

The copyright of this thesis vests in the author. No quotation from it or information derived from it is to be published without full acknowledgement of the source. The thesis is to be used for private study or non-commercial research purposes only.

Published by the University of Cape Town (UCT) in terms of the non-exclusive license granted to UCT by the author.

**ACCEPTING “EXPECTING”?
ON BEING PREGNANT AND STUDYING**

Crystal Powell, PWLCRY001

**A minor dissertation submitted in partial fulfillment of the requirements for
the award of the degree of Masters of Social Science in Social Anthropology**

Supervisor: Dr. Sally Frankental

Faculty of Humanities

University of Cape Town

2009



PLAGIARISM DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature: Signed by candidate Date: 07/01/10

ACKNOWLEDGMENTS

I would like to thank my supervisor, Dr Sally Frankental, for her thorough support, advice and painstaking attention to detail. I am so grateful for her supervision and could not have written this without her.

I would like to thank Mark Seale for meeting with me and granting me permission to frequent the student residences of UWC.

Thank you Jason for helping me come up with a title for this dissertation.

Thank you Nothando for letting me borrow your laptop when mine failed.

Let me also thank Dr. Fiona Ross and Dr. Helen MacDonald for providing access to their Vula websites to place my ad (Thank you Jess Auerbach for your technical support).

I would also like to thank Dr. Ian Mackintosh and Dr. Corrine Landon for their time and data provisions toward my research.

Thank you 'Michelle' for placing my ads on the medical school campus.

Thank you Mommy, Christina, Sharon and Roxy for your words of comfort during my stressful times while writing this dissertation.

Finally, thank you so much to all of my informants for trusting me and sharing your experiences with me. This dissertation would be impossible without you. I wish you all the best as students and as parents. Thank you.

Crystal Powell, 2009

ABBREVIATIONS

UCT	The University of Cape Town
UWC	The University of the Western Cape
SRC	Student Representative Council
GEU	Gender Equity Unit
DISCHO	Discrimination and Harassment Office
CTOP	The Choice on Termination of Pregnancy
CRLP	Center for Reproductive Laws & Policy
PPPT	Piedmont Program for Pregnant Teens
SMS	Short Message Service
ISWA	Islamic Social Workers' Association

ABSTRACT

Pregnancy can be an exciting experience for- but not limited to - women who have planned their pregnancies and have contemplated their futures as mothers. Similarly, education and the achievements of matriculation, bachelors', masters' and PhD degrees toward the pursuit of a lasting career can be an equally exciting experience for ambitious students who value education in its own right and for their potential futures. For female students who would prefer to finish their education and establish their careers before parenthood, inadvertently becoming pregnant during their studies may serve as a turning point requiring drastic reevaluation for their lives as students and mothers.

The female body and the physical changes that take place during pregnancy often make the pregnant body easily identifiable and ultimately a public object, subjecting pregnant women to attention and interpretation from everyone around them, particularly in places, like university campuses, where pregnancy is not commonplace. Consequently, pregnancy as an obvious implication of sexual activity can subject pregnant women to gossip around the assumed carelessness of their sexual behaviors. On university campuses, where such gossip around a pregnancy is certain to develop, some women seek refuge by hiding their pregnancies.

This dissertation explores the experiences of currently pregnant students and student mothers on two university campuses. I consider their experiences of pregnancy as students, distinguishing between those who were single, dating, or married at the time of their pregnancies. I also consider those who planned their pregnancies vs. those who did not and those who had necessary support systems vs. those who did not, towards an understanding of how they managed the simultaneity of pregnancy and studying. This thesis explores the experiences of these women to understand the manner and extent to which their lives and aspirations as students have been impacted in light of their pregnancies and/or children. While highlighting the difference in values of education for the informants, it shows that becoming pregnant has profound implications on student's lives and that moral, emotional and material support are the critical factors that determine whether the pregnant student or student mother will complete her education.

TABLE OF CONTENTS

PLAGIARISM DECLARATION	i
ACKNOWLEDGMENTS	ii
ABBREVIATIONS	iii
ABSTRACT	iv
CHAPTER ONE	1
INTRODUCTION	1
1.1 INTRODUCTION	1
1.2 THE UNIVERSITIES	2
1.3 UWC'S FORMER REPRODUCTIVE HEALTH RIGHTS PRACTICE	4
1.4 CONCLUSION	6
CHAPTER TWO.....	8
METHODOLOGY	8
2.1 THE STUDY	8
2.2 ETHICAL CONCERNS	10
2.3 ENTERING THE FIELD.....	10
2.4 METHODS	11
2.5 SETBACKS IN THE FIELD	13
2.6 SELF-REFLECTION.....	13
CHAPTER THREE	15
DOCTOR DOCTOR, I FEEL SICK: <i>MISSING THE SYMPTOMS OF PREGNANCY, INADEQUATE SEX EDUCATION AND POOR CONTRACEPTIVE USE</i>	15
3.1 PSSST...YOU'RE PREGNANT	15
3.2 MISSING THE SYMPTOMS OF PREGNANCY	19
3.3 INADEQUATE SEX-EDUCATION AND POOR CONTRACEPTIVE USE.....	22
<i>Teen pregnancy and contraceptive use</i>	24
<i>Males and contraceptive use</i>	27
<i>Contraceptive fallacies</i>	28
3.4 DENIAL	29
3.5 CONCLUSION	31
CHAPTER FOUR	33

PSSST...SHE'S PREGNANT. GOSSIP, STIGMA AND EXPECTATIONS SURROUNDING PREGNANT STUDENTS AND STUDENT MOTHERS	33
4.1 PREGNANCY AND MOTHERHOOD AS PUBLIC EXPERIENCES.....	33
<i>Benefits and challenges of experiencing pregnancy publicly.....</i>	<i>34</i>
<i>Pregnancy, motherhood and space</i>	<i>35</i>
4.2 HIDING PREGNANCY	36
<i>The loss of privacy.....</i>	<i>37</i>
4.3 ILLEGITIMACY, GOSSIP, STIGMA AND SHAME IN PREGNANCY.....	39
<i>Pregnancy and perceptions of sexual activity.....</i>	<i>40</i>
<i>Illegitimacy.....</i>	<i>43</i>
4.4 EXPECTATIONS OF MOTHERHOOD.....	44
<i>Sara.....</i>	<i>45</i>
4.5 CONCLUSION	49
CHAPTER FIVE.....	50
ACCEPTING "EXPECTING": COPING WITH PREGNANCY, PARENTHOOD AND STUDYING	50
5.1. PREGNANCY AND ITS INITIAL INTERFERENCES WITH STUDYING	50
5.2 SUPPORT.....	52
<i>Abandonment</i>	<i>52</i>
<i>Maternal sacrifice: mother-child separation</i>	<i>55</i>
<i>Personal sacrifice</i>	<i>59</i>
<i>Education and good parenting</i>	<i>60</i>
5.3 COPING WITH PARENTING AND STUDYING	61
<i>Undergraduate and postgraduate students</i>	<i>63</i>
5.4 CONCLUSION	64
CHAPTER SIX	65
CONCLUSION.....	65
BIBLIOGRAPHY & REFERENCES	70
BOOKS, JOURNALS AND NEWSPAPER ARTICLES	70
UNIVERSITY DRAFTS, DOCUMENTS AND HANDBOOKS	71
UNPUBLISHED THESES.....	72
APPENDICES	73
APPENDIX 1: MY ADVERTISEMENT	73
APPENDIX 2: GUIDING TOPICS FOR INTERVIEWS WITH KEY INFORMANTS	74
APPENDIX 3: GUIDING TOPICS FOR INTERVIEWS WITH CASUAL INFORMANTS.....	75

LIST OF TABLES

TABLE 2.1: THE RESPONDENTS	9
TABLE 3.1: THE STUDENTS' RECOGNITION OF THEIR UN/PLANNED PREGNANCIES	16
TABLE 3.2: STUDY LEVELS AND LIVING ARRANGEMENTS AT TIME OF PREGNANCY	23
TABLE 3.3: AGE, RACE AND PLANNED/UNPLANNED PREGNANCIES	25
TABLE 5. 1: CURRENT DATING STATUSES, LIVING ARRANGEMENTS AND UN/PLANNED PREGNANCIES	53
TABLE 5. 2: RACE, LIVING AND CHILDCARE ARRANGEMENTS	56
TABLE 5. 3: UNDERGRADUATES/POSTGRADUATES AND UNIVERSITIES	63

University of Cape Town

CHAPTER ONE

INTRODUCTION

One afternoon towards the end of my first semester at UCT, I happened to see a student walking down the steps of upper campus. I watched her long enough see her down one and a half flights of stairs. Later, headed home for the day, on the Jammie Shuttle, my thoughts drifted back to the student that I had seen not 20 minutes ago walking towards middle campus. Unsure of why I had taken an interest in her, I found myself closing my eyes trying to remember how I knew her. Eventually I concluded that I did not know her: she was not in any of my classes and did not look particularly familiar. Unsatisfied with my inability to place her, I rode the rest of the ride thinking of other things. Walking home, I once again allowed the image of this woman to creep into my mind. She was colored. She was shorter than I was and had straight black hair held in a ponytail. She had on a pinkish top and she was pregnant.

She was pregnant. Only then did it occur to me that until that day I had not seen a single pregnant student on UCT campus. That was why she had stood out to me. What was it about this campus that kept pregnant students away? Over the next several days, I found myself looking for other students that were pregnant. I did not see any. I thought about how common it was for me to see anywhere from three to five pregnant students per semester during the four years at my undergraduate university¹ in the United States, a campus considerably smaller than UCT. As the end of the semester drew nearer, my focus turned to final papers and take home exams. Looking for pregnant students, which had become a sort of hobby, became less important and I did it less and less but my curiosity as to why there were so few still lingered ...

1.1 Introduction

This dissertation, motivated by my curiosity about the low presence of pregnant students on UCT campus, and after learning of UWC's former practice regarding pregnant students at their university (see below), started out as an attempt to understand how university policies and environments may play into this phenomenon. However, in time, my focus turned toward the experiences of the key informants (see chapter 2, table 2.1) as mothers and currently pregnant² women who also happen/happened to be students; understanding how they manage/managed the two roles and whether or not their situations were directly impacted by university policies or their university environment. The informants are black, white and colored women living in a post-apartheid South Africa. The differences in the ages of the key informants at (first) pregnancy, as well as the differences between planned and unplanned and children conceived out of wedlock ("illegitimately"), vary in relevance in relation to South Africa's apartheid history. During that time, ideal patterns of the country's family structures were radically changed and the concepts of teen and illegitimate pregnancy lost significance in "certain sectors of society"

¹ I completed my undergraduate studies at Lehman College University in the Bronx, New York.

² At the time of my research, five of the fifteen informants were pregnant. Since then, two have given birth.

creating a normalcy around these occurrences (Burman and Preston-Whyte 1992: *xiv*) as some of my informants will show. As all the informants are students, I aim to understand the manner and extent to which their lives and aspirations as students have been impacted in light of their pregnancies and/or children. Though they share the experience of pregnancy and parenting while studying, they come from rather different family and educational backgrounds. Currently (with the exception of one alumnus) they all attend UCT or UWC.

1.2 The Universities

Formerly known as the South African College, the University of Cape Town (UCT), established as a university³ in 1918, is South Africa's oldest institution for higher education and remains one of the foremost universities in Southern Africa (Ritche 1918: *xi*; Phillips 1993). The departments and disciplines offered became precedents for other universities to follow and the wide range of qualifications offered by UCT during the 1920s - many of which were available at only one other university - attracted hundreds of students (Phillips 1993: 8, 369-70) commencing UCT's reputation as a desirable university. UCT, with its 20+ thousand students, has several campuses. The main campus is located in the heart of Rondebosch, a formerly white suburb approximately 5km from the city center of Cape Town. Located near eateries and shopping centers, UCT is a short walk or shuttle ride away from all kinds of entertainment for students. Populated with students from all over the world, the campus is colorful, vibrant and inviting. The University of the Western Cape⁴ was established in 1960. Currently, UWC has approximately 15,000 students and is located in the Bellville suburb of Cape Town. Unlike UCT, UWC is located in a more secluded area of Cape Town and access to outside means of dining and entertainment are not as easily accessible as they are from UCT.

During fieldwork, the university atmospheres were distinguishable for my research purposes for two reasons: the relative visibility of pregnant students at UWC compared to UCT, and a greater comfort and willingness to talk about sex and pregnancy among students at UWC than at UCT. In my documentation of pregnant students I saw in passing or met during fieldwork, I counted

³ Originally, UCT was a university for 'whites only'. It was not until the 1940s that the number of black students began to rise (Phillips 1993: 368).

⁴ UWC was a post-secondary institution created for the education of "Cape Colored, Malay Griqua or other colored persons" (Anderson 2002: 22).

seven for UCT and 11 for UWC⁵. (If the difference in these numbers seems insignificant, the reader should note that I recorded pregnant students at UCT from May 2008 to June 2009, whereas the 'count' for UWC took place only between April and June 2009.) In addition, my attempt to engage with students about the presence of pregnant students and student mothers elicited very different reactions between campuses. Talking about pregnancy inevitably means talking about sex. Foucault (1978) tells us that before the 19th century, the topic of sex and sexuality was freely discussed (p. 3). During the 19th century, knowledge of sexuality and any discussion around it moved into the home, discussed only in "the serious function of reproduction" (ibid). The knowledge of sex became repressed. It was as if sex did not exist and therefore there was no reason to talk about it (1978). Much like the difference in discussions around sex before and after the 19th century, for UWC students, talking about sex and pregnancy in relation to themselves, their friends and classmates seemed to be a common subject and was expressed with the same excitement that one would expect from talk around an anticipated movie release. For many students at UCT the topic of sex was discussed with reservation and hesitation. Timid and quiet voices, embarrassed laughs and very brief responses were the majority of the student responses to questions around pregnancy and sexuality among students.

UCT is largely a 'day' university but has 29 residences, houses and flats located on and off-campus, and can house 5 600 students. The residences are divided into 1st, 2nd, and 3rd tiers with the 1st and 2nd tiers housing 1st, 2nd and 3rd year students and the 3rd housing postgraduate students. Both gender-segregated residences and mixed-gendered residences are available. Mixed-gendered residences are separated according to floors, or where relevant, flats (Information Handbook 1, 2009, UCT website: student housing). In the second and third tier residences, it is more common for men and women to share self-catering flats. J. P. Duminy residence, located in Mowbray, is the only UCT residence where students can live together as husband and wife or parents (single or married) with their children providing they show proof of their family requirement (UCT Student Housing Handbook 2009:14). UCT has no Reproductive Health Rights Policy preventing pregnant students from, or allocating them to, specific residences on campus. While pregnant students can reside in any UCT residences, few do and are more likely to reside in J.P. Duminy or live off-campus. UWC houses an average of 2 700 students within their nine mixed-gendered residences, 8 on campus and one off. . All the on-

⁵ While I was careful not to mark any one student twice, I realize that I may have inadvertently counted a woman as a student when in fact she was staff member- a concern because I was interested only in students. On two occasions at UCT, I was able to approach the women, found that they were staff members, and have therefore excluded them from my chart.

campus residences contain both under and postgraduate students. Until very recently, pregnant students were not permitted to reside in any UWC residence.

A few informants⁶ and articles in the Cape Argus (2007) agreed that it had been UWC's practice since the 1980s to disallow pregnant students to remain in university residences though this was not formally stated in any policy or other official document. Though none of the key informants had been affected by or even knew about this practice, my knowledge of it and assumption that it was still practiced was part of my motivation for pursuing this research and I think it necessary to discuss it in some detail.

1.3 UWC's Former Reproductive Health Rights Practice

Until almost two years ago, pregnant students could not stay in UWC student residences. During this time, this practice caused great controversy among the students of UWC and many were outraged. 'Pregnant students told to leave UWC hostels' and 'UWC students threaten action over ban on pregnant girls' were two articles found in Cape Town's Cape Argus newspaper (31 August and 12 September 2007) alerting readers to what was happening on UWC campus. A UWC practice since the 1980s, university personnel insisted that pregnant students notify residence staff no later than the beginning of their 2nd trimester (Residence Students Reproductive Health Policy Draft- Residence and Catering Service, September 2007). Though they could continue to attend university, pregnant students living in student residences were encouraged to find alternative accommodation for the duration of their pregnancy (Cape Argus 31 August, 2007: 11; 12 September 2007:9). Mark Seal, director of residence and catering services, spoke of the university's attempt to amend this practice in writing - a process going on for the past two years - although, currently, pregnant students are allowed to stay in residence for the duration of their pregnancy providing they can show proof of medical competency (Interview: M. Seale April 2009). UWC stated, as its reason for this practice, that "it [the university] ...does not have adequate health facilities for pregnant students". Seale also stated "residences are places where students live and not hospitals where they give birth" (31 Argus, 2007:11). As indicated in the articles, many⁷ students were affected by this practice as the majority were not local, could not afford private accommodation and ultimately had to drop out

⁶ Most informants, both those met casually and those interviewed in depth, had not known of UWC's former policy regarding pregnant students until I mentioned it.

⁷ Neither articles provided data on how many students were affected by this policy in regards to their inability to find affordable alternative housing and consequently having to leave university.

(ibid). Chumile Sali, Deputy Secretary of the UWC branch of the ANC Youth League, stated, "The university says it is a practice and not a policy. A practice cannot be enforced. This is discriminating against female students" (31-August 2007:11).

UWC's Gender Equity Unit (GEU), like UCT's Discrimination and Harassment Office (DISCHO), fights for students' rights, particularly the rights of female students. Recognizing the policy as discriminatory towards (sexually active) female students, the GEU rejected the first Draft Pregnancy Policy drafted by the Residence and Catering Services. In a petition to overturn the policy (08/10/07) members of the GEU stated that they believed

The 'policy' is a hastily written and weakly conceptualized document, which entirely ignores the rights of women on campus. ...it actively discriminates against women by defining pregnancy as a liability, and by compromising pregnant students' rights to education that is free from discrimination... The fundamental approach of this cynical and misguided policy is to criminalize and stigmatize women and students who are pregnant. This is discriminatory and, therefore illegal and unconstitutional... The student body at UWC is more than 60% adult women. The campus urgently requires a full policy on sexual and reproductive health to be developed to meet the needs of this community. We implore that any future policy or guidelines with regard to women's Reproductive Health Rights be subjected to an informed, constructive process by the broader campus community before it is adopted. (Gender Equity Unit: Reproductive Health Rights Petition 08-October 2007).

Student uprisings, Student Representative Council (SRC) interventions in addition to UWC's Gender Equity Unit, are among the forces that fought against this practice in favor of these students' rights. Controversy over this practice prompted the UWC residence and catering department to produce an official Reproductive Health Rights Policy⁸. Currently, pregnant students can stay in residence up to and after they give birth.

During its enforcement, most students were unaware of the practice, some finding out only when they were pregnant (31-August 2007). During my fieldwork at UWC, I found that very few students (male or female) had even heard of the former Reproductive Health Rights Practice. Angela⁹, a 21-yr-old, 3rd year student at UWC, was six months pregnant at the time of our interview. She had not known of the university's former practice. She stated, "[I] never even heard of that policy but we [students] are so ignorant to the rules about this campus." When I explained that formerly pregnant students had to vacate the residences, she told me she felt that

⁸ At my request for copies of the old and new policies, Mark Seale explained, "the [new] document is still very much in the processes of the university structures". He also could not "avail a copy of the old policy as it did not exist rather it was practice hence the shift by our university to develop a policy" (Interview M. Seale- June 2009).

⁹ The name Angela, as are the names of all informants, is a pseudonym, which I use to ensure anonymity.

was “unfair”. Originally from the Eastern Cape, Angela has been attending UWC for the past three years and living in residence. As we sat alone in the communal television room of her residence, talking about the former practice, I thought it strange that she, as a pregnant student living in residence, had no idea that had she been pregnant just a year or two earlier, she could not have remained in residence. She sat rubbing her very round belly, looking at nothing in particular as it dawned on her that she would have had to leave university if the practice were still in place. “I couldn’t live off-campus either” she said. “There’s no way I could afford that”. Her boyfriend and father of her child is also a UWC student currently in residence and excited about her pregnancy. In the case of the old practice, she would have had to leave university but her boyfriend could continue his studies.

Policies, in general, are not based on a single decision. The study of policy-making involves analyzing the intentions of the policy (Pollitt, Negro, Lew & Pattern 1979). University policies and documents influence the cultural experience of men and women in academe. In the university context, the embodiment of gender often works to uplift men while marginalizing women. Academic neutrality is contradicted by the underrepresentation of women in decision-making structures in the university, as well as among students, showing that “ultimately the university remains a place for men” (Diaw *Issue 9*, 2007:10). University policies sometimes reflect this gender discrepancy. They contribute to the construction of a socio-cultural reality. UWC’s Reproductive Health Rights Practice or the outlining of UCT’s J.P.Duminy Family Residence (allocated for post-graduate student mothers and their children) for example, available in university handbooks or on websites “reflect and transmit a dominant interpretation of the campus culture by explicating relationships, expectations and consequences for behavior among the university community” (Allan, 2008: 3, 8). These policies work to shape the identity of males and females as students. Despite the fact that most students I spoke with were unaware of UWC’s former practice, the fact that it existed at all shows patriarchy in the institution. The current attempt to amend this practice did not result from a fundamental change in the attitude of UWC as an institution but, rather, because of the persistent protests against it. Had the GEU, SRC and outside protests not fought against it, this practice could still be in place.

1.4 Conclusion

It might seem obvious that such a practice, and similar policies, would serve as one of the more obvious deterrents to pregnancy while studying. Because UCT has no such policy, I was

motivated to understand more about the university as an environment that might inhibit pregnancy among students. The readily identifiable presence of pregnant students at UWC came as a surprise, given the history of the institution's reputation regarding pregnant students. A comparison between UCT's and UWC's campus environments seemed necessary to understand the different universities, their student populations and their attitudes towards sexuality and pregnancy to help account for the difference in the pregnant student population between the two and for the different ways in which sex and pregnancy were discussed.

This dissertation reviews some of the more widely used theories within anthropology and sociology including: sexuality and discourse (Foucault, 1978), embodied spaces (Low, 2003; Pandolfi, 2007), as well as theories and concepts around illegitimacy and race in South Africa (Burman and Preston-Whyte, 1992) and motherhood and pregnancy (Hanson 2004; Hardy and Wiedmer 2005). The study attempts to understand how institutional culture may contribute to the differences between the two campuses in relation to student pregnancy. Ultimately, however, it aims to show how experiences of pregnancy, influenced by gender inequalities in university environments, inadequate knowledge of sex and the body, and external and internal stigmatization and ostracism affected my informants as students desiring to complete their studies in anticipation of their prospective careers.

In the subsequent chapters, the reader can expect to meet the key informants and understand their experiences of becoming pregnant – deliberately or unexpectedly - during their studies. All the women wholeheartedly expressed their aspirations for studying. I acknowledge the variety of experiences among the informants who are single, dating or married, and those with and without support. I discuss their social lives as they have been split in two and how they balance their (new) responsibilities as pregnant women or mothers in light of their academic workload as well as the sacrifices they made. I speak to the challenges they have and do face, from condemnation from family members, gossip and stigmatization from peers, university policies and rules around pregnant students, religious conflicts and, for some, emotional break-ups with their partners. At the time of my fieldwork, most female students expressed their opinions of studying and parenting as two responsibilities never to be combined. I share their experiences as examples of commitment and dedication and hope they encourage you as they have me.

CHAPTER TWO

METHODOLOGY

2.1 The Study

My initial interest in pregnant students was sparked by the tiny number of pregnant women studying at UCT compared to my undergraduate campus in the United States. Upon learning that UWC disallowed pregnant students in residences, I decided it would be interesting to compare the two universities with respect to pregnant students and hoped to gain an understanding of what it meant for them to be pregnant as students in an environment where pregnancy was an exception. I was also interested in learning whether UWC's practice regarding pregnant students played a role in students avoiding pregnancy. I hoped to learn whether UCT had any similar such policy and what support either university had to offer pregnant students during their pregnancy and/or after they gave birth.

After interviewing personnel from student housing, student health and other student services on both campuses, I needed to find pregnant students as only they could give me an understanding of what it currently meant for them to be pregnant while studying. Student mothers were also useful for offering their experiences of being pregnant while studying as well as how they currently manage motherhood and studying. I gained access to pregnant students and student mothers on both campuses through an advertisement that I created which requested their participation in my research. Because of UWC's former Reproductive Health Rights Practice (see chapter 1), I was particularly interested in finding potential informants currently living in student residences. Searching for informants in residence was difficult particularly at UCT where my own failure to find any was accompanied by student residence tenants' statements that there were no pregnant students in their residence or that they knew of student mothers tenants but were reluctant to give me their information. In solution to their reluctance, I gave them my details to pass on to student mothers but that did not always work. At UWC, I was often at the residences when pregnant students/student mothers did not seem to be available but was informed of their presence through other tenants. It was on various places of campus that I met key informants who happened to live in residence. It was however, also useful to speak with informants who lived off-campus for potential comparative differences. Though I spoke with many students, male and female, at both universities about their perceptions and experiences of

pregnancy and parenting in relation to studying, I identified 24 informants in direct response to my advert. I interviewed fifteen of the 24 in depth, ranging in age from seventeen to upper 40s (see table 2.1). The respondents shaded in grey represent those that were not interviewed. The bolded respondents differentiate the pregnant students from the student mothers. Based on the total respondents identified, it would seem that UCT contains more student mothers' and/or pregnant students. The reader should also note that UCT students were more willing to respond to my ad, making it easier to capture contact details and confirm appointments. UWC students seemed more willing to talk to me when I was on site rather than respond to my ad and as a result, I met most UWC informants on site and was promised interviews later without receiving their contact details though they were given mine.

University of Cape Town

Table 2.1: The Respondents

Pseudonym	Age	Race	University	Studies	Status	How she responded
Beth	Late 20s	White	UCT	M- Education- Humanities	Mother	sms
Susan	30 yrs (+/-)	White	UCT	M- Interdisciplinary Studies- Humanities	Mother	email
Audrey	29 yrs	Colored	UCT	M- Adult Education- Humanities	Mother	email
Callie	20 yrs	Black	UCT	1 st yr- Audiology- Health Sciences	Mother	sms
Jenna	24 yrs	Black	UCT	II- Social Development- Humanities	Mother	My approach
Stacy	26 yrs	Colored	UCT	3 rd yr- Philosophy/Law-Humanities, Law	Pregnant	email
Lana	27 yrs	Black	UCT	II-African Gender Studies-Humanities	Mother	My approach
Ruth	21 yrs	Colored	UCT	2 nd yr- Psychology- Humanities	Mother	Phone call
Ziggy	Mid-20s	?	UCT	2 nd yr- ?- Health Sciences	Aborted	email
Sara	20 yrs	Colored	UCT	3 rd yr- Sociology- Humanities	Mother	sms
Sally	25 yrs	Black	UCT	M- Chemistry- Science	Pregnant	My approach
Muffie	22 yrs	White	UCT	M-Practical Anthropology-Humanities	Pregnant	My approach
Isis	24 yrs	Colored	UWC	M- Sociology- Humanities	Pregnant	sms
Cindy	17 yrs	Black	UWC	1 st yr-Environmental Studies- Science	Mother	My approach
Angela	21 yrs	Black	UWC	3 rd yr- Geology- Science	Pregnant	My approach
Yvonne	?	Black	UWC	?		
Karen	?	Black	UWC	?	Pregnant	My approach
Anna	?	Colored	UWC	?- Education- Humanities	Pregnant	My approach
Christina	?	Colored	UWC	?- Education- Humanities	Pregnant	My approach
Debbie	?	?	UWC	?	Pregnant	Phone call
Tracy	?	?	?	?	Pregnant	email
Dana	?	?	?	?	Mother	sms
Carol	?	?	?	?-Theater/Performing Arts- Humanities	Mother	sms
Mindy	18 yrs	Colored	?	1 st yr- Human bio science- Health Sciences	Mother	sms

Fortunately for me, all of the informants spoke English fluently and I was able to conduct and transcribe (when necessary) all interviews by myself. The interviews with UCT students took place in various places: upper campus, medical school campus, in residences and off-campus. I interviewed UWC students in the student center, outside the main library and in their residences. I also engaged in casual conversations with students on both campuses to gain their understandings, experiences and perceptions of pregnant students on their campus. These informal interviews usually took place in the cafeterias during the meridian, a time I thought students would be more willing to speak with me, as well as in and around student residences. I also made use of any opportunity that presented itself off-campus to talk with non-students about my research to gain potentially useful feedback.

2.2 Ethical Concerns

Knowing that the data that I was collecting from the informants was sensitive, I informed them of the purpose of my research immediately. This gave them the opportunity to decide whether they were willing to participate in my research and choose what they would include in their stories. I had to ensure that any information communicated would remain confidential and, by using pseudonyms (for the key female informants), that their privacy would be maintained throughout. After disclosing this information, I pursued conversations and additional meetings with the women based on their verbal consent. During each interview students were reminded that they could stop the interview at any point and indeed could withdraw from participating in the research altogether if they so wished. None exercised these options at any stage of the research.

Because of the nature of the research, I was unsure how to handle seeing the informants on and off campus after our interviews, as I was unsure if they might feel embarrassed. However, most respondents interacted with me willingly and un-self-consciously on and off campus and indeed some have become friends.

2.3 Entering the Field

After presenting my research proposal and allocated a supervisor, I conducted fieldwork from the beginning of April until the end of June 2009. As I was on UCT campus every day of the

week, I was able to make time throughout the day to spend on various parts of the campus engaging in casual conversations with students about my research. It was also important for me to spend time with students in residence. Focusing on two residences per university, I looked at Rondeburg Flats (where I currently stay), a mixed-gendered post-graduate residence for Masters and PhD students and T.B. Davie Courts, also a mixed-gendered post-graduate residence

I visited UWC's campus at least two days a week, hanging out at the residences, cafeterias and the student center. There I decided to focus on their Ruth First and Coline Williams residences, which stood across from each other. Unlike Rondeburg Flats and T.B. Davie Courts, Ruth First and Coline Williams house a mixture of undergraduate and post-graduate students giving me the benefit of talking to students of a variety of ages and study levels.

2.4 Methods

As I was looking at UCT and UWC as public spaces where pregnant women may or may not be commonplace, my sample selection were inevitably students. Given the opportunity to put an advertisement to recruit respondents for my study on the Vula website of an Anthropology course, I designed an advertisement requesting student mothers and pregnant students to talk to me about the challenges of parenthood and studying. This, I hoped, was an innocent enough request that would not make anyone feel uncomfortable. Unsure of whether I should use my personal or university email address, I used my yahoo address for UWC's ads and alternated email addresses for UCT's (both adverts were the same otherwise, including my cell phone number: see appendices p. 72). After the approval of the advert, it was put on the Vula site and on various places of both universities. Thus, my fieldwork began. I hung the advert all over UCT and UWC campuses and UCT radio invited me to talk about my research interests. In addition to using the ad to attract informants, I learned of others through participant observation and informal conversations with other students.

I attempted to access statistical data on the number of female students granted a 'leave of absence' from UCT for pregnancy-related issues but was denied access on ethical grounds and, I was told, records for leave of absence requests are generally not stored. Time constraints affected my gaining access to student populations in the Humanities Faculty from

both universities, data I became interested in as most of the informants were from the Humanities Faculty and I wondered if the majority of the students were female. I also obtained statistical data from UCT's Student Health and Wellness services on the number of female students who took pregnancy tests (whether positive or negative), recorded their pregnancies (sought medical services) with Student Health and those who expressed the desire to terminate their pregnancies in 2008. This information, I expected, would be useful to find any discrepancies between the amounts of record pregnancies on UCT campus vs. their visibility on campus. Data I requested on the race and faculties of these students was unavailable.

Fieldwork, as defined by Wolcott (1995) is "a form of inquiry in which one is immersed personally in the ongoing social activities of some individual or group for the purpose of research" (p. 66). I used fieldwork to help gain an understanding of what it means/meant to be a pregnant student or student mother on UCT campus; an environment where so few were visible, and UWC campus where the former Reproductive Health Rights Practice, I assumed, would create challenges for them. Using participant observation, I hung out with students on various parts of both campuses, sometimes going with them to class or having lunch with them on campus in an attempt to get a sense of what a typical day consisted of for the pregnant student or student mother. I also met some students off-campus and had the privilege of meeting some of them off-campus with their child/ren. Because I was still attending class myself¹⁰, I could not accompany students throughout the day so that most of the evidence in this report was gleaned from interviews, casual conversations and general observations. I was able to spend an hour at home with one informant and her husband and to accompany another to do her daily grocery shopping.

I conducted formal and informal interviews with the informants and other students on both campuses. Though I held some general questions in my head (see appendices), I did not create questionnaires but let the interviews flow wherever the informant wished. I recorded my first interview but then found it better to take notes as that allowed both the informants and myself to be more relaxed. I spent some time on both campuses studying the campus and observing students (usually in the morning and during the meridian), looking at how they conducted themselves, the kinds of activities they engaged in and the types of conversations

¹⁰ I started fieldwork just 2 months into the start of the 1st semester. April 2009.

that were held between students, in an attempt to learn the environments and to make comparisons and contrasts between universities. Throughout my fieldwork, I kept a detailed journal in addition to the interview write-ups.

2.5 Setbacks in the Field

I spent some time just before the Easter vacation in April placing my adverts all over upper and middle campus (UCT). Unfortunately, the maintenance crew cleaned up during the vacation and removed most. Annoyed that I had lost a week of potential responses, I reprinted the adverts and re-hung them in as many places as possible. After two weeks, though very sporadic, the responses began and I was able to meet with informants.

I preferred getting responses via email as some email addresses revealed which university the student attended. Phone calls were hard. On the two occasions that I was phoned, the students were ready to meet at the time of their call and I agreed to meet them only to find out that they were at UCT when I was at UWC or vice versa. Fortunately, I scheduled an alternate meeting with one student but the other lost her nerve when I could not meet until the next day. Receiving responses via email or sms only from students who were not available for formal interviews proved disadvantageous when reviewing my data, as I could not know even the most general information such as the race, age or university of the student.

I do not have my own transport and had to use minibus taxis to and from UWC, which proved difficult for scheduling meetings. Though the Mowbray taxi rank was approximately 20 minutes away from UWC, the practice of waiting for additional passengers made the duration of the drive unpredictable at times, interfering with scheduled appointments. I sometimes found myself too late or too early for interviews with informants. Being there too early allowed more time to engage in participant observation but being late, on one occasion, caused me to lose an interviewee and potential key informant.

2.6 Self-Reflection

As a female student who has had intimate experience with pregnant students and student mothers both in high school and during my undergraduate studies, I have decided, based on

those experiences, that I would never want to become pregnant before my studies were completed. While not assuming that *all* females who became pregnant during their studies did so accidentally, my general perception of pregnant students and student mothers was that *most were* accidental and that those who pursued their studies despite their children were forced to do so by family members. During my research, I expected (at least some of) the informants to express that they—in addition to wishing they had never become pregnant—would have preferred not to continue their studies but are doing so only at their parents' wishes. I expected this because of the experiences of my high school and undergraduate friends who became pregnant during their studies.

Before starting my research, I had wondered whether my not being a mother put me at a disadvantage as all I shared with the informants was being a female student. However, being a childless woman and student I found that the informants were open to sharing their experiences with me and it seemed beneficial and sometimes cathartic for them, more so than sharing their experience with a fellow student who shared that experience. (Some had thought, based on my advert and prior to our meeting, that I must be either pregnant or a mother.) I claim this because my "inexperience" gave them the opportunity to be the expert and to share their pleasant, scary, and challenging experiences of expecting, motherhood and studying with someone who had not "been there" or "done that". Talking of their experiences with me, it seemed, gave them a sense of control over their situation and they could express themselves and the simultaneity of pregnancy/motherhood and studying any way they saw fit. Knowing something that I did not know allowed them to advise me in a way that seemed maternal (no pun intended) and satisfying for them. In fact, advice on my future as a student and potential mother were offered as the last words during most interviews.

I used the above methods to ensure a comfortable working environment in the field where my informants could learn to trust me and openly share their experiences. Their cooperation was greatly appreciated and I dedicate this dissertation to them.

CHAPTER THREE

DOCTOR DOCTOR, I FEEL SICK: *MISSING THE SYMPTOMS OF PREGNANCY, INADEQUATE SEX EDUCATION AND POOR CONTRACEPTIVE USE*

Though the presence of pregnant students is more common on some campuses than others, pregnant students are a rarity on most university campuses. During fieldwork, many students - more from UCT than UWC - expressed that they would not want to be pregnant while studying. Most reasons given were based on common assumptions around university attitudes toward pregnant students. Other reasons centered on unwanted gossip and stigmatization (see Chapter 4), not wanting to disappoint family members (by getting pregnant too early/still at university/unmarried); being unemployed, being unable to support the baby financially and the belief that pregnancy would interfere with completing their studies successfully. Among the pregnant students and student mothers that I interviewed at both universities, the majority of the pregnancies were unplanned. In fact, only three of the fifteen wanted and planned¹¹ to get pregnant, two of who are married and the other in a steady relationship. Based on the experiences of the other twelve informants, it would seem that most students who experience unplanned pregnancy would have avoided this had they known better how to do so. In this chapter, I focus on the experiences of the informants who inadvertently became pregnant during their studies, a time when they least desired pregnancy or children or any limitations in their lives. The chapter shows how inadequate sex-education and poor contraceptive use contributed to their becoming pregnant and I consider the consequences for their aspirations as students.

3.1 Pssst... You're pregnant

Table 3.1 (see below), distinguishes the informants who planned their pregnancies vs. those who did not. The majority of the informants did not plan their pregnancies and for most of these women, the shock of being pregnant was heightened by how advanced their pregnancies were before they even knew they were pregnant.

¹¹ 'Planned' meaning there was a deliberate effort between them and their partners to have a child at that time in their lives.

Table 3.1: The students' recognition of their un/planned pregnancies

Pseudonym	Race	Pregnancy	Did she know she was pregnant?	Status at time of pregnancy
Susan	White	Planned	Suspected- <i>right away</i>	Married
Lana	Black	Planned	No- <i>not until 3 months</i>	Married
Sally	Black	Planned	Yes- <i>right away</i>	Dating
Beth	White	Unplanned	No- <i>not until 3 months</i>	Married
Isis	Colored	Unplanned	No- <i>not until 2 months</i>	Married
Calli	Black	Unplanned	Yes- <i>right away</i>	Dating ¹²
Jenna	Black	Unplanned	No- <i>not until 2 months</i>	Dating
Cindy	Black	Unplanned	No- <i>not until 3 months</i>	Dating
Angela	Black	Unplanned	No- <i>not until 4 months</i>	Dating
Stacy	Colored	Unplanned	No- <i>not until 6 weeks</i>	Dating
Ziggy	?	Unplanned	No- <i>not until 2 months</i>	Dating
Audrey	Colored	Unplanned	No- <i>not until 1 month</i>	Dating
Ruth	Colored	Unplanned	No- <i>not until 4 months</i>	Single
Sara	Colored	Unplanned	Yes- <i>right away</i>	Single
Muffie	White	Unplanned	Suspected- <i>confirmed at 4 months</i>	Single

It had been UWC's practice that female students notify their residence warden at or before the start of their second trimester (Cape Argus 31 August 2007; 12 September 2007, see also chapter one). The practice took for granted that a woman would always know she was pregnant at or before this time. Of the fifteen women interviewed in depth, only five knew right away or suspected early on that they were pregnant. The other ten claimed that they had no idea they were pregnant until months into their pregnancy. Reactions to the realization of pregnancy in some cases, included "surprise and shock"; in other cases, "fear, anger, resentment, and hate" toward themselves, their partners, their unborn child, and in some cases towards the doctors who revealed their condition. One informant described the initial feeling to her positive test result as "this weight that was on me".

Four of the informants with unplanned pregnancies contemplated abortion. One informant underwent the procedure shortly before her second trimester. Ziggy, a 2nd year student at UCT, was in her early 20s when she became pregnant and her pregnancy was unplanned.

¹² Where "Dating" is bolded indicates that the informant was only dating her partner as opposed to living with them as well. "Dating," indicates that they were dating and living together at the time.

After finding out she was pregnant at two months she was depressed and felt unprepared to be a mother, especially while studying. She decided that an abortion was the best alternative. She explained

I am in lectures from eight to four every day. I have to complete individual assignments, practicals, fieldwork and exams every day. I was concerned about where morning sickness, gynecological appointments, breast-feeding, changing nappies, playing and interacting with my child would fit into my academic workload. I felt that the [Health Science] department was very accommodating and understanding of students' circumstances but I did not know what they could do to alleviate the pressure on a single mom. They might have allowed me to take a year off but that would have postponed me qualifying and in turn, my first pay check...

Despite the emotional trauma she experienced after the procedure, she maintained that this was the best option¹³ for her as her primary concern was to successfully complete her studies and begin earning.

For the other four, various factors prevented them from terminating their pregnancies: late revelation, religious convictions, parental interference, financial difficulties, and not knowing of clinics that performed Termination of Pregnancy (TOP) procedure free of charge. Sara, a 20-year-old 3rd year student mother at UCT did not plan to get pregnant and reported feeling scared and disappointed. She had considered having an abortion but explained, "I phoned Mari Stopes when I was five months pregnant. They were willing to do the abortion even though I was five months. They were going to charge me R1000 to abort it [and I didn't have the money]". When aborting her child was no longer an option, Sara carried out the remainder of her pregnancy in fear, denial and silence. Having been accepted to pursue her undergraduate studies at UCT a few months after becoming pregnant, Sara's biggest fear was not being able to pursue her studies. Her pregnancy, however, caused several problems for her including a bitter break up with her boyfriend, postpartum depression, being forced out of her father's house and ultimately ending their relationship. While her dream to pursue an education at UCT have been met, she spoke heavily of her challenges, verbally fantasized how different things might have been had she "protected myself [from becoming pregnant]" or been able to abort when she desired.

¹³ She stated that she would not trust a stranger or her parents, who have a history of depression, to raise her child and she preferred to abort the child rather than give it up for adoption or leave it in the hands of her parents while she studied.

One of the informants changed her mind about aborting her child after seeing the fetus during her first ultra-sound treatment. 23 weeks pregnant at the time of our interview, Muffie, a 22-year-old Masters student at UCT recalled her first words when the doctor told her she was pregnant: "How can I get rid of it?" Upon feeling her stomach, and before giving a proper scan, the doctor assumed that she was between 19 and 22 weeks pregnant and informed her that she was past the legal date to abort. Already believing she had no choice, Muffie panicked as the reality of her pregnancy settled in. South Africa's Choice on Termination of Pregnancy Act (CTOP) of 1996 asserted that a pregnancy may be terminated within the first 12 weeks of the gestation period. The Act also listed the conditions under which a pregnancy may be terminated between the 13th up to and including the 20th week of gestation (Juta 2006/7: 3- 196 s2). Contrary to the doctor's statement, if Muffie was 19 or 20 weeks pregnant, she still could have opted for an abortion but Muffie, originally from the Netherlands, admitted how little she knew about the laws on abortion in South Africa. After a scan revealed that she was only 15 weeks pregnant, the doctor commented, "You've already seen the baby ... you can't have an abortion now". Looking at the ultra-sound, she agreed: "I saw the baby. It was a real baby and it was moving inside me. It worked ... I saw it so [I thought] now I can't kill it". Muffie accepted that she was going to carry her child full-term. Throughout our interview however, she imagined with frustration how easy it would have been to abort the child if she had gone to the doctor sooner, assuming that an earlier scan might not have looked so much like a "real baby" and "seeing" it might not have changed her decision to abort. She ignored earlier suspicions of pregnancy thinking it was "impossible" because she was using birth control pills at the time. She later admitted her inconsistency: "I knew that you were supposed to take them [birth control pills] at the same time every day but when you have a social life, you forget ... I was not aware of the consequences it [not taking them daily] could have for me ... you never think it will happen to you."

Muffie explained that the change in her life after the initial consult was "huge and costly". Immediately allocated a neonatal doctor after the consult, she was required to make weekly doctor visits, which costs time and money. Currently enrolled in two courses, keeping appointments when suffering chronic fatigue, she explained, is "overwhelming". Speaking highly of her time management skills, she boasted that she has yet to be late for or miss a class. Managing weekly readings and assignments, on the other hand, is a constant struggle because she is always tired. Now five months pregnant, she described her expectations of life as "a single mother in a strange country, with no family, no job, and a deadbeat for [my

baby's] father and as a student". Convincing smiles occasionally reinforced what sounded like a very trying future ahead. With expected familial support from abroad and her determination to complete her degree, she maintained that she would successfully complete her studies next year despite having a newborn baby.

3.2 Missing the symptoms of pregnancy

Muffie suspected that she was pregnant before the doctor's visit because her "breasts kept getting bigger". However, her reliance on using birth control, however inconsistently, left her in denial. Still, she did recognize that such a change in her breasts could indicate pregnancy. Ten of the informants did not recognize or experience the symptoms that could indicate pregnancy. Of these ten, four were black, four were colored and one was white¹⁴ (see also table 3.1). In 2000 a study among South African teenage girls and women showed that only 47% knew that a missed period could indicate pregnancy¹⁵. The study also showed that only 47% knew that early symptoms of pregnancy could include "vomiting, weight gain, facial changes, and moodiness, a change in appetite or breast changes" (Knusden, 2006:19). An additional 6% revealed that they could not identify any signs at all (ibid). Jenna, a 24-year-old Honors student of Social Development at UCT did not know she was pregnant until two months. When asked how she realized she answered:

My boyfriend told me. [One month] my period didn't come...I didn't think I was pregnant... then my breast got big and when it didn't come the 2nd month my boyfriend told me I was pregnant. He knew before I did. I did not want to be pregnant so I did not believe him but after the second month [that I missed my period], I had to face the fact that I was pregnant.

Cindy, a 17 year old 1st year student mother at UWC and Angela, a 21 year old pregnant student at UWC, did not realize until three and four months respectively that they were pregnant. In hindsight, they both admitted to "eating a lot" and "gaining weight" in the early stages of their pregnancy. Neither realized that such bodily changes could indicate pregnancy. Had they known, they might have learned of their pregnancies earlier. Though apprehensive, Angela was looking forward to the birth of her son and was comforted by the support of her

¹⁴ The 10th informant who did not know she was pregnant contacted me only through email and as a result, I do not know her racial classification. Because she had been I do know she was able to afford a private abortion..

¹⁵ Of course not all women have a regular menstrual cycle and could easily not associate a missed period with pregnancy.

mother and boyfriend. However, she admitted had she known earlier she would have had an abortion as she expected her mother would be very disappointed.

Audrey, a 2nd year masters' student mother at UCT now 29 years old, was 24 at the time of her pregnancy and lived with her partner. She did not know that she was pregnant until a month into her pregnancy stating that she did not know enough about herself to suspect. She explained:

I was not in touch with my female body. I did not engage with myself. In my opinion, many girls do not talk about things like that. It's, like, sex, sexuality and gender are not subjects for research - not just for me but [also] for [many] girls. It was not until I was alone with myself. I remember I was eating a peach and it just felt like a magical moment and that's was when I thought that I could be pregnant. I went and took a test and it was positive. When I saw that it was positive I had this overwhelming feeling. It was like this weight was on me. I can't explain it. I was about a month then.

These are just some of the experiences of the informants who did not know they were pregnant right away. In addition to planned and unplanned pregnancies, Table 3.1 shows the dating statuses of the women during that time. The reader will note that only two of the ten students who experienced unplanned pregnancies knew they were pregnant. This suggests that if one did not plan or expect to be pregnant, one is less likely to acknowledge certain bodily changes as symptoms of pregnancy. A lecturer and mother of two mentioned how subtle the symptoms of pregnancy can be. In her experience, she recalled that if she had not been trying to get pregnant she would have easily attributed her symptoms to something else as they were mild and did not evoke any real concern. In addition, whether or not one is expecting to become pregnant the symptoms may still go unnoticed if women are not sufficiently in tune with their body to sense changes.

The reader should also note that of the four married informants only one suspected that she was pregnant right away and her pregnancy was planned. The other three, one of whom planned her pregnancy, found out at two and three months. Of the three informants who were not married or dating anyone seriously at the time, two knew immediately that they were pregnant even though the pregnancies were unplanned; and of the nine informants who were dating only two knew they were pregnant right away, and one of whom had planned her pregnancy. Two of the three informants who planned their pregnancies were married, the other is dating. 25-year old Sally, a 2nd year Masters student at UCT was 6-months pregnant at the time of our interview. She had been with her boyfriend for almost six years and they

intended having a baby. She was pleased that the baby would be due just weeks after she had completed her final write-ups. During the bustle of the meridian in the Frigo Café, we sat close together to ensure that we would hear one another. She was tired and her feet and back hurt, something she was “getting used to by now” but was the reason she did not want to move despite the noise. The interview was curtailed because of my own discomfort but later I remembered that Sally laughed a lot. She laughed as she told me they had been trying for a while and how excited they were. I did not see a ring on her finger but asked if they had considered getting married simply because they had been dating for so long. I could not determine whether she thought the question inappropriate, as one informant did (see chapter four), or the honesty of her stated plan “to marry later”. The notion of ‘proper’ or legitimate marriages often differs between religious laws and the state sometimes making difficult the identity of a child as legitimate or illegitimate (Hughes in Burman & Preston-Whyte, 1992). According to Hughes’s view, Sally and her boyfriend will have an illegitimate child. Having a child out of wedlock, for Sally, did not seem to evoke much concern and marriage did not seem to be a priority in the near future. A young black couple, they seemed (according to Sally) to be content with their dating status and the expectation of their first child. This was different from my experience with Sudanese native Jenna, 19-years old when she inadvertently became pregnant. At the time of her pregnancy, she had been dating her boyfriend for almost two years. When they learnt she was pregnant they eloped so that she would not have the child out of wedlock, in the hopes of bringing redemption to this unplanned event. The difference in opinion about illegitimate children between these women is evident. This could be a result of their difference in age, where Jenna was considerably younger than Sally when she became pregnant. It might also be concluded that illegitimacy, for Jenna, was even more important to avoid as a teenager, as teenage pregnancy was also frowned upon in her village.

While acknowledging women like Lana (see table 3.1) who planned their pregnancies yet did not immediately know they were pregnant, I have suggested that unplanned pregnancies are more likely to be undetected because of ignorance¹⁶. In a meeting with a student health official, I learned that the majority of the pregnant students who utilized the student health services at UCT did not come seeking medical help because they thought they were pregnant. She stated that most of the women come in complaining about this pain or that symptom,

¹⁶ I acknowledge that my sample of planned pregnancies is very small and my conclusion could be very different had I had a wider sample of informants who planned their pregnancies.

looking for solutions. It is usually toward the end of the consultation, when the nurse asks about the last menstrual cycle, that the possibility dawns. This is usually followed by a pregnancy test to confirm or disprove the nurse's suspicion. Many times, she claimed, the woman was in fact pregnant. As a mother of two, the health official remarked that she could not see how it was possible to be pregnant without knowing. She suggested that it is not so much that the women did not know they were pregnant but rather that they did not want to accept the fact. With so many claims to not recognizing their pregnancy, it became necessary to understand the informants' knowledge about sex and pregnancy.

3.3 Inadequate Sex-Education and Poor Contraceptive Use

Among the students interviewed, there seemed to be a collective lack of knowledge and education around sex and pregnancy; how easy it is to become pregnant without proper precaution and the telling signs of pregnancy that one would likely experience if pregnant. While one might expect university students to possess all the information necessary regarding sexuality, the reality as evidenced in this and other studies (see Okira, *Issue 8*, 2007) is very different. Edith Okira, a lecturer in the Department of Women and Gender studies at Makerere University in Uganda noted that her female students "... lacked a suitable environment in which to seek help or services on their sexual and reproductive health issues". She realized this problem after talking with several of her students about personal problems of "romantic relationships and post-abortion complications, as well as general questions about their sexuality and bodies" (ibid). Okira suggested that general questions around sexuality, bodies, romantic relationships and post abortion complications, for women, become particularly pressing at university. This because university is a place where students are more likely to engage in relationships that bring a range of problems including "unwanted pregnancies, abortions, rape, sexual harassment, sexually transmitted diseases and so on" (p. 107) as many students are entering new environments and relationships with little or no parental or guardian supervision. While it has been suggested from Okira's work that these problems occur more frequently during university education when many students are away from home, most of the women in this study became pregnant while living at home with (see table 3.2) at least one parent.

Table 3.2: Study levels and living arrangements at time of pregnancy

Pseudonym	Race	School/University	w/ Family	University Residence	Digs	w/ Partner
Beth	White	University				X
Susan	White	University				X
Audrey	Colored	University	X			
Calli	Black	School	X			
Jenna	Black	University	X			
Stacy	Colored	University			X	
Cindy	Black	School	X			
Angela	Black	University		X		
Lana	Black	University		X		
Ruth	Colored	School	X			
Ziggy	?	University	X			
Sara	Colored	School	X			
Sally	Black	University				X
Isis	Colored	University				X
Muffie	White	University			X	

Five of the informants became pregnant in school the other eleven were at university. Seven of the fifteen were living off-campus at home at the time. This would suggest that such problems are not limited to university students and can occur even in the most familiar environments and under parental (or adult) supervision.

The extent to which the informants were sexually well-informed, was in question. Knusden (2006) has suggested that the lack of knowledge around reproductive health in South Africa stems partially from illiteracy and partly from the challenge of providing materials in all of the country's eleven official languages. She also noted that in South Africa, the most "illiterate, with consequent less access to reproductive health information are undoubtedly black and colored" (p. 19-20). Though the majority of the informants are black and colored, they are all students and ten of the fifteen in tertiary education at the time of their pregnancies and were/are thus not illiterate. For the purposes of this study population, Knusden's suggestion is insufficient. It would seem then that access to and comprehension of reproductive health information does not always ensure complete knowledge of sex and reproduction. Oothuizen (1990) suggested that sex education should ideally be taught at both school and home and that "innovative measures such as drama, role play, songs, literature,

videos and film shows have proved to be successful with the context of state supported services (in Carolissen 1993:17). Some of the informants explained that though they had some level of sex education at school they felt more comfortable talking about sex with friends and siblings. None indicated that they had talked, in-depth, about sex, contraception and reproduction with their parents. Friends, sisters, cousins, boyfriends and television were the dominant sources of sex education for the informants and did not always provide correct information around sex, contraception and reproduction. Particularly interesting were the fallacies around contraception and other preventative measures that the informants learned from their peers. The withdrawal method, alternating sexual positions and a belief that lemon juice placed into the vagina after intercourse prevents pregnancy, are just a few – but prevalent - that I learned during my research. In addition, poor use of contraceptive alternatives, male dominance in decisions about contraceptive use and fears around unwanted side effects from certain forms of contraception resulted from inadequate sex education.

Most of the students I spoke with relied on their partners' use of condoms in their avoidance of pregnancy, as opposed to birth control. Many admitted that if their partner did not have or want to use condoms, they would participate in unprotected sex. Jenna began having sex as a teenager and was one of the few who used birth control when she could. However, she claimed travel restrictions caused inconsistency in her use of the pill. She explained: “[My pregnancy] was unplanned. I was using pills but the distance between my house and the pharmacy was too far. The pharmacy was in town. Sometimes I would not be able to get them but my boyfriend and I would still [sleep together and] he hated using condoms...”

As a result, Jenna became pregnant during her 2nd year at university at 19-years old. She and her boyfriend eloped only for him to abandon her three months into her pregnancy and having been forced out of her parents' home just weeks earlier. Forced to live with an uncle she carried the duration of her pregnancy “in disgrace” as it had become known that she was forced out of her parents' house because of her pregnancy and it was collectively assumed by her neighbors and classmates that she, a “bright” student, would not continue her studies.

Teen pregnancy and contraceptive use

Jenna is one of the five informants who were teenagers at the time of their pregnancies (see table 3.3). She, like the others, expressed feeling uncomfortable accessing birth control at the

time because of their age, and one believed that she could acquire them only with parental supervision.

Table 3.3: Age, Race and Planned/Unplanned Pregnancies

Pseudonym	Race	Age when first pregnant	Planned/Unplanned
Beth	White	Mid 20's	Unplanned
Susan	White	Early 20's	Planned
Calli	Black	15 yrs	Unplanned
Jenna	Black	19 yrs	Unplanned
Cindy	Black	15 yrs	Unplanned
Angela	Black	21 yrs (currently pregnant)	Unplanned
Lana	Black	26 yrs	Planned
Sally	Black	25 yrs (currently pregnant)	Unplanned
Audrey	Colored	24 yrs	Unplanned
Stacy	Colored	24 yrs (currently pregnant)	Planned
Ruth	Colored	19 yrs	Unplanned
Sara	Colored	17 yrs	Unplanned
Isis	Colored	24 yrs (currently pregnant)	Unplanned
Ziggy	?	Early 20's	Unplanned
Muffie	White	22 yrs (currently pregnant)	Unplanned

The Child Care Act of 1983 states that "...persons 14 years or younger require the assistance of their parent or guardian to obtain medical treatment. In effect, this means that children under the age of 15 years cannot legally have access to contraceptive measures without the consent of their parents or guardian" (in CRLP 1998:21). However, the Medicine and Related Substances Control Act states, "The public health services can provide contraceptives to teenagers as young as 14 years without parental consent" (in CRLP, 1998:13). Though these Acts contradict each other, the informants had no knowledge of them anyway. In any case, it seemed difficult for them to access contraceptives as teenagers.

Seventeen year old Cindy's daughter was born when Cindy was 15. I met Cindy in the student center at UWC. She was sitting with a group of friends when I approached them, all of whom were younger than 20 and in their first or second years of study. I greeted them and asked if I could talk with them. One of them asked where I was from. When I told her she quickly quieted the others, telling them that I was from New York. At once the five pairs of eyes that had previously ignored me were now fixed on my face, seemingly studying

everything about me. They began screaming, asking for hugs, playing with my hair and asking questions. One student insisted that I talk so she could hear my accent. A little embarrassed by this unexpected attention, I entertained them for as long as I could in the hope of being able to discuss my research. I eventually introduced my research interests and explained my disappointment at not seeing any pregnant students in the student center; a place I had been assured that “they were everywhere during the meridian”. They told me that I probably had seen some but did not notice their stomachs. Cindy suggested that I might also have seen some mothers without knowing they were mothers because “people don’t know I’m a mother”. Because she looked so young, I assumed that I had misheard and asked, “You have a child?” She answered, “Yes” and all her friends, as if rehearsed, said, “She’s so cute”. They all seemed supportive of Cindy and she was comfortable speaking in front of them. We began talking of her experience. When asked about her use of contraceptives she answered, “My boyfriend was just one year older than me. We knew I could get pregnant if we didn’t use anything but we were both uncomfortable getting contraceptives because we were young. [We thought] they [cashiers/clinic staff] would probably look at us [judgmentally]”. Because of their fear of accessing contraceptives, she became pregnant in the 9th grade and “it was very stressful” for her.

Similarly, Sara, who became sexually active in her mid-teens, avoided accessing condoms from the clinic because of her age. Da Cruz (1999), in her Honors thesis *From Policy to Practice: The Anthropology of Condom Use*, explored the knowledge, beliefs and attitudes towards condom use amongst teenagers in the Northern and Western Cape in an attempt to understand some of the cultural factors that influence sexual behavior. She noted that young people are often embarrassed when asking clinic staff for contraceptives. Her study also found that because some health workers are conflicted between their professional role and their personal beliefs, they feel uncomfortable distributing condoms or birth control to young boys and girls. As Sara, Cindy and her boyfriend have attested, when young clients perceive negative attitudes of health care officials, they shy away from accessing contraceptives (p. 32) despite knowing their importance.

It has been suggested that adolescents who engage in early and often unprotected sexual activity are more likely to be poor, black, less educated and from unstable families. It is also assumed that adolescents who fall into this category have an adult role model who may also have had a child/ren during their teens or were involved in other high-risk sexual behaviors

(Winnett, King and Altman, 1989 in Carolissen, 1993:12). Burman and Preston-Whyte (1992) suggested that the concept of teen pregnancy lost significance in South Africa during apartheid (p. *xiv*), indicating that there was a growing normalcy around the event of teen pregnancy, particularly in black and colored communities (see chapters 12 & 13). This they attributed to poverty and a decreased knowledge of sex education and contraception. So great was the concern during the time of their research that it had been recommended that current legislation allow girls under sixteen to undergo abortion (Nash 1990, in Burman and Preston-Whyte 1992:208). I acknowledge that with only three white informants, I cannot adequately support the view that teen pregnancy is most common among black and colored teens; however, the reader will note that the five respondents who became pregnant in their teens were black or colored (see table 3.3). A conversation with my co-workers, all of whom are black women living in the Khayelitsha or Langa townships, alerted me to how common teen pregnancy currently is in their communities. They have all had children out of wedlock but none as teenagers. They informed me that “before”, it was common only for a woman to have a child out of wedlock. Now, they suggested, girls as young as 12 and 13 are having babies. “If you are 16 and you don’t have a baby ... that’s too old”, said one of them. Slightly contradicting Carolissen’s point (see above) was another fact stated by my co-workers: that the lines in the medical clinics for birth control have grown to include dozens of teenage girls, also a new phenomenon. According to my co-workers, teenage girls in the townships are accessing birth control but it seems, given their claims of high teenage pregnancy, there is inconsistency in use.

Males and contraceptive use

Many men I spoke with, casually, did not experience much difficulty when accessing condoms, partly because so few bothered. Women, it seemed, were more likely to suggest and attempt the use of condoms and/or birth control. Several men on UWC campus explained their dislike of condoms claiming, “...sex with condoms is not ‘real’ sex”. Agreeing that sex with condoms is not “the same”, a male student at UCT counteracted this view condoms stating, “they [condoms] are annoying and make it [less pleasurable] but [I would] rather be annoyed than have a baby”. During an informal interview with several black male students at UWC, I asked whether any of them had children. They looked at each other and laughed confidently as one responded, “I don’t know”, indicating that he might which in

turn suggested that he also did not use condoms (at least not consistently) and that he didn't care.

Males seem to dominate the sexual experience, whether with their girlfriends or women they happen to sleep with. While the women I spoke with knew importance of contraceptive use, their actual usage usually revolved around their partner's willingness to do so. However, seven of the women preferred not to use birth control or condoms for various reasons. Some of the reasons Carolissen (1993) Masters' thesis, *The Social Context of Adolescent Pregnancy: the Case of Mamre*, offered for teenagers' failure to use contraception were evident in the respondents' explanations of how they became pregnant. Carolissen suggested that many teens do not use contraceptives because of

“...infrequent intercourse: the fact that intercourse is unplanned: [fear that] parents would find out that they use contraceptives regularly: a conscience problem with contraceptives as there was no support from parents: ignorance about contraceptive use; apathy to consider contraception: fears about contraceptive side effects and problems in seeking help without confidentiality (Bury, 1986 Dryfers, 1990, Russel, 1982, Voydanoff and Donnaley, 1990 cited in Carolissen 1993:13)

Contraceptive fallacies

Many informants and other women I talked to about contraceptive use admitted their avoidance because they anticipated ill side effects. One co-worker said she would never use birth control because she heard “they make you gain weight”. Some thought they could avoid pregnancy without the use of contraceptives. Audrey admitted using the withdrawal method and believed that it would work particularly well just after the ending of her menstrual cycle. Not only does the withdrawal method not ensure the avoidance of pregnancy but also sperm can survive in the body for up to 48 hours (Vander *et al.* 1998). Had she known this she might have taken better care to use protection, something she claims she usually did but made an exception that time because of timing intercourse in relation to the ending of her previous cycle. Her lack of education around these issues left her vulnerable and ignorant in matters of sex and reproduction.

It appears that inadequate sex education was a major factor in the informants' poor use of contraceptives and, more importantly, in not recognizing they were pregnant. However, ‘Dr.

Stevens¹⁷, a medical officer at UCT, thought differently. In her experience, inadequate sex and reproductive education have not been the cause of failure to recognize symptoms of pregnancy for most students. She explained that most times, upon the revelation of a student's pregnancy, the student knew that she had missed her period (for example) but was hopeful that it would return the following month. Despite one or two months of waiting, some students continued hoping for the return of a regular pattern until the physical changes in their body became too visible to ignore and in some cases, too late for an abortion, the preferred option of some. The fact remains, that all the informants knew how to protect themselves and the importance of using contraceptives efficiently; however, they either failed to use them properly or at all. The belief that they had avoided pregnancy, with or without contraception, for some, delayed the recognition of their pregnancies, as it was unexpected. For others, as Dr. Stevens has suggested, they may well have known they were pregnant and have chosen not to accept it. They were in denial.

3.4 Denial

For some of those who experienced unplanned pregnancies, denial was their initial response and indeed seemed their only way of coping with their initial fear and sense of helplessness. Sara and Audrey, both colored South African women, were two such women. Audrey's unplanned pregnancy occurred during her Honors year at UCT. She explained that she did not consider dropping out of school while she was pregnant because she did not really understand that she was going to have a baby. Being a mother was something that she could not contemplate as it seemed far into the future but she could also not anticipate how pregnancy would affect other areas in her life. She was committed to finishing her studies and attending all dance performances (Audrey was a contemporary dancer) on schedule. This she committed to not in spite of her pregnancy but because she did not regard her pregnancy as something that could and would change her life. She mentioned that though she was due in late December, she had a dance recital earlier that month and planned to perform in the recital. Incredible though it seems, it had not occurred to her that her very pregnant belly, among other things, might prevent her from dancing. She was determined to live her life as if she were not pregnant. Despite support from her boyfriend and family, she did not want to be pregnant and avoided acknowledging its reality.

¹⁷ Though 'Dr. Stevens' is not an informant from my sample I have given her a pseudonym.

I stayed throughout my Honors. Honestly I didn't really digest that I was pregnant and the implications of pregnancy. I don't think I knew that being pregnant meant I was going to have a child. In my mind I just focused on school. I [told myself] I'm going to finish school and continue dancing.

This, as an extreme case of avoidance, may be better understood given Audrey's religious background. Audrey was raised in a Catholic family where the value of marriage before pregnancy was always reinforced. Failing to comply with her religious beliefs caused guilt and ambivalence towards the reality of her pregnancy despite support from her parents and boyfriend.

I told my uncle before my parents because my parents were very conservative and we are Catholic. I thought my dad was going to kick me out. There was [also] the whole guilt issue of having sex before marriage and having a child out of wedlock and betraying my parents so it was a very hard time for me. I thought my relationship with God was going to be different ... I wasn't sure if he would forgive me.

Her concerns with how having a child out of wedlock would affect her religious beliefs and relationship with God was more than she could handle at the time. Denial seemed her only way out as her religious beliefs prevented her from aborting the child. Illegitimacy can be defined as "births resulting from unions deemed unlawful by either state or religious law" (Burman and Preston-Whyte 1992: *x*). Sara, also a religious woman, described the negative impact her unplanned pregnancy had not only on her life as a student but also on her life as a Muslim as she claimed Muslims did not believe in having children out of wedlock (see chapter 4). Though she was one of the few who knew she was pregnant right away, she admitted to being in denial and claimed she did not fully understand what it meant to be pregnant.

I was in denial about my pregnancy so it didn't really bother me. ... I knew I was pregnant but I never thought I would actually give birth. I thought the baby would just magically vanish. It was crazy. I didn't think about how having a baby would change my life [because] I didn't believe he would ever come even though I felt him growing inside me. It only became real to me after I told my parents.

Audrey and Sara were unable to acknowledge their pregnancies even though their subconscious minds were well aware of the fact. The majority of the informants who inadvertently became pregnant did not deny their pregnancies to this extent. However, denial seemed a dominant way of coping for most, as they had not entertained the idea of being

pregnant at that stage in their lives and had no reason to consider how being pregnant would interfere with their studies.

3.5 Conclusion

This chapter has shown the consequences of ineffectual sexual education among these sexually active women. Twelve of the fifteen women experienced unplanned pregnancies and only two knew that they were pregnant. I have argued that their failure to recognize their unplanned pregnancies resulted from inadequate sex education combined with poor contraceptive use. As noted, most of the informants were in tertiary education at the time of their pregnancies - an age where one could be expected to have sufficient knowledge around sex and reproduction particularly in light of HIV/AIDS and Life Orientation programs. That twelve of the fifteen informants' misdiagnosed pregnancy seems to warrant further exploration, unfortunately beyond the scope of this study. One possible explanation is that, despite their (self-presumed) maturity, these students retained a kind of childish belief that "it won't/couldn't happen to me" - not unlike the student respondents in Ross' and Levine's (2002) study about HIV/AIDS knowledge, where even peer counselors implicitly assumed HIV/AIDS only happened to 'others'.

Based on the experiences of these key informants it would seem that the already low number of pregnant students on both campuses would be even lower had they taken better care to prevent becoming pregnant or known of their pregnancies early enough to abort as some had opted to do. All the informants knew the importance of using contraceptives to avoid becoming pregnant but twelve did not or could not do so consistently. Two unplanned pregnancies, for one informant, demonstrate an extreme carelessness toward consistent contraceptive use. The unplanned pregnancies affected these students in their religious beliefs, their relationships and social lives, familial relationships and their studies. Denial, a recurrent theme in most of their stories, seemed necessary to counteract the reality of pregnancy at a time they least expected, desired or suspected it. In addition to the three women who planned their pregnancies and despite the others' unplanned pregnancies, all these informants continued their studies. Most fantasized verbally about their lives as students before having child/ren or becoming pregnant and regretted the timing of their pregnancies. Unlike those who planned their pregnancies, they had no reason to consider the

adjustments they would have to make. Many advised me as a student and potential mother to wait until I was finished studying before having children. During my fieldwork, conversations with the informants, in addition to casual interviews with students at both universities made evident how undesirable the combination of parenting and studying were for most female students. The informants, however, through sacrifice and dedication dealt with this difficult combination admirably.

University of Cape Town

CHAPTER FOUR

PSSST...SHE'S PREGNANT. *GOSSIP, STIGMA AND EXPECTATIONS SURROUNDING PREGNANT STUDENTS AND STUDENT MOTHERS*

Being pregnant is not a private experience. It is both an “individual and a group experience” (Leifer, 1991 in Evans 1995:35). The pregnant body, at least in its later stages, is easily identifiable, inviting attention and interpretation from everyone around it. Hardy and Wiedmer note, “Female bodies, and especially pregnant and newly maternal bodies, leak, drip, squirt, expand, contract, crave, divide, sag, dilate and expel” (2005: 283), making pregnancy a public experience. Sometimes the pregnant body arouses judgments from onlookers, especially if the female looks too young or too old to be pregnant. Her pregnancy may also be judged inappropriate because she is unemployed, single or unmarried. It may be deemed untimely due to the nature of her career or too early because she is still studying. The most obvious implication of pregnancy is evidence of past sexual activity. While it may be assumed that many students (male and female) are sexually active, it remains only an assumption, for most, until the emergence of a pregnant belly. Pregnancy, for most students, represents carelessness or lack of control in one’s sexual life. Regardless of whether a female student is in a long-term relationship, conversations during fieldwork showed that most people assume her pregnancy was unplanned and regard her as irresponsible. In this chapter I argue that pregnancy as a public experience is particularly challenging on campuses, where pregnant students are not commonplace. The level of intimacy in student residences, as closed spaces where residents interact frequently and know each other well and the campus as a whole where students are consistently visibly accessible to other students, creates an environment where deviating from dominant discourses around ‘good’ students, ‘proper’ women, pregnancy and motherhood leads to gossip and stigmatization. This creates added difficulties for pregnant students and student mothers.

4.1 Pregnancy and motherhood as public experiences

Ideally, a woman can choose where to give birth and who may be present during that time. Giving birth can be experienced privately in the comfort of one’s home or in a hospital. The

easily identifiable pregnant body, however, makes pregnancy a public phenomenon. Anyone who identifies a pregnant woman is capable of remarking, ogling and physically touching (e.g. rubbing the stomach) the pregnant woman with or without her consent. Boonzaier & Sharp (1988) speak of children being seen as “weaker, less developed, with less judgment, less able to take responsibility; therefore to be protected, controlled...” (p.169). It would seem that pregnancy demotes women to a childlike status, needing constant guidance and direction from peers, family and even strangers. Their social lives become a public concern and the campus environment becomes a source of control. In *Discipline and Punish* (1977) Foucault states that the organization of space defines power relations in everyday life and that control over social practices is achieved through the control of spaces. University campuses and residences, for the informants, were social spaces that sometimes exercised unwanted control over their lives as pregnant women students.

Benefits and challenges of experiencing pregnancy publicly

Angela, a 21 year old 3rd year student at UWC, and I conversed in the communal television room of her on-campus residence. At the time of our interview, Angela was six months pregnant. The pregnancy was unplanned and she was very scared when she found out, at which time she was already four months. Though her boyfriend, also a student at UWC, was supportive, she admitted being afraid to tell her family in the Eastern Cape because she was not working and still studying. Her mother, initially angry at the situation, became very supportive, even offering to raise the baby in the Eastern Cape while Angela finished her studies. Having support from her mother and boyfriend made Angela more comfortable with the situation and she was less scared.

Despite increased acceptance of her pregnancy, she told me how irritated she became with the way people treated her when she started showing. Apart from the gossip she experienced, she felt that she no longer had any privacy. Being pregnant seemed to give people license to touch and stare at her unhindered. She explained that even though people talk about her, the worst part is “people don’t look into my eyes any more, they look at my stomach and I find that so irritating. And they don’t even ask you [if they can touch you], they just come up to you and rub your stomach [and] I get so angry”

She did however note that there were some positive aspects of being pregnant while studying:

It's nice sometimes because my classmates spoil me. I'm the only pregnant girl in the class now¹⁸ so they feel like they have to look after me. We had a field trip this past Saturday. It was raining and my classmates told me to sit down in the bus and they will take notes for me ... and if we are in the lab and we have to stand for a long time, they will tell me to sit down: even though there are not a lot of chairs, they try to find me a seat if they can

Muffie, a 22-year old pregnant student at UCT, also noted that people spoil her now that they know she is pregnant, making food for her and giving her seats on the shuttle. "See, you're doing it too" she said of me as I picked up the umbrella she had dropped. Angela and Muffie enjoyed this "special treatment" but others felt such treatment to be somewhat patronizing and while they appreciated it sometimes, they did not enjoy it. Special treatment, for the informants, occurred on and off-campus and was frequently unwanted. In the campus environment, this "special" treatment can come across in other ways, through rules, policies or space allocations by the institution for pregnant students and mothers.

Pregnancy, motherhood and space

While physical space limits the movements and behaviors of mothers, the discursive construction of space also controls of mothers. Hardy and Wiedmer (2005) suggest that "the submission of bodies is achieved through the control of ideas, leading to control of subjectivities" (p. 18). Low (2003) tells us that the space occupied by the body and the perception and experience of that space, is related to a person's emotion, their state of mind and their sense of self (p. 10). "Motherspace" is a social construction built by ideological and cultural forces (Hardy and Wiedmer 2005). It is a way of making power relations function within and through the function of motherhood (p. 18). Material spaces such as rooms in a home, offices in a building and sections in a store, are bounded and visible. They serve as limits to both movement and behaviors. Though the renegotiation of space and its role in creating power relations is always possible, the discourses produced by institutions tell the occupants of a particular space what should or should not be done there and what practices are acceptable there. In a material sense, space is a political category in that it is one of the ways we organize, physically and temporally, home, work, school, sports and other activities in our lives, setting boundaries, limits and possibilities (ibid). When certain spaces are identified as appropriate for mothers it sends the message that "this is where you belong, this

¹⁸ Angela mentioned that there was another pregnant student in her class but she was very near giving birth and so had not been in class for the pass week or so.

is where it is appropriate for you to be, this is how you should think about yourself” (p. 15-17). Suggested through my research, schools and universities do not appear to be places where pregnant women *belong*. Where (and when) rules and/or policies and allocations pertaining to pregnant students are enforced in schools and universities, they tend to imply that pregnant students are unacceptable, are a liability or even deviant (see chapter 5). Mothers also struggle at times in these environments even though being a mother is far less visible than being pregnant. It has been argued that “...culture works to circumscribe mothers’ experiences so effectively that mothers themselves can become part of their own restrictions” (Hardy and Wiedmer 2005:4). When societal norms suggest that mothers cannot be (“good”) students, female students may drop out after the birth of their child or hide the fact that they are mothers in order to blend in with ‘normal’ students. When I asked Ruth, a 21-year-old 2nd year student mother at UCT whether she hid her status as a mother she stated: “If the subject comes up then I am happy to talk about it but a lot of acquaintances have no clue that I have a 2-yr-old”. In contrast to Ruth’s reservations about sharing that information, 20-year old Sara stated “...whenever I introduced myself, I would say, ‘hi I’m Sara and I’m a mother’. I was very open about it. I’m not embarrassed by my son at all”. While some informants claimed to declare their status as mothers freely, others, like Ruth, reserve this information for specific occasions and people. Just as some hid the facts of their maternal status, some of the informants hid or tried to hide their pregnancies.

4.2 Hiding pregnancy

Because of the loss of privacy that comes with being pregnant and the assumed negative judgments by others, many respondents in this study hid their pregnancies for as long as they could. One student successfully hid her pregnancy from her family and close friends until the week before she gave birth (see below). The most common reasons given for hiding pregnancy, apart from fear of anger from their families, was fear of gossip surrounding their situation and not wanting everyone to “be in my business”: not wanting to be the center of attention or the subject of gossip. One UWC student informed me that she knew a pregnant student in her residence who would carry her books in front of her stomach all the time but finally gave up because “we all knew she was pregnant In [UWC] residences every one knows your business...” As Angela explained, “In Xhosa [culture], we have this superstition: you can tell people that you’re pregnant but not how far you are because they may be evil and

curse the baby. I didn't go around telling people but when I started showing I didn't try to hide it". Living in residence, she suggested, there was no use trying to hide anything as there was little privacy.

The loss of privacy

Rachel Cusk, a British novelist, described the hardest part of her experience of pregnancy: "It is the population of my privacy, as if the door to my room were wide open and strangers were in there, rifling about, that I [found] hard to endure ... how the body can become a public space, like a telephone box, that can unlawfully vandalize itself ..." (34-5 in Hanson, 2004: 3). For Cusk, like many of the informants, the loss of privacy during pregnancy was significant and unwelcome. These women went from being ordinary students, comfortably moving about campus, perhaps attracting attention through their looks, sense of fashion or talents (academic or otherwise). Once they were pregnant, it was as if they were put under surveillance and everything they did was monitored and/or commented on by other students, many of whom had little or no opinion of them otherwise. They, like most pregnant women, became public property and began to be treated as such.

Hardy and Wiedmer (2005) note that "the pregnant body is subject to social surveillance and discipline that holds it to "appropriate" pregnant behavior (meeting both norms of material responsibility and norms of pregnant social etiquette) ... (p. 294)". The notion of pregnancy is designed in accordance with public social standards. Pregnant women are expected to have self-discipline during all stages of pregnancy and in the life of the child afterwards, engaging in "practices of self-discipline and bodily management in and through authorities and public spaces" (ibid p. 294-6). In the early stages of pregnancy, this self-discipline includes "a focus on bodily processes, a concentration on the intake of foodstuffs, whom to tell and in what order" (Raphael-Leff 1991 in Evans 1995: 38). For pregnant women, failing to comply with such self-disciplinary behaviors can lead to unwanted, patronizing and often annoying disciplining by others. Angela constantly worried about what she consumed, fearing chastisement, particularly from her boyfriend and father of the child. "...it's irritating. When he sees me drinking coke, he'll take it away and say 'you can't have all those calories'. I get so mad because it's not me, it's the cravings but he doesn't understand. He had no problem when I drank coke before", she explained.

Her boyfriend, in the spirit of wanting what is best for Angela and their unborn child, had taken the role of an expert: knowing what is and is not good for her, assuming that she cannot or does not know these things herself. She could no longer consume the things she wanted during her pregnancy without scrutiny from him and others. Like Angela, most informants complained about the scrutiny of their eating and other habits by other students, family members and strangers during their pregnancies. They, like Angela were often pressured to eat and sleep correctly, take elevators, and quit smoking and so on. Muffie claimed “everything changed” after she confirmed her pregnancy. She was advised to quit smoking immediately by her doctor and stated proudly that she had only smoked three cigarettes since the initial consult. Her flat mates told her to “stop wearing skinny jeans”. They also told her all the things she could and could not eat as if they had all been pregnant before¹⁹ and knew better than she did. They commented that she was sleeping too much and suggested she exercise more. She noted, however, that she had been sleeping a lot because of her pregnancy before they knew that she was pregnant and none of them had commented then. Because some informants hid their pregnancies, they were able to continue their consumption and other habitual behaviors uninterrupted by external interference. Sara for example, admitted one of the best things about hiding her pregnancy was, “I could smoke and nobody would say anything [about harming the baby] because they didn’t know”. She quickly added the reassurance that she currently does not smoke in front of her child as if to suggest that she is a ‘good’ mother. As pregnancy is something that is unconsciously monitored by most people in some form, smoking might well have attracted negative comment had her pregnancy been public knowledge.

As suggested by Evans (1995) self-discipline, for pregnant women, includes knowing whom to tell of their pregnancy and in what order. 29 year old Audrey got pregnant at 24 during her Honors year at UCT. Less concerned with appropriate food consumption or behavioral patterns, she worried about which family members to tell first. Her partner was with her during her pregnancy test and was the first to know. She then battled with which family members she should tell next. Fearing that her parents, devout Catholics, would condemn her for engaging in premarital sex and becoming pregnant, she decided to tell her uncle first. Fortunately, for Audrey, her parents were more supportive than she had anticipated, however she too spoke of their “overprotection” during that time. Ordinary habits of the informants

¹⁹ According to her, none of them has any children.

often became exotic, attracting attention from others. Avoiding such attention was often possible only through hiding their pregnancy.

4.3 Illegitimacy, gossip, stigma and shame in pregnancy

The experience of being pregnant brings with it a “multitude of biological changes in addition to which pregnant women will undergo a succession of changes and adjustments of a psychological nature” (Birksted-Breen, 1986; Robinson and Stewart, 1989 in Evans, 1995:33). These psychological changes inevitably include the pregnant woman’s perception of the way she is perceived by others, often based on gossip or assumed gossip.

Our sense of self is produced through “...a complex contradictory process of negotiation with a variety of discourses” (Mills, 1997:283 in Allan, 2008:20). Gossip, as a form of discourse, asserts values and defines community standards. It is useful in disciplining the people who gossip as well as those gossiped about. Through gossip, “a world of value and behavior is constituted... that is what discourse does” (White, 2000:64). In schools and universities, most students at one time or another have or will participate in gossip or be gossiped about. While it may be fun to engage in gossip, being the subject of gossip is not and most people try to avoid being targeted. Gossip and rumors tend to spread fast in environments like schools and universities where students recycle information endlessly in order to stay in the know.

Teen pregnancy, for example, often thought to disrupt schooling and have negative outcomes for the female (Mkhwananzi 2000), is often surrounded by gossip. 20-year old Calli was forced to change schools when she became pregnant with her first child at 15 (see chapter five). She stated that some students at her private school gossiped about her, upon realizing why she was leaving. Luttrell (2003) noted that the removal of pregnant students from one school to another caused gossip and stigmatization. In 1992, sociologist Wendy Luttrell spent several years in the Piedmont Program for Pregnant Teens (PPPT.) in the United States, in an attempt to understand the “link between education, sexuality and pregnancy; how they are bounded up in cultural constructions about proper and improper sex and personal feelings like pride, shame and guilt” (2003: xii). She worked closely with the girls to learn their stories. Many accepted that they were going to have a baby; however, they felt ostracized by having to attend PPPT instead of their regular school. Many experienced gossip and ridicule

as even those who had not yet begun to show were stigmatized simply for attending that program. The students felt they were deviants for becoming pregnant. Luttrell notes: "The underlying premise is that "normal" girls wait until they are older, financially secure and preferably married to have babies and those who get pregnant as teenagers [or otherwise outside of "normal" requirements] are not just "different" but "wrong (2003: 5)". Though the public school where Calli was later enrolled was not allocated for pregnant students, the fact that she was there because of her pregnancy caused students to talk about her. 17-year old Cindy also became pregnant at 15 and hated how other students and adults responded to her during pregnancy. She reported how difficult it had been to be pregnant in school and complained of the gossip that she had to endure: "People like to discriminate against teenage pregnancy. I hate when people talk about us like they know our situation, like they were there when it happened. They shouldn't judge us". However, gossip around pregnant students and student mothers is not limited to teenagers but affects all pregnant women and, on university campuses it serves to build an acceptance or an aversion to their presence and ultimately influences their experience.

Though the informants became pregnant at different ages (see chapter 3 table 3.3), some as adults and others as teenagers, their similar experiences of stigma, gossip and the shame they experienced with their pregnancies suggests that moral judgments around pregnancies is not only contingent upon the age of first pregnancy or the possibility that the pregnancy was unplanned for any particular female, but on dominant gendered notions of feminine sexuality which imply that women should refrain from sexual activity at least until marriage. And before having children, they should be married or in a stable relationship, have finished or taken time off from their studies and have secured a job (Luttrell 2003).

Pregnancy and perceptions of sexual activity

Through my research, I learned that pregnant students are easy targets for gossip on school and university campuses. On campuses such as UCT, where pregnant women are so few, they stand out even more. At UCT, most gossip around pregnancy seems to stem from the pregnant student's presence rather than her situation. I was told of a group of 2nd year students - none of whom had previously seen any pregnant students at UCT- who had spotted a pregnant student on upper campus. They admitted whispering and pointing at her because, for them, she was 'unusual' on campus. At UWC, where pregnant students are slightly more

commonplace, gossip around them centered on their sexual behavior, their sexual partner(s), and their assumed irresponsibility during sexual activities, as well as speculation about the father of their child. Two male students at UWC suggested that “neither mothers nor fathers are penalized for getting pregnant or impregnating someone except through rumors among the students”²⁰. In Goffman’s *Stigma*, we read that “the fully and visibly stigmatized must suffer the special indignity of knowing that they wear their situation on their sleeve, that almost anyone will be able to see into the heart of their predicament” (1963:127). Most women cannot successfully hide their pregnancy and their bodies easily become objects of stigmatization. When a person is stigmatized, they are “reduced in our minds from a whole and usual person to a tainted discounted one” (p. 3). Most of the informants felt stigmatized during their pregnancy because of the obvious implication of sexual activity and unprotected sexual activity at that.

Jenna, a 24-yr-old Honors student at UCT, described her experience of being pregnant during her second year at university as “painful. She revealed that she had become pregnant at 19, adding, “I know I’m a bad girl”. This statement suggests that she had internalized what other students, friends, family and strangers had said about her during that time, or what she had heard about pregnant teenagers or teenagers engaging in sexual activity, even before she became pregnant. When I asked about her self-condemnation, she answered,

[When I got pregnant] many people judged me. They said how [could] this bright girl throw her future away? They called me a “bad girl” for sleeping around. It hurt but I said to myself, the people who are judging me are not perfect. They sleep around too but they just didn’t get pregnant. At least I was in a stable relationship. They were sleeping with a few people at the same time.

Though Jenna knew (or suspected) that most of her peers were also sexually active (some sexually active with several partners at once), her pregnancy was a revelation of her sexual activity that the others did not have to deal with. Her sexual reputation was assumed to be careless and her former status as a “bright girl” had been demoted to that of a “bad girl”. In addition to the stressful situation Jenna faced because of her unplanned pregnancy, she also

²⁰ This answer was in response to my questions around the former Reproductive Health Rights Practice and if they had known or know of pregnant student(s) living in residence that may have had problems because of their pregnancy.

had to prepare, at least for the next 6 months²¹, to be the subject of gossip and criticism from peers. Moreover, she had been forced out of her parents' home and her future as a student became questionable. Instead, however, the gossip around her situation and expectations for her to quit studying actually motivated her to prove everybody wrong.

I continued to work hard even though I was pregnant ... I worked harder [to show people that I could still be a good student] and improved my grades. I did not want my pregnancy to be an obstacle. I got really good grades. In fact, I've never got grades as good as I got when I was pregnant...

With the initial help of her mother, who reentered her life when she was six months pregnant (see chapter 5), Jenna was able to continue studying after the birth of her daughter. Shortly after the birth of her daughter, she found a job, relieved her mother of the care she was providing and has raised her daughter independently ever since.

Despite her mother's help, according to Jenna their relationship has not been the same because of her mother's lack of trust in her since the pregnancy. Yet her mother's willingness to enable Jenna to complete her studies, suggests the enormous value placed on tertiary education, not least as a means to upward class mobility. In addition, given the ubiquity among black and colored South African grandmothers raising their grandchildren (Burman and Preston-Whyte 1992), had Jenna's mother continued to refuse childcare assistance, she might herself have been subjected to gossip and stigma.

Audrey too was the victim of gossip and stigmatization during her pregnancy in regard to both race and assumed sexual behaviors. She explained her difficulties of being pregnant during her Honors year at UCT, emphasizing the gossip she faced at being pregnant and colored:

People were always looking at me; [they] would look at my stomach [and] then at my finger, and wonder why I wasn't married. People don't like to accept an unmarried pregnant woman. It wasn't enough that I was seriously dating my partner. People felt that I should have been married. There's also this common assumption that colored girls sleep around a lot. I remember one lady said about me, in my presence, 'oh she's such a colored girl' assuming that I was this young schoolgirl who slept around one too many times. People tend to look down on colored girls who are pregnant if they are not married because it buys into the stereotypes.

²¹Rumors of her pregnancy began circulating around campus during her 3rd month when her beautifully dark complexion, then pale with sickness and 'big breasts', alerted people to her condition.

UCT alumnus, Beth, was the only informant who claimed not to be bothered by gossip surrounding her pregnancy as “I am an adult studying with other adults...” The other informants, however, like Jenna, became subjects of gossip during their pregnancies. Five informants became pregnant at school; the other ten were in tertiary education (see chapter 3 table 3.3) and friendships with other students and general knowledge of their presence on campus by others were established. With the exception of Lana who came from Malawi and was new to UCT campus during her pregnancy, all the informants were well known, making their pregnancies, for fellow students, the subject of comment. The informants were well aware of the gossip and most tried to ignore it. 17-year old Cindy recalled several arguments because of people talking about her. Sara, because she was hiding her pregnancy, suffered in silence when students who suspected her pregnancy spoke ill of her. For Ziggy, fear of gossip around her pregnancy was one of the contributing factors to her abortion. She stated, “I didn’t want to be known as the girl who got knocked up”. For the informants, gossip or anticipated gossip around their pregnancies affected their experiences and how they felt about themselves during this time and how they handled their situations. For several it was one of the hardest aspects to endure in their experience of pregnancy.

Illegitimacy²²

Though most of the informants are currently with their child/ren’s fathers [10 of the 15], only three were married at the time of their pregnancy. Children born out of wedlock can also cause stigmatization for the mothers (Burman and Preston-Whyte 1992) as they are tangible evidence of premarital sex. Besides eloping to make her unplanned pregnancy seem responsible, Jenna hoped her marriage would soften her parents’ expected anger towards her pregnancy as marriage and legitimate children were valued in her family. In chapter three I suggested that Jenna, a teenager at the time of pregnancy, was also trying, through marriage, to minimize gossip from peers and strangers so minimizing her shame. Sally, a 25-year old pregnant student, also discussed in chapter three, was not concerned about having an illegitimate child as she and her partner had been dating for more than six years and for them having a baby out of wedlock was not perceived as something to cause shame. 20-year old Sara was concerned about her son’s illegitimacy because she was a practicing Muslim and,

²² I acknowledge that the term “illegitimacy” is moralistic and tied to notions of shame and stigma around (unplanned) pregnancies. Though none of the informants used the term themselves, some expressed concern about having children “out of wedlock”. Following Burman’s and Preston-Whyte’s (1992) *Questionable Issue Illegitimacy in South Africa*, I felt the term appropriate for use in addressing their concerns in my analyses.

she explained, Muslims condemn illegitimacy (see also Moosa in Burman and Preston-Whyte 1992:174-178 for perceptions of illegitimacy among Muslims in the Cape Flats). Also concerned with her father's reputation, Sara's radical solution was to stop practicing the Muslim religion (see below).

Only four of the informants, excluding Jenna, are married: two white, one colored and one black (see chapter 5: Table 5.1). Of the six black informants, only Lana is married. The others thus have or are expecting illegitimate children. Preston-Whyte and Zondi (1992) suggested that premarital pregnancy among black South Africans was desired for enhancing their chances of marriage by showing men that they were fertile. However, during my fieldwork (seventeen years after the publication of this study) this notion of black women having children as teens, during their studies, or out of wedlock to prove fertility was offered to me only by white students. Two of my black female co-workers once asked if I had any children. When I answered "no", they seemed surprised and asked how I planned to "get a man". That, however, was the only time I encountered this idea from black women during my research and only Audrey, Sara and Jenna felt condemned for having illegitimate children. That so few of the informants concerned themselves with their children's illegitimacy speaks to Burman's and Preston-Whyte's (1992) point about the difference in family patterns and the perception and acceptance of teen and illegitimate offspring in South Africa before and after apartheid. During apartheid, they suggested, the stigma of such events lost significance and their incidence was increasingly normalized. Audrey's experience of people questioning her marital status in relation to her pregnancy suggests that for some, illegitimacy is still unacceptable. However, based on the attitudes of the young unmarried informants who were not concerned about illegitimacy, Burman and Preston-Whyte's point is made more evident. Illegitimacy for those informants was not as significant as trying to conform to ideals about pregnancy and motherhood.

4.4 Expectations of motherhood

Mothers are disciplined "...by the shaping of their expectation for themselves as well as the expectations that others have of them" (Hardy and Wiedmer, 2005:19). New mothers are "inserted in a discourse of motherhood" (Weeden, 1997:33 in Allan, 2008:20) that helps maintain the expectation that mothers hold themselves accountable. New mothers often

understand their experience through the discourse that claims that she will instantly form a maternal bond with her child and this bond "...will fill her with joy for this new life that her love will continue to nurture and sustain" (p. 20). Stereotypes attributed to mothers include "mothers as happily parenting their biological off-spring on a full-time basis and finding the experience fulfilling and rewarding..." (Evans 1995:8). Mothers, especially new mothers, who do not experience this maternal bond tend to feel "inadequate, abnormal and are frequently diagnosed with postpartum depression" (Pillow; Taylor 1987, 1996 in Allan, 2008:20). When pregnant women and mothers do not live up to the stereotypes attributed to pregnancy and motherhood, they sometimes resort to acting to give the appearance that they do. Sara seemed to be one such example.

Sara

I referred to Sara briefly in chapter three to describe her initial reaction to becoming pregnant and her use of birth control before the event, and contextualized her stressful experience. Here I refer to her in greater detail to show the extent to which her life was affected and to point out how Sara's style of relating her story highlights some of the ways in which pregnant students respond to both their peers and to commonplace discourses around pregnancy. I met Sara, a 20-yr-old student at UCT, one rainy Thursday on upper campus. She was one of the early respondents to my ad and responded that she was a student mother and was willing to talk to me. Despite the rain, we sat outside the Cissy Gool cafeteria. Sara immediately spotted a few friends and suggested we sit near them, as they could provide seats for us on the wet but crowded steps. She introduced me to her friends, at once mentioning proudly that I was interviewing her for my thesis. In between puffs of cigarettes, her friends, a man and a woman, asked several questions about my research. As open as Sara seemed, I wondered how reliable the interview would be in the presence of her friends and before I asked anything, she stated "People have asked me all types of questions. Anything that you want to ask me, just ask it. I've heard it all before and nothing offends me". Somewhat intimidated by her strong approach and wondering what she *expected* me to ask, I suddenly felt unprepared but fortunately, we got off to a good start. She seemed honest and happy to meet with me.

Sara spoke of becoming pregnant during her matric year at school and the different problems she faced, in school and at home, as a result. She knew she was pregnant right away and admitted that she was scared and in denial. Morning sickness and food cravings were

unwelcome as they were regular reminders of what was to come. Though suspicious rumors began circulating among classmates as her pregnant frame grew increasingly visible, Sara carried out her pregnancy in silence only telling her parents and closest friends (who she was convinced did not suspect her pregnancy earlier) the week before she gave birth. Sara revisited that time of her life:

I started showing at four or five months. I was already kind of big so no one really noticed. I wore a corset to my matric ball. I was six months then. I wore the corset to hide my pregnancy. I didn't tell anyone until the week before I gave birth. I hadn't even gone to the doctor before then. Sometimes, in school, people would come up to me and ask if I was pregnant. My friends would say 'no, she's not pregnant'. They would always stand up for me. I felt bad because I really was pregnant and they didn't know. I was so tomboyish and immature and nobody expected me to be having sex so they [my close friends] didn't expect me to be pregnant. I knew I was getting fat. I used to wear baggy clothes and t-shirts even in 30-degree weather...

She worked hard to hide her pregnancy, fearing the reaction of her parents and friends. She feared that they would be disappointed in her for becoming pregnant so young. None of her friends was or had ever been pregnant to her knowledge. "Everything was going wrong" she said. She lost her boyfriend when he found out she was pregnant and her dream to study at UCT after matriculation seemed out of reach. Explaining the spiral of events after the birth of her son, she stated,

My parents divorced and I lived with my dad. We were really close so he was really angry when he found out I was pregnant. My father didn't even play with my son and then one day I came home [from school] and all of my things were packed in black plastic bags and I had to go stay with my mom ... and I was suffering from postpartum depression. My mother and I weren't really close so it was a big adjustment. It was really hard and I was too young. As a 17-yr-old, you shouldn't have to deal with those sorts of problems. You shouldn't have to grow up so fast.

Sara spoke dearly of her father and showed deep regret at the disruption of their relationship. Though it hurt her to hide her pregnancy from him, she did not know how to tell him. He too was excited about her acceptance to study at UCT and offered to pay her fees as a reward. During her seventh month of pregnancy, he commented that she "looked pregnant and needed to lose weight". Aside from this comment, it seems that she successfully hid her pregnancy from him until a week before she gave birth. Given a week's notice before becoming a grandfather, her father could not forgive her. Elaine Salo (2004) conducted a study in the Manenberg Township in Cape Town, South Africa, a place where people classified as colored were relocated during apartheid in the 1960s. In this study, she explored the

meanings of personhood and agency among the inhabitants of Manenberg Township. In Manenberg, she noted, young women were initiated into adulthood through pregnancy. Most women expressed the desire for their daughters to be married before having children “in keeping with Christian and Islamic sexual mores” (p. 162, see also Burman and Preston-Whyte, 1992). For adult women, personhood and agency was realized through their daughters’ actions. Their daughters’ compliance with their wishes was a reflection of their own successful careers as respectable parents. Premarital pregnancies disrupted the mother’s reputation as having the ability to control young women’s sexuality (p. 162-167). According to this study, it could be concluded that Sara’s father, as the primary parent in her life, had “failed” to control her sexuality and ensure her respectable passage into adult personhood (ibid). As Muslims, her father was disappointed in her for engaging in premarital sex and becoming pregnant. Sara is no longer a practicing Muslim. Her father’s disappointment and her own conflicts with her pre-marital pregnancy and an unwillingness to marry the father of her child, contributed to her decision to stop practicing. She explained:

Muslims don’t believe in having children out of wedlock. Most of my female cousins and close friends, when they became pregnant, they were forced to marry their boyfriends. I wasn’t going to marry my boyfriend especially because he dumped me. He didn’t want to be with me so why would I marry him...

Oral traditions among Cape Muslims express their negative attitudes to illegitimacy. According to the Islamic Social Workers’ Association (ISWA), the regular occurrence of premarital pregnancies was a result of “rapid westernization and deteriorating economic conditions in many sections of the Cape Muslim community” (Moosa in Burman and Preston-Whyte 1992:176). If a Muslim woman becomes pregnant with marriage, she is either forced to marry the father of her child or relegated to a future of single parenthood (1992). Marriage was not an option for Sara, as neither she nor her boyfriend wanted to be together. Angry at her pregnancy, her father “kicked” her out and their relationship remains shattered.

Sara’s youth had been cut short. As a young woman, she experienced an unplanned pregnancy and had considered abortion²³ but did not have the time or money to implement that option. She was abandoned by her boyfriend, was forced to move out of her father’s house, ending their very close relationship and had to rekindle a relationship with her mother that had been virtually non-existent until then. She was still a full-time student, and had to raise her son, maintaining a socially acceptable attitude toward this child that had caused so

²³ See chapter 3 for Sara’s attempt to have an abortion.

much turmoil in her life. While it seems that Sara has and is coping remarkably well with what seemed a very difficult situation, her story seemed rehearsed.

Sara proved to be a very popular student and the interview was frequently interrupted by greetings and conversations with friends, some wanting to know why she was not in class and others who made casual conversation. She consistently told them that she was being interviewed for my thesis. Many stood around for a moment or two listening as she continued our conversation, seeming un-phased by their presence. I noted that in the few instances that we were alone she played with her hair nervously (although she did not come across as the nervous type). When we talked privately, she was quieter and sat slightly slouched, as if 'defeated'. When her friends appeared, she talked loudly and assumed a more confident position: less slouched, and stopped playing with her hair. In addition, during the moments I spotted her on campus alone (after our interview), she looked sad and I wondered how different her story would have been had we been in a less public part of campus. It obviously gave her some pride to be interviewed for my research. That, coupled with the constant observation by friends, I thought, surely must have influenced her experience and the way she told it. I concluded that her experience had become modified in the telling, perhaps to gain admiration or approval, and I formed the impression that underneath her confident exterior, she was still very much struggling with her current situation. I do not suggest that Sara does not currently enjoy mothering or the maternal bond that people around her expect her to have because of her experiences. However, I felt that Sara was telling me, as she had already told those people who had asked her "all sorts of questions" the friends who observed our conversation, what she expected us to *want* to hear.

Too often the experience of pregnancy and motherhood is measured by ideal images created by the media and other external sources even though the reality, for most women, is far different from that ideal (Hanson 2004, Hardy and Wiedmer 2005). These ideals usually assume that women are adequately supported financially and emotionally by a man or by relatives. Women like Sara, whose experience was not what popular culture suggests, may hide the reality of their experiences in an attempt to conform to the ideal. The discourse that suggests mothers will form an ever-growing maternal bond with their child seems to be dominant in the world of motherhood, at least in the west. This discourse about motherhood seems natural because of the inevitable biological relationship between a mother and child that it is assumed will always develop into an ongoing positive social relationship. Any

relationship different from this dominant discourse on mothering is deemed deviant, or at the very least, alternative. Appreciating that dominant need not mean universal sometimes helps explain “the alienation and sense of failure many new mothers experience as an outcome of the stress of pregnancy, childbirth, and the pressures and demands on mothers...” (Allan 2008:20-1). The verbal part of Sara’s testimony seemed to be in conflict with the body language she used when telling her story and I attribute that to her being caught between what she really feels and what she thinks she should be feeling.

4.5 Conclusion

This chapter has shown the degree to which the pregnant female body is subjected to external interpretations, judgments and expectations. As individuals, the women in this study have different life histories that influenced their individual responses to pregnancy, parenting and studying. The commonality among these women was experiencing their pregnancies in the campus environment. I have shown that the two university campuses in this study are public spaces—the campus space as a whole, and student residences a more intimate space—where gossip, rumors and stigma around pregnant students develop easily and are reinforced by peers. For the informants, the privacy of their sexual lives became public affairs, interpreted and policed differently by and for those married, dating or single at the time and those who children were considered illegitimate. I have shown that gossip and stigma around these different categories of women students influenced those who hid or attempted to hide their pregnancies. Discourses around pregnancy, motherhood and studying, within the campus environment, predominantly maintained by fellow students, contributed to the challenges faced by the informants, including negative internalizations about themselves as pregnant students and mothers, for some, or the need to conceal the struggling reality of their experiences for others. The reality or fear of marred reputations in addition to gossip and other negative influences within the campus environment, influenced whether they thought they could continue to study during and after their pregnancies and how they did so.

CHAPTER FIVE

ACCEPTING “EXPECTING”: *COPING WITH PREGNANCY, PARENTHOOD AND STUDYING*

In chapter three, I discussed the experiences of informants who did not plan their pregnancies as they were the majority. As students, the women had to decide if and how they would continue their studies in light of their pregnancies. For several, their studies were forcibly disrupted or put on hold by the institution they were attending. For others, the absence of institutional interference did not minimize the challenges they faced or the sacrifices made in pursuit of their ambitions to keep studying. Pregnancy and motherhood are times in many female students' lives when they willingly put their studies on hold and some never return. In this chapter, I argue that the informants' personal aspirations to achieve higher degrees and the belief good parenting is contingent on having a proper education were the primary reasons that they chose to continue their studies in spite of pregnancy, planned or unplanned. Thus their parallel identities as students and mothers merged. In this chapter I present, in greater detail, the informants as pregnant students and student mothers and the challenges they face/d carrying out the two roles simultaneously.

5.1. Pregnancy and its initial interferences with studying

For several informants, the fear that their institution might not allow them to study while pregnant was only a fear, and their ability to continue studying was not directly affected by any rules or policies of their school or university. However, two of the informants were affected as some schools and universities would prefer to remove pregnant women to a separate school rather than treat them like normal students (Luttrel 2003). Legally, pregnant students can remain in schools but often they are “ostracized and forced to drop out” (Knusden 2006: 17). Calli was one of the youngest students I interviewed. Just 20 years old, she already has two children, the first of whom was born when she was fifteen. We met on the medical school campus where she revealed that she was forced to leave the private school that she was attending when she became pregnant. When asked why she answered:

Private schools don't take pregnant students... because they don't want any liability for you or your unborn child if you get hurt. I was in the middle of the 10th grade and when I changed

to the public school I had to redo the 9th grade so I did the 9th grade and part of the 10th grade twice.

As a first year student of audiology at UCT, she later complained that she should be further along in her studies but was set back by having to redo the 9th and 10th grades. She also mentioned that she lost friends during the move because they were now ahead of her. She later retorted “I’m still here...I didn’t drop out and I’ll continue ... I want to do my Masters and eventually start my own business”.

Another student affected by university rules because of pregnancy was Beth, a UCT alumna. She received her Higher Diploma in Education in 1986 and her LLB in 1992. She has a 23-yr-old daughter, who I will call Michelle, studying law at UCT. I did not meet Beth personally but instead conducted the interview via email through Michelle who proved an excellent liaison. It was through Michelle that I learned of her mother’s experience. At seeing my ad on upper campus, Michelle thought her mother would make a good candidate for my study and told me about her via sms and email. Michelle was born during Beth’s training session with the education department at UCT at which time she already had two children. Beth was married at the time but this third pregnancy was unplanned. She lived off-campus with her husband and the two other children. She was not aware of any other pregnant students at the time and claimed to have had a comfortable experience. Her main concern at the time was how UCT would treat her as she did not know if there were any rules around pregnant students. She explained, “I have to admit that I was quite anxious about the approach of UCT admin towards pregnant students. It worried me that I would not be allowed to finish my studies”. Despite her pregnancy being unplanned, Beth continued her studies and obtained her HDE. However, she was not allowed to complete the second practice teaching session at the same time as her class. She explained:

The [education department’s] rule, which applied to pregnant full-time teachers, required them to start their maternity leave at seven months. The same applied to me as a pregnant student who would be going to schools for practice teaching. I was however, allowed to finish my practice teaching component of the course by joining the new students the following year in March.

Because of the education department’s rule she graduated later than she was supposed to. Though this setback had not upset Beth very much, that extra semester could have made a big difference to someone with fewer resources. It seems unreasonable for the rules to prevent

pregnant students from completing their studies on time if they are able to continue comfortably in the final months of pregnancy.

Calli and Beth were the only two informants directly affected by the policies and rules of their study institutions in relation to their pregnancies. Those unhindered by their institutions still faced challenges trying to pursue their studies in the face of their pregnancies or child/ren. Support from families, partners, educational staff and others is the main means by which pregnant students and student mothers continue to conquer these challenges.

5.2 Support

Thirteen of the fifteen informants' were fortunate in receiving the necessary support. Only two had reduced or no support and the likelihood is that many others with no support dropped out. The married informants acknowledged the financial and emotional support provided by husbands and families. 25-year old Sally and her boyfriend of six years planned their pregnancy. Her boyfriend, also a student, took time off from university to work and save money towards their future as parents, and encouraged her to continue her studies as she was so close to finishing when she became pregnant. Twelve of the women, two married and ten dating, did not plan their pregnancies. Though their pregnancies were a surprise and were unexpected burdens, most received support from family, friends, partners and teaching staff. Married UCT alumnus Beth recalled her lecturer's advice that her pregnancy should not discourage her from pursuing her degree. First year Masters student at UWC, Isis, also married, was relieved that her unexpected pregnancy did not strain her marriage and at eight months is grateful for her husband's emotional support during this "scary" time.

For the informants, emotional and familial childcare and financial support made balancing their roles as pregnant women/mothers and students' easier despite continued challenges. Such support also helped this transition in status. While some had little or no support, their commitment to successfully completing their studies did not change and they continue to perform both roles simultaneously.

Abandonment

Six of the fifteen informants were dating at the time of their unplanned pregnancies and remained in intimate relationships with their partners who have remained emotionally supportive. Five of the informants dating relationships ended with the revelation of their pregnancy or shortly after the birth of their child. In one case, the relationship ended while the woman was pregnant but before either of them had discovered it. Two have since engaged in new relationships that offer them emotional support and childcare assistance. The other three women are currently single (see Table 5.1). Those still with their partners or with new partners were well aware of the benefits of their continued relationships, often citing their partners' emotional support and involvement with childcare as the primary benefits. 17-year old Cindy advised me that I "should never have a baby without a man", citing him as her strongest support while studying, in addition to her parents' continued support.

Table 5. 1: Current dating statuses, living arrangements and un/planned pregnancies

Pseudonym	Is she still with the child's father?	Dating living arrangements	Pregnancies
Susan	Yes- married	Lives with spouse	planned
Lana	Yes- married	Lives with spouse	planned
Beth	Yes- married	Lives with spouse	unplanned
Isis	Yes- married	Lives with spouse	unplanned
Audrey	Yes- dating	Lives with boyfriend	unplanned
Cindy	Yes- dating	Lives in UWC residence w/o boyfriend	unplanned
Angela	Yes- dating	Lives in UWC residence w/o boyfriend	unplanned
Ziggy	Yes- dating	Lives with parents w/o boyfriend	unplanned
Stacy	Yes- dating	Lives with parents w/o boyfriend	unplanned
Sally	Yes- dating	Lives with boyfriend	planned
Ruth	No- currently single	N/A	unplanned
Muffie	No- currently single	N/A	unplanned
Jenna	No- currently single	N/A	unplanned
Calli	No- has new boyfriend	Lives off campus w/o boyfriend	unplanned
Sara	No- has new boyfriend	Lives with mother w/o boyfriend	unplanned

It was my experience that those who experienced unplanned pregnancies that resulted in break-ups found it harder to adjust to parenthood while studying. In addition, those who were abandoned by their families faced particularly difficult challenges.

Table 5.1 shows the women's dating statuses and living arrangements (if any) with their partners at the time of fieldwork, distinguishing those who are married, dating or single and those currently with their child/ren's father. Six are currently living with their husband or boyfriend and acknowledge the benefits of their partners' support while they are at university. They also enjoy the time they can spend together as a family.

Sara and Calli were abandoned by their ex-boyfriends, the fathers of their children, at the revelation of their pregnancies and the men took no responsibility for the children. Adding hurt, Calli's ex-boyfriend still maintains that the child is not his. Though Calli does not live with her children (see below), her new boyfriend has met them and is aware that they will re-enter her life on a full time basis once she finishes her studies, and he insists that he will remain supportive. Though still bitter towards her ex-boyfriend and father of her child, Sara allows her ex-boyfriend to see their son upon requests, which have not been many. Her new boyfriend, she says, is like a second mother to her son, bathing, feeding, and caring for him as if he was his own and she is very happy with their relationship.

Jenna's "husband"²⁴ stood by her for the first six months of pregnancy. He then decided to pursue his undergraduate degree in the United States and left promising to come back when he had completed his studies. Jenna's daughter is now five years old and he has yet to return. She claims this is punishment for pursuing her education during and after pregnancy against his wishes. According to him, she belonged at home with their child. Her refusal to give up studying caused a huge argument that has yet to be resolved. Ruth did not talk much about her boyfriend except to say that he is no longer a part of her life and Muffie broke up with her boyfriend four months before she confirmed her suspicions of pregnancy. All three informants who planned their pregnancies and seven of the twelve who did not are currently dating or married to their partners and fathers of their child/ren. I had originally concluded, based on Sara's and Calli's experience that couples who experienced unplanned pregnancies were more likely to separate. However, acknowledging that only two of the informants were married and had unplanned pregnancies, it seems that the experience of unplanned pregnancy is more likely to end the relationship of dating couples. The reader will note from Table 5.1

²⁴ Though Jenna's husband left 3 months into their marriage and pregnancy, he has never returned to the Sudan where she could get a proper divorce. They are still legally married and she still refers to him as her husband even though she considers herself single.

that Isis's and Beth's marriages did not end as a result of their unplanned pregnancies. Four²⁵ of the informants' dating relationships ended because of their pregnancy. The reader should also note that none of the informants whose dating relationship ended was living with their boyfriend at the time of their pregnancy. The six informants currently married or dating and living with their partners lived (and are living) with their boyfriends during their pregnancy. Because there are four informants who have never lived with their boyfriends yet continued to date them after their unplanned pregnancy, I cannot conclude that dating couples who live together are more likely to stay together.

Two informants did not have familial support. Sara and Jenna were forced out of their parents' homes because of their pregnancies and seemed to have a harder time dealing with their new roles as both had also lost their partners. Though Jenna ran away from home, eloping with her boyfriend willingly, when her parents discovered she was pregnant, through Jenna's aunt, she was told never to set foot in their family house again. When she was six months pregnant, her mother re-entered her life and offered to help with childcare while she continued her studies. After the birth of her daughter, she accepted her mother's help for the rest of the term before finding a job that gave her the opportunity to leave the Sudan and study at UCT. Leaving the Sudan meant leaving her mother and the help that she offered, thus Jenna began a life of independent parenthood in Cape Town. She had to learn to cope without the help of her mother. In contrast, four did not have to cope with balancing their student lives and motherhood as their mothers' commitment to their children left them with little day-to-day responsibility.

Maternal sacrifice: mother-child separation

Table 5.2 shows the informants' current living/childcare arrangements. Several live with family members relying on familial support and several live with their partners who support them. I have shaded the informants who do not or will not raise their children themselves. These informants do not live with their child/ren. (Angela will send her baby to the Eastern Cape after birth to be raised by her mother for the duration of her studies). The reader will note that four of the six black informants do not raise or live with their children. The children live with their grandmothers. The grandmothers have sacrificed their time to be the primary

²⁵ Muffie's dating relationship ended before she and her ex-boyfriend knew she was pregnant. While she is currently single, their break up was not a result of the pregnancy.

child minders so that their daughters can finish their studies. As a result, these women's relationships with their child/ren are limited to phone calls, letters and occasional visits. In some cases, the child does not know them to be their biological mother.

Table 5. 2: Race, living and childcare arrangements

Pseudonym	Race	Living arrangements	Childcare arrangements during studies
Beth	White	Off-campus w/husband	Child raised by her and her husband
Susan	White	Off-campus w/husband	Child in school during day, raised by her and husband
Audrey	Colored	Off-campus w/ partner	Child alternated between them and her parents
Jenna	Black	Off-campus (living alone)	Child goes to crèche during the day, she takes care of the child singlehandedly otherwise
Stacy	Colored	Off-campus w/ 3 flat mates	Parents will help raise the child
Calli	Black	Off-campus w/ 3 flat mates	Child being raised by parents in Durban
Cindy	Black	UWC residence	Child raised by her mother in the Eastern Cape
Angela*	Black	UWC residence	Mother will take child after birth and raise him in the Eastern Cape
Lana	Black	UCT residence	Child being raised by her mother in Malawi
Ruth	Colored	At home with family	Child raised by family during the day
Ziggy	?	At home with family	Child aborted
Sara	Colored	At home with family	Child goes to a crèche all day then home to family
Sally	Black	Off-campus w/ boyfriend	She and her boyfriend will raise the child
Isis	Colored	Off-campus w/ husband	She and her husband will raise the child
Muffie	White	Off-campus 3 flat mates	She will find hire a nanny to keep the child during the day

Jones (1990). in his Master's thesis, *Assaulting Childhood*, explored the effects of forced mobility of children between parents and guardians in the Western Cape, noting that children are often dispersed between households when parents cannot afford to keep them. Burman and Preston-Whyte refer to these children as "football children" (1992: xiv). In Jones's study, he complained that while extensive work had been done on the effects of mother-child separation for the mother, not enough research had been done on the children. The motivation behind my research and time constraints did not allow me to learn the effects of mother-child separation for the informants' children and I thus contribute to Jones's complaint. I did however, learn its effects on the informants and found that, though painful, the mobility of children was deemed necessary for the continued education of informants, and rationalized as being in the child/rens' best interests.

Preston-Whyte and Zondi (1992) found that education in the black community of KwaZulu-Natal was highly valued and that it was common for black mothers to take on the responsibility of caring for their daughters' child/ren so they "by whatever means send their daughters back to school after they had borne their children" (p. 231). They also noted that teenage and unwed mothers in the black community were not forced to leave home or forced into marriage because of pregnancy, suggesting that despite parents' advice against premarital pregnancy, the message that many young women received was "that premarital pregnancy leads in reality, neither to unpopular marriage, nor ostracism from the family home. It also does not threaten the support they can expect from their parents" (ibid). Calli is one such example. Calli, had her first child when she was 15-years-old. Despite her mother's disappointment, she raised the child while Calli went back to school. Calli became pregnant a second time at 17 and though she feared that her mother might not be as generous, she was again relieved of the responsibilities of her second child. Currently, her mother and aunt are raising her children in Durban while she studies at UCT. Though Calli and her mother rarely talked about sex, she remembered her mother pleading with her not to become pregnant too early. Though Calli feared her mother's response toward her second pregnancy, appreciating her mother's support throughout the first did not encourage Calli to avoid becoming pregnant again. Like the daughters in Preston-Whyte's and Zondi's study, it can be concluded that the message that Calli ultimately received from her mother, through her actions, was that pregnancy would not prevent her from continuing her studies nor would it mean being ostracized or forced out of her parents' home.

This may seem like an ideal arrangement for student mothers wanting to continue studying with minimal interference from their children but it proved stressful for the four informants as it meant sacrificing their identities as mothers and deeply affected their relationship with their children. Calli and 27-year old Lana spoke in depth about the emotional difficulties of not being with their children. Lana, an Honors student at UCT, had her daughter last year.

Though she is married and planned her pregnancy, being a mother was too much to handle while studying. Though she lives with her husband, he is also a student and struggled with balancing the two roles. After a month of trying to do both, they decided to send their daughter to Malawi to be raised by her mother but separation from their daughter was particularly hard on Lana. Distracted by the smell of her husband's cooking in the kitchen, my attention was recaptured by Lana's statement: "I did this for you" which she stated as if her daughter was in the room. Lana's warm smile, which she maintained during most of our

conversation, turned to uncertainty and sadness. For the first time during the interview, she did not look me in the eyes. Instead, she looked down or towards her husband who we could not see then but could hear in the kitchen.

She doesn't recognize me ... she thinks my mother is her mother. When I went to see her in December, she was scared of me and held on to my mother. She wouldn't let me hold her ... [and then, as if to justify sending her daughter away] [I] couldn't handle raising my child and studying ... She needed so much attention all the time and it was hard for me and my husband to study so we decided to send her to my mom. It's so hard to be without your baby. You wonder about all the things that she is doing that you are missing out on and you wonder if she will know that I am her mother and that I love her ... I didn't just leave her; I wanted to have an education so that I could give her a good life.

The sadness I saw in her face was reminiscent of Calli's emotion when she spoke of missing her children. After telling me that her children are in Durban, Calli explained how seldom she sees her children.

I feel like I'm skipping life. I'm missing out. I hate not being with them but I call them every day and they know that I am their mommy... well I make sure that they know "mommy's" calling them [and that] they know that mommy left but it's because she had to and she's coming back soon. Sometimes it's hard because when I visit them I have to point to myself and say "Calli, mother" because ... my son will call me by my first name like he would call my aunt and [I have to let him know that] I am mommy and he should call me mommy.

Sounding hopeful that the end of her studies would initiate a warm reunion with no hard feelings for her absence in the first years of their lives, Calli was visibly distressed at being separated from them. Looking forward to the June/July vacation, she spoke happily of her plans to spend the month of June with her children.

Because Calli hated being away from her children, she regretted having children at this time of her life. Similarly, though Lana planned to become pregnant at that time, she then regretted having her child during her studies after realizing she could manage, although she had expected she would with the help of her husband. Believing that being educated was the best way to give her daughter a "good" life, she felt it imperative to continue studying despite her unhappiness with the situation. Most of the informants have some kind of support that enables them to continue studying. Still, most of them, particularly those who did not plan their pregnancies, spoke of regret at having their child/ren when they did as their studies had been compromised. A common statement made by the informants was "I don't regret having my child, I regret having him/her now [while I'm still studying]. With most planning to have

children after completing their studies, they were not mentally or emotionally prepared to be parents at that time.

During fieldwork, I learned of women who dropped out of school or university when they became pregnant only through gossip. Of the few women I learned of, it seemed that they dropped out because of financial hardships, embarrassment with their situation and a perceived inability to do balance the two roles successfully. Unfortunately I did not meet any of these women and cannot know if they, like the informants, had personal ambitions to study further, if they too valued education for better parenting or if they will ever come back to study. I also considered that they might not have had support systems that would have allowed them to continue studying. The informants were able to pursue their studies because of the support of the families and partners and, for some, their mothers' willingness to take full responsibility for their children during their studies.

Personal sacrifice

Being able to pursue their studies was a 'victory' for the informants; however, some complained of the loss of their social life. Jenna talked of a change in habits and her lack of "fun" since becoming a mother. "Being a mother is very expensive" she explained. "Before I became a mom I bought expensive things [for myself]... but now I have to choose when to by myself a dress [for example] or something for her. I neglect myself to fulfill her needs". During an informal conversation at a mutual friend's graduation party she told me how grateful she was to have a break from her daughter.

I miss myself. Sometimes I want to have fun with my friends without my child bugging me. Once a month I bring her to the Saturday daycare and I treat myself to relieve some stress. I have to; otherwise I will take my stress out on my daughter. [When you're a mother] you miss being you.

Other informants also complained about not having a social life. Both 21-year old Ruth and 20-year old Sara have some familial help with childcare but they complained that they rarely go out any more. When they are not on campus, they are home with their children. They remembered how easy it was to go out in the evenings and during the weekends before becoming parents. Now, it is a "hassle" and too expensive finding babysitters (when their families are not available). Audrey mentioned that social outings for her and her partner,

now, revolve around whether her son can join them, and who can babysit if he cannot. "It's never a simple decision, unless I know my parents can watch him", she said. Sometimes "my partner will stay home with him so I can go out or vice versa". Parenthood in and of itself can be so time consuming as not to afford parents the ability to have a social life, or the type of social life they once had. Balancing parenting and studying for some of the informants is increasingly challenging without the diversions of a social life and is particularly challenging for the younger informants who now watch their friends continue to socialize while they are home with children

Education and good parenting

Having a social life was one sacrifice made by the informants in order to dedicate enough time to studying in addition to their maternal responsibilities. Being away from the children, for some, was another. In spite of the sadness that Lana and Calli expressed at being away from their children, they, like other informants believed that being well educated was necessary for being a good parent. Being well educated, for the informants, meant better job prospects for higher earning that would allow them to provide adequately for their children. When I asked the informants whether they had ever considered dropping out because of their pregnancy or because parenthood and studying were too challenging at times, these were two of the responses: "No ... I realized that I had to study further [if I wanted] to provide my child with a quality of life..." (Ruth interview 13/05/09) and "[I know] I can only give them the best future through a qualified job that I can only get with a good education" (Calli Interview 08/05/09). In addition to valuing education as a tool for good parenting, Susan, a Masters student at UCT, delighted in the benefits of her daughter witnessing her life as a student. She stated:

My daughter sees me studying all the time and she's learning how to be disciplined even at her young age. [In addition] she often hears me talking about seminars with my husband and she knows I'm a feminist and she said to me this morning 'Mommy when I grow up I'm going to be a feminist too'.

These students willingly sacrifice time with their children believing that their education will benefit their children. Most of the informants see their child/ren every day when they come home from university. However, they are often tired or have homework to do that prevents them spending the kind of quality time they would like with their child/ren. There is thus a

constant negotiation of time and some informants' studies have been affected by their responsibilities toward their children. Others feel that quality time with their children is often neglected because of their studies. Some have attempted to balance the two, committing specific hours to studying and family time but as parenting and studying can be unpredictable, their schedules often need changing. Still, the informants are coping. One of my co-workers, a single mother, had a child at 20-years old and could not afford to pursue her studies given her new responsibilities. Her daughter is now seven years old. She informed me that in three years she will sit her daughter down and tell her the story of her life and how she was not able to finish school and the overall struggles she faced as a single mother, in the hope that her daughter will not have a similar life. With the exception of Calli, who mentioned that she hopes her daughter will be "smarter" than she was, none of the informants spoke about if or how they will try to prevent their children from having to cope the way they have.

5.3 Coping with parenting and studying

Once pregnant, none of the informants' lives as students could ever be the same. An abortion allowed UCT student Ziggy to continue to be the student she desired to be although it has affected her emotionally (see chapter 3). Although attending lectures and studying off-campus had been 21-year old Ruth's only priorities, she claimed that her life as a student has not changed significantly since the birth of her daughter two years ago. She lives with her family (parents and two sisters) and her mother is the primary child minder while she is at university. She claimed that she could still devote the same amount of time to assignments that she did before becoming a mother. In a follow up interview, her response was different. Her daughter had been sick just a few days before. At the time of our meeting, she explained that she was currently stressed planning her daughters 2nd birthday party and she had previously been stressed while her daughter was sick and caused her to miss a few lectures. She then talked of her breastfeeding schedule, which she had mentioned in our last meeting but seemed annoyed when speaking about it this time. "Wait" she said. "It may seem easy [to be a mother while studying] but it's not. It's really hard". In light of her daughter's recent illness and the stress of planning a birthday party, her changed response seemed legitimate although I wondered if this was how she had, in fact, always felt.

Most informants talked regretfully of the changes in their study lives to incorporate their pregnancy and/or new maternal responsibilities, particularly of the changes made in their study habits. Not being able to devote the same amount of time to studying or drastically changing their study habits was frustrating. Of the fifteen informants, only Jenna currently raises her daughter without familial or any other support. She does have a full-time job in the Sudan that pays her fees and gives her a monthly stipend with the expectation that she will continue to work for the company upon completion of her studies. Her daughter attends a crèche in Mowbray during the day while she's at university. "It is a struggle", she said. "It's not easy. I can't use the library in the evening. I can't go back to campus once I come home. I'm on campus from 9 to 5. I pick her up at 5:30. I use the day to work on campus. Once I'm home, I'm no longer a student, I'm a mother." Sara explained her major challenge with coping: "It's hard to do my assignments because when I get home I have to spend time with him, then feed him and bathe him ... then I'm tired and I don't feel like reading or typing assignments". She said her assignments have suffered since becoming a mother but maintained that she is improving and is always trying to learn better ways of managing her time. Several other informants talked of their struggle with managing assignments and maintaining their grades. 5-months pregnant, Muffie complained that being tired during her pregnancy has affected her motivation to complete assignments on time. In addition, at a meeting with 2nd year Masters student Susan, she complained that she was up all night typing an essay after having spent the evening helping her daughter with homework. She was tired but knew her essay was poor and was on her way to re-write it. Fortunately the assignment was not due for a few days.

Calli too had to learn to cope with motherhood and studying for a while although her mother although her mother primarily cared for her children while Calli finished her matriculation in Durban. She described learning how to cope as a positive experience that helped her learn to multi-task:

I had to learn to adjust. I learned how to multi-task. Sometimes I would be writing my homework and my daughter would be on my lap or my son would say 'I want to write too'. I would give him a piece of paper and he would scribble and ask me what he wrote and I would make something up because he wanted to feel smart ... I could do my homework and still play with my kids

Her being able to cope was undoubtedly eased by her mother's assistance. While her children are currently in Durban with her mother and aunt, Calli still has to work and be responsible with bursary funds and send money to help care for her children.

...when I get money, I send it to my mom to buy diapers and clothes. When we got our lump sum from financial aid [for studying], the first thing I did was send money home to my kids. After I had my son [her second child], I sold chocolates every day and made R120 a month and used that to buy diapers. I take care of my children

While she does not have to balance raising her children and studying, she still had to help support her children financially. Two other informants send parts of their bursaries home for their children. Financial aid, for them, is not only imperative for tuition fees and books but for the maintenance of their children. Maternal responsibilities require more than physically raising a child. The informants who do not live with their children still negotiate specific areas in their lives, such as spending and allocating monies responsibly, in ways they may not have done before. Being careful and responsible financially, learning how to multi-task and being flexible with study and family time are responsibilities that the informants had/have to learn in order to balance the two roles successfully.

Undergraduate and postgraduate students

Table 5.3 distinguishes the undergraduates from the postgraduates though the research did not suggest any major difference in the challenges they face.

Table 5. 3: Undergraduates/Postgraduates and Universities

UNDERGRADUATE STUDENTS		POSTGRADUATE STUDENTS	
Calli	1 st year - UCT	Jenna	Honors - UCT
Cindy	1 st year - UWC	Lana	Honors - UCT
Ruth	2 nd year - UCT	Muffie	Masters (1 st year) UCT
Ziggy	2 nd year - UCT	Isis	Masters (1 st year) UWC
Stacy	3 rd year - UCT	Susan	Masters (2 nd year) UCT
Sara	3 rd year - UCT	Audrey	Masters (2 nd year) UCT
Angela	3 rd year - UWC	Sally	Masters (2 nd year) UCT
		Beth	UCT alumna (Masters – 2 nd year at time of pregnancy)

The majority of the informants have some kind of support and are coping with similar challenges. I did notice that the postgraduate students, despite working on theses, unlike the undergraduates, seemed to have more time during their days and could go home more often throughout the day to spend time with their children for breastfeeding and the like. Undergraduate students spoke of lectures, tutorials and practicals that took up most of their day.

5.4 Conclusion

In this chapter, I have shown that the informants in this study are pregnant women or mothers who have made the choice to remain students despite their unplanned pregnancies or in spite of their planned pregnancies and motherhood. The desire to pursue their education further for some, and the belief that their qualifications would result in better life for their children, for others, were the motivating factors for these women to continue studying. The continued support and sacrifice of others was crucial to their ability to balance both roles successfully. Through personal and some financial sacrifice, these women continued their studies in spite of their maternal responsibilities (and expected maternal responsibilities). Their dreams and future goals may have been modified because of their pregnancies as most had desired to begin their working careers immediately after studying but are now faced with full-time raising of their children (especially those who desperately want to make up for time lost with their children during their studies). Several will have to choose less desirable careers initially, to secure funds for their family. The women whose pregnancies were unplanned were particularly affected in their lives as students as they had, as 21-year old Angela stated, "already planned their futures" that did not include becoming pregnant at that point in their lives and had no reason to consider changes or sacrifices they would have to make as students if they became mothers. Still, these students are highly motivated, some even more so now they are mothers, and have not let their pregnancies and children get in their way. They continue to push forward to be the best students and mothers that they can be.

CHAPTER SIX

CONCLUSION

This dissertation has shown the variability, for the fifteen key participants in this research, in the responses to being pregnant and/or parenting while studying, as well as the intentional and consequential sacrifices made to balance the two roles. The students with support from partners and family members were more successful than others and one informant, who could not face parenthood while studying, chose abortion. In light of the experiences of these fifteen participants, this dissertation has also exposed the situations and circumstances in which female students find themselves when needing to commit to balancing pregnancy/parenthood with studying. Recurring themes identified through working with the young women are: their knowledge and lack of knowledge around sex and pregnancy, the effects of gossip and stigmatization on the experience of pregnancy, the myths around sex and reproduction, the taken-for-granted-ness of teen and illegitimate pregnancies and the role of material and human support in the ability to cope with the multitude of responsibilities and obligations when attempting to balance the two roles.

Some female students who embrace motherhood during their studies consciously enter into the commitments of parenthood in addition to their educational goals. Most students who do so would have liked to avoid doing both simultaneously. Finding oneself in the position to commit to both roles can be scary for female students and this research has shown that most female students who became pregnant did not do so deliberately. Common among them was their inefficient contraceptive use and lack of knowledge around sex and reproduction. Knusden, 2006, suggested that for teens and young women in South Africa, the misdiagnosis of pregnancy was due only to a lack of efficient knowledge of sex and reproduction. However, this study has shown that even the availability of adequate sex-education may not always result in sexual practices that prevent unwanted pregnancies. Sexually active females and especially ambitious female students will avoid inadvertently becoming pregnant with adequate sex-education including instruction for precautionary measures, in addition to a willingness to talk openly about sex both inside and outside of the home to minimize the fallacies held around sex, reproduction and contraceptive use. In addition to knowledge of contraception, women who are able to implement appropriate contraceptive use in their relationships, despite their partner's wishes to the contrary, will stand a greater chance of

avoiding this predicament. As the perception of the pregnant female, often includes, that of an individual needing guidance, outside supervision and often considered incapable of performing more than their maternal responsibilities in addition to other tasks (Hanson 2004; Hardy and Wiedmer 2005), some women who become pregnant during their studies will be advised to abandon their studies, sometimes indefinitely. Female students, however, who find themselves pregnant, and determined to continue their studies, are required to make a drastic re-evaluation of their lives as students and mothers.

Both parenting and studying require full-time attention; thus a major challenge of balancing the two successfully is good time management. For women who deliberately or inadvertently find themselves in the midst of these roles, the negotiation of time becomes essential to completing day-to-day responsibilities. I have shown that the strategic negotiation of time in the attempt to balance both roles successfully, for most women, is highly dependent on outside support. The women in this study come from different backgrounds that affected or influenced their experiences accordingly. Some came from religious or strict families that disapproved of their 'untimely' pregnancies and did not adequately support them in their roles as mothers or in their attempts to balance the two roles. Thus common to all the informants' abilities or perceived in/abilities to balance both roles successfully was the support or lack of support offered by family members, partners and even strangers. The perceived inability to balance both roles by one informant ended in an abortion when, for her, the negotiation of time in her already busy academic schedule seemed impossible and her family, as her only means of outside support, seemed insufficient. It is clear that being able to balance both roles, for female students, depends heavily on childcare assistance, financial and emotional support and in some cases, educational support from supervisors and staff members. In addition to the outside support that women need when studying during motherhood, there also needs to be a willingness to sacrifice their time, their social life, their freedom and sometimes the relationships with their child/ren. Many young mothers used to living their lives the way they want, unhindered, are not willing to sacrifice these aspects of their lives but soon learn that time, financial liberties and social outings are necessary sacrifices in the event of motherhood. These sacrifices, in addition to maintaining the discipline necessary to continue studying successfully, differ markedly for female students with reduced or no support as the demands of maintaining self-discipline is even higher.

Good time management becomes more necessary in the event of parenting while studying but this study has also shown that the experience of pregnancy during one's studies, with its necessary medical visits, feeling unwell or uncomfortable, and with raised levels of anxiety, requires the same discipline. In addition to time management, there also needs to be a disciplining of the self for the female as the constant gaze that she is under holds her to such discipline (Hanson 2004; Hardy and Wiedmer 2005). Pregnancy is an event experienced publicly as the pregnant body is usually easily identifiable and makes the event public (ibid). The publicity of pregnancy will often lead to stigmatization of the female usually resulting in a disqualification of the female from social acceptance among her peers (Goffman 1963). Experiencing pregnancy in the home, for example, at least limits witnesses of the event to family members who are likely to support the woman in some form and aim to make her experience pleasant. Experiencing pregnancy in the campus environment, however, has completely different implications for the student who, according to most other students and teaching staff, should not be pregnant at that time. This study has shown that though most students judge their fellow pregnant students, they will also, in addition to her family and partner, attempt to control her situation through sometimes well intentioned but often patronizing advice. The intimacy of relationships in student residences in particular, and in campus environments where all students are visibly accessible more generally, contributes daily to added intrusions upon the woman's privacy. Campus life for students assumes preparation for the next step in life and not a combination of life stages.

Sometimes the interests of the mother-to-be conflict with those of her unborn child. Her ordinary patterns and habits of sleeping, eating and exercise become exoticized and are measured according to the interests of her unborn child. In addition, habits considered particularly dangerous for her unborn child such as smoking or drinking are highly monitored and policed by others during this time (Hanson 2004; Hardy and Wiedmer 2005). Despite the capability of most mothers to make appropriate changes in their lifestyle to accommodate their unborn child, people often assume differently. As if even second and third time parents do not know what is best for their baby, those around her – friends and relatives, or strangers - often scrutinize the actions of the pregnant woman, speaking against any aspect of her life that they feel potentially harmful to her unborn child. In social settings like university campuses, that already hold beliefs around the expected interests of "good" students, this scrutiny is often patronizing, annoying and even disturbing. Female students who become pregnant find that their schools or universities, as social spaces, affect their experiences, more

times than not for the worse. In the campus environment pregnancy gives rise to judgments where fellow students with similar educational and career goals show their disapproval through gossip often making the pregnant students' experience more challenging (Luttrel 2003).

Comparison between pregnant students and mothers on UCT and UWC campuses showed that both campuses act as social spaces that control and contribute toward the informants' experiences of pregnancy and motherhood. Both institutions are equipped with on and off-campus student residences that facilitate a greater degree of intimacy than the campus as a whole, creating added opportunity for students to engage in gossip around one's pregnancy. A greater visibility of pregnant students and willingness to speak about sex and pregnancy in addition to the taken-for-granted-ness of sex, pregnancy and the concept of illegitimacy on the UWC campus (in contrast to UCT) made the social environments between the two distinguishable. However, common among all the informants was the uncomfortable experience of gossip and judgment around their situation. Gossip, as a form of discourse, serves as a "reliable historical source because it traces the boundaries created by talking about someone (White, 2000:64). Discourses around proper motherhood and good students created added discomfort for informants whose pregnancies, in addition to their habits and experiences during pregnancy, resulted in gossip when fellow students, families and strangers explicitly or implicitly considered their actions and experiences deviant. Popular or academically talented students are particularly vulnerable to such gossip. Pregnant students and single mother students also find themselves subject to stigma from those who value marriage and "legitimate" children for personal or religious reasons. Colored and black female students in this post apartheid South Africa are also particularly vulnerable and subjected to gossip around their assumed careless sexuality, as perceived promiscuity, teen pregnancy and a high rate of illegitimate children among black and colored women had become generalized for these two categories during and after the apartheid (Burman and Preston-Whyte 1992). Such gossip and stigmatization is avoided only through hiding one's pregnancy or maternal status giving rise to further anxiety and pressure. In particularly distressing cases, where denial of their pregnancy was not just an initial response but became a means of coping with the situation, women try to 'hide' their pregnancies, even from themselves, trying to live their lives as though they were not pregnant and ignoring signs to the contrary.

This study has shown that many female students who inadvertently find themselves facing hard choices drop out or abort, before committing to the struggle that balancing these roles entails. Students who find themselves pregnant with little to no support, often drop out during or shortly after becoming pregnant. Particularly ambitious female students sometimes abort in the hope of pursuing their careers as students unhindered. And many female students who have familial support, carry the pregnancies to term only to send the child to their parents or give them up for adoption to relieve maternal responsibilities while studying. These alternatives may be the only options for some women to successfully complete their studies particularly when their pregnancies were unplanned and a balancing of the two roles had never been contemplated. As many female students prefer to enter motherhood only after the completion of their studies, those who deliberately enter into both roles or continue to study despite experiencing unplanned pregnancies are likely to have strong motivating factors behind their pursuit. The informants in this study were motivated by personal goals of achieving higher education and a belief that proper education meant better parenting because they believed education would better enable them to provide for the child's needs.

In this dissertation, I have shown the particular challenges of pregnancy and/or parenting while studying for these informants and the conditions under which doing both, for them, was possible. For female students not wanting to become pregnant, I have argued for proper sex education towards efficient and consistent contraceptive use and a conscious decision to make necessary behavioral changes in one's sexual life. I have also argued that popular discourses around pregnancy, motherhood and studying project ideals that are often contrary to the reality experienced by many female students. The pressure to conform to these ideals causes added stress for the female. I have acknowledged the benefit of continued dating or marriage in addition to educational, financial and emotional support offered by others for increasing the students' ability to balance both roles. The informants in this study were pregnant students and mothers who chose to balance the two roles in spite of the challenges they have and continue to face. They show that, though challenging, balancing the two roles, through ambition and adequate support systems, is possible.

BIBLIOGRAPHY & REFERENCES

Books, journals and newspaper articles

- ALLAN, Elizabeth J. 2008. *Policy Discourses, Gender, and Education: Constructing Women's Status* Routledge New York London
- ANDERSON, Gregory M. 2002. *Building a People's University in South Africa: Race, Compensatory Education, and the Limits of Democratic Reform* Peter Lang Publishers
- BENNET, Jane and Vesu Reddy. 2007. "Feeling the Disconnect": Teaching sexualities in South African higher education in *Feminist Africa* Issue 9: December Rethinking Universities II African Gender Institute University of Cape Town, South Africa
- BOONZAIER, Emile and John Sharp (eds) 1988. *South African Key Words: The Uses and Abuses of Political Concepts* David Phillips Cape Town & Johannesburg
- BROOKS, Anna and Alison Mackinnon (eds) 2001. *Gender and the Restructured University* SHRE & Open University Press
- BURMAN, Sandra and Eleanor Preston-Whyte (eds) 1992. *Questionable Issue Illegitimacy in South Africa*. Oxford University Press Cape Town
- COCK, Jacklyn. 1980. *Maids & Madams: A Study in the Politics of Exploitation* Ravan Press Johannesburg
- DI AW, Aminata. 2007. 'Sewing machines and computers? Seeing gender in intellectual cultures at the Cheikh Anta Diop University of Dakar, Senegal' in *Feminist Africa* Issue 9: December Rethinking Universities II African Gender Institute, University of Cape Town, South Africa
- DI LEONARDO, Micaela 1991 'Introduction: Gender, Culture, and Political Economy Feminist Anthropology in Historical Perspective' in *Gender at the Crossroads of Knowledge: Feminist Anthropology in the Post Modern Era* pp. 1-41 University of California Press
- FOUCAULT, Michel. 1978. *The History of Sexuality Volume 1: An Introduction* Random House Inc
- FOUCAULT, Michel. 1977 *Discipline and Punish the birth of prison* Vintage Books
- GOFFMAN, Erving. 1963. *Stigma: Notes on the Management of Spoiled Identity* Prentice Hall
- HANSON, Clare. 2004. *A Cultural History of Pregnancy: Pregnancy, Medicine and Culture 1750-2000* Palgrave Macmillan
- HARD, Charlotte e and Makhosazana Xaba. 2002. *Abortion Law reform in South Africa Report of Study Tour, May 2001*, Johannesburg, South Africa
- HARDY, Sarah and Caroline Wiedmer (eds) 2005. *Motherhood and Space: Configurations of the Maternal through Politics, Home and the Body* Palgrave Macmillan
- JONES, Sean. 1990. 'Passages to Lwandle: Mobility and the Children's Domestic relationship over time' in *Assaulting Childhood: an Ethnographic Study of Children Resident in a Western Cape Migrant Hostel Complex* Master's Thesis (Dept of Social Anthropology) University of Cape Town
- KEATING Candes. 31 August 2007 'Pregnant students told to leave UWC Hostels' p. 11 in *Cape Argus SA Media*
- KEATING, Candes. 12 September 2007 'UWC students threaten action over ban on pregnant students' p. 9 in *Cape Argus SA Media*

- KNUSDEN, Lara M. 2006. *Reproductive Rights in a Global Context* Vanderbilt University Press
- LEVINE, Susan and Fiona C. Ross. 2002 Perceptions of and attitudes to HIV/AIDS among young adults at the University of Cape Town Rondebosch South Africa, Center for Social Science Research, University of Cape Town
- LOW, Seta M. 2003. "Embodied Space(s): Anthropological Theories of Body, Space, and Culture". *Space & Culture* 6(1)9-18
- LUTTREL, Wendy. 2003. *Pregnant Bodies, Fertile Minds: Gender, Race and the Schooling of Pregnant Teens* Routledge New York London
- MACCLANCY, Jeremy. 2002. "Introduction: Taking People Seriously" pp 1-14 in *Exotic No More: Anthropology on the Front Lines* Chicago, University of Chicago Press
- MOORE, Henrietta L. 1994. 'The Divisions Within: Sex, Gender and Sexual Difference' in *A Passion for Difference* Cambridge University Press
- OKIRA, Edith. 2007. 'The Sexual and Reproductive Health and Counseling Initiative in *Feminist Africa* Issue 8: September Rethinking Universities I African Gender Institute. University of Cape Town, South Africa
- PELLOW, Deborah. 1996. *Setting Boundaries: The Anthropology of Spatial and Social Organization* Bergin & Garvey Westport, Connecticut London
- PHILLIPS, Howard. 1993. *The University of Cape Town 1918-1948 The Formative Years* UCT in association with the UCT Press
- POLLIT, Christopher, Negro, Josephine, Lew Lewis and Jim Pattern (eds). 1979. *Public Policy in Theory and Practice* Hodder and Stoughton
- REES, Helen. 1993. *Abortion and the Law in South Africa Today The international setting of the abortion debate (Presented at the Conference on Women and the Justice System: Pietermaritzburg 4-7 February 1993)*
- ROSSOUW, Marchelle. 1996. *The Effect of Anthropological Research on the Researchers: A self-reflexive account of fieldwork conducted for Rape Crisis (Cape Town) Master's Thesis (Dept of Practical Anthropology) University of Cape Town*
- SALO, Elaine. 2003. 'Negotiating gender and personhood in the New South Africa'. Pre-published version, later published as *European Journal of Cultural Studies*, Vol. 6: No. 3, 345-365
- SALO, Elaine and Pumla Dineo Gqola (eds) 2006 *Feminist Africa* Issue 6: September *Subaltern Sexualities* African Gender Institute. University of Cape Town, South Africa
- TORR, James D. 2006. *Abortion Opposing Viewpoints* Thomas Gale Green Haven Press
- VANDER, Arthur J., Sherman, James H. and Dorothy S. Luciano (eds) 1998. Chapter 19: 'Reproduction' in *Human physiology: the mechanisms of body function* 7th edition. Boston Massachusetts: WBC McGraw Hill
- WHITE, Louise. 2000. 'Historicizing Rumor and Gossip' p. 56-86 in *Speaking with Vampires: Rumor and History in colonial Africa* Berkeley: University of California Press
- WOLCOTT, Harry F. 1995. *The Art of Fieldwork* Walnut Creek: AltaMira Press
- WRIGHT, Susan (ed). 1994. *Anthropology of Organizations* London Routledge

University drafts, Documents and Handbooks

- JUTA'S Statutes of South Africa 2006/7 Volume 1 (up to date as at 31 Dec 2008) 'Choice on Termination of Pregnancy Act' 92 of 1996 © Juta and Co Ltd.
- REPRODUCTIVE Health Rights Petition 08 October 2007 Gender Equity Unit. University

of the Western Cape
RESIDENCE Students Reproductive Health Policy Draft- Residence and Catering Service,
September 2007. University of the Western Cape
WOMEN'S Reproductive Rights in South Africa: A Shadow Report The Center for
Reproductive Law & Policy (CRLP) Women's Health Project.
South Africa June 1998 (prepared for the Nineteenth Session of the Committee on the
elimination of All Forms of Discrimination Against Women)
STUDENT Housing Student Accommodation General Application Information. Handbook 1
2009- University of Cape Town
UNIVERSITY of Cape Town General Rules and Policies 2009 Book 3

Unpublished theses

CAROLISSEN, Ronelle Louise. 1993 The Social Context of Adolescent Pregnancy: The
Case of Mamre Unpublished Master's Thesis (Dept of Psychology) University of
Cape Town
CHENNELS, Rebecca Joan. 2004 Domestic Workers: perceptions and experiences of skills
training Unpublished. Honors Thesis (Dept of Social Anthropology) University of
Cape Town
DA CRUZ, Claudia Cristina B. R. 1999. From Policy to Practice: The Anthropology of
Condom Use Unpublished. Master's Thesis (Dept of Practical Anthropology)
University of Cape Town
EVANS, Janet. 1995. The Assessment of Early Parenting Orientation Unpublished. Honors
Thesis (Faculty of Social Science) University of Cape Town
KANNEMEYER, Catherine. 2008. School Dropout in the Western Cape Unpublished.
Master's Thesis (School of Economics) University of Cape Town
MKHWANAZI, Nolwazi Nozipho. 2000. Teenage Pregnancy in Khayelitsha, South Africa:
An Anthropological Study Unpublished. M. Phil Dissertation Trinity Hall University
of Cambridge
SALO, Elaine. 2004. Chapter 4: 'Making Mothers. Producing Persons: The Gendered
Ideology of Respectability and Space in the Local Community in Respectable
mothers, tough men and good daughters Producing Persons in Manenberg Township
South Africa pp. 151-210 Unpublished. Doctor of Philosophy Dissertation (Faculty of
the Graduate School of Emory University) Department of Anthropology

APPENDICES

Appendix 1: My advertisement

Where are all the mothers?

Are you a mother or a mom-to-be currently enrolled at UCT? Do you know of a student who recently took leave to have a baby? If you do then I want to talk to you. I am a Social Anthropology Master's student interested in the challenges of motherhood and studying. I'd love to talk about your experience of being pregnant or parenting while studying and what challenges you may have faced or are currently facing but...

I can't talk to you if I can't find you

Please email me at: crystaljpowell@yahoo.com or sms me @ 078-611-2183

Full confidentiality guaranteed!!!!

Appendix 2: Guiding Topics for Interviews with Key Informants

General Questions asked

- Is this your first/only child?
- Was your pregnancy planned?
- When did you become pregnant?
- When did you learn that you were pregnant?
- How did you learn that you were pregnant?
- How did your family respond to your pregnancy? Were there differences between father/mother; siblings; other relatives?
- How did your friends and classmates respond to your pregnancy? Did you experience any gossip or discomfort during your pregnancy? Expand/elaborate
- How did students/teachers respond to you when you became pregnant?
- How has your study/social life changed since becoming a mother?
- How do you relate to other pregnant students and student mothers on campus?
- Are you still with your child's father? Expand/elaborate
- Did you consider having an abortion? If so why? Expand/elaborate
- Did you hide your pregnancy? If so, why? How? Were you successful?
- Did you know of any other students who were pregnant at or around the same time as you? Expand/elaborate
- Do you plan to have more children? If so when?
- Do you regret having your child during your studies? *Expand/elaborate*

Appendix 3: Guiding Topics for Interviews with Casual Informants

General questions asked

- Do you live on or off campus?
- If living on campus, do you stay in a mixed-gendered residence?
- Do students take advantage of the condom dispensers on campus?
- Is there much gossip about who sleeps with whom in residence or on campus in general? Can you share any stories that you may have heard with me?
- To your knowledge is there a high occurrence of sexual activity? How do you know? What makes you think so? Do you know anyone who has had an abortion?
- Are you a mother? Have you ever been pregnant?
- If you became pregnant now would you keep the baby? Why or why not?
- Would you know where to have an abortion done if you chose to have one?
- Do you know of any student mothers/pregnant students? Expand/elaborate
- What was/is your reaction when you see a pregnant student on campus? Why do you react in that way?

University of Cape Town