umberson and Montez, 2010: S54). With its application to people who were assumed to be healthy with no predisposing conditions to ill health, the results were drastic – leading to psychological and physical breakdown and possible death

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(Umberson and Montez, 2010: S54). Pregnant nursing students described their pain during isolation from their groups.

Participants were recruited from different provinces to study at the Military Nursing College. That on its own created social isolation from their known structures. Extended self-identity is evident when human beings identify with a specific environment, making it their own through emotional attachment (Jordaan and Jordaan, 2003:646). They then depended on new-formed structures in order to belong to new groups. People develop a clear and comprehensible sense of satisfaction when their needs are consistently met despite external stressors and the minor setbacks they encounter daily (Jordaan and Jordaan, 2003:602). Young adults experience loneliness when they are not socially connected to others. They become withdrawn, shy, distrusting and aggressive (Cacioppo et al, (2009: 6).

Self-knowledge is developed when individuals or groups attain self-identity through the interaction with others. The culture, values and characteristics of others are adopted over time, with adaptation to what was not known to the individual or group becoming a personal- or a collective sense of identity. To know themselves individuals are constantly adjusting to the changes and accepting what is new as a sense of identity through social exchange (Rochat, 2008:247). In this study participants were formed into soldiers having to adapt to one set of military rules and characteristics. The military culture had an influence on behaviour, which in itself developed self-knowledge about what was acceptable and not if one wished to enjoy the social identity of the group.

Humans as social beings have a “need to belong”. The connection is established through strong interpersonal relationships when individuals take note of being treated as important by others. The bond is deepened by the honesty that is applied when accepting the persons for who they are regardless of their personal orientation (Murray, 2008:28). The unsatisfied need to belong is a social disadvantage or exclusion that is the fundamental cause of mental illness. Those suffering from long-term mental illness are excluded from society and therefore are in isolation (Morgan et al, 2007:477).

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Self- alienation/isolation automatically emerges when individuals are unable to maintain the continuity and unity between personal- and social self- identities (Jordaan and Jordaan, 2003:631).

One of the motivational factors for students to continue with their studies while pregnant was the support that they received from some of their colleagues and friends. However, when pregnant students did not receive lessons and information from their colleagues and friends, difficulties were experienced. While their families and the teaching staff were not seen to be supportive towards them, they strove to prove their self-worth by attaining their goals of education (Van den Berg and Mamhute, 2013:310).

The United stated of America reported an estimation of 16% of its population having Major Depressive Disorder also known as MDD in 2013, which is a concern in mental illness worldwide (Teo, Choi and Valenstein, 2013:1). MDD is considered to manifest in people with low- or non-existing social contact with others. Social isolation is held responsible for the major cause of depression and mental health problems, since poor self-regulation was reported in the absence of social contact (Baumeister and Stillman, 2008:152). With the improvement is social relationships and treatment using interpersonal psychotherapy, the treatment of depression is treated and maintained at manageable levels (Teo et al, 2013:6).

Globalization was welcomed with the hope of improved relationships through increased social networks brought about by the availability of technology. However, evidence exists (Holt-Lunstad, Smith and Layton, 2010:2) of reported increased social isolation resulting in a high death rate due to the effects of social isolation on human beings.

According to a study conducted by Eastwood et al. (2012:7), a solid relationship between maternal depressive disorders and a lack of social support exists. When individuals are not supported emotionally or instrumentally by those they consider to have a social relationship with, destabilization occur. It was evident from the study that participants sought informational support (guidance and advice), instrumental support (assistance with tasks) and emotional support (confiding in someone). Small,

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Taft and Brown, (2011:2) agree that excellent health is achieved when individuals are socially connected and supported by family, friends and significant others.

The experience of poor communication within closed units increases the risk of depression in young women, with an escalation in feelings of self-worthlessness. Loneliness and isolation make it unbearable for them to fit in and they therefore withdraw from those who are seen to be inflicting and causing unwanted emotions (Shaw et al, 2009:176).

In their lifeworld, human beings develop through learning by imitating others. Fear of isolation from others is found to be the motivation for this kind of learning. Human beings fear that if they are seen not to adhere to the same trends and standards, they will not be socially accepted in a particular group or will be ostracised. Respect, acceptance and being liked by others is in the social nature of human beings. Humans would rather be in agreement with others than face isolation (Shoemaker, Breen and Stamper, 2000:66).

Self-verification was discovered as a technique in which people have self-views that might be negative or positive about themselves. An individual will strive for positive self-verification by others through positive enactment to feel included in the group (Davila and Miller 2008:269).

The presentation of signs of separation anxiety or fear of being with others in human beings at an early age calls for concern due to the influence the conditions have on development. Lifelong worry and insecurity are reported in adults with similar symptoms (Silove et al, 2010:5).

According to Shoemaker, Breen and Stamper, (2000:67) human beings are shaped through their perception of a perfect image they make of themselves. When they believe in their subconscious that they do not meet the requirements of others, insecurity and social anxiety set in.

Peace (2001:25) states that exclusion of human beings from their social environment has psycho-social effects relating to psychological and relational problems, loss of

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identity and cultural affiliations, de-integration from work relations, problems of mental depression and loss of purpose. With social isolation, human beings develop a feeling of “losing a place in one’s group”. Such feelings rob a person of his or her sense of belonging, leading to a general feeling of being marginalised (Biordi and Nicholson, 2013:85). Participants in this study lost social positions in their groups, and they felt excluded from the new groups since they were not used to the norms and values of the new groups.

Kross et al, (2011:6272) conducted a study using Magnetic Resonance Imaging (MRI) to establish the relationship between physical pain and rejection. Respondents expressed physical pain when subjected to conditions that exposed them to rejection. Some participants in the study reported having missed classes during their pregnancy because of the pain they felt when they were excluded from class discussions by the lecturers. It can be concluded that social rejection predisposes human beings to physical pain and individuals are hurt by their exposure to rejection (Kross et al, 2011:6274).

With rejection loneliness sets in which in itself causes pain and sorrow when one is alienated from the world and has no one to talk to and share innermost secrets with. Thus, social loneliness and emotional loneliness are encountered, which can lead to destructive behaviour and change of attitude in an individual (Jordaan and Jordaan, 2003: 672).

Participants in this study went through emotions of evaluating what was important for them. The concern for the “self” grew where they applied the avoidance strategy as well known as the “lose-lose” strategy (Adler et al, 2010:359). They ignored the college managers and ensured that they stayed away from having any contact with them. This avoidance for the pregnant young women was a way to manage any conflict that might arise since they were already upset about what the college managers were saying about pregnant nursing students. While the participants managed to keep the peace briefly, their relationships with the college managers and other peers soured. The situation became a “lose-lose” situation since the problem did not go away but a solution to it was delayed.

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Cultural beliefs in other communities do not support the decision by women to fall pregnant outside of wedlock since it is viewed as immoral. Failure to retain these cultural rules exposes young women to labelling and being discriminated against. They not only are socially isolated from their groups but they are also marginalised as individuals and restricted to participate in any matters affecting the community (Steward-Withers, 2011:47). A study conducted on young Samoan women in 2011 made the point that young women are encouraged to retain their virginity until married in order to permit their families to maintain their well-respected status in their communities (Stewart-Withers, 2011:48).

The stigma that pregnant unmarried young women face in society was confirmed in a study conducted by Maldonado (2013: 345). The study revealed that 50% of people in the USA were against unmarried women falling pregnant. The participants' belief was based on perceptions that unmarried mothers were the major causes of societal problems and had children born out of wedlock without solid family structures of both parents being present to raise the children. However, the USA Government's initiative to discourage non-marital childbirth proved to be futile.

Young, pregnant and unwed women are frowned upon by their families and the community at large. Incidences of violence and bad treatment against these women were reported. While parents of an unwed pregnant young woman may lose respect and social position in the community, the family does offer forgiveness in the end and welcome the unborn child into the family. The family anger becomes directed to the person who impregnated their child (Stewart–Withers, 2011:52).

The researcher became aware of participants' needs to become parents versus their need to complete their studies. Participants' daily battle against cultural beliefs (place motherhood above education) is strengthened by their own beliefs to have children at a certain age, and thus in many instances the family supportive role is denied (Van den Berg and Mamhute, 2013:309). Participants who had no family support looked for alternate accommodation and took care of their children.

In countries such as Indonesia, Singapore and Malaysia young pregnant women face the consequences of social prejudice and name calling. Not only are the

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pregnant women affected, but their families, especially their parents, are judged for raising their daughter badly. Parents endure insults of being immoral. The child is also affected after birth by being named a “forbidden child” or “illegitimate child”. The pressures of such stigma is unbearable, and in most cases the “forbidden child” faces abandonment after birth (Saim, 2013:1)

Stigmatization of young pregnant women in the United States of America accounted for 70% of dropouts from the education and training in 2010, where a total display of social support was evident. From the results it is obvious that even with the availability of social support, young pregnant women accept that they have failed and will not be able to continue with their studies (Van den Berg and Mamhute, 2013:306). Similar incidences have not been reported at the SAMHS Nursing College.

Findings in this study confirmed that isolation was a matter of choice by pregnant participants. According to a study conducted by Smith (1999:295) findings revealed withdrawal from less significant others to family and key people in pregnant young women’s lives. The focus of pregnant women changes from the public world to the personal world. The “self” and close others give meaning to their existence. In this study one participant indicated, she chose” to move my focus from people who don’t matter in my life”.

Smith (1999: 287) disclosed that most women tend to have a lack of interest in their surroundings during their second trimester of pregnancy and withdraw from those around them be it at work or any public domain. In the current study participants isolated themselves from those around them in order to restrain themselves from responding negatively.

Women in the military remain 1% in employment compared to their male counterparts with reasons given that women are not loyal to their combat roles since their loyalty lies with their families. Pregnant women are offered an involuntary resignation supporting the statement that women can only be mothers and family caregivers rather than soldiers (Hasday, 2008:107). In this study pregnant nursing students were given four months maternity leave.

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Self-appreciation is discussed below as the third constituent of self-dependence.

4.5 SELF-APPRECIATION

The emergence of self-appreciation in this study reflected the new meaning derived from excitement, self-motivation and growth as experienced by the participants. Participants in this study appreciated themselves more when they learnt that their experiences did not matter anymore. They focused on reconnecting with their new groups, their studies and to encourage others to wait until they had completed their studies before they fell pregnant.

Self-appreciation – otherwise widely associated with self-esteem/self-fulfilment/self-determination/self-worth – as experienced by participants in this study was a greatest achievement to attain. Self-appreciation represents the self-actualization stage through all the basic needs according to the Maslow's Hierarchy of needs having been satisfied. Kolkto-Rivera, (2006:303) points out that personal growth becomes extended beyond self-identity due to past or current experiences. This type of growth leads to maturity.

Human beings were created with urges, needs and desire to be satisfied. External environmental factors play an important role in motivating individuals to pursue and fulfil greater needs than what they had already fulfilled. The motivation extends when the plight shifts from seeking to achieve more to the individual wanting to become more (Jordaan and Jordaan, 2003:583), thereby encouraging the person undergoing growth to reach the self-appreciation phase.

The need to procreate was perceived by some participants in this study as self-actualization compared to the need to complete their studies. Factors such as age and cultural pressures played a role in the encouragement of these women to fall pregnant. Reclaiming their social positions in the social structures they belonged to was a greater need to satisfy irrespective of the consequences they had to face.

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Participants in this study were subjected to a waiting period of between six months to eighteen months before they could continue with their studies after maternity leave depending on when their maternity leave would end. Though some regretted the decision they made by falling pregnant while studying and considered their delays to completing their studies as “a waste of time”, all participants indicated that nothing mattered anymore since they could not reverse the pregnancy or consider termination of pregnancy. Ugoji (2013:155) supports the decisions made by participants to evaluate themselves and develop strategies, indicating their self-worth, belief in themselves and their capabilities to make their lives a success despite their pregnancy setback.

In a study conducted on disabled college students (Gillis, 2011:5) self- determination was seen to be the catalyst that drives the individual to achieve beyond expectations, as a result of decisions made to improve one’s quality of life. Self-actualization is achieved in this instance when the individual is self-controlled and can manage his or her behaviour within the acceptable standards.

Jordaan and Jordaan (2003:583) point out that human behaviour always overrides basic needs due to the drive people have to satisfy a higher need and as a means of survival and self-actualization. The needs are normally suppressed by circumstances and re-emerge when social support is offered. In this study participants’ needs to complete their studies was overridden by their pregnancy. Obtaining a qualification was a higher need for participants, but some feared not conceiving due to age. The pressures that were culturally motivated became a need to fulfil due to the social responsibility towards their families.

Individuals participate in different roles as a means of identification with the “self”. The “self” is identified and portrayed in different characters that an individual assumes daily as a parent, wife, colleague, employee or employer. In all different roles, engagements with others take place, resulting in conflict or connection within the set social structures (Stets and Burke, 2003:8). Role identity is negotiated within the group with maintenance of a social position achieved through compromise.

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Kolkto-Rivera (2006:305) illuminates the fact that self-identity is reached when an individual has found self-fulfilment (self- actualization), having stopped criticising, putting much pressure on themselves but appreciating their achievements and believing that they had matured to a certain extent. In this study all participants verbalised the joy and change they felt by being pregnant, thereby realising that nothing else and no one mattered. Their focus moved from requiring approval from the group and others to attaining their self-identity.

Studies done to establish personal growth from individuals who experienced distress in their lives but portrayed positive growth have been underway. In a study done by Inman and Ogden (2011:367) evidence that proved positive growth in individuals who had encountered bad experiences or were involved in some sort of trauma that was internal rather than external in their lives exists. Changes in self and having a better perspective of life were identified as areas of growth after an unfavourable encounter.

In a study conducted by Traeen and SØrensen, (2008:386), increased self-control coupled with a sense of responsibility, but very low self-esteem was observed in women who had suffered some form of abuse. The context compares to that of the women in the current study, though they did not suffer physical abuse; they experienced isolation. In the process of constructing the “self”, the natural expectations of human behaviour were to find self-appreciation. The dimensions of self-appreciation included the appreciation of the “self” by others and the appreciation of the “self” by the “self”.

Bandura (1993:120) observed the change that took place when individuals who had bad past experiences applied their thoughts and minds to improvement for the better through self-efficacy. The will power to succeed, driven by the ability of the “self” drives individuals to believe that learning and improvement can only take place through experience from errors. Personal growth manifests through the application of one’s own capabilities rather than through comparison with others.

Jungers, Gregoire and Slagel, (2009:305) studied the Creole people of Mauritius. The study’s findings affirmed that self-appreciation was a way of people recognising

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their inner selves and self-identity. The Creole people had the ability to connect with their inner self and were able to define who they were. In this study the circumstances of participants did not matter when they discovered the inner selves to deal with experiences they considered negative.

In a study conducted to test the survival skills of those exposed to the wilderness (Czerwinski, 2009:7), it was evident that participants channelled their focus and energy on themselves for survival. While participants depended on others for providing other skills and knowledge, they also relied on themselves to unleash the capabilities they possessed to help them survive, thereby realising their potential and appreciating their accomplishments.

With self-appreciation, self-esteem emerges as a strong characteristic that supports how the individual turns out to be. Self-esteem is shaped by “close others” and depends on the negative or the positive feedback received by the “self”. Behavioural patterns change and lead to either low self-esteem or high self-esteem (Aron et al, 2008:220). Although the “close others” play a supportive role in the enhancement of self-esteem, providing only positive feedback and withholding the negative, this supportive role creates an impression that does not reflect the true self (Davila and Miller, 2008:270).

Findings from a study conducted by Inman and Ogden (2011:373) reflected positive change in participants who had bad experiences. Participants’ adjusted their minds from previous perception regarding the value of life. In the current study the emphasis was on self-appreciation, which emerged as new knowledge from what was known to the participants. Positive growth became evident through the process of data analysis. The researcher supports the acknowledgement of mistakes by the participants in this study, and their attitude towards taking full responsibility for their actions to ensure that they learned from their mistakes.

Whilst the expectations of participants in this study were to be supported by the college managers and the lecturers throughout their pregnancies, their self-esteem was either lowered or increased by the treatment they received from “close others”. Traeen and SØrensen, (2008:387) concur with the concept of avoiding a negative

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situation that will have an influence on one's self-appreciation. Crocker and Luthanen (2003:703) point out that unstable self-importance and inflated levels of self-esteem are bound to cause aggression in individuals who consider themselves as important.

Participants in this study responded aggressively when confronted by the lecturers and college managers about their pregnancies as a means to maintain self-control and prove that they were highly capable of taking care of themselves. The behaviour is similar to the study of the effects of post-traumatic stress disorders on the brain function conducted by Bremmer, (2006:455). The findings of the study revealed changes in the functioning of the brain and memory as a result of exerted stress.

Adshead (2000:144) reported an indication of psychosocial disorders in individuals subjected to traumatic stress. Based on the studies conducted and their findings, there has been no confirmation of any lasting impact after emotional trauma on the quality of life in any individual exposed to trauma (Schneider et al, 2012:8)

According to Vallerand, (2012:6), people are prone to respond to self- realization and personal growth differently, depending on the processes (pain or happiness) they underwent to reach the two stages. During these processes the psychosocial well-being of individuals is promoted through the harmonious passion that they have in their will to personal growth Vallerand (2012:10). The researcher agrees with the author on this point, the reason being that although both pain and happiness were experienced by participants in this study, all participants chose harmonious passion, which positively contributed to their psychological well-being other than obsessive passion, which contributes to ill-health. Positive growth was displayed by all participants.

In her auto ethnographic study of pain, Neville-Jan (2003:96) expressed her frustrations when she was feeling physical and emotional pain, yet clinically the cause of pain could not be established. In the study, she indicates that self-realization was achieved through immersing herself in work and the pain that she constantly felt was controlled through total distraction. Similar to this study, participants indicated – that they were happier at work and away from the college since they did not have any interaction with their stressors.

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Re-claiming their lives and moving forward by putting the past behind them was a display of self–worth revealed by participants. It cannot be established whether the move was precipitated by revenge against “others” who did not offer the required support or positive growth towards self-actualization and self-appreciation. The pregnant young women felt a sense of achievement when they reached self-appreciation. Self-appreciation was hard work and a marvellous achievement for the participants. This study did not explore the possibilities but supported the essence with existing literature.

4.6 Summary

In this chapter the discussions of the essence and the constituents of lived experiences of students at a military nursing college regarding their pregnancies were deliberated on with supporting literature. Participants in this study chose self-containment in order to practise self-control, enabling them to deal with their challenges. They further faced being isolated by others and isolating themselves from others. However, their challenges gave them a new meaning of self-appreciation when they realised that pregnancy could not stop them from actualizing their dreams and looking forward to the future.

In chapter 5 the validation and the description of the study, limitations and conclusions will be presented.

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CHAPTER 5

DISCUSSION OF CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

Lived experiences of students at a military nursing college regarding their pregnancies were presented in four chapters. Chapter 1 set the tone of the study. The background, rationale and significance of the study were explained, key terms that were used throughout the study were defined. Chapter 2 presented the descriptive phenomenological approach followed to conduct the study. In Chapter 3 the findings of the study were described. In Chapter 4 the discussions of the findings of the study were deliberated on with supporting literature. In Chapter 5 the conclusions formulated from the description of the findings (refer to Chapter 3) and the discussion of it (refer to Chapter 4) are presented. The limitations of the study are discussed, followed by recommendations for both further research and the improvement of the support of pregnant students at military colleges.

This study was directed to attain the following objective:

- Explore and describe the lived experiences of students at a military nursing college regarding their pregnancies.

5.2 CONCLUSION: Essence and Constituents

According to the principles of phenomenological inquiry, the essence (new meaning) from the lived experiences of students at a military nursing college regarding their pregnancies is addressed first, followed by the conclusions regarding the three constituents (meaning units).

5.2.1 The essence: Self-dependence

The college management and staff were perceived to be unsupportive when they implemented the policies on pregnancy during nursing training.

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The participants had to take care of themselves, as they could not depend on others. Self-dependence became their coping mechanism. Participants focussed on “being-for-themselves” and relied on themselves to cope with their circumstances. Their expectations regarding support from college management and lecturers were not met, which gave them no choice except to support themselves.

Self-dependence implies (according to the literature review in Chapter 4) the ability of a person to develop the “self” through the conceptualization of the past, present and future in order to reach a high level of self-actualisation. The participants used their past experiences and the capabilities that they had developed in the past to manage the stressors of the present (being pregnant while in training to become professional nurses). Participants’ ability to be self-dependent might enable them to cope with circumstances that have similar psychological impact in future.

The participants’ choice to be self-dependent rested on the disappointment they had in themselves. Participants wanted to prove to those who had judged them that they are able to depend on themselves. Through attaining self-dependence the participants discovered that they could take control of their circumstances and they could claim victory of achievement. Participants were eager to show others how they had developed from being dependent on others to being self-dependent. Self-dependence emerged from understanding participants as individuals (“self”) and the feelings/emotions that affect the “self” to produce a certain reaction (self-containment, isolation and self-appreciation).

5.2.2 The constituent: self-containment

In the military training environment, activities are conducted in groups. It becomes impossible to obtain information when students are separated from the group. When the participants were excluded from group activities, they also became excluded from information. The exclusion from the group forced participants to be proactive to obtain information. Unfortunately, the information was not obtained directly from the communicators (college management and staff) and it was thus possible that participants got distorted messages.

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When the participants realised that it was possible to function as individuals they developed a sense of “self-containment”. They found information themselves and also avoided interaction and possible conflict with the college management and lecturers.

Self-containment is supported in the African culture (Nduna and Jewkes, 2011:363). Young African people do not confront their supervisors in cases of unhappiness, as they are reared to refrain from possible conflict. Episodes of conflict are regarded as typical of immature people and must be avoided at all costs while self-containment is associated with respect for others (Nduna and Jewkes, 2011:361). People from Western culture perceive self-containment as a way of taking control over one’s own life. A lack of self-containment abilities is disapproved Guilfoyle, 2002:301).

The self-containment capabilities that the participants developed made them develop resilience and the ability to control their emotions during challenging circumstances. The participants made use of self-containment to deal with their pregnancies and the exclusion from their year groups. It could also have been that self-containment developed because of isolation from others.

5.2.3 The constituent: Isolation

The participants decided to take care of themselves through self-containment. Participants assumed that others would be judgmental and they withdrew from them. The participants delayed the disclosure of their pregnancies out of fear of negative experiences and thus could not expect support from others, as the others did not know about the participants’ challenges. Participants preferred to isolate themselves with the belief that others would not support them. The participants accepted their act of falling pregnant as irresponsible, seeing the line of duty they were in. Participants knew the consequences of becoming pregnant and they were ready to face them. Fear of revealing their need for support drove the participants to self-isolation. The participants’ assumptions about how others would react towards them “added insult to injury”.

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Notwithstanding the fact that participants accepted that it was not advisable to fall pregnant during their studies, they expected some compassion from college management and lecturers. The exclusion from participating in college events and decisions about their maternity leave was seen as an act of punishment rather than the implementation of policies on pregnancy and maternity leave.

Gossiping isolated participants even further since they perceived that they were being labelled and their morality questioned. Participants were not sure who to trust anymore. When their groups graduated to the next level, they found it difficult to relate to their groups since they no longer shared matters of common interest. The participants chose to use isolation to their advantage in order to avoid confrontation with the college management and lecturers.

Cultural beliefs and the stigma attached to unmarried pregnant women forced participants to isolate themselves from others. Despite the fact that the participants deliberately isolated themselves, studies proved that pregnant women have a tendency to lack interest with what is happening around them, especially during the second trimester of pregnancy (Chapter 4).

By being isolated by others and by isolating oneself from others, opportunities for support are lost. In both cases rejection or the fear for rejection is applicable. People choose to isolate themselves as a result of the fear of rejection. When others isolate a person it is an act of rejection. Isolation has negative consequences. It denies the person opportunities of support and compassion. It also leads to alienation from others and the acknowledgment that a person is different from the norm. People prefer to belong to a group as it confirms the acceptance of the person in the group. When the participants lost their membership of groups they also lost the support and acceptance of the groups.

5.2.4 The constituent: Self-appreciation

After the strategies of self-containment and isolation were applied as coping mechanisms during pregnancy, participants appreciated their self-worth and the fact

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that their challenges did not demotivate them but unleashed the determination in them to become independent and take responsibility for their actions.

Self-appreciation was reflective of emotional development and maturity of participants when they were presented with change and after having regained their confidence to face their peers, college managers and lecturers during and after their pregnancy. Part of reclaiming their positions within the social structure meant that participants had to foster positive attitudes towards others in order to merge with new groups and new lecturers without feeling intimidated.

The participants were able to identify the areas in which they had developed during their pregnancies, and they managed to turn their negative experiences into achievements. They no longer wanted to continue with discussions regarding their negative experiences, but were focused on ensuring that they satisfied a higher need, which was continuing with their studies irrespective of their experiences.

Positive growth was evident in participants despite the trauma they had gone through. Past mistakes made participants eager to achieve and increase their self-esteem. Participants avoided negative influences that could have made them regress and preferred to focus on the future. Previous studies provide similar results. Emotional pain is less intense when people immerse themselves in work and the participants chose to work hard in order to be allowed to complete their studies.

The participants regained their self-confidence when they accepted that they could not change their past but that they had the opportunity to change their future. Self-appreciation brought about the new self-realization of the inner strength they did not know that they had.

Self-appreciation is, according to Maslow, the highest level of achievement. Self-appreciation leads to the development of maturity. The participants in the study had to cope with many challenges in order to achieve self-appreciation. They wanted to complete their studies and also take care of their new-born babies in a mature way. Participants had to display the ability to endure difficulties and to wait for

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opportunities to further their studies as is expected of mature people. What the participants could not change they accepted and they made the best of the situation. While the participants had to rely on themselves they were encouraged by their situations to focus on themselves and to develop their own identities. The “self” was the focus of introspection and featured in the coping strategies of self-containment and isolation. Participants could not rely on others to provide them with feedback regarding the development of the “self” and had to construct the “self” through self-appreciation.

The participants applied their thoughts and minds to “being-for-themselves” and to appreciate their efforts to overcome challenging situations. Through self-appreciation, self-esteem emerges as a strong characteristic of participants in this study. The participants had to rely on themselves and developed capabilities that enhanced their self-esteem to the extent that they could overcome obstacles such as poor communication from college management and lecturers. The young pregnant women felt a sense of achievement when they reached self-appreciation. Self-appreciation came as a reward of hard work for the participants.

5.3 LIMITATIONS OF THE STUDY

The findings of the study are limited to the experiences of pregnant nursing students at the only military nursing college in South Africa and can thus not be applied to students of other nursing colleges in South Africa.

The study did not attempt to address contraception-related issues because it focussed solely on the students’ lived experiences of their pregnancies.

5.4 RECOMMENDATIONS

The researcher recommends that the findings of the study be used to develop programmes to support pregnant nursing students at the military college. The training of college management, lecturers and students on applicable policies should be intensified during the first year of training to promote self-dependence.

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Future studies, focussing on unplanned pregnancies among student nurses, should address abstinence and contraceptive issues. If student nurses could learn about abstinence and effective contraception at the commencement of their training, and if contraceptives could be easily accessible to student nurses, then the number of unplanned pregnancies might decline. The students, the college and the country would benefit if more student nurses could postpone becoming mothers until they have completed their training.

Future research is recommended to compare findings with non-military nursing colleges in South Africa.

5.5 CONCLUSION

The researcher aimed at exploring and describing the lived experiences of students at a military nursing college regarding their pregnancies. The findings revealed that the participants realised that they had to depend on themselves. They used the strategies self-containment and isolation to cope with the challenging circumstances. Self-appreciation developed when they realized that they could rely on themselves.

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ANNEXURE A

LETTER – APPROVAL RESEARCH ETHICS COMMITTEE

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University of Pretoria
Department of Nursing Science
P.O. Box 667
Pretoria
0001

Office of the Surgeon General
SAMHS Ethics Committee
South African Military Health Service
Private Bag X102
Centurion
0046

Dear Sir/Madam

Re: Approval to conduct a study

I, 92054485PE Lt Col T.E. Mohale am a Masters student at the University of Pretoria. I submit this proposal for ethical approval to conduct a study which is entitled: Lived experiences of nursing students at a military nursing college regarding their pregnancies. The objective and the purpose of this study is to explore and describe experiences of student nurses at a military nursing college regarding their pregnancies. The proposed study will be conducted at the Nursing College and 1 Military Hospital.

T.E. MOHALE
RESEARCHER: LT COL

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ANNEXURE B

LETTER – TO OBTAIN PERMISSION FROM THE SOUTH AFRICAN MILITARY HEATLTH SERVICE SURGEON GENERAL OFFICE TO CONDUCT RESEARCH

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University of Pretoria

Department of Nursing Science
P.O. Box 667
Pretoria
0001

Office of the Surgeon General
Surgeon General of the SAMHS
South African Military Health Service
Private Bag X102
Centurion
0046

Dear Sir

Re: Permission to conduct a study

I, 92054485PE Lt Col T.E. Mohale am a Masters student at the University of Pretoria. I request permission to conduct a study among nursing students who are pregnant or were pregnant whilst studying at the SAMHS Nursing College. The tittle of the study is entitled: Lived experiences of nursing students at a military nursing college regarding their pregnancies. The objective and the purpose of this study is to explore and describe experiences of student nurses at a military nursing college regarding their pregnancies. The proposed study will be conducted at the Nursing College and 1 Military Hospital.

T.E. MOHALE
RESEARCHER: LT COL

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ANNEXURE C

INFORMATION LEAFLET AND INFORMED CONSENT

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LIVED EXPERIENCES OF NURSING STUDENTS AT A MILITARY NURSING COLLEGE REGARDING THEIR PREGNANCIES

Dear Participant

1. INTRODUCTION

You are invited to volunteer for a research study. This information leaflet will help you to decide whether you would like to participate in the study or not. Before you agree to take part in this study, you should fully understand what is involved. Should there be any questions, which are not fully explained in this leaflet, do not hesitate to ask the researcher. You should not agree to take part unless you are completely satisfied with all procedures involved during and after the study. In the best interest of your well-being, it is strongly recommended that you discuss with or inform your Psychologist of your possible participation in this study should there have been previous issues that could cause regress when probing during interviews.

2. THE PURPOSE AND OBJECTIVES OF THE STUDY

I am conducting a research to study, explore and describe the experiences of nursing students who are currently pregnant, and experiences of those who gave birth whilst in training at the South African Military Health Service Nursing College.

3 THE DURATION OF THE STUDY

If you decide to take part, you will be one of many participants as saturation has to be reached before concluding interviews. The duration of the study will depend on the validity of information received. You will be asked to meet with the researcher to confirm information you provided after data collection.

4 EXPLANATION OF PROCEDURES TO BE FOLLOWED

Should you agree to participate in the study:

- You will be required to describe your experiences as a nursing student at the military nursing college regarding your pregnancy. The researcher will pose the question:

  "Tell *me How did you experience your pregnancy being a student at a Military nursing college"?*

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- The interview will be recorded with your permission.
- The duration of the interview will range between 60- 90 minutes.
- The interview will take place at a venue convenient to you.

5 RISKS AND DISCOMFORTS INVOLVED IN THE STUDY

There are no risks in this study. However there is a possibility to feel distraught and overcome by emotions when interviewed or sharing the lived experiences since the conversation may remind you of unpleasant memories that may be uncomfortable. You may ask to stop at any given time and continue when calm or ready to do so. Counselling will be made available should you require it.

6 POSSIBLE BENEFITS OF THIS STUDY

There will be no direct benefit to you from participating in this study. Your participation will help you in understanding experiences of nursing students at a military nursing college regarding their pregnancies. The study will help to facilitate support programmes for pregnant nursing students.

7 WHAT ARE YOUR RIGHTS AS A PARTICIPANT IN THIS STUDY?

Your participation in this study is entirely voluntary and you can refuse to participate or stop at any time without stating any reason. Your withdrawal will not affect your studies in any way or provide means for victimization in that sense. The researcher retains the right to withdraw you from the study if it is considered to be in your best interest. If it is detected that you did not give an accurate history or did nor follow the guidelines of the study and the regulations of the study facility, you may be withdrawn from the study at any time.

8 HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study was submitted to the research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria, South Africa and a written approval was granted by the committee.

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9 INFORMATION AND CONTACT PERSON

For the duration of the study, you will be under the care of Lt Col T.E. Mohale, Should you feel that any of my questions are causing you discomfort at any time between our interviews, or you have any questions during the study, please do not hesitate to contact me at 082 389 6147. Alternatively you can contact my supervisor - Professor N. Van Wyk at the Faculty of Health Sciences, University of Pretoria at 012 354 2125 or 0827761649.

10 COMPENSATION

There will be no payment towards participating in this study. Military transport will be arranged for you should you require travelling to the venue of convenience.

11 CONFIDENTIALITY

The interview will be done in a separate and private room. Other people will not hear the conversation that will be taking place. All information obtained during the course of the study is strictly private and confidential. Once I have analyses the information no one will be able to identify you. Reports and articles in scientific journals will not include any information that may identify you as a participant in this study. Information will not be disclosed to any third party in addition to the ones mentioned without your written permission.

INFORMED CONSENT TO PARTICIPATE IN THIS STUDY

I confirm that the person asking my consent to take part in this study has told me about the nature, process, risks, discomforts and benefits of the study. I have also received, read and understood the above written information (Patient Information Leaflet and Informed Consent) regarding the study. I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials will be anonymously processed into a research reports. I am participating willingly. I have had sufficient opportunity to ask questions and declare myself prepared to participate in the study. I understand that there is no penalty should I wish to discontinue with the study and my withdrawal will not affect my studies.

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Participant's name ……..
(Please print)

Participant's signature ……Date……...

Researcher's name ……..
(Please print)

Researcher's signature ……Date…….

Witness's name …….

Witness's signature ……..Date……..
(Please print)

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VERBAL INFORMED CONSENT

I the undersigned have read and fully explained the participant's information leaflet which explains the nature, process, risks, discomforts and benefits of the study to the participant whom I have asked to participate in the study. The participant indicates that she understands that the results of the study, including personal details regarding the interview will be anonymously processed into research reports. The participant reports that she has had time to ask questions and has no objection to participate in the interview. She understands that there is no penalty should she wish to discontinue with the study and her withdrawal will not affect her studies in any way. I hereby certify that the client has agreed to participate in the study

Participant's name ……..
(Please print)

Person seeking consent ……..
(Please print)

Signature……Date……

Witness's name …….
(Please print)

Witness's signature ……..Date……..

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ANNEXURE D

UNSTRUCTURED INTERVIEW GUIDE

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Interview Question:

Tell me how did you experience your pregnancy being a student at a military nursing college?

(probing questions, paraphrasing, clarifying will be used to explore and describe the nursing student's experiences based on the information they will provide during the interview)

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ANNEXURE E

SAMPLE OF AN INTERVIEW TRANSCRIPT

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R Tell me, how you experienced your pregnancy as a student?

P Ok, as a student from the college side I almost felt victimised neh! Uh like, I never told them I was pregnant, I personally never went to them and told them I was pregnant, and then when I was ready to tell them they already knew, and they learnt from one of the other students. So what happened was [*name left out for confidentiality purposes*] out gave a message to the student and told her I must come and sign my maternity leave. So that was my first experience with them, so I was very negative. I didn't want to speak to any of them so I went to the college eventually, and then she got me in the passage, she asked me ja! When are you going to sign your maternity leave? So I said ja go ask whoever you sent, I will tell her when I will sign maternity leave (*laughs a nervous laugh*) cause that is how they work, they didn't come to me personally so Ja! So I was very upset about that. So that was my first experience with the nursing college, so it was very bad. Anyway so then afterwards I spoke to the student counsellor and it was much better. I really didn't want to deal with them at the college, I didn't want to see them either, I wanted to have minimal contact with them "and then what else? And obviously [*name left out for confidentiality purposes*] was in charge and she was very supportive so that was nice. And then also (paused) because of the exams, because I knew my due date was supposed to be, I think the last week of the exams, that was my expected due date, and about my exams they said no I cannot write my exams, [*name left out for confidentiality purposes*] actually said I must leave a month before my due date, which I didn't understand why, so I asked why and they said its college policy. Eventually it was [*name left out for confidentiality purposes*] who arranged that I don't have to go a month before because I didn't have complications! Nothing, cause my question was that I will be basically left with three months instead of four months to spend with my baby. Anyway I gave birth in almost 42 weeks, so I could have written my exams, but they weren't very compromising with that like no! no, and you know like you are busy fighting, I just left it cause I didn't feel like arguing with them, because the more you argue with them, the more you get victimised by them and then I was also told ja, anyway you were not supposed to have your baby now.

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R How did that make you feel?

P I asked her, was I supposed to go for an abortion? I asked her and she just looked at me, and then she asked me that question twice actually. It was actually very bad for me with them, , but other than that it was fine, and I think it depends on how you handle things, and I just decided I don't want them to influence me negatively and also I didn't want to have a negative energy towards them, because uh I mean they are your facilitators and you must be able to go to them and feel free but you don't because once you leave you will be discussed with whoever and whoever their friends, so they will discuss you and you know it because everybody knows everything so you don't feel free to talk to them, so that was basically my experience with the college in a nutshell (*laughs*)

R Can you tell me was it a planned pregnancy?

P No it wasn't a planned pregnancy.

R It was actually a shock for you!

P Yes, it was a shock for me, I actually had to deal with two shocks at once because of them and my pregnancy, because they weren't very supportive, they were really not, they didn't want to… "how do I put this"!, they weren't very compromising either, so you were basically alone and you felt like an outcast basically, also I don't think they have a right to make you feel that way even if your pregnancy was unplanned or whatever they don't have any right to make you feel like that, but luckily for myself I am strong (laugh) so I dealt with that to the best of my ability and sometimes being quite also helped not talking too much to them.

R Can you tell me how did you cope with your pregnancy and your studies as well?

P Study wise I (*paused)* basically I just threw myself in the studies *(laughs)*but once I got to term and accepted it, it was fine, it was fine.

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R Can you tell me a bit more about what emotion went through you? To find out you were pregnant, you know the nursing college isn't that supportive and to you as well it is a shock. How was it for you?

P For me like I said because I am a strong person and I live according to choices, I chose to be strong and I chose to accept it and to make the best of it and I did, so ja! and even like me, I just separated the nursing college from me, I distanced myself, I kind of built this wall around me, so whatever you say just bounced back, so it worked for me.

R Did you feel like there is any pressure from your peers, like they felt the same way like the college or did you gets some support?

P They were very supportive actually, they were more supportive than the college *(laughs)* So I didn't really feel pressure from them , and I mean you have your group of friends that you get down and just break down and cry, so that was good to have that. So we are still friends even today, so with the peers it wasn't such a bad experience at all. Obviously you have the people who are not your friends and all the stories that come out there, so you also have to deal with that and all the stigma attached to it.

R How does it make you feel that you could have written your exams and next year continue with your third year like your group mates are now in front and you are left behind, how does that make you feel?

P At first it was very depressing to think about it and to be in that situation, but now, I meant the year is already at the end, I am much better now and I'm more positive looking forward to class next year because this year was very very long, but I also felt that in a way it was also good for me to get out of that, maybe I was also in a comfort zone with my group of friends, now I am no longer with them, so I had to be on my own out of that comfort zone. I can also say it made me stronger out of that comfort zone.

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R Can you tell me, how do you experience it as a student and as a mother? the balance between it?

P It is hard! It is very hard!, ok she is not with me, she stays with my mother in Cape Town. I even asked them if I can have a transfer this year to work at 2 Mil Hospital instead of working here and then they told me no because I need to be under supervision. For This year I haven't been supervised even once, not even by any of them for this whole year. I came back from maternity leave, I also told them 2 Mil is also a studying institution so what's the difference? So that was it, so for me if I can be given that opportunity to work there until I join again cause its closer to home, so they didn't want to give me that opportunity and I was tired of fighting.

R So how did that make you feel?

P Disappointed.

R Do you think there is something that needs to be done with other students in similar situations?

P Yes, yes if they have a training institution close to them, i think they should be given an opportunity to go there until you join again for that year or whatever period because being away from the baby is very hard, really hard.

R Did you try to verbalise this to [*name left out for confidentiality purposes*]**?**

P Ja! yes, [*name left out for confidentiality purposes*] she was the first one I spoke to.

R And what was the response?

P She cannot promise me anything *(laughs),* because if I think about it, it's a question of putting in a request and have some people signing it.

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R **And were you able to get an appointment to talk to** [*name left out for confidentiality purposes*]**?**

P Honestly, I don't want to talk to her because you can even see the colleagues are talking bad about each other, they are back stabbing each other, so actually I didn't see myself going to any of them to just go and talk about things.

R **And you didn't think maybe you can seek some intervention from** [*name left out for confidentiality purposes*]

P I didn't think about it because I think we still need to follow channels of command and meaning you have to go through them and fight with them, and I see fighting with them and being victimised afterwards, so I didn't want to put myself through that, now I am just focusing on finishing this course and getting on with my life.

R **Can you tell me the whole situation with your pregnancy, having a baby now, it being not planned, did you get support from the father?**

P Ja!

R **And were you using some sort of contraceptives?**

P Ja, I was on the pill, so triple shock *(laughs)*

R **Is there something that you want the college or SAMHS from higher headquarters to do to support future students who fall pregnant through their training? You know something that you went through, you wouldn't want other students to go through.**

P I can say if there is an institution for training near you, like with me I had an opportunity to go to 2 mil and I wasn't granted that, they should look into that maybe and that will help a lot, like 2 mil from where I stay is an hour's drive and it is nearby, from here to Cape Town is twenty hours' drive, so it's very hard, and then also

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maybe if they can have some sort of support group, it will help and then again maybe the support group you really can't trust people because that is what I experience, trust is a big issue or the lack of trust is a big issue here, because you can't trust anyone. I don't know who to trust at the college, I really don't know. So if they can have some sort of support group for those students as well and also I don't know if I am going to be fair by saying that, but maybe a sort of a day care center for the babies, if the babies are around this area and you are not living here. For the living ins in the single quarters, a day care centre close to the hospital or college, that will also help and also some sort of accommodation if you are a single mother to have your baby with you.

R Can you tell me, with your pregnancy you said you didn't experience any complications, nothing the baby was just a bit late!

P Nothing, the baby was just late.

R Can you tell me what is it that you can say you have learnt from this whole experience?

P Trust no one, really, and then also I myself have grown a lot and I have learnt to handle disappointments better and I have learned how to be strong by myself on my own and I have learned how to be strong for my baby as well, and I have learnt how to rely on people actually my friends cause I am very independent I don't want to lie. But it was nice having them clean your floor and making your bed.

R Can you tell me in your own words do you think students should fall pregnant during their training or should they rather wait until they are finished?

P I think it's best if you wait until you finish with your course but then I would look at it that some of us are not young, like myself I am 29 years old now and having a baby at 29 isn't that bad its different things you have to look at, if I could I would have waited meaning I would be 32 when I finish and have my first child, and which is like we learned is also a health risk, it's a catch 22 but its best to wait until you done and you won't have these things like now I am without my baby. And again

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there is mothers who also are away from their babies like marrieds and they didn't fall pregnant during the course.

R **If I had to make like one big recommendation for a change to the** [*name left out for confidentiality purposes*]**, what do you think it should be?**

P *(pause)* Uh! If there is any way that I can just have her with me that will be a big recommendation for me.

R **Anything or something that you might want to add?**

P I don't think so.

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ANNEXURE F

DATA ANALYSIS – MEANING UNITS

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Participants voice	Meaning Units	
I have no one to talk to So I must just bear it I don't want to make problems for myself These things I never talked about them But it was hard You basically alone, feel like an outcast They put that thing like you are a loose child My mom said I must go for an abortion when she found out You really can't trust people I used to be depressed, especially exam times No, you are on your own now	Being on one's own/loneliness	Isolation Self-containment
I hid it, that's the truth I was scared of falling back, which happened anyway I didn't want to speak to any of them	Did not want to reveal	Isolation
Afraid of what they will say I felt the pressure of what people would say The problem was with my family, you	Afraid of possible rejection	Isolation

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know when you are not married I feared that they would judge me I feel bad, especially when I see my colleagues I felt so inferior So I was very negative	Poor comparison with other students	
I was disappointed in myself The consequences I had to stand I know it's my fault, no one told me to get pregnant I am responsible for the act I knew what was "gonna" (*sic*) happen, so I had to suffer Sometimes I regret having the baby I told myself whatever happen, will happen I just accepted it as is I knew what I was doing I had to take the consequences So it's mostly people's own fault	Self-blaming	Self-containment
I never had an experience like a one on one with the college staff I didn't want to deal with them at the college I was complaining especially with maternity leave You hide and do not want to communicate with the college staff I felt interrogated by the lecturer	Inability to confide in college staff	Isolation
I could not mingle with other students I kind of built this wall around me	Self Isolation	Isolation

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I didn't want to speak to any of them I didn't want to see them either I wanted minimal contact I stopped interacting with others I distanced myself		
Other students didn't talk to me, they just ignored me I feel like they just don't care about us anymore I felt like we are no longer part of the class I feel much neglected I was never a "light duty" and I had to stand alone So the sad part was that I'm left behind I checked the off-duties and the change-list, I was nowhere It's like am off the system now	Feeling excluded from college activities	Isolation
I really wanted to get help I didn't know what to do next When I explained I'm fit enough, they refused I am struggling because of my pregnancy I felt very disappointed that they didn't help I tested and it was positive, I told my boyfriend and he didn't say anything	Requiring help	Self-containment
I was very happy when I found out I was home, I felt happy I was very happy My pregnancy isn't something that	Experiencing initial excitement about pregnancy	Self-appreciation Self-containment

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surprised me, it was planned My pregnancy was a good experience, I enjoyed it I didn't feel like arguing with them I chose to accept and make the best of it I was angry, it's just that there was nothing I could do I accepted it I could not care less of what other people were thinking about me I felt very bad, and at the end I accepted it	Avoided confrontation	
There was a few people who were not happy, sort of blaming us It felt like it's a punishment for being pregnant My mom scolded, shouted and did not want to speak to me I almost felt victimized She made me feel stupid I just feel like I was treated unfairly They must stop treating other people like children	Feeling as if the lecturers were punishing the pregnant students	Isolation
I felt hurt I am frustrated I never go to the stage where I was free to enjoy myself At first you feel like something has been taken away from you For me it was stressful At first it was very depressing	Being unhappy and experiencing pain	Self-containment

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It was difficult for me to study because I traveled from home to college I absented myself from class when I didn't feel up to it	Study challenges	
I felt like if I was given a chance I could have managed I went to my parents, told them, they almost killed me	Experiencing lack of support	Isolation
It made me stronger I myself have grown a lot I have learnt to handle disappointments better I have learnt to rely on friends	Regarding the pregnancy as a learning experience	Self-appreciation
Focusing on finishing this course and getting on with my life Student nurses must not get pregnant because it's a waste of time Sometimes I feel happy because I didn't waste time on some useless things I chose to be strong	Self-motivation	Self-appreciation

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ANNEXURE G

FIELD NOTES

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Log entry for interviews with nursing students regarding their experiences during pregnancy: February 25, 2011 13:40 – 14:30 PM

This is my eight interview I have attended. This particular participant has been cancelling interviews and on two occasions we had appointments which the participant did not honour. I arrived at the Nursing College residential accommodation at 10:00 AM for our appointment and the participant was not in her room. I left for 1 Military Hospital at 10:30 to confirm with other participants since my appointment with the participant was not honoured. To my surprise I met the participant in the lift at the hospital and she indicated that she forgot to let me know that she was working. I then asked her if we cannot have the interview during her lunch time and she agreed. I asked the Operational Manager to provide us with a private room for the interview session scheduled to take place at 12:30. I confirmed the interview schedule with other participants who were at work. At 12:15, I went to the arranged room and the participant did not return to the ward. I waited for her and at 13:30 she came back to the ward where I was still waiting for her and we commenced with the interview. The participant apologized and indicated that was afraid to do the interview because she had a bad experience about her pregnancy. We commenced with the interview at 13:40. The interview was emotional for the participant. She indicated that she has never spoken to anyone about her experiences. She cried most of the time during the interview, and I constantly asked her if she would rather have us cancel the interview but she indicated that she was okay to continue. We concluded the interview at 14:30 and seeing her emotional state I requested the Operational Manager to release her and she did. I communicated with the Student Counsellor at the Nursing College and arranged for

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further support. The participant indicated that she did not want to see the Psychologist but should a need arise she will contact me. I told her that I will make another appointment with her after transcribing the interview so that she can confirm that all information transcribed was correct. She thanked me for doing the study and said she believed that there are a lot of students like her who would want to talk about their experiences but they do not know how and to whom.

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ANNEXURE H

REFLECTIVE JOURNAL

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Log entry for interviews with nursing students regarding their experiences during pregnancy: February 25, 2011 13:40 – 14:30 PM

Today was an extremely challenging day for me. I scheduled an appointment for 10:00 AM which did not take place at the scheduled time. The interview only commenced at 13:40 PM today. Though I experienced other participants not keeping to their appointments, they would contact me beforehand and inform me about their changed scheduled. This particular participant did not communicate with me and when I confirmed the appointment with her on 24 February 2011, she agreed to the scheduled date and time. I was discouraged and wanted to drive back home, but I decided to go to 1 Military Hospital and confirm our date for the interview with my last participant, to avoid the same situation repeating itself. I was glad when I met her in the lift and she gladly indicated that we can continue with the interview. The day started off badly and I was thrilled that I will have my interview on that day. Little did I know that my “feathers were about to be ruffled” and I was not prepared for that. It was not easy for me to have the interview and have a participant bursting out crying. I was deeply touched and I started having a negative feeling towards the Nursing College. I believed at that time that the college managers were cruel and were using policy to punish students who fall pregnant during their training. It was my first time to experience a participant who was very emotional and I did not know how to handle her. I did not come prepared for this the type of emotional outburst. I did not have water, juice o tissues to offer her, since other participants were emotional and cried but they could handle their emotions well. The ward sister was helpful and she provided me with water and a box of tissues. I found myself lost and my interview was getting derailed because I could not probe deeper for fear of causing further

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emotional trauma. The feelings I had a time were making me ask questions that were not relevant to the study but trying to establish the inhumane methods practiced at the nursing college. The participant was calm and I asked her if we should continue and she told me that we can. She expressed her gratitude to have spoken up about her experiences which she never shared with anyone before. I was emotionally drained for the day after completing the interview. I drove home and slept.

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ANNEXURE I

OBSERVATIONAL NOTES

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Log entry for interviews with nursing students regarding their experiences during pregnancy: March 11, 2011 10:00 – 10:30 AM

I scheduled a re-visit appointment today with participant 3 to confirm the transcriptions. After reading the transcript, the participant's face changed from being friendly to unfriendly. I asked her if the change of her facial expression had to do with what I have written, which might not be in accordance with our interview. She indicated that all the information is correct, however when she read the document, it reminded her of her pain which she would rather forget. There were questions that I wanted to probe deeper to get more information, though the participant clarified the questions she also indicated that she has closed that chapter of her life and doesn't want to be reminded of it. I observed that there was a change from my first visit. It was as if the participant feared that what I will discuss her information with the college managers. She was very suspicious of my second visit even when I have reassured her that the visits are similar, but I had to clarify some responses from her and ask other questions as well.

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ANNEXURE J

ETHICAL APPROVAL – FACULTY OF HEALTH SCIENCES UNIVERSITY OF PRETORIA

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UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences Research Ethics Committee

29/09/2010

Number	:	**S164/2010**
Title	:	Lived experiences of students at a military nursing college regarding their pregnancies
Investigator	:	Tshinondiwa Esther Mohale, Department of Nursing Science, University of Pretoria (SUPERVISOR: Prof. N. C. van Wyk)
Sponsor	:	**None**
Study Degree:		**MCur in Advanced Women and Child Health Care**

This Student Protocol was approved by the Faculty of Health Sciences Research Ethics Committee, University of Pretoria on 29/09/2010. The approval is valid for a period of 3 years.

Prof M J Bester	BSc (Chemistry and Biochemistry); BSc (Hons)(Biochemistry); MSc (Biochemistry); PhD (Medical Biochemistry)
Prof R Delport	(female)BA et Scien, B Curationis (Hons) (Intensive care Nursing), M Sc (Physiology), PhD (Medicine), M Ed Computer Assisted Education
Prof V.O.L. Karusseit	MBChB; MFGP (SA); MMed (Chir); FCS (SA)
Prof J A Ker	MBChB; MMed(Int); MD – Vice-Dean (ex officio)
Dr M L Likibi	MBChB; Med.Adviser (Gauteng Dept.of Health)
Dr MP Mathebula	Deputy CEO: Steve Biko Academic Hospital
Prof T S Marcus	(Female) BSc (LSE), PhD (University of Lodz, Poland)
Prof A Nienaber	(Female) BA (Hons) (Wits); LLB (Pretoria); LLM (Pretoria); LLD (Pretoria); PhD; Diploma in Datametrics (UNISA)
Prof L M Ntlhe	MBChB(Natal); FCS(SA)
Mrs M C Nzeku	(Female) BSc(NUL); MSc Biochem(UCL,UK)
Snr Sr J. Phatoli	(Female) BCur (Et.Al); BTech Oncology
Dr R Reynders	MBChB (Pret), FCPaed (CMSA) MRCPCH (Lon) Cert Med. Onc (CMSA)
Dr T Rossouw	(Female) MBChB.(cum laude); M.Phil (Applied Ethics) (cum laude), MPH (Biostatistics and Epidemiology (cum laude), D.Phil
Mr Y Sikweyiya	MPH (Umea University Umea, Sweden); Master Level Fellowship (Research Ethics) (Pretoria and UKZN); Post Grad. Diploma in Health Promotion (Unitra); BSc in Health Promotion (Unitra)
Dr L Schoeman	(Female) BPharm (NWU); BAHons (Psychology)(UP); PhD (UKZN); International Diploma in Research Ethics (UCT)
Dr R Sommers	**Vice-Chair** (Female) - MBChB; MMed (Int); MPharMed.
Prof T J P Swart	BChD, MSc (Odont), MChD (Oral Path), PGCHE
Prof G van Biljon	(female)FCP (Paed)SA
Prof C W van Staden	**Chairperson** - MBChB; MMed (Psych); MD; FCPsych; FTCL; UPLM; Dept of Psychiatry

Student Ethics Sub-Committee

Prof R S K Apatu	MBChB (Legon,UG); PhD (Cantab); PGDip International Research Ethics (UCT)
Dr A M Bergh	(female) BA (RAU); BA (Hons) (Linguistics) (Stell); BA (Hons) (German) (UNISA); BEd (Pretoria); PhD (Pretoria); SED (Stell)
Mrs N Briers	(female) BSc (Stell); BSc Hons (Pretoria); MSc (Pretoria); DHETP (Pretoria)
Dr S I Cronje	BA (Pretoria); BD (Pretoria); DD (Pretoria)
Prof M M Ehlers	(female) BSc (Agric) Microbiology (Pret); BSc (Agric) Hons Microbiology (Pret); MSc (Agric) Microbiology (Pret); PhD Microbiology (Pret); Post Doctoral Fellow (Pret)
Prof D Millard	(female) B.lur (Pretoria); LLB (Pretoria); LLM (Pretoria); AIPSA Diploma in Insolvency Law (Pretoria); LLD (UJ)
Dr S A S Olorunju	BSc (Hons). Stats (Ahmadu Bello University –Nigeria); MSc (Applied Statistics (UKC United Kingdom); PhD (Ahmadu Bello University – Nigeria)
Dr L Schoeman	CHAIRPERSON: (female) BPharm (North West); BAHons (Psychology)(Pretoria); PhD (KwaZulu-Natal); International Diploma in Research Ethics (UCT)
Dr R Sommers	**Vice-Chair** (Female) MBChB; M.Med (Int); MPhar.Med
Prof Leanne Sykes	(female) BSc, BDS, MDent (Pros)

DR L SCHOEMAN; BPharm, BA Hons (Psy), PhD;
Dip. International Research Ethics
CHAIRPERSON of the Faculty of Health Sciences
Student Research Ethics Committee, University of Pretoria

DR R SOMMERS; MBChB; M.Med (Int); MPhar.Med.
VICE-CHAIR of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

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ANNEXURE K

PERMISSION TO CONDUCT THE STUDY –SOUTH AFRICAN MILITARY HEALTH SERVICES

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UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

CMI SATELLITE CENTRE
SERVAMUS COMPLEX
#73 07/04/10
MEMORANDUM
BBI SATELLIET SENTRUM
SERVAMUS KOMPLEKS
DEPARTEMENT VAN VERDEDIGING
Telephone: (012) 671 5199
Facsimile: (012) 671 5173
Enquiries: Col K.C. Ndesi

RESTRICTED

RECEIVED IN SG OFFICE
Date 12/4/2010
012015718/10

SG (1)/R/103/3

06 April 2010

From : SSO Career Development

To: SG
D Nursing
CD MHPP
CD MHFD
D MHHR

Info: CD CDMHFS

SCHOLARSHIP IN THE COMMUNITY- ORIENTATED NURSING EDUCATION FOR WOMEN AND CHILD HEALTH PROJECT: 92054485MC LT COL T.E. MOHALE

1. The memorandum under reference SG//CD MHFS/R/104/14 dd 18 February 2010 refers.

2. The above-mentioned officer was granted a scholarship at the University of Pretoria to participate in a research project in M Cur.

3. As already explained in the attached letter, the member is required to attend this programme on a full-time basis with a minimum of 24 (twenty four) hours per week participation is a requirement.

4. In terms of the Joint Defence Publication: Pol and Plan No 00007/2003 paragraph 16(b), the member was recommended and supported by her respective departmental head and Career Manager to attend these studies as these studies resorts within the same mustering as to that of the member and that her present post can be utilized for the duration of her studies.

5. As this request has no financial implications towards the State (with the exception of the remuneration of the member), the officer shall be required to complete a full-time study agreement whereby she will be required to work back the period of one year after completion of the studies, should this application be approved.

6. For your consideration.

Ndesi Col
(K.C. NDESI)
SSO CAREER DEVELOPMENT: COL

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Recommendation: Recommended

(E.M. JOSEPH)
D NURSING: BRIG GEN

Recommendation: Recommended

7/4/2010

(H.C. GROBLER)
ACTING CDMHFP: BRIG GEN

Recommendation: Recommended

09/04/2010

(E.N. LANGA)
D MHHR: BRIG GEN

Recommendation: Recommended.

09/04/10.

(M.RADEBE)
CD MHFD: MAJ GEN

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Approved/~~Approved~~: _____

V.I. Ramlakan 2010 -04- 16

(V.I. RAMLAKAN)
SURGEON GENERAL: LT GEN

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