HEALTH PSYCHOLOGY | RESEARCH ARTICLE

An exploration of the causes of student pregnancy and psychological stressors experienced by pregnant students at University of Venda, South Africa

Valeria Baloyi¹, Kgaugelo Kganakga¹, Mpho Madzhie¹ and Maphuti Chueng²*

Abstract: Student pregnancy is not only a growing concern in South Africa but also an international challenge which could result in disruptive tendencies such as substance abuse, prostitution and suicide. The aim of the current study was to explore the psychological stressors experienced by unmarried pregnant students at the University of Venda in South Africa. The study used a qualitative research design. The sample comprised 10 participants and data was collected by conducting semi-structured interviews using an interview guide and analyzed by using thematic content analysis. Results indicated that students' pregnancies were mainly influenced by students' poor socio-economic status, peer pressure, lack of parent-student communication, ignorance as well as the negative attitude of the campus health-care professionals. Loneliness, emotional distress, difficulty in disclosing the pregnancy were the psychological stressors associated with students' pregnancies. The current study confirmed that unplanned pregnancies are stressful for pregnant students in a situation where there is a lack of support.

Subjects: Health Psychology; Multidisciplinary Psychology; Social Psychology

ABOUT THE AUTHORS

Kgaugelo Kganakga hold an Honours in psychology, he is a Human resource practitioner at Aha lodges and hotels. His research interest is gender and sexuality, masculinity and mental illness...

Mpho Madzhie holds a PhD in Psychology, she is a part time lecturer at the University of Venda. Her research focus is developmental psychology and indigenous knowledge system.

Valeria Baloyi holds a PhD in Psychology, she is a clinical psychologist at private practice and a lecturer at the University of Venda. Research interest is in gender and sexuality, adolescent health and personalities.

Maphuti Chueng holds Masters in Public Health, Honours in Psychology, he is a Research Assistant at the University of Venda, School of Health Sciences. Research Interest is in Health education and Promotion, Gender-Based Violence, Adolescent health and personalities.

PUBLIC INTEREST STATEMENT

Student pregnancy is a public concern which is related to major negative effects towards female’s physiological, psychological and social functioning. Research has pointed out that student pregnancy is linked with numerous negative consequences such as emotional distress, educational challenges, and adjustment difficulties to many students attending at higher education. The increase in statistics has negative impact towards the economy and its capacity to distribute resources. The high rate of student pregnancy is an indication that students are engaging in unprotected sexual behaviours which will lead to negative long-term consequences such as unplanned pregnancies, contacting sexual-transmitted diseases and HIV/AIDS. The adverse effects on psychological health which restrict student’s concentration span and impact negatively towards their academic performances and social relationship. Hence, the current article is an exploration of psychological stressors experienced by pregnant unmarried students at one university in South Africa.
Keywords: Pregnant unmarried students; psychological stressors; pregnancy-related stress; unplanned pregnancy

1. Introduction
Student pregnancy is a public concern that is related to major negative effects towards females’ physiological, psychological and social functioning, throughout the world (Mba, 2003; De Jong, 2001; Parekh & De la Rey, 1997). Previous studies confirmed that the United State of America continues to have the highest rate of student pregnancy and birth amongst developed countries (Gaudie, Miltou, Lawrance, Stanley, Silburn & Zubrick, 2010; Minnick & Shandler, 2011) although a similar trend is noticeable in developing countries, such as, South Africa (Devenish, Funnel & Greathead, 2004). Student pregnancy is higher in South Africa when compared to countries like, Chad and Mozambique, where there is poverty, raging wars and under-age marriages which restrict and negatively impact youth development in terms of cognitive, emotional and physiological aspects (Stuart, 2013). Previous studies show that by the age of 18 to 20 years, most students in South Africa have already given birth to their first child (Chigona & Chetty, 2007; Mchunu, Peltzer, Tutshana & Seutlwadi, 2012). This situation is despite the availability of various contraceptive options and health services which are made available to students at university clinics and hospitals, for free. Somba et al. (2014), maintained that many students engage in sexual activities and start at the young age of 15–18 years. Chigona and Chetty (2007), viewed student pregnancies not only as a social-economic challenge but also a health problem for many communities in South Africa. These authors add that student pregnancies reflect an inconsistent use of contraceptives. Coetsee and Ngunyulu (2015), state that the number of student pregnancies continues to increase every year at higher educational institutions and that this happens despite the availability of various contraceptive methods offered by student health centers (Maja & Ehlers, 2004; Tladi. & Jali, 2014). Student pregnancy is a global trend, although, the problem is more visible in developing countries, such as South Africa (Aluzimbi et al., 2013; Anyanwu et al., 2013; Naidoo & Kasiram, 2006). Pregnant students are victims to a variety of challenges, such as poverty, poor academic performances, and dropping out of their institutions due, mainly, to their inability to concentrate on their studies (Changach, 2012). Changach (2012) concludes that pregnancy seem to impose long-term challenging consequences on career development of these young female students, probably, perpetuating poverty from generation to generation. Additionally, Panday, Makiwane, Ranchod and Letsoalo, (2009) revealed that the highest rates of student pregnancies occurred in deprived socio-economic neighborhoods, even though statistics from other sectors of communities show a decline. Student pregnancies, in South African universities remain an issue of dialogue and the Department of Education is considering ways to deal with this crisis faced by female students such as through public awareness campaigns, parental involvement, community engagement, and access to adolescent-friendly sexual and reproductive health services. Consistently, studies have reported a high prevalence of unplanned pregnancies in the black population groups of South Africa (Zungu & Manyisa, 2009). It seems reluctance to use contraceptives is due to socio-cultural values which are related to sexuality and pregnancy (Aziken et al., 2003). Berry and Hall (2010) point out that the highest rate of student pregnancy is in Limpopo province and that, even though there was a decline in student pregnancy from 1998 to 2003, the Limpopo Province, still has the highest prevalence compared with other provinces. The researchers conducted the study based on the observation that Universities in South Africa report a high prevalence of student pregnancy, thus, the researchers sought to explore the causes and psychological stressors behind pregnancy. A similar study has been conducted by Thabethe, Mulondo and Tugli (2020) at the University of Venda, however, their study did not explore the causes of student pregnancy and the coping mechanisms employed by the pregnant students. The current study, hence, intended to add to the existing body of knowledge by exploring the causes and psychological stressors associated with student pregnancy at the University of Venda, in the Limpopo Province of South Africa. It is hoped the findings might reduce student pregnancy and enlighten female students on ways of dealing with psychological distress during the period of pregnancy.
2. Methodology

2.1. Research design
A qualitative explorative research design was adopted to uncover more knowledge and gain a broader understanding of unmarried students’ psychological stressors during pregnancy. The exploratory research design was chosen because it focuses on exploring lived experiences of participants and provides the researcher with information gathered through close relationships with individuals who have lived through the relevant experiences (Creswell & Plano Clark, 2007).

2.2. Population and sample
The target population in this study was unmarried pregnant University of Venda students. Ten (10) pregnant students were selected through purposive and snowball sampling methods. The first two participants were selected purposefully as the researcher had identified them; following that referrals were made, by the initial participants to others who met the criteria for inclusion. The inclusion criteria were that participants should be 18–30 years old, registered as students at the University of Venda and be pregnant; and the exclusion criteria were that participants should be below the age of 18, non-students, married students and those with a history of previous psychological stressors.

The participants who ended taking part, hence, had no previous history of psychological stressors, were between the ages of 18–30, were in their first and early second trimesters and were, either, staying alone on campus or with their boyfriends.

2.3. Data collection
Data were collected through semi-structured interviews guided by an interview guide. The interview guide included two sections; the first section collected demographic information and requested information on four aspects—age, educational level, ethnicity status and racial group. The second section elicited information on the causes of the students’ pregnancies and psychological stressors associated with the pregnancy. The researchers identified pregnant students on campus and made arrangement with them to participate in the interviews. The interviews were held on campus at participants’ residences where they had indicated that they would be more comfortable. The interview ranged from 20 to 45 minutes and English was used during the interviews. The data-gathering techniques which were employed, included taking notes, recording the proceedings and capturing data verbatim.

2.4. Ethical consideration
Prior to the data collection, the researcher obtained ethical clearance from the University of Venda. Following that, informed consent was obtained from the participants before undertaking the study; confidentiality and anonymity were adhered to. Verbal and written informed consent were obtained from each participant prior to being interviewed, therefore, participants took part in the study voluntarily. Confidentiality was ensured by concealing participants’ identities through coding their names and using numbers on the transcripts for example, referring to them as, participants 1, 2 and so on; this meant that no one knows who provided the information. After the interviews, a debriefing session was conducted, with each participant to identify any possible harm that might have been caused by participating in the study and, although no harm was identified or reported, arrangements for professional help were made in case of any emotional or psychological harm amongst participants. The professional help arranged, was with the clinical psychologists at the student counselling center, at the University of Venda. The study further avoided deception through accurately informing participants about the purpose, aims and objectives of the study. The researcher answered and clarified all questions which were raised by participants.
2.5. Data analysis
The collected data were analyzed according to thematic content. According to Braun and Clarke (2006), thematic content analysis involves, identifying, analyzing and reporting patterns (themes) within data. The transcribed data were described in rich detail, meaning that the researchers familiarized themselves with the data, searching for meaning, ideas and identifying possible patterns, generating initial codes. These were done, in addition to considering participants’ experiences and the significance of the emotional content. From these initial processes, potential themes were developed, refined and further interpreted; this resulted in various themes and subthemes emerging which increased the researchers’ understanding of the phenomenon of student pregnancies.

2.6. Trustworthiness of the study

2.6.1. Credibility
Credibility was ensured when the researchers informed participants about the purpose of the research and ensured voluntary participation in the study. The researchers established a rapport with participants to ensure honesty in responses; thereafter, the researcher engaged in a prolonged semi-structured interview for about 20–45 minutes with each participating pregnant student. Different methods for collecting data were used to ensure credibility of the study, for example, by means of field notes and audiotapes. Once the data had been collected, member checking was by playing the audiotape to the participants and asking them to read the transcript. The purpose was to confirm that the responses were in line with what the participants had reported or intended to report and also to check whether the data had been accurately captured. Additionally, the participants were revisited and provided with the results to check if there were any misrepresentation.

2.6.2. Conformability
Conformability is one of the elements of trustworthiness; in a study, the purpose is to remove bias and strive for objectivity. The researchers ensured that the findings of the research presented the reality of the impact of pregnancies on students and not the experiences or views of the researchers; the written notes and the audio recording of the data ensured that the collected data met these objectives. The literature review undertaken confirmed that the study findings were the results of the psychological stressors experienced by pregnant students at the University of Venda, rather than the views of the researchers.

3. Results
The study has two main themes, namely, causes of student pregnancy and psychological stressors experienced by pregnant students; from these eight sub-themes emerged from the data. Each sub-theme is presented in detail with supporting quotations from the participants in the sections below.

3.1. Causes of student pregnancies

3.1.1. Poor socio-economic status
Participants reported that poor socio-economic status was a contributory factor towards their pregnancies. They reported that due to poor socio-economic status, they had sexual relationships with older males who could support them financially; this had led to their pregnancies. Some participants said:

And then another one is poor socio-economic status, those boyfriends who got money they take advantage of us. They told us that they will take care of us and because of ignorance we end up sleeping with them and here I am now I am pregnant. (Participant 1)
It is the poor socio-economic status. Meaning your family background, let me say like I am coming from a very poor family background, my parents can't afford all the basic needs that I want and all that, so obviously, I am going to go out there and date the blessers, sugar daddies so that they could provide for me with cash. So, that I could meet my needs and all that. (Participant 10)

3.1.2. Peer pressure
The participants reported that peer pressure contributed to their pregnancies as indicated by the following statements:

I think that the most common thing that causes student to be pregnant is the kind of family background that you come from, you find that at the university there are people that come from family class that's higher than yours, so you find yourself wanting to fit in. (Participant 2)

You have a circle of friends, who some of them are buying Brazilian hair and your parents don't have the money to give you, so you live a life of competition. Simply because you want to compete with your friends and go have a boyfriend. (Participant 5)

3.1.3. Lack of parent-child communication
Some participants in the study reported that the lack of parent–child communication played a significant role in their behaviours which caused them to be pregnant. They reported that their parents did not communicate about sexual matters as it was viewed as a taboo. These findings are supported by the following statements:

At some point, but then it is like the thing they say in passing and for instance, our parents at home or mothers they don’t really talk much about this thing with us, we don’t really have that communication, and it is like that thing you never talk about it at home. It is like sort of a taboo to talk about such things at home so I think growing up not having that background also has a share in this. (Participant 6).

‘Lack of parent-child communication, for an example, I fall pregnant because I didn't get enough chance to sit down with my parents, advise me and all that, is very much important that you parents must help you during the economic, social issues and all that, advise you that my child this is not allowed, you must do this when you reach this age, we understand that you are dating. You must condomise so they must guide me. So, I didn't get that, because my parents were very far from home, I am alone and we are poor, you know (Participant 10)

3.1.4. Attitudes of health-care professionals
The attitude of health-care professionals on campus contributed to students’ pregnancies. The results indicated that health-care professionals are judgmental and unfriendly when providing health-care services to students, creating students’ reluctance to attend the campus clinic. These findings are supported by the following statements:

Another thing is that when you go to the campus clinic for contraceptive or stuffs like that, those staff is not really friendly. So, which makes it difficult to approach them and go there to ask for contraceptives, so I think that’s what happened. (Participant 6).

The health workers’ attitude, for an example, the nurses when you get there for some advices, they don't take you seriously, you know the attitude, they are moody and all that, I don't know whether they judge me because I am poor or all that, you see. It also can affect you that thing. (Participant 10)

3.1.5. Unfamiliarity and negligence
According to some participants they become pregnant because of ignorance and some from negligence. Some participants acknowledged that they knew about the different contraceptives but chose not to use them, resulting in pregnancies:
Another thing is ignorance, because I didn't follow the precaution, measures of taking birth control pills and I knew about it but I became ignorant. (Participant 1)

Well it was a careless mistake, I just didn't use protection. I just wanted to try and I ended up getting pregnant and I found out in a very late stage that I was pregnant. I couldn't do anything about it. (Participant 4)

3.2. Psychological stressors experienced by pregnant students

3.2.1. Loneliness
Participants reported that they experienced loneliness as their boyfriends distanced themselves from them after learning about the pregnancy. They further reported experiencing loneliness as their friends and co-students were no longer socialising with them, as is supported by the following statements:

I think its denial, loneliness, shock and I thoughts of termination of pregnancy. I mean that's abortion. I thought about it because I was always alone, thinking of my friends, they no longer come to see me. (Participant 1)

Well … sometimes I would feel lonely, I have been feeling stressed most of the times, because you would find that most of the times I am alone, facing rejection from the other student and my co-student. (Participant 9)

3.2.2. Emotional distress
The participants encountered emotional distress as one of the psychological challenges from balancing the two roles of being a student and potential mother. They further indicated that the pregnancy was stressful as it was unplanned. These findings are supported by the following statements:

We were always together before I fell pregnant but the minute I told him that I am pregnant, he run away and now I am alone, all by myself and that thing is stressing me a lot. (Participant 1)

That's when my boyfriend started going away from me, he didn't want anything to do with me and that was emotionally draining for me because I had nobody to support me. (Participant 3)

Another thing, I don't have enough time to study because now I am stressing about being pregnant. It is affecting my studies, and here at University of Venda it's very hot so it is really hard going to class considering the weather. (Participant 2)

3.2.3. Difficulty to disclose their pregnancies
The participants indicated that they had trouble disclosing their pregnancies to their parents as they feared their parents’ reactions as is indicated by the following statements:

The other stressor is feelings of uncertainty, I was not sure, if maybe my parents would accept me but then my brother and my sister I was not sure that they would agree with the issue of me becoming pregnant. (Participant 1)

like I said, I don't know how I am going to tell my parent that I am pregnant, Mmh at church they sort of, I don't know how to put it, they ruled me out, I am no longer an active member because of my pregnancy, so basically the entire community is resenting me because of my pregnancy. (Participant 2)
My parents don't know about the pregnancy, I only told my sister about it. But she hasn't told them, I am waiting to go home for vacation and I will then tell them, I mean I won't tell them they will see by themselves, I am scared to tell them. (Participant 4)

3.3. Coping strategies used by pregnant students

3.3.1. Social support system
A strong social support system was identified as a coping strategy during pregnancy. The support structure that the participants identified included friends, family members and co-students. These findings were supported by the following statements:

‘I mean my brother and sisters even my friends are supporting me very well, they give me some notes, from school (class) and other support is from co-student since, well, I am lazy to write, they easily help me with some assignment for me because sometimes my legs are swollen. (Participant 1)

I have found other girls that had kids before and who are still students and they happen to give me advice on how to deal with the pressure that comes with being pregnant, as I am pregnant sometimes I find myself that I have to go to the doctor and I miss class, I found some friends who go to class for me and get notes for me, yeah! They are supportive. (Participant 2)

Participants further stated that their friends and co-student would support them by providing them with school notes.

It’s just that I cope by my family, they are very supportive, not my family I mean I have a very supportive boyfriend. He found out that I was pregnant and he support me emotionally, that makes life very simple even if I haven’t told my family, but having him supporting me all that makes it very simple for my coping mechanism, if I can say. My friends they offer a lot of support, they are always there, giving me advice so for now I am good. (Participant 4)

I also had help from my pastors, so when I explained the situation they would call and check up on me every now and then, so it would give me support and strength to keep going on. (Participant 6)

According to the quotation above from participant 6, it shows that religious personnel do play a role as a source of support during pregnancy.

Well .... I think the experience wasn't easy because I didn’t have any support from my friends, family, but later when my family got to accept that this is it, and we have to accept, I got support from my friends and my lecturer. Before then I was a bright student and I am still going forth again, they just had to accept that. (Participant 9)

The good social support system is from family, boyfriend, friend and extended relatives and neighborhood. If they give you support you will get there, you won't get much stress, you will feel that your are supported. (Participant 10)

3.3.2. Financial support
The participants indicated that they cope very well with their pregnancies when they have financial support. This finding was supported by the following statements:

Another thing is financial support, my parents increased my allowance they used to give me, let's say they were giving me R1000 for example, they made it R1800 and R800 is for the kid, so at least it gave me hope. (Participant 1)
I realize that I need to raise money since I am going to be a mother, since I have responsibility, so I joined this other group, I sell perfumes and hopefully I will be able to save enough money to support my child with that. I intend to look at other things that I can do to generate money so that I would be able to support my child. (Participant 2)

The pocket money that I get, actually helps me. Let’s just say, if you get enough cash everything is possible. You will get there; you will be healed; you will just concentrate on your studies and perform better. (Participant 10).

Participants mentioned different ways of financially managing, for example, participant 2, started a small business to help deal with the financial responsibilities during her pregnancy.

4. Discussion
In the current study, poor socio-economic status was found to lead female students to engage in sexual relationships with older men for financial security; this has resulted in them falling pregnant. The findings are similar to those of Muganda-Onyando and Omondi (2008), who noted that poverty and material deprivation lead female students into sexual activities which expose them to sexual exploitation. In such situations, the female students are unable to negotiate safe sex, hence, risk becoming pregnant. Lynre (2010) also agrees that most unplanned pregnancies amongst university students are due to poverty, need for money and materialism (Meddinus & Johnson, 2007) (Lynre, 2010). In such situations, the female students find men who would provide them the desired items in exchange for sex.

Additionally, female students reported that their pregnancies were due to the fact that they wanted to fit into the same social status as their friends who had children. Aluzimbi et al. (2013), acknowledged that the need for a sense of belonging to the university community has influence on students’ sexual behaviours. Their responses showed the role of peers in influencing unplanned sex behaviour and unwanted student pregnancies.

The present results also revealed that a lack of parent–child communication leads to students’ pregnancies as sexual matters were viewed by parents as taboos. These students claim they received no information related to sexual matters from their parents. Naidoo and Kasiram (2006) affirm that parents are not communicating with their youngsters about sex, rather, they simply warn their children not to become pregnant. Muganda-Onyando and Omondi (2008) argue that most parents are shy and often adopted authoritative approaches which restricted them from providing sexual knowledge to their daughters. Lack of sexual knowledge makes adolescents vulnerable when transferring from a restricted high school environment to a liberal environment, such as a university (Braun & Clarke, 2006) (Sweya et al., 2016).

Maja (2007), advocates that contraceptives should be accessible everywhere to minimise barriers to their use, family planning and sexual knowledge. Maja (2007) claims that health-care professionals are not supportive to clients who needed reproductive health services. The current study found that the unfriendly and judgmental attitudes of the campus health-care professionals contributed to students’ pregnancies. The findings also support the assertion that attitudes of nurses at hospitals and other health centres constitute a barrier to young females’ access to contraceptives in South Africa (Macleod & Tracey, 2010). Similar to this study, Sweya et al., (20) found that the rate of contraceptive use among female university students is still low.

Fox and Gordon-Strachan (2014) stipulate that antenatal distress can place adolescents at risk of postpartum depression amongst other illnesses and so it is essential that mental health services be easily accessible, in maternity facilities. It is important for maternity-care providers to expedite referrals
and to facilitate accessibility to mental-health services of pregnant students, considering the high incidence of unplanned pregnancies through forced sexual contacts described in the literature. Dlamini (2002), asserted that pregnant students experience loneliness as a psychological stressor attributed to a decreased support system. Similarly, Netshikweta and Ehlers (2002), added that loneliness is the result of a rejection of the pregnancy by parents, causing students to detach themselves from them and other people who also do not accept their pregnancies. This current study’s findings affirm that students experience loneliness during pregnancy when there was no social support; this can cause pregnant students to consider terminating the pregnancy because of the lack of support from their boyfriends, friends and families. The challenge of balancing the two unique demanding roles, of being a student and a mother-to-be can cause emotional distress. Hong (2009) also noted that being a pregnant student caused emotional distress due to performing two roles of being pregnant and student, simultaneously. Skobi and Makofane (2017) maintain that balancing school work and pregnancy can become overwhelming, resulting in some pregnant students dropping out of school. Endersbe (2000), added that pregnant young females experienced emotional distress as a result of rejection by their boyfriends after their realisation of the pregnancy. Unsurprisingly, Sangiamak (2016) argues that boyfriends of pregnant students denies and ignores being the father of the unborn baby in order to protect themselves and their futures, hence, pregnant students are reluctant to disclose their pregnancies due to fear of rejection and/or abandonment. Consistent with the present study, Anyanwu et al. (2013) showed that pregnant students are embarrassed to reveal their pregnancies to their families, partners and peers. Malhotra (2008), also reported that pregnant females found it difficult to disclose their pregnancies to their social-support system due to fear of abandonment, pain and suffering from the resultant broken relationships with their boyfriends, parents and friends.

From this picture, pregnant students should be encouraged to make the right choices and disclose their pregnancies in good time. This will help ensure that they benefit from the policies and the relevant legislation. A conducive and supportive learning environment for pregnant students is possible if there is support, care and good relationships between herself, colleagues, lecturers and the clinical staff. Pregnant students should be encouraged to share their academic problem with their lecturers as they depend on them for support, guidance and supervision to develop into confident and capable students (Mabhuda et al., 2008).

5. Conclusion
The current study showed that student experienced a variety of psychological stressors during pregnancy, such as loneliness and emotional distress, therefore, it is important for students to have strong social support during their pregnancies in order for them to thrive well as students and mothers-to-be. The professional health-care workers should cultivate positive attitudes towards students in the campus clinics. The stigmatisation and judgmental attitudes towards pregnant students could lead to their reluctance to consult health-care professionals at the campus clinic. Parents also should not neglect their role of providing sexual education to their adolescent children, even when they are at the universities, as they still require guidance.

6. Limitations and recommendations from the study
The study focused on ten (10) pregnant students at the University of Venda, it is thus not possible to generalize the findings to the entire female population of the University due to the relatively homogenous and small sample size. Future studies may consider a larger representative of the sample and more than one institution can be used.

The University of Venda is not a racially diverse institution; the majority of the students are black African students. Consequently, all the participants were black African students, therefore, any comparison of the data among different race groups, is restricted.
The present study made use of semi-structured interview, and the presence of the researchers might have restricted participants from expressing themselves freely. In addition, the interview was conducted in English, which is the second language for most of the participants, therefore, some participants might have found it difficult to express themselves clearly. Future studies may consider using a different method of data collection or consider a quantitative approach using questionnaires for data collection. Additionally, future studies may perhaps replicate the current study as a longitudinal study. This means in order to have a more comprehensive understanding of female students’ psychological stressors, could perhaps be done by interviewing participants in their different trimesters as they might experience different psychological stressors in these different periods.

Acknowledgements
The authors appreciate all the students who took part in this study.

Funding
The authors received no direct funding for this research.

Author details
Valeria Baloyi,
Kgaugelo Kganakga1
Mpho Madzhe1
Maphuti Chueng1

E-mail: maphuti.chueng@univen.ac.za

1 Department of Psychology, University of Venda, South Africa
2 Research Office, School of Health Science, University of Venda, Thohoyandou, South Africa.

Authorship
V.B. was involved in data analysis and article write-up, CJ was involved in article write-up, K.K. was involved in the protocol development and data collection.

Citation information
Cite this article as: An exploration of the causes of student pregnancy and psychological stressors experienced by pregnant students at University of Venda, South Africa, Valeria Baloyi, Kgaugelo Kganakga, Mpho Madzhe & Maphuti Chueng, Cogent Psychology (2021), 8: 1863176.

References
Aluizimbi, G., Barker, J., King, R., Rutherford, G., Saerukus, J. M., Lubwama, G. W., Muyonga, M., & Hladi, W., & for the Crane Survey Group. (2013). Risk factors for unplanned sex among university students in Kampaala, Uganda: A qualitative study. International Journal of Adolescence and Youth, 18(3), 191–203. https://doi.org/10.1080/02673843.2012.685947

Amanywui, F. C., Ter Goon, D., & Tugli, A. (2013). Perception on the severity of unwanted pregnancy among university students. Pakistan Journal of Medical Sciences, 29(4), 923–928. https://doi.org/http://dx.doi.org/10.12669/pjms.294.3626

Aziken, M. E., Okonta, P. I. I., & Adedapo, A. (2003). Knowledge and perceptions of emergency contraception among female Nigerian undergraduate students. International Family Planning Perspectives, 29(2), 84–87. https://doi.org/10.2307/3181062

Berry, L., & Hall, K. (2010). HIV and Health-teenage pregnancy: Children’s Institute. Masters dissertation. Cape Town. University of Cape Town. Retrieved from http://www.cut.ac.za/library/journal/110/berry.html

Braun, V., & Clarke, V. (2006). Qualitative research in psychology: Using thematic analysis in Psychosocial correlates. Journal of Brazilian Psychiatric Association, 3(2), 220–320. https://doi.org/10.1191/1478088706pa063oa

Changoch, J. K. (2012). Impact of teenage Pregnancy on the Education of the Girl-Child: A Case Study of Keiyo South District, Keiyo-Marakwet Country, Kenya. International Journal of Social Science, (1). http://www.jissst.com.

Chigona, A., & Chetty, R. (2007). Girls’ education in South Africa: Special Consideration for Teen Mothers as Learners. Journal of Education for International Development, 31(1), 1–17.

Coetzee, M. H., & Ngunyulu, R. N. (2015). Assessing the use of contraceptives by female undergraduate students in a selected higher educational institution in Gauteng. Curationis, 38 (2), 7. Art. #1535. https://doi.org/10.4102/curationis.v38i2.1535.

Creswell, J. W., & Plano Clark, V. L. (2007). Designing and Conducting Mixed Methods Research. Sage.

de Jonge, A. (2001). Support for teenage mothers: a qualitative study into the views of women about the support they received as teenage mothers. Journal of Advanced Nursing, 36(3), 30–37. doi:10.1046/j.1365-2648.2001.01942.x

Devenish, C., Funnel, G. & Greathead, E. (2004). Responsible teenage sexuality. Pretoria: Academica.

Dlamini, L. S., (2002). The problems of teenage mothers in the Southern Hlo-Hlo region of Swaziland. Unpublished Masters Dissertation. Pretoria. http://uir.unisa.ac.za/handle/10003/961.

Endersbe, J. K., (2000). Teen Mothers Raising a Baby: Perspectives on Healthy Sexuality. Capstone Press. http://www.abebooks.com.

Fox, K., & Gordon-Strachan, G. Jamaican Youth Risk and Resiliency Behaviour Survey (2005). (School-Based Survey on Risk and Resiliency Behaviours of 10–15 Year Olds), Report No.: TR-07-58. Available from: http://www.cpc.unc.edu/measure/publications/tr-07-58 (accessed on 22 April 2014).

Gaudie, J., Miltrou, F., Lawrence, D., Stanley, F.J., Silburn, S.R., & Zubrick, S. R. (2010). Antecedents of teenage pregnancy from a 14-year follow-up study using data linkage. Bio-Medical Central Public Health, 10, 1–1. retrieved from https://doi.org/10.1186/1471-2458-10-63

Hong, S. (2009). Depression, Attitudes and Aspirations: Investigating Risk Factors for Teenage Pregnancy. ProQuest LLC Publishers.

Lynne, O. O. (2010). Perception of university students on unwanted pregnancy in south west Nigeria. American Journal of Social and Management Sciences, 1(2), 196–200. https://doi.org/10.5251/ajcms.2010.1.2.196.

Mabhuda, B. T., Potgieter, E., & Alberts, U. U. (2008). Student nurses’ experiences during clinical practice in Limpopo Province. Curationis, 31(1), 19–27. https://doi.org/10.4102/curationis.v31i1.901
Macleod, C. I., & Tracey, T. (2010). A decade later: Follow-up review of South African research on the consequences of and contributory factors in teen-aged pregnancy. South African Journal of Psychology, 40(1), 18–31. https://doi.org/10.1177/0812463100400103

Maja, T. M. (2007). Factors impacting on contraceptive use among youth in Northern Tswana. Health South African Gesondheid, 12(1), 30–38.

Maja, T. M. M., & Ehlers, V. J. (2004). Contraceptive practices in Northern Tswana, Gauteng Province. Health SA Gesondheid, 9(4), 42–52. https://doi.org/10.4102/hsag.v9i4.179

Malhotra, S. (2008). Impact of Sexual Revolution: Consequences of Risky Sexual Behaviours. Journal of American Physicians & Surgeons, 13(3), 88–90.

Mba, C.J (2003). Sexual Behaviour and the Risks of HIV/AIDS and other STDs among Young People in Sub-Saharan Africa: a Review. Research Review of the Institute of African Studies, 19, 15–25 1 doi:10.4314/riias.v19i1.22865

Mchunu, G., Peltzer, K.F., Tsutshana, B., Seutwadi, L. (2012). Adolescent pregnancy and associated factors in South Africa Youth. Journal of African Health Sciences, 12, 426–434.

Meddinus, U. V. & Johnson, T.C. (2007). Factor of associated with unwanted pregnancy. http://www.pregnancy.org

Minnick, D. J., & Shandler, L. (2011). Changing Adolescent Perceptions on Teenage Pregnancy. Journal of Children & Schools, 33, 241–247 4 https://doi.org/10.1093/cjs/33.4.241

Muganda-Onyando, R., & Omondi, M. (2008). Down the Drain: Counting the Cost of Teenage Pregnancy and School Dropout in Kenya. The Centre for the study of Adolescence (CSA). http://www.searchworks.sanford.edu/view/7911471.

Naidoo, P., & Kasiram, M. (2006). Exploring unplanned pregnancy amongst university students. Social Work, 4(2/3/4). https://doi.org/10.15270/42-3-304.

Netshikwe, M. L., & Ehlers, V. J. (2002). Problems experienced by pregnant student nurses in the Republic of South Africa. Health Care for Women International, 23(1), 71–83. https://doi.org/10.1080/073993302753428447

Panday, S., Makiwe, M., Ranchod, C., & Letsalo, T., (2009). Teenage pregnancy in South Africa with specific focus on school-going learners. Pretoria: Human Sciences Research Council. Retrieved from http://www.hsrc.ac.za/en/research-data/view/4542

Porekh, A. & De la Rey, C. (1997). Intragroup accounts of teenage motherhood: A community based psychological perspective. Journal of Psychology, 27, 223–229.

So-ngaamsak, P. (2016). The life experiences of unmarried teenage mothers in Thailand. Doctor of Philosophy dissertation. https://espace.library.uq.edu.au.

Skobi, F., & Makofane, M. (2017). Reflections of social workers on the experiences of pregnant teenagers during group work sessions. Social Work, 53 (2), 224–249. http://socialwork.journals.ac.za/pub

Somba, M. J., Mbonile, M., Obure, J., & Mahande, M. J. (2014). Sexual behaviour, contraceptive knowledge and use among female undergraduates’ students of Muhimbili and Dar es Salaam Universities, Tanzania: A cross-sectional study. BMC Women’s Health, 1494. https://doi.org/10.1186/1472-6874-14-94

Stuart, E. (2013). A look at teenage pregnancy around the world. Retrieved from http://www.pri.org/politics/2013-07-12/look-teen-pregnancy-around-world.htm

Sweya, M. N., Msuyo, S. E., Mahande, M. J., & Manongi, R. (2016). Contraceptive knowledge, sexual behavior, and factors associated with contraceptive use among female undergraduate university students in Kilimanjaro region in Tanzania. Adolescent Health, Medicine and Therapeutics, 7, 109–115. https://doi.org/10.2147/AHMT.S108531

Thabethe, L.R., Mulondo, S.E., & Tugli, A. K., (2020) Psychological experiences of pregnant student at the University of Venda, Limpopo province, South Africa. African Journal of Reproductive Health, 24, 3, 18–23.

Tladi, F. M., & Joli, N. W. (2014). Factors contributing to pregnancy amongst female students at the University of Limpopo, Turfloop campus, South Africa. African Journal of Physical, Health Education, Recreation & Dance, June(Suppl.: 2), 275–283.

Zungu, L. L., & Manyisa, Z. M. (2009). Factors contributing to pregnancies among student nurses at a nursing college in Mpumalanga Province, South Africa. Africa Journal of Nursing and Midwifery, 11(2), 61–74.
