

**EXPLORING HEALTH SUPPORT SERVICES FOR PREGNANT
AND MOTHERING STUDENTS IN HIGHER LEARNING
INSTITUTIONS IN DODOMA CITY**

BY

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DECLARATION

AND

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CERTIFICATION

The undersigned hereunder certifies that he has read the entire work and hereby recommend for acceptance by the University of Dodoma a dissertation entitled *“Exploring Support Services for Pregnant and Mothering Students in Higher Learning Institutions in Dodoma City”* in fulfillment of the requirement for the Master of Arts Degree in Education

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DEDICATION

This dissertation is dedicated to my beloved wife, Mrs. Florencea J. Kitiku, my children, and my father, Meshack Kiburwi, for their unforgettable love, support, and contributions to my dissertation.

ABSTRACT

The study aimed at exploring support services for Pregnant and Mothering Students in Higher Learning Institutions in Dodoma City. The main objective of the study was to explore support services for Pregnant and Mothering Students in Higher Learning Institutions in Dodoma City by using the specific objectives namely; firstly was to investigate the health services provided to pregnant and mothering students in Higher learning institutions; to investigate challenges facing pregnant and mothering students in Higher learning institutions and thirdly to determine the special considerations provided to pregnant and mothering students in Higher learning institutions.

Survey questionnaires, observation, interview and focus group discussion methods were used for data collection by using supported by personal overt ethnography. The data analysis used by using an Excel and Statistical and Package for Social Sciences (SPSS 20 version) was used to analyze the data. The number of sample size used during the data collection was 85 respondents during the data collection in the study area.

The findings revealed that there were challenges of pregnant and mothering students in higher learning institutions some namely: poor health education and economic factors, poor policies, poor by laws, poor clinical services, lack of proper guiding and counseling and poor health care systems, few medical facilities, no hospital referral services, and lack of antenatal care and bad enough there is no health personnel at the time of admission for introducing awareness of reproductive health education.

The study concludes that there was a poor supporting service for pregnant and mothering students at higher learning institutions. Further, the study recommends that the changes of mind set by educating the pregnant and mothering students, female and male students, institutions, government leaders and all education stakeholders to understand the importance and improve the supporting services at higher learning institutions.

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LIST OF ABBREVIATIONS AND ACRONYMS

IRDP	Institute of Rural Development Planning
MPS	Mothering and Pregnant Students
SJUT	St. John's University of Tanzania
SPSS	Statistical Package for Social Sciences
UDOM	The University of Dodoma
UNDP	United Nations of Development Programme
URT	United Republic of Tanzania

CHAPTER ONE

BACKGROUND OF THE STUDY

1.1 General Introduction

The pregnant and mothering students in Higher learning institutions encounter a lot of academic problems and it hasn't yet globally drawn much attention to scholars on how to improve or solve these problems facing these learners (Stella & Adofo, 2013). There is a common lack of knowledge concerning the challenges which are faced by these students when pursuing their studies while caring for their pregnancies and/or rearing their children. This study, therefore, focuses on examining the academic experiences facing pregnant and mothering students in Higher learning institutions when carrying out their studies. Higher learning institutions enroll female students whether pregnant or child caring mothers for various programs contrary to primary and secondary schools. These female students who are enrolled in these institutions require enough space in terms of accommodation and other important facilities to be able to raise their kids in healthier conditions. Nevertheless, studies indicate that the space available in those institutions is not for residential areas as confirmed by the following quotation from The Law of the Council of Higher Education, (2000):

...Housing provided only for full-time faculty members and those administrative staff who are required for the provision of uninterrupted service. Other individuals or juristic persons; buildings and facilities shall only be used for educational, social, cultural, or sporting activities. Additionally, buildings and facilities cannot be constructed or provided in return for any form of recompense whatsoever; dormitory facilities cannot be provided for students of other institutions...(LCHE, 2000).

From that point of view, it is clear that for those students who become pregnant and mothers should not expect any special treatment from Universities. This situation seems to be the practice of many Universities and higher education institutions including those in Tanzania. This means that, although there is indisputable evidence from Universities that, though female students are free to become pregnant and mothers, there is no special consideration for a suitable environment to pursue their studies. For example, at the University of Dodoma, the female pregnant and mothering students are prohibited to live in hostels as stipulated in the University of Dodoma students` by-Laws:

...No Students shall be allowed to live with any unauthorized person or persons in their rooms, including their children or relatives. This section may give an indication that there is no other accommodation reserved for pregnant and mothering students in the University of Dodoma... (UDOM Students By-Laws, 2007)

In addition to that, at the St. Augustine University of Tanzania (SAUT) where female students are also enrolled in a good number, there is no reserved accommodation for pregnant and mothering students. The SAUT students by- Laws, general conduct, disciplinary offence, procedures, penalties, and appeals clearly states:

...Students shall not be allowed to live with any unauthorized person or persons in their rooms including their children, relatives or spouses. It continues to state that, any student is free to marry. Married students, like any other students, shall be required to abide by these By-Laws. No separate family accommodation shall be provided or guaranteed by the University to married couples or breastfeeding mothers and their infants... (SAUT Students By-Laws, 2009)

The students' by-Laws of these two Universities from Tanzania (UDOM and SAUT) as examples do not state clearly where pregnant and mothering students are supposed to be accommodated in order to pursue their studies smoothly.

Studies explain that balancing parenthood with an academic career is particularly challenging for women (Armenti, 2004; Drago & Colbeck, 2003; Mason, et al., 2005). The academy may be losing some of the best and brightest women because they want to combine career and family and think it is easier but when they join higher learning institutions they find an unbalanced environment for their studies. Moreover, a survey conducted in 2000 by Colorado University in the USA indicates that 59% of married women with children responded that they were considering leaving academia (Mason & Gould, 2002).

Sikes (1996) argues that those female students who are capable of forming families and those with families already who are enrolled to pursue various programs in those institutions; get a lot of problems and challenges when they demand to fulfill their dreams in lives. Their needs and requirements are rather more different from those requirements which higher learning institutions are designed to offer (Home & Hinds, 2000). Pregnant and mothering women of all ages whether students or not students need emotional, financial, social, and medical support during pregnancy. Nevertheless, women globally including Tanzania, continue to be confronted with numerous challenges in their quest to further their studies successfully. One such challenge for women students who are mothers is the extra burden of parenting, which implies juggling time between studies and parenting. This may impact negatively on both parenting and academic performance (Sawhill, 2006). Besides, the switch to parenthood is a key event in the lifetime of any human being. This

transition has severe implications for education, work, citizenship, and marriage, requiring special skills and resources.

Advancement in education has ensured that there is parity in terms of enrolment for both females and males at tertiary institutions. However, numerous studies have documented gender inequality in academic, and the high cost to individuals trying to combine families with academic careers (Armenti, 2004; Bailyn, 2003). Women students continue to face challenges to advancing in education. Many of the Higher learning institutions are highly gendered and the universities are historically male-dominated sites that do not necessarily cater for the particular needs of women (or children), one area of challenge may relate to having to balance parenting roles with the demands of being a student (Ngum & Funiba, 2011). While there is a growing body of work on the experiences of school-going pregnant and parenting learners, there is little work in the context of the experiences of women who are both parents and students at Higher learning institutions. Since the national education systems of many countries clearly support and encourage life-long learning, an investigation into the conditions and experiences of learning for parenting students is important.

Many of the systems and structures in higher learning institutions which affect women students are not yet well established. These systems and structures may become barriers for these pregnant and mothering learners to participate effectively in learning and may even hinder them to complete their programs. The researcher has a role to search by investigating, analyzing, and suggesting solutions to address the problem to help female students of higher learning institutions in Tanzania.

Actually the researcher enfold a feeling that such pregnant and mothering students need a special attention for their academic success; the kind of assistance they need would, however, depend on challenges they encounter in carrying on for their studies parallel with caring their babies. This study is intended to capture and bring to the fore actual experiences of pregnant and mothering learners in Tanzanian universities, keeping in mind that those students in the higher learning institutions come from all parts of the country and they need accommodations in the universities, colleges or nearby areas. The study is conducted with the intention of influencing relevant education authorities to offer necessary assistance as would have been identified as important and necessary for academic excellence.

1.2 Statement of the Problem

The background indicates clearly that, Higher Learning institutions' policies and legal framework allow pregnant and mothering female students to pursue their studies. It further explains that, there is no special treatment for pregnant and mothering students in terms of accommodation services.

Due to lack of special treatment, some of the impacts of the pregnant and mothering students are; death, drop out from school, poor caring of their children, increasing the budget for mother caring, unsafe abortion, malnutrition, female genital mutilation, infertility, some fail to accomplish their studies and perform poorly (WHO, 1998). From the best knowledge of the researcher of this study, there are some efforts in place to reduce the problem of pregnant and mothering students at higher learning institutions. Some of those efforts include; training (UMATI, 2013-2015), workshops, clinics, reproductive health services, family planning services,

community contraception clinics, integrated genitourinary medicine clinics, and sexual reproductive health services and young people's services (Angel et al., 2015).

In addition to that, some studies including that of Berkowel (1999), Maluli (2014), Mwaifuge (2015) and Lema (2017); have been conducted regarding pregnancies and mothering students in general not only in higher education institutions but also at lower levels of schooling.

The reviewed studies have so far established that little is done on support services for pregnant and mothering students and that research is necessary to find out how can institutions establish mechanisms to support those female students. Therefore this study intends to explore the support services for the pregnant and mothering students in Higher learning institutions in Dodoma City in order to fill the existing knowledge gap.

1.3 Purpose of Study

The study intended to investigate the health support services of pregnant and mothering students in Higher learning institutions in Tanzania.

1.3.1 Specific Objectives

1. To investigate health services provided to pregnant and mothering students in Higher learning institutions.
2. To investigate the challenges facing pregnant and mothering students in Higher learning institutions.
3. To identify the special considerations provided to pregnant and mothering students in Higher learning institutions.

1.4 Research Questions

This study was guided by the following research questions:

1. What are the health services that are provided for pregnant and mothering students in Higher learning institutions?
2. What are the challenges which face pregnant and mothering students in terms of economic and social aspects in Higher learning institutions?
3. What special considerations should be provided by the institutions to support pregnant and mothering students in Higher learning institutions to improve their academic performance?

1.5 Significance of the Study

The findings of this study have great significant implications to female students who want to become pregnant and mothers while studying in various Higher learning institutions. Specifically, this study intended to reveal issues to take in mind when a female student of Higher learning institution is considering herself that she wants to be a mother while pursuing a certain academic programmes to expand and improve her knowledge. These findings also open up a conversation with a vision of intervening for the appropriate support services and provisions and find solutions for female students who juggle with motherhood while pursuing a certain academic programmes. Furthermore, the study challenges all education stakeholders and wants them to re-examine the existing support services in the system for female pregnant and mothering students on economic, psycho-social and academic issues.

Lastly, the findings will enable Higher education authorities at all levels to realize the necessity to put in place as intervention measures to address the negative

educational experiences for pregnant and mothering students, to all Higher learning institutions. After all, the study may raise the interest among other academicians and development practitioners to develop further studies regarding the same topic so that more information may be revealed and improve knowledge and understanding among education stakeholders.

CHAPTER TWO

LITERATURE REVIEW

2.1 Literature Review

This chapter presents a review of literature relevant to the study. It is a survey that critically identifies studies which are related to the study of the interest. The review of the related literature for the current study is framed as follows: it starts with a description of the theoretical framework followed by a critical review of the literature relevant to the study. Afterward, the reviewed literature is synthesized for identifying the research gap. Lastly, the conceptual framework underpinning the study is developed to guide the inquiry process of the present investigation.

2.2 Theoretical Framework of the Study

A theory is a set of interrelated concepts, assumptions, and generalizations that systematically describes and explains a phenomenon (Hoy & Miskel, 2012). The study used the Power Load-Margin Theory which facilitated and guided the whole process of data collection, analysis and interpretation of the findings.

2.3 The Theory of Power Load-Margin

The Power of Load-Margin Theory developed by Howard Y. McClusky's (1986) explains the load an adult student carries when is pregnant and/or mothering while at the same time pursuing her studies. The theory examines adult learning (load) as a difficult learning faced with a lot of challenges.

According to Howard Y. McClusky (1974) in his theory of Power-Load-Margin, the key factors of adult life are the load the adult carries in living and the power that is available to him or her to carry the load. The margin is conceived as a formula

expressing a ratio or relationship between the load (of living) and the power (to carry the load). This relationship suggests that the greater the power in relation to the load, the more the margin available.

Power addresses the individual's mental and physical abilities which includes both internal and external resources. The external load includes family support as well as social and economic abilities and internal power which may include acquired or accumulated skills and experiences contributing to successful performance such as personality, resiliency, and coping skills. A central element is the ratio between the load and the power in relation to learning. Remarkably, this study intended to investigate the load that pregnant and mothering students bear while at universities in relation to both the internal and external power available to them. This helps them to understand the support services and the effects that these students face when pursuing their studies.

Merriam et al (2000), suggest that the theory has appealed because it relates to learners who face/search for leeway in managing their learning. The theory doesn't directly address how learners learn, as much as it seems a tool for measuring whether the circumstances exist for optimal learning. However, the researcher assumes that this theory is still useful (as it was suggested) as a counseling tool, or even (if well developed, perhaps using an interactive interface) as a self-evaluation/calculation tool for adults/learners to gauge the level of dedication/application to the learning process they could engage in.

According to Marlow (1993), the multiple roles which women take make them more vulnerable to role strain. In addition issues such as the extent and type of family

responsibility, age and the number of children which can affect women in studies (Gerstel & Gallagher, 1993; Mikolaj & Boggs, 1991) need the empirical study to understand how they affect learning. Nonetheless, the theory has potentials in helping us to understand when the pregnant and student-mother is loaded with family responsibilities such as caring for a baby and there is a need of extra power from the management in order to enable the student-mother to study comfortably and facilitate the development of coping skills among female learners (Merriam & Caffarella, 1999).

2.4 Review of Global Studies

The academic performance with the demanding responsibilities of pregnant and mothering students has forced women, students, to explore various coping strategic plans, some of which may result in negative health consequences. Though student mothers have been reported to have psychological benefits in the form of greater satisfaction from the study and prospective careers, these reported benefits are offsets against the double burden imposed by work and home responsibilities (UNICEF, 2000).

According to UNICEF (2002), most women are hampered in career development because of the so-called `maternal wall` which affects mothers in various aspects of their academic works, with pregnancy, maternity leave and the constant demand of child-rearing inevitably causing them to be away from their studies and other professional pursuits.

Student mothers may find their dual role very challenging and may be guilty of not being good enough mothers or students. In adult education, a growing body of

literature explains how the needs of adult learners are different from their younger counterparts and as a result are often better served by different learning environments, structure, and support (Beeler, 1993; Veina, 1998). According to Beeler (1993), contends that degree education must re-examine itself through the experiences, knowledge, and opinions that result in successful completion of students, and in particular, older learners, women, and ethnic minorities. Understanding the excessive burden of women in higher education is critical to adult educators and Higher learning institution administrators when working to provide appropriate support for counseling and guidance that increase learning performance. The right to education is reflected in international law in Article 26 of the Universal Declaration of Human Rights and Articles 13 and 14 of the International Covenant on Economic, Social and Cultural Rights. Article 26 states:

“Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit. Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance, and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace”.

In New Zealand, the study conducted revealed that consideration of women within University sectors was once seen as detrimental to male students, and for this reason, women were forbidden to attend Universities (Gilligan, 2011). This was also believed that women who attended universities would not develop emotionally and

would rather be ``unfeminine`` (Belenky, 2012). But over the past 30 years, women have fought for equality in education and have experienced many changes (Belenky, 2012).

In the U.S. Department of Education (ED) there is an Office for Civil Rights (OCR) which is responsible for enforcing laws prohibiting discrimination in federally assisted educational programs and activities for all students. This includes prohibiting discrimination against pregnant and parenting students. For so doing, young parents can graduate from high school ready for further success, instead of dropping out of school as a result of practices that make it difficult for them to succeed. This law as explained and being instituted in the U.S. is contrary to some other countries` laws and policies which they prohibit students from lower levels of education to get pregnancies and continue with their studies.

In Europe, Article 2 of the first Protocol of 20 March 1952 to the European Convention on Human Rights states that ``*the right to education is recognized as a human right and is understood to establish an entitlement to education*``. According to the International Covenant on Economic, Social and Cultural Rights, the right to education includes the right to free, compulsory primary education for all, an obligation to develop secondary education accessible to all in particular by the progressive introduction of free secondary education, as well as an obligation to develop equitable access to higher education in particular by the progressive introduction of free higher education.

In the UK, the research conducted by the National Union of Students (NUS) into the experience of students with children in further and higher education found that 59 percent of respondents who had been pregnant while studying did not feel supported by their college or university (NUS, 2009). Pregnant and mothering students have faced issues including being

forced to withdraw from their course, taking longer out of their course after giving birth than they would like, and being prevented from sitting examinations. Given the predicted demographic change – an increased number of older students in higher education, the number of students becoming pregnant during their studies is likely to increase (NUS, 2008).

There is a Legal protection for students during pregnancy and maternity. The Equality Act 2010 significantly strengthens legal protection for students (including applicants to higher education) during pregnancy and maternity in England, Scotland and Wales. Under the Act, discrimination can occur against a student because of her pregnancy or because she has given birth if: the student is treated unfavorably because of her pregnancy and within 26 weeks of the day of giving birth the student is treated unfavorably because she has given birth; this also applies in cases of miscarriage, stillbirth and neonatal death provided more than 24 weeks of the pregnancy has elapsed, the student is treated unfavorably because she is breastfeeding and the child is less than 26 weeks old; if the child is more than 26 weeks old, unfavorable treatment because of breastfeeding is likely to constitute sex discrimination. The protection afforded due to pregnancy and maternity is narrower than other protected characteristics under the Equality Act 2010.

Consequently, there is no protection afforded for discrimination that occurs by being associated with student who is pregnant and / or in maternity: implications for higher education institutions are policy and practice for anyone who is pregnant or in a period of maternity, or being perceived to be pregnant or in a period of maternity. However, if a woman's partner is treated unfavorably because of her pregnancy or because she has given birth, this may constitute sex discrimination. Under the Act, it is unlawful for HEIs to discriminate against applicants and students in relation to

admissions; the provision of education; access to any benefit, facility or service; and disciplinary proceedings.

In the meantime, the gender equality duty continues to apply to HEIs in England, Scotland, and Wales. In Northern Ireland, protection for students in higher education from discrimination on the grounds of pregnancy and maternity is limited.

HEIs in Northern Ireland have obligations under section 75 of the Northern Ireland Act 1998 to promote sex equality. While pregnancy and maternity are not listed explicitly in the legislation, they are seen as being covered by the sex equality provisions.

In Africa for example in Kenya there is an increase in demand for higher education with the resulting surge in a number of students seeking higher education opportunities has resulted in an increase in the number of universities, affiliated campuses and educational centers in various locations in Kenya (Chemnjor. 2013). Students who are parents are increasingly enrolling for university and higher education these may be students who become parents prior to or after joining universities. Student parenting can be found across the diversified student landscape from undergraduate, graduate or post-graduate students, as well as school-based students who are students who hold a regular job and come for classes during school holidays.

In Tanzania between 2005/6 and 2012/13 enrolment in universities and university colleges grew significantly from 40,009 to 204,175, an increase of more than 200 percent. While the proportion of females in universities and university colleges has consistently increased at a faster pace than that of male students, less than 40 percent

of those attending universities and university colleges are women (UNESCO, 2015). Despite this increase of women students in universities and university colleges, there has been no clear policy in the country that is established to recognize the presence of pregnant and mothering students with their related support services in universities and university colleges to help them improve academic performance.

It has not yet put clear worldwide in how pregnant and mothering students are taken care of but there should be a great consideration and on how support services should be provided to these students to enhance effective learning. Women students make up the majority of students within adult education programs, but in actual fact, the field of study still remains under males` leadership, (Burstow, 1994). Higher learning institutions often times expect family responsibilities to be taken care of without interrupting studies and with very little need for institutional adaptation, (Home and Hinds, 2000).

2.5 Conceptual Framework on support services for pregnant and mothering students in Higher learning institutions

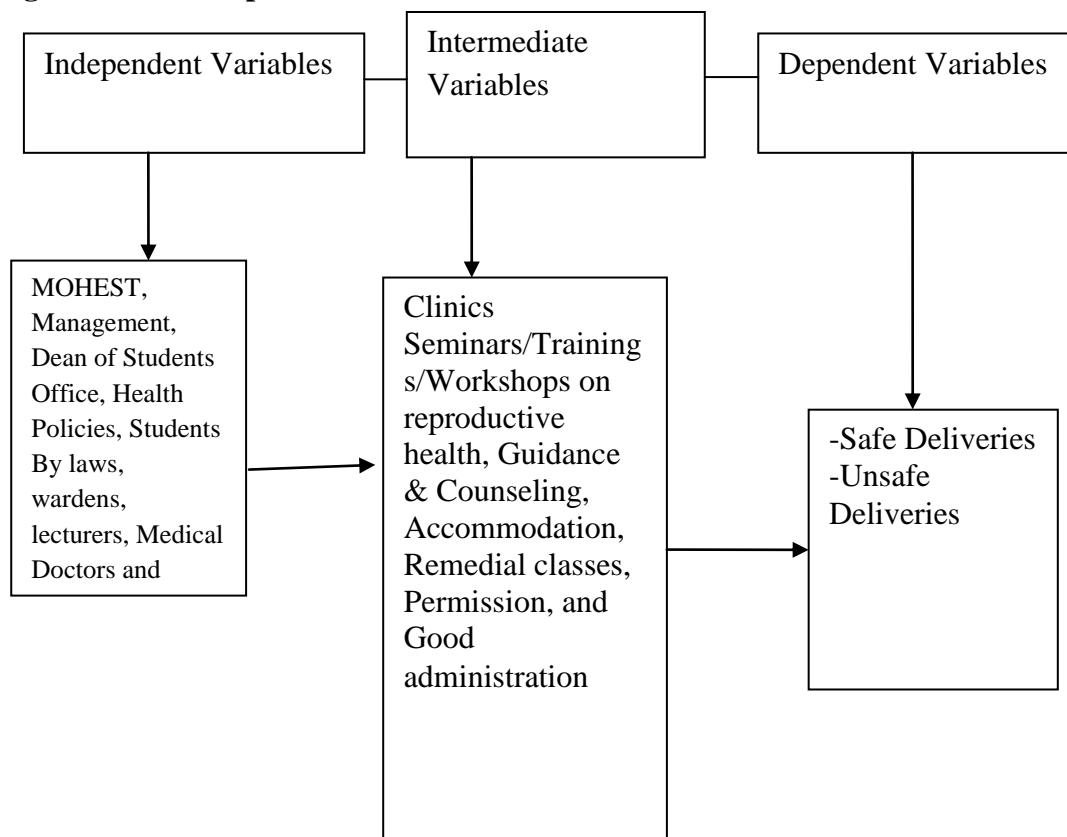
Conceptual framework is the set of two or more interrelated variables which represent a systematic view which helps to explain and predict the phenomenon. It helps to give the coherence on research process (2001).

The interaction between these variables is presented in Figure 1. This conceptual framework (Figure 1) describes the relationship between independent variables and dependent variables through intervening variables. Intervening variables can play a great role to influence the independent variables positively to produce positive feedback on the dependent variables or vice versa. This conceptual framework of

this study is adapted from Merriam & Caffarella (1999). The modification of this figure is to meet the demand for the study.

In Figure 1, the independent variables which are pregnant and mothering students have great link with intervened variable which is such as clinic services, various seminars, training and workshops on reproductive health, accommodation facilities, remedial classes, permissions when deemed necessary , and good administration to cause effects to dependent variables such as safe deliveries, safe child parenting, and good academic achievement. If the management will put into consideration the needs and demands of pregnant and mothering students and put into practice these intermediate variables, this group of students will have enough time to concentrate in studies and will have good academic performance. Good plans and support services offered may in great percentage improve the lives of pregnant and mothering students in the institution in particular. The plans and programmes conducted by management/administration to these students should aim at most saving their lives and improving performance to remove discrimination among students and make them have equal rights to acquire a good education and improve knowledge and understanding in their life.

Figure 2. 1: Conceptual Framework



Source: Adopted from Merriam and Caffarella (1999).

2.6 Synthesis of Literature and Knowledge Gap

According to Berkowel (1999), adolescent pregnancy is a multifaceted problem involving social, political, cultural, educational and economic factors. Other factors include poverty, unemployment and the lack of information about sexual matters, exposure, too much leisure, illiteracy and low level of education among girls (John, 1995). According to Maluli (2014) exploring experiences of pregnant and mothering secondary school students, has been noticed that there are struggling of pregnant and mothering students studying under difficult situation as the vignette shows: “During the National Examination Invigilation, one girl was identified to be eight months pregnant, while the other two had given birth two weeks before the national

examinations. All girls were allowed to sit for the exams in October 2009.” (Field notes of August 21, 2010). The interpretation of these findings is that some girls are able to cope with schooling and mothering even though there is no policy to support them. However, only those with family support and are psychologically prepared to continue with studies. According to the Ministry of Education statistics, 28,600 girls left schools between 2004 and 2008 due to pregnancy. In other words, four out of ten girls became pregnant before the age of 20 during this time (Maluli, 2011).

According to Mwaifuge (2015), there is one (1) pregnant or mothering student out of fourteen (14) female students at the University of Dodoma. He further reveals that there is no clear policy by either the government of Tanzania or The University of Dodoma itself that identifies the admission of this group and its consideration.

The University of Dodoma Students` by-laws, for example, explain the modalities used to accommodate the students. It states that:

“where campus accommodation is not available to all students, priority shall be given to disabled students and such other categories as the council may determine from time to time”.

These directives indicate that there is no consideration for accommodation to pregnant and mothering students at the University of Dodoma. The intention of this study, therefore, is to explore the support services for pregnant and mothering students in Higher learning institutions in Tanzania.

These studies bring to attention a few important things about pregnant and mothering students.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Study Location

The study was done in three higher learning institutions situated in Dodoma city namely UDOM, SJUT, and IRDP. Much as the study can be conducted in almost all Higher Learning Institutions in Tanzania, the three named institutions can suffice to study about experiences of support services to pregnant and mothering students. The literature section indicates that almost all institutions experience the same in relation to pregnant and support service.

3.2 Research Approach

The experiences of academic challenges which are facing these students were determined by using the mixed method in which questionnaires and semi-structured interviews were administered to pregnant and mothering students, lecturers and administrative staff. The mixed methods were supplemented by non-participant observation and other written documents for analysis to make the study useful.

This study employed a mixed research approach. The mixed research approach combines qualitative and quantitative research methods in different ways with each approach adding something to the understanding of the phenomena. The qualitative research approach is concerned with the subjective assessment of attitudes, morals, values, and behavior on exploring support services for pregnant and mothering students in Higher learning institutions.

Quantitative research approach involves the generation of information in terms of data in a quantitative form which can be subjected to strenuous quantitative analysis

in a formal and exact mode. Quantitative research approach relies on a deductive reasoning or deduction and makes use of varieties of quantitative analysis techniques, which may range from providing a clear description of the variables involved in the analysis. The mixed research approach avoids the dichotomization of social reality in terms of quality and quantity for complementary and triangulation purposes.

Ary *et al.*, (2010) contend that mixed methods offer a better understanding of the research problem than a single method. According to Berg (2001), both methods are applied independently and the conclusions are afterward put together. Bamberger (2000) puts that both complementary and triangulations are for accuracy purposes and as an alternative explanation for confirming the validity of research findings. Both provide a complete picture than if when each was analyzed separately.

3.3 Research Design

Research design is a plan that explains how, when and where data are to be collected and analyzed (Parahoo, 1997). It is of the opinion that, research design is a master plan specifying the methods and procedures for collecting and analyzing the important needed information. This study used a concurrent triangulation design. The concurrent triangulation design is the one carried out once and represents a snapshot of one point at a time (Creswell, 2007). In a more elaborate manner, the purpose of the concurrent triangulation research design is to obtain different but complementary data on the same topic. Denzin (1978) asserts that triangulation is the combination of methodologies in the study of the same phenomenon. It allows

the researcher to corroborate and support the results relative to the same phenomenon with different methods and to improve internal and external validity.

In this study, the researcher collected both qualitative and quantitative data at the same time through triangulation strategy, i.e. application and the combination of several research methods. The methods used to collect data were questionnaires, interviews, focus group discussion, and observation.

3.4 Study Population

The targeted population involved members of staff and students of the three selected institutions namely UDOM, IRDP, and SJUT. These institutions were estimated to have a population of 12,874 people (Higher learning Institution Perspective, 2016). The population used was meant to provide as much information as they knew the support services provided to pregnant and mothering students by Higher learning institutions. The population included the lecturers, administrative members of staff, dean of students' office including wardens, medical doctors, and nurses from the selected institutions.

The lectures were used to provide information as they use much time to teach and counsel the students. The Dean of students' office is responsible in psychological affairs and solely for guidance and counseling students and deal with all students' affairs. The administrative members of staff are responsible to provide students with regulations enforce and institute the students' by- laws. The medical doctors and nurses all together are responsible for the physical and psychological healing for keeping the students' three domains (cognitive, psychomotor and affective) upright to pursue their programs.

3.5 Sampling Procedure/Techniques

Ary *et al.*, (2010) define sampling procedure as the process or technique of selecting a suitable sample which represents the population from which it is taken for the purpose of determining parameters or characteristics of the whole population. The study employed the simple random sampling, stratified sampling and purposive sampling from the study areas by including the lecturers, medical doctors, nurses, administrators, and wardens.

De Vaus, (2001) defines simple random sampling as a sample in which each member of the sampling frame has an equal chance of being selected as a study participant. The purposive sampling is the process of selecting the specific target group for getting unique information (Creswell, 2013). The stratified sampling selects the respondents with various positions, status, and levels (Kothari, 2004).

3.6 Sample Size

A sample size is the representation of a certain population to provide reliable information of the population (Kothari, 2004). A 95% confidence level and $p = 0.1$ guided the study. The formula for calculating the sample size by using the Precision level Error which is: $e = 0.1$ and where N is total population and n is the number of sample size.

$$\begin{aligned} \text{The formula } n &= \frac{N}{1 + N(e^2)} \\ &= \frac{12874}{1 + 12874(0.1)^2} = 99.7 \approx 100 \end{aligned}$$

Therefore, $n=100$ number sample size from the respondents. However, the sample size used was 85 respondents from UDOM, IRDP, and SJUT as it can be seen

below:

Table 3. 1: Sampling Distribution of Respondents from Sample Size

Respondents		UDOM	SJUT	IRDP	Total	%
Pregnant and mothering students	Expected	15	15	15	45	100
	Actual	13	11	9	33	73.3
Lecturers	Expected	5	5	5	15	100
	Actual	5	4	3	12	80
Medical Doctors	Expected	5	5	5	15	100
	Actual	6	2	1	14	93.3
Nurses	Expected	5	5	5	15	100
	Actual	8	3	1	14	93.3
Administrative officers	Expected	5	2	2	9	100
	Actual	5	2	1	9	100
Dean of Students Department	Expected	5	5	5	15	100
	Actual	6	2	3	13	86.7
	Expected	40	30	30	100	100
	Actual	43	24	18	85	85

3.7 Unit of Analysis

In this study, the unit of analysis was individual members composed of pregnant and mothering students who are affected by support services between them and who are faced by difficulties, effects and impacts on academic performance, economy, social, culture, reproductive health problems and environmental factors which will be taken as the study area.

3.8 Data Collection Methods and Instruments

Since this study employed a mixed methods approach, using qualitative and quantitative data collection methods and instruments is inevitable. Thus questionnaires, unstructured interviews, focus group discussions, documentary review and observations were used.

3.8.1 Questionnaires

Questionnaires were administered to both workers and students from three selected institutions from Dodoma City. The open and closed questions were used in order to guide and get the real information from the respondents by using 100 questionnaires of written papers to be filled by 100 respondents.

3.8.2 Interviews

This study employed non-structured i.e. open-ended interview schedules (See appendices). It was administered to both workers and students. Studies show that an interview permits a researcher to get into someone's feelings, intentions and thoughts about how people view the world and life in general. The interview checklist as a tool was used to collect information from key informants. The study had 12 interviewees, 6 from UDOM, 3 from IRDP and 3 from SJUT for the whole study by considering genders. In this study, a key informant is considered to be an individual who is accessible, willing to talk and has a greater knowledge based on the objectives of the study. Key informants were from UDOM, IRDP, and SJUT.

3.8.3 Focus Group Discussion

The guided dialogue which constituted the research interview was used in a focused group discussion. Focus group discussion is one of the methods of primary data collection whereby the group of 5-12 discussants by considering the age of females with similar characteristics for freely discussions on a certain subject with the guidance of a facilitator. The study had 9 FGDs, 5 from UDOM, 2 from IRDP and 2 from SJUT for the whole study by considering ages for females. The reasons why these groups were used as 5, 2 and 2 for UDOM, IRDP and SJUT respectively, was

due to the fact that the ideas found repeating from respondents and each group gave views and the answers in order to get different information with various experiences, perceptions and then to make comparison for the realities.

The reasons for choosing those groups were such as the population of respondents available in these institutions, accommodation services available for students in these three institutions, and familiarity between the researcher and respondents for the factors given above.

3.8.4 Documentary Review

According to Raj, H. (2005), a documentary analysis is a process of getting information from the published and unpublished documents, journals, reports, statistics, manuscripts, letters or diaries possessed by individuals, institutions, and organizations. Secondary data regarding key issues of the study were collected from various sources which included unpublished and published documentary sources; books, article, reports of various studies from administrative offices of UDOM, IRDP, and SJUT.

3.8.5 Observation

This study involved observations of the actual situation of PMS's daily activities, talk to them, eat together and share stories and other activities. It also involved having discussions, interviews and what is seen physically. The aim of doing the two was to make a comparison of what has been observed and reviewed from documentary reviews. Direct observation helps the researcher to see, observe physically and direct from real and concrete situations of their responsibilities, their ways of lives, traditions, culture, economic status, and historical background.

Finally, the researcher drew a conclusion from the observed situations in the field physically, concretely and realities of things.

3.9 Data Analysis

Veal (1997) argues that data analysis is done to sort and evaluate gathered information in relation to posed questions and identified concepts. From the primary data, the researcher gets the actual and real information by taking physically from the field. Some methods of data collection include: the documentary reviews which was secondary data, Demographic Questionnaires Survey, Key Informant Interview, Focus Group Discussion and Non- Participant Observation to get primary data. Data collection in this research was done in two phases; the first phase was pre-testing which aimed at testing the validity of data collection tools through questionnaires, guide and checklist, and the pre-testing phase was done to modify tools for actual data collection during the questionnaire, checklists and guide and then data collection commenced. All these data collected were analyzed descriptively and statistically by using tables and histograms.

3.10 Validity and Reliability of the Study

Validity and reliability concepts were considered in this study. Dawson (2002) argues that validity and reliability are important to show that the chosen method succeeds in measuring what they are supposed to measure. This means that reliability and validity should measure what it is supposed to measure as well as ensuring stability and consistency and that there are no errors or biasness, from either the respondent or the researcher.

3.10.1 Validity

Validity simply means the accuracy of the measurement (Kothari, 2004). It determines whether the research truly measures what it was intended to measure or how truthful the research results are (Golafshan, 2003). Additionally, validity refers to the extent to which an empirical measure adequately reflects the real meaning of the subject under investigation (Babbie, 1995). To ensure that the data acquired is valid in this study, the adopted tools such as questionnaires, observation guides, check lists for interview and focus group discussions were subjected to serious scrutiny by experts to ensure clarity and focus.

3.10.2 Reliability

Reliability is an attribute of consistence wherein a scale has to give consistent results. The reliability means dependability in the sense that data obtained by using an instrument(s) for various respondents are supposed to yield the same results (Creswell, 2013). According to (De Vaus, 2001) reliability means demonstrating that the operation of a study such as the data collection can be repeated with the same results. Reliability indicates the accuracy, stability, and predictability of a research instrument (Kumar, 2011). In this study, reliability was achieved by the triangulation method, i.e. the use of different methods of data collection. The improper use of tools would give the different results.

3.11 Ethical Considerations

The ethical principle governing this research was that participants should not be harmed as a result of the researcher should give their informed consent (give information and awareness) to the respondents. To ensure this, the study applied for

a permit from the management of the University of Dodoma (UDOM), the IRDP and the SJUT. A confidentiality of respondents was respected by keeping their privacy and secret. An acronym was considered and the institutions like UDOM, SJUT, and IRDP was provided a formal letter which was presented to the study area.

CHAPTER FOUR

FINDINGS, DATA ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents the research findings, data analysis, and discussion. The presentation of findings is preceded by the demographic characteristics of the respondents. The presentation and analysis of the findings were based on the research objectives and questions as provided in chapter one. This chapter, therefore, is divided into four sections. The first section is about the demographic characteristics of the respondents. The second section presents the findings of health services provided to pregnant and mothering students in Higher learning institutions. The third section presents the findings of the challenges facing pregnant and mothering students in Higher learning institutions. The fourth section of the chapter presents the findings of the special consideration for pregnant and mothering students in Higher Learning Institutions. The data were presented through histograms, tables, and figures.

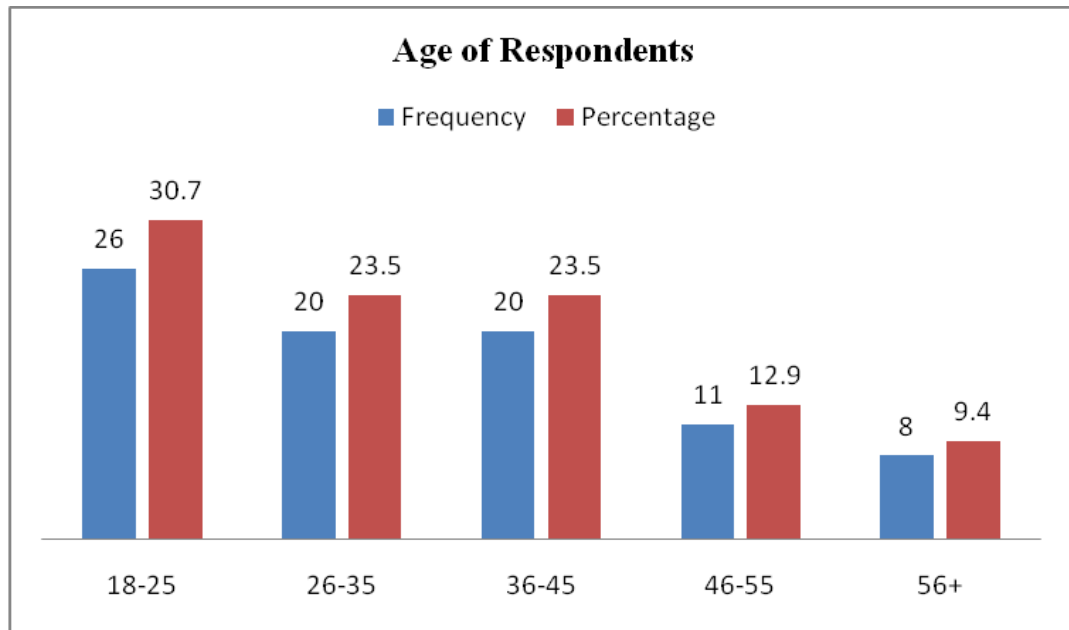
4.2 Demographic Information of Respondents

This section presents the age of the respondents, gender of the respondent, marital status of the respondents and the level of education of the respondents.

4.2.1 Age of the Respondents

The findings showed that the age group of the majority of respondents ranged from 18-25 years old, the main reason was that this age group is usually predominant in Higher learning institutions. Figure 4.1 below gives more illustrations:

Figure 4. 1: Age of Respondents

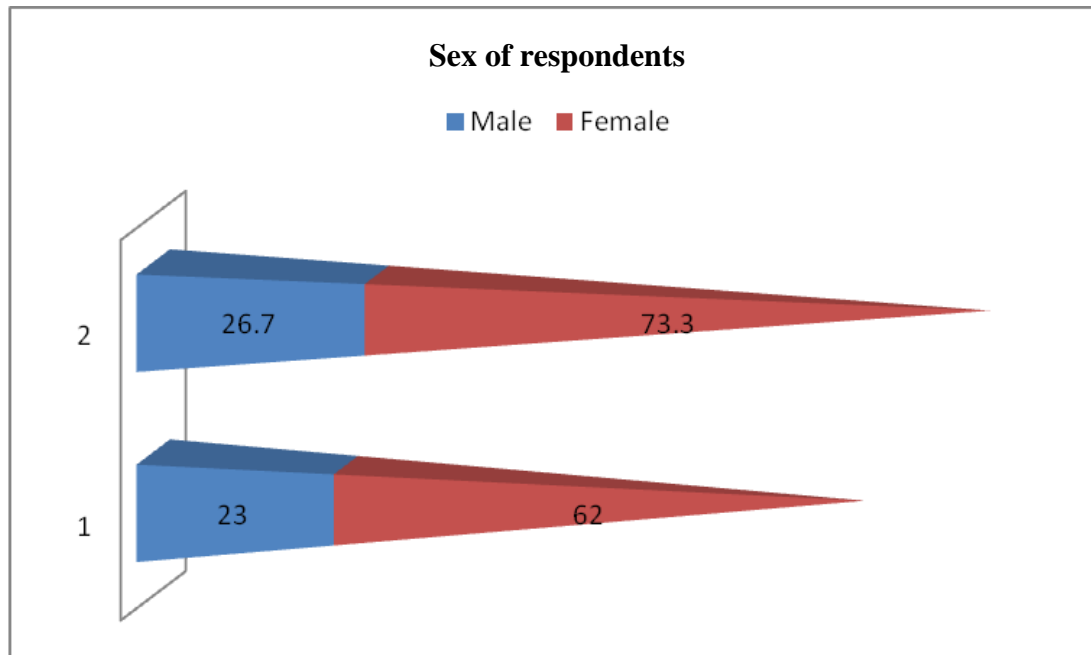


Source: Field Work, 2018.

4.2.2 Sex of Respondents

The findings showed that the majority of respondents were females (73.3%) as shown in Figure 4.2. This shows that females appeared many times compared to males because the study focused on pregnant and mothering students in order to get relevant information about their support services in Higher learning institutions. The involvement of male respondents was due to the fact that there is close interdependence between these sexes. Male respondents also had their views about support services to pregnant and mothering students in Higher learning institutions in Dodoma City.

Figure 4.2: Sex of the Respondents



Source: Field work (2018).

4.2.3 Marital Status of the Respondents

With regard to marital status of the respondents, the findings revealed that single females (parents) were higher than married ones by 52.9%. Table 4.1 explains more

Table 4.1: Marital Status of respondents

Marital Status	Frequency	Percent
Single	45	52.9
Married	31	37.1
Divorced	5	5.7
Separated	4	4.3
Total	85	100.0

Source: Field work (2018).

4.2.4 Level of Education

The findings show that most of the respondents were pursuing Bachelor degrees and above by (61.2%). This is shown in Table 4.2 below:

Table 4.2: Level of Education of respondents

Level of Education	Frequency	Percent
Certificate	12	14.1
Diploma	21	24.7
Bachelor Degree and above	52	61.2
Total	85	100

Source: Field work (2018).

4.3 Objective one which focuses on Health Services for PMS

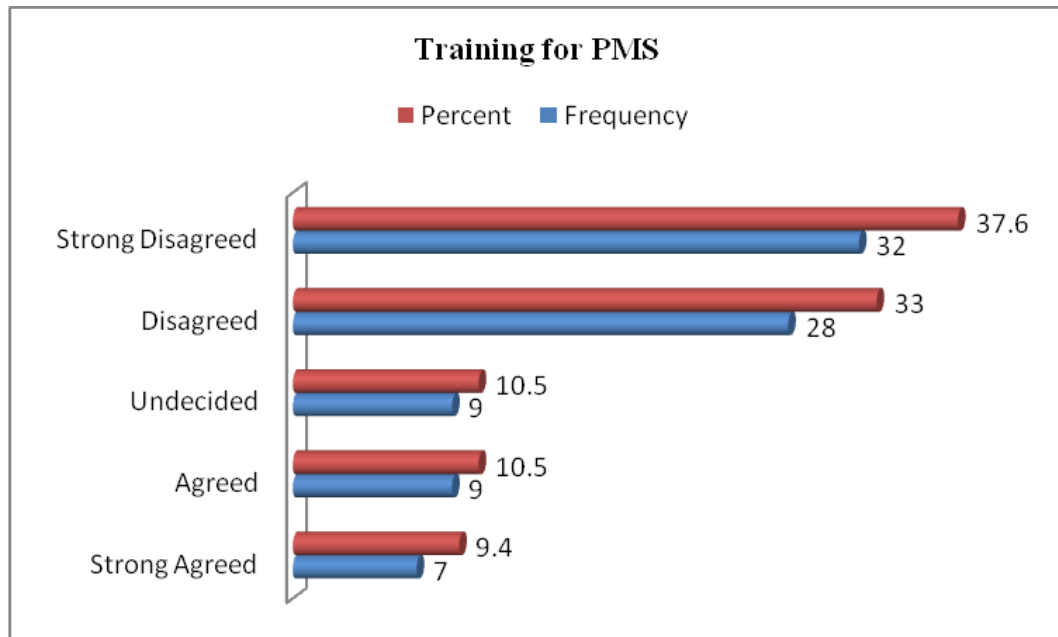
This objective aimed at examining the extent to which health services are provided to pregnant and mothering students in higher learning institutions in Dodoma City.

The findings are presented in the following categories:

4.3.1 Training for PMS

The findings showed that there was no any training for Health Services for pregnant and mothering students. 32 (37.6%) of the respondents the respondents strongly disagreed regarding the availability of trainings as shown in Figure 4.3 below.

Figure 4. 3: Training for PMS at the study area



Source: Field Work (2018).

The findings presented in Figure 4.3 are supported by the findings from FGD that there were no training services in these institutions. From the focus group discussion, one of the pregnant students said that;

“lack of training services for pregnant and mothering students is a big problem which may cause even deaths to many students because of unsafe sexual practices and unsafe delivery” (FGD, June 2018).

4.3.2 Workshop on Health Services for PMS

From the findings, it was noted that the respondents, 39(45.9%), strongly disagreed about the availability of the workshops on health Services for the pregnant and mothering students. This is attested in Table 4.3 below.

Table 4. 3: Workshop Services for MPS

Workshop	Frequency	Percentage
Strong Agreed	6	7.1
Agreed	9	10.5
Undecided	9	10.5
Disagreed	22	26
Strong Disagree	39	45.9
Total	85	100.0

Source: Field Work (2018).

The respondents replied that there were no workshops of Health Services for the pregnant and mothering students at Higher learning institutions because of little attention paid by both management and medical personnel about needs and demands for pregnant and mothering students in Higher learning institutions: presence of students by laws which do not consider the group of students who are pregnant and those with babies and lack of good national education policy which should stipulate the requirements of pregnant and mothering students as health Services for them to acquire knowledge and improve their academic performance and hence improve their career.

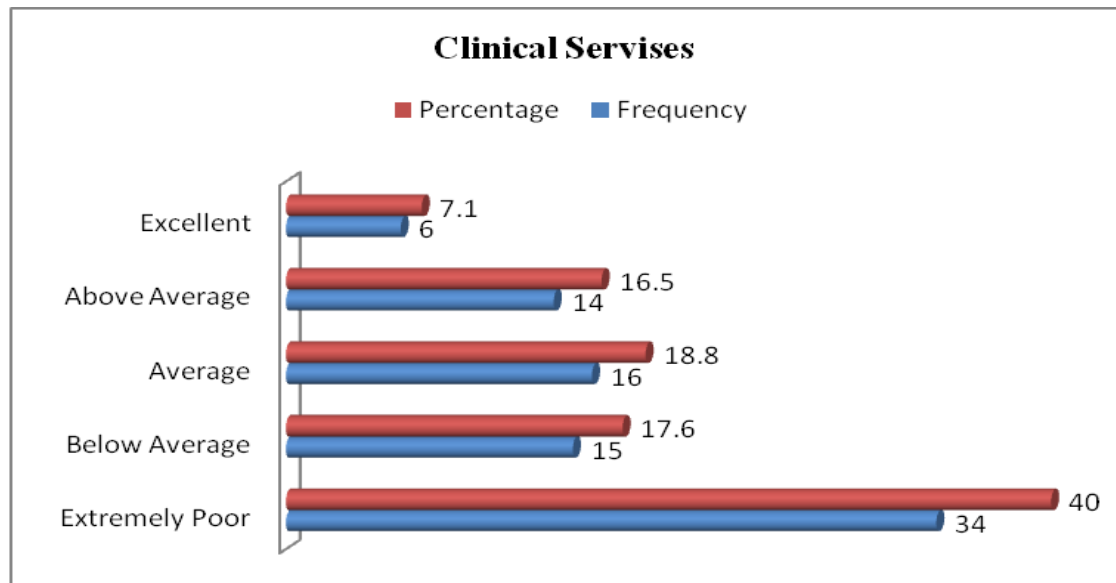
During interview, one pregnant student said that:

“poor provision of workshop services and seminars for pregnant and mothering students is a serious problem here because I am a third-year student but never heard such services” (IRDP interviewer, June 2018).

4.3.3 Clinical Services for PMS

From the findings it was observed that found in the field, the availability of proper clinical services on Health Services for the pregnant and mothering students was extremely poor by 34 (40%) as shown in Figure 4.4 below:

Figure 4. 4: Clinical Services for PMS



Source: Field Work (2018).

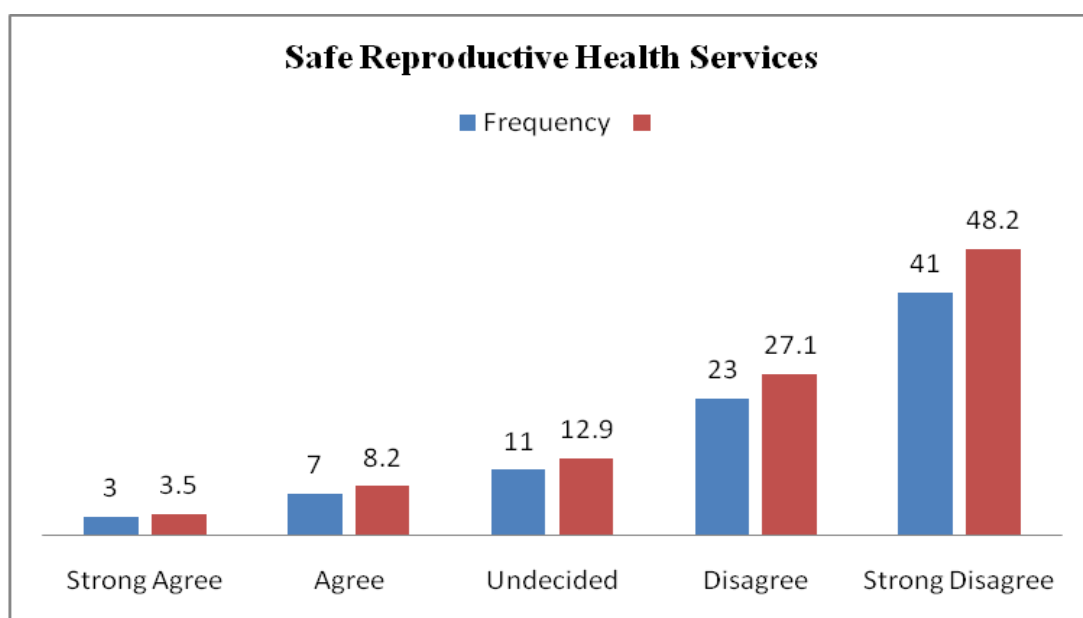
The reasons for this response is may be due to several factors such as; little knowledge and understanding of students about the national health insurance fund policy for health services in Higher learning institutions, few health practitioners available to serve students, poor or no health infrastructures, few medical facilities to help students, little consideration by management of Higher learning institutions to pregnant and mothering students, little reproductive health education to students which may remind and sensitize students to observe safe sexual behaviors to avoid sexual transmitted disease and unplanned pregnancies.

During interview, one of the mothering students responded that: *“there are poor clinical services in handling problems related to pregnant and mothering students”* (UDOM interviewer, June 2018).

4.3.4 Safe Sexual Reproductive Health Services for PMS

The findings revealed that that the respondents on safe sexual reproductive health services for the pregnant and mothering students strongly disagreed to have such services by 41 (48.2%) as shown in Figure 4.5 below:

Figure 4.5: Safe Sexual Reproductive Health Services



Source: Field Work (2018).

From the figure above it showed that many respondents were not satisfied with the provision of safe sexual reproductive health education in Higher learning institutions in Dodoma city. The information expressed the problems caused by sexual practices which are not safe to students and result in many unexpected pregnancies among female students in these institutions.

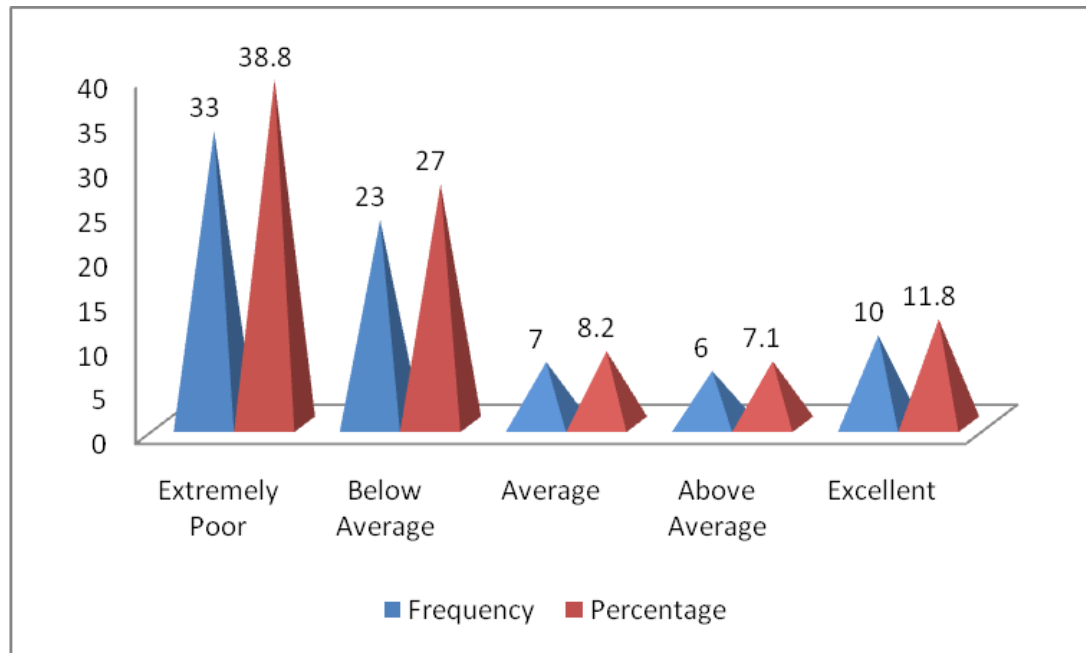
The reasons explained by respondents that there were unsatisfactory safe sexual reproductive health services as Health Services for the pregnant and mothering students at higher learning institutions influenced by some factors such as; many students have no clear information about contribution in regard to national health policy, many students suffer from low economy and do not afford to contribute to health services, no seminars by health practitioners, few medical facilities which are accompanied by few health personnel, little consideration by management put to pregnant and mothering students in these institutions and little knowledge about needs and demands of pregnant and mothering students as it is their right to be pregnant and bear babies while also pursuing their studies.

During Focus Group Discussion, one pregnant student responded that: *“there are poor clinical services because there are no enough nurses to attend pregnant and mothering students”* (FGD, IRDP June 2018).

4.3.5 Guidance and Counseling on Health services for PMS

The findings have shown that the respondents on guidance and counseling for health services for the pregnant and mothering students were 33 (38.8%) which indicated dissatisfaction of the service offered to this group of students in Higher learning institutions in Dodoma City as shown in Figure 4.6 below:

Figure 4. 6: Guidance and Counseling on Health services for PMS



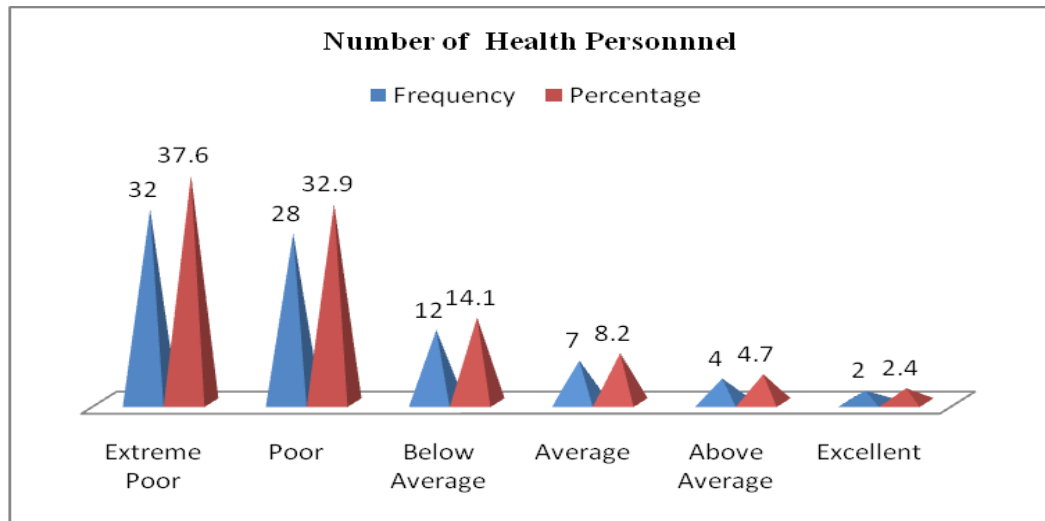
Source: Field Work (2018)

The reasons as to why the respondents said that there were poor guidance and Counseling services as Support Services for the pregnant and mothering students at higher learning institutions were influenced by some factors such as: lack of competent counselors, less consideration of students' bylaws by the Higher learning institutions and lack of educational policy from Higher learning institutions which acknowledges the presence of the group of pregnant and mothering students.

4.3.6 The Number of Health Personnel at time of Admission for PMS

From the findings, the respondents said that the number of health personnel at the time of admissions was extremely poor by 32(37.6%) compared to other groups as it is presented in Figure 4.7 below:

Figure 4. 7: Number of Health Personnel at the time of Admission for PMS



Source: Field Work, 2018.

From the interview, one pregnant student responded that: *“always there is a poor presentation during orientation week by health personnel at the time of Admission for pregnant and mothering students in the university campus”* (The UDOM interviewee: June 2018).

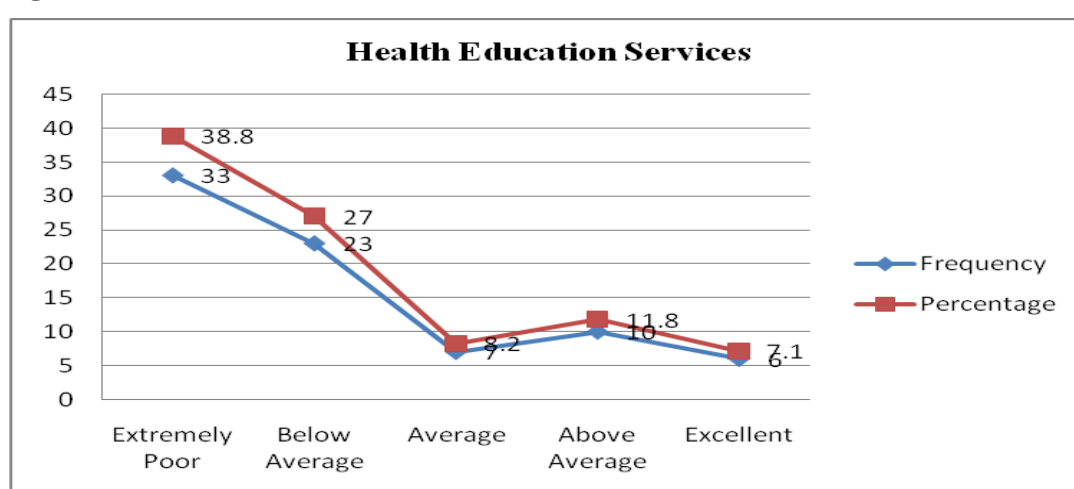
The other respondent from Focus Group Discussions explained her concern that: *“there is a need to provide special rooms whereby the mothering students will rest during breast feeding of their babies during classroom sessions”* (The IRDP interviewee: June 2018).

4.4 The Objective Two based on Challenges facing PMS at higher learning institutions

4.4.1 Health Education Services for PMS

The findings from the field showed that the respondents who said that provision of healthy education was extremely poor were 33(38.8%). The report is presented in Figure 4.8 below:

Figure 4. 8: Health Education Services for PMS



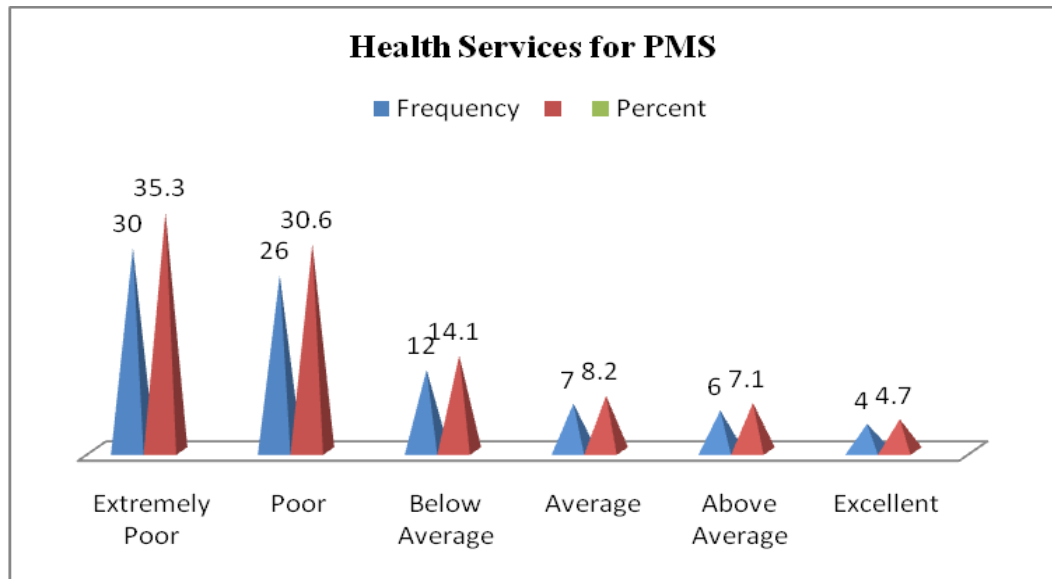
Source: Field Work (2018).

The reasons as to why the respondents said that the health education as Support Services was poorly provided were influenced by poor health policies for the pregnant and mothering students at higher learning institutions.

4.4.2 Health Policies for Pregnant and Mothering Students

The findings from the field showed that the health policies for the pregnant and mothering students were extremely poor by 30(35.3%) compared to other respondents in Higher learning institutions as shown in Figure.4.9 below:

Figure 4.9: Health Policies for PMS



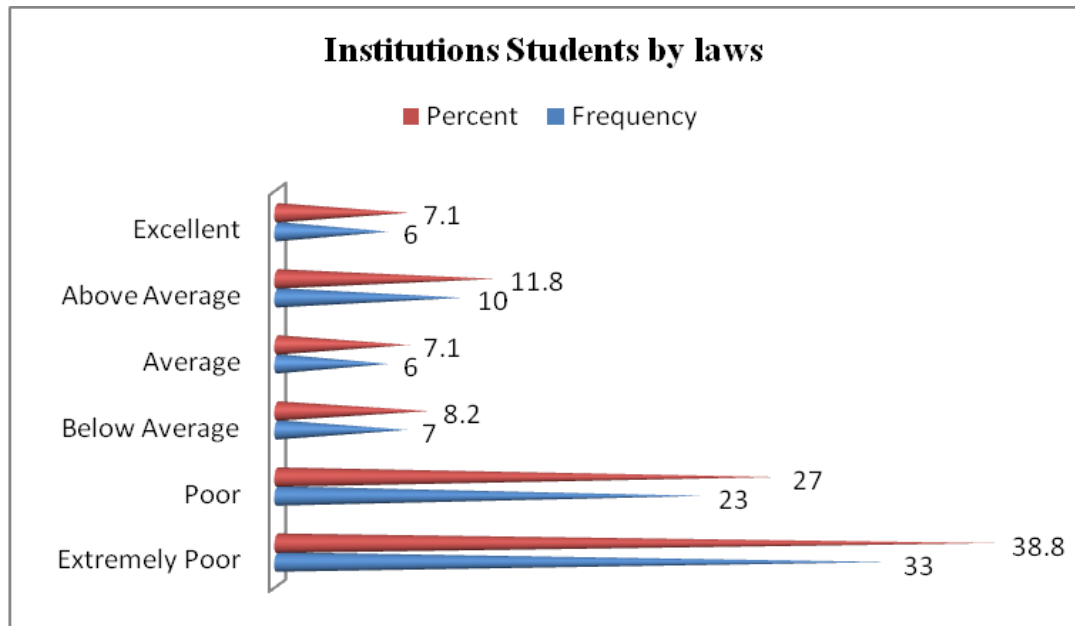
Source: Field Work (2018).

One of the respondents from group discussions explained her concern that: *“there is a need to provide clear healthy policies whereby the mothering students may have a special room to rest when breast feeding their children”* (IRDP interviewer, June, 2018).

4.4.3 Institutions’ Students By-Laws

The findings from the field showed that there were unfriendly students By-laws as the challenges for the pregnant and mothering students by 33 (38.8%) compared to other respondents as shown in Figure 4.9 below:

Figure 4. 10: Institutions Students by - Laws



Source: Field Work, June (2018)

One of the pregnant student interviewee claimed that: *“there is a poor presentation by the institution about students By-laws for pregnant and mothering students in a university campus”* (UDOM interviewee June 2018).

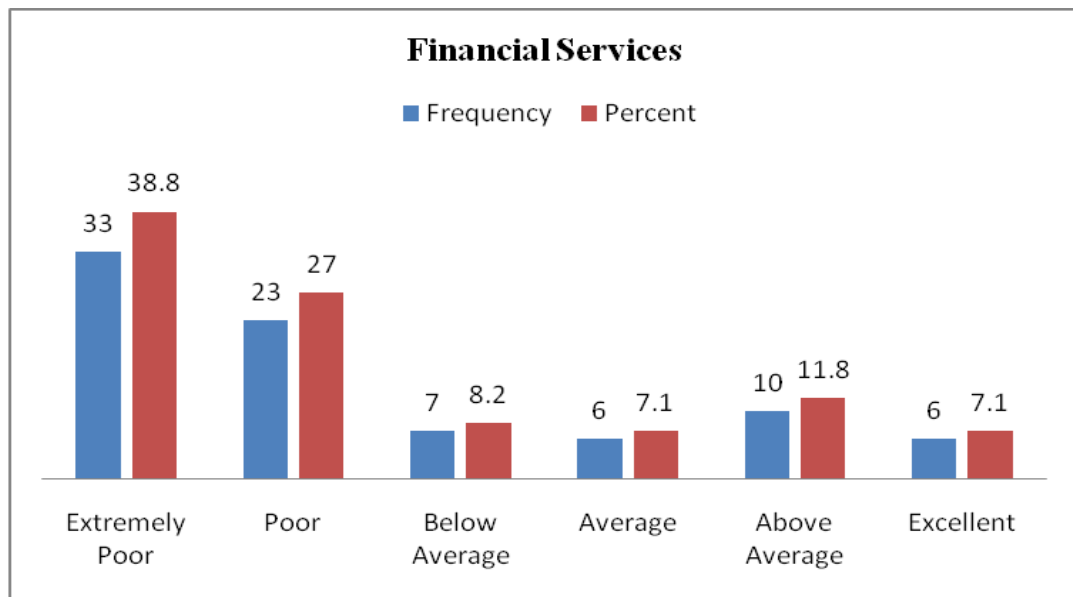
Also, the mothering student from group discussions commented that: *“there are poor institutions by laws for pregnant and mothering students”* (UDOM FGD: June 2018)

The findings recognized that institutional students’ by-laws were extremely poor concerning the pregnant and mothering students at higher learning institutions.

4.4.4 Financial Support Services for PMS

The findings showed that the financial services for the pregnant and mothering students were extremely poor by 33(38.8%) compared to other respondents. This is attested in Figure 4:10 below:

Figure 4.11: Financial Services for PMS



Source: Field Work (2018).

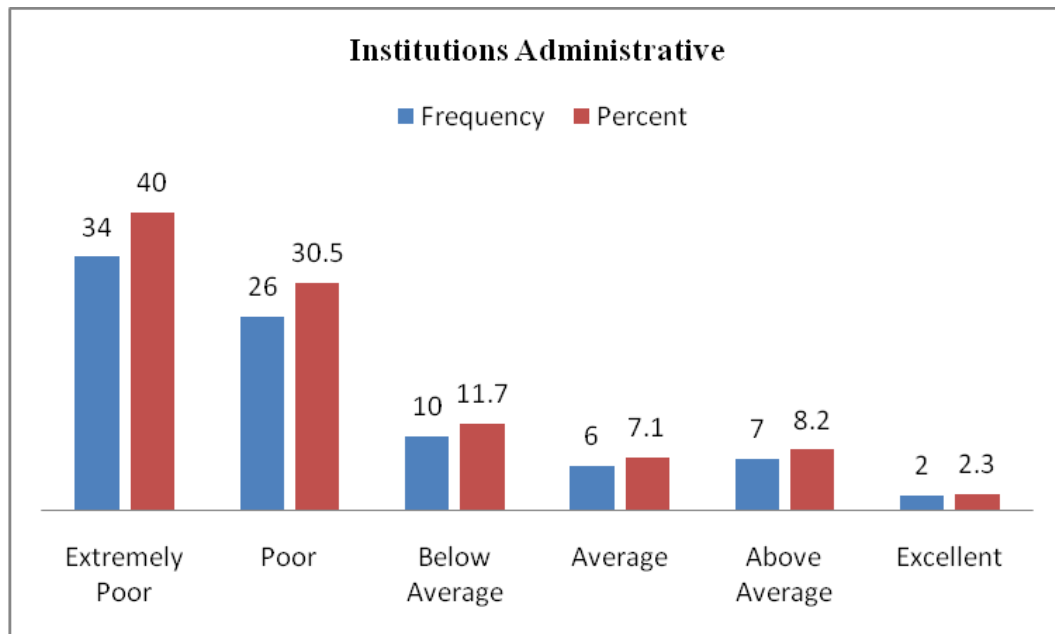
During interview, one of the pregnant students responded that; *“there are no financial services for pregnant and mothering students in university campus from loan board to support for food and accommodation”* (UDOM interviewee, June 2018).

The reasons as to why the respondents said that there were extremely poor financial services as Support Services for the pregnant and mothering students in Higher learning institutions were influenced by the factors such as little consideration by loan board of health services in the institutions to support this group and little effort taken by managements of these institutions to have good health policies to support these students financially so as to improve their academic performance.

4.4.5 Institutional Administrative on Health Services for PMS

The findings from the field showed that the institutional administrative health services for the pregnant and mothering students as one of the support services were extremely poor by 34(40%). Figure 4:11 below presents the findings:

Figure 4. 12: Institutions Administrative on Health Services for PMS



Source: Field Work, 2018.

The reasons why the respondents said so, it was because the institutional administrative services for the pregnant and mothering students in Higher learning institutions found to lack the competent medical personnel and the medical personnels available were very few to be able to help the pregnant and mothering students in Higher learning institutions.

From the interview, one pregnant student responded that:

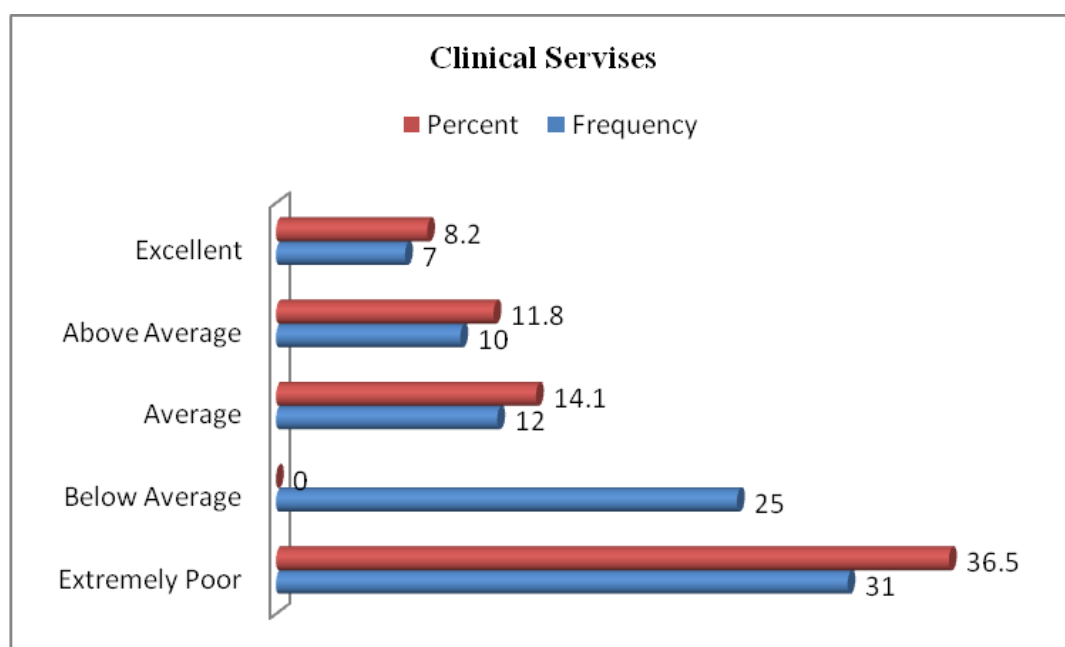
“There is an unfair institutional administrative treatment for pregnant student as pregnant students are ordered to vacate from hostels without given an alternative of accommodation” (UDOM Interview, June 2018).

Also, the respondents from group discussion commented that: “*administrations of Higher learning institutions have little consideration of the rights of pregnant and mother students*” (UDOM FGD, June 2018).

4.4.6 Clinical Services as Support Services for PMS

The findings from the field showed that clinical services for the pregnant and mothering students were extremely poor by 31(36.5 %) as shown in Figure 4.12 below:

Figure 4.13: Clinical Services on Support Services for PMS



Source: Field Work (2018).

The reasons which were given by respondents were such as small and unfurnished dispensaries and health centres with few medical practitioners. Again, little knowledge to students about clinical services provided by those small dispensaries and health centres by medical practitioners to cater the need and demands for pregnant and mothering students.

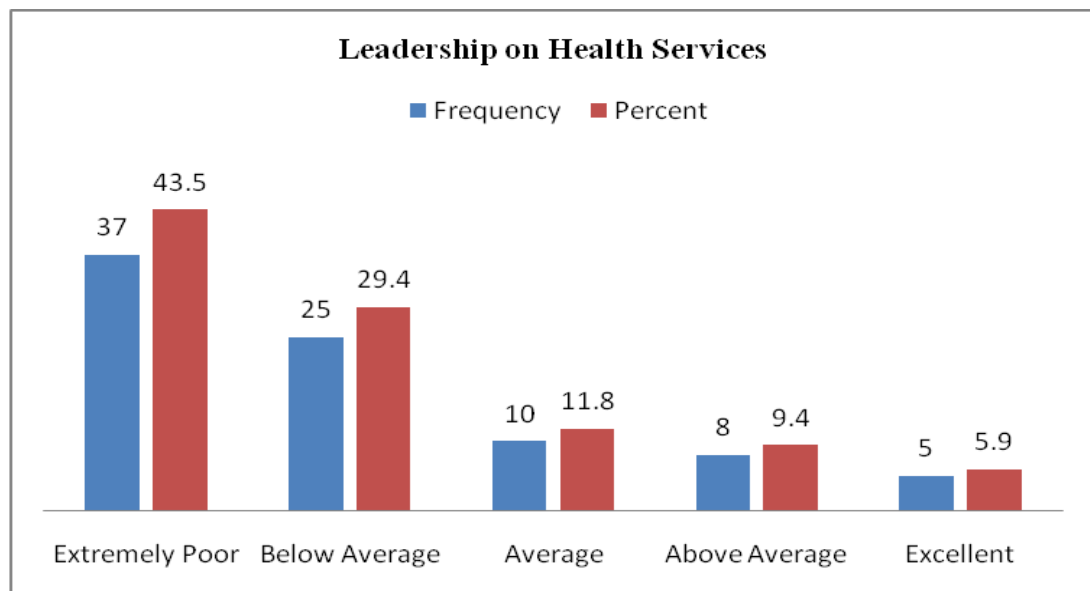
From the focus group discussion, one pregnant student responded that: *“there are poor clinical services for pregnant and mothering students in this institution”* (SJUT, June 2018).

Also, the mothering student from one of the group discussions commented that: *“government through its Ministry of Health, Gender, Elderly, and Children need to prioritize clinical services in Higher learning institutions because the services are very poor to pregnant and mothering students in these institutions”* (FGD SJUT, June 2018).

4.4.7 Institutional Leadership on Health Services for PMS

The findings from the field showed that the leadership on health services for the pregnant and mothering students in Higher learning institutions was extremely poor by 37(43.5 %) as shown in Figure 4.13 below:

Figure4. 14: Leadership on Health Services for PMS



Source: Field Work (2018)

The reasons were lack of competent leaders in dispensaries and health centers in these institutions, few medical personnel in these institutions to work effectively to help these pregnant and mothering students to improve their academic performance.

From the interview, the pregnant student responded that: *“there is poor leadership to solve problems of pregnant and mothering students”* (SJUT interviewers, June 2018).

There was also a respondent from group discussions who commented that: *“higher learning institutions lack the leadership in health services for pregnant and mothering students”* (IRDP interviewer June 2018).

4.5 The Objective Three Focused on Special Consideration for PMS at Higher Learning Institutions

The respondents showed their concerns on how Higher learning institutions should improve the academic performance for pregnant and mothering students. The following were the findings from the field explaining the special consideration for pregnant and mothering students:

4.5.1 Special Residences or rooms for Pregnant and mothering students

Higher learning institutions should build special residences for pregnant and mothering students which are close to these institutions. Additionally, Higher learning institutions should build special rooms near classrooms in order to enable the mothering students to have enough time to nurse their babies during class hours (FGD from SJUT &IRDP, June, 2018).

4.5.2 Establishment of the favorable legal framework

Higher learning institutions and the government, in particular, should establish the act and then incorporate in students ByLaws that recognize the pregnant and mothering students in these institutions (FGD from UDOM, SJUT and IRDP, June 2018).

4.5.3 Improvement of Health Centers

Higher learning institutions should improve their health centres so as to save the lives of pregnant and mothering students (FGD for students from IRDP&SJUT, June 2018).

4.5.4 Enhancement of Guidance and Counseling Services

Higher learning institutions should establish and improve guidance and counseling units to deal with psychological problems which pregnant and mothering students may encounter along the course of pursuing their studies. This should go hand in hand with employment of more guidance and counseling personnel to serve the pregnant and mothering students when pursuing their studies. (Interview conducted to SJUT&IRDP, June 2018)

4.5.5 Availability of Medical Personnel

Higher learning institutions should employ more and qualified medical personnel such as nurse-midwifery to serve for pregnant and mothering students. (SJUT&IRDP interviewers, June 2018).

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter provides a summary of the study findings followed by the conclusion of the study. Lastly, it gives some recommendations for both action to be taken to improve the support services for mothering pregnant students in higher learning institutions in Dodoma city and further researches.

5.2 Summary of the Findings

The study aimed at exploring the health support services for mothering pregnant students in higher learning institutions in Dodoma City. The study focused on the following specific objectives:

- a. To investigate health services provided to pregnant and mothering students in Higher learning institutions with various indicators including training, clinical services, workshops, safe sexual reproductive health services, guidance and counseling services and a number of health personnel at the time of admission for pregnant and mothering students on health services.
- b. To investigate the challenges facing the pregnant and mothering students in Higher learning institutions include: poor health education, poor health policies, no financial services, poor institutions' students by laws, and poor leadership on health services.
- c. The third objective was to identify the special considerations for pregnant and mothering students at study area with its indicators which some included proper antenatal care, accommodation medical facilities, referral services and

information on birth procedural services at higher learning institutions in Tanzania, particularly in Dodoma city.

5.3 Conclusion

The mixed research method was employed to get statistical and descriptive findings from the respondents by showing the magnitude of the reported problem from the field of study.

With regard to objective one, the findings revealed that there were poor trainings and clinical services, lack of workshops, poor safe sexual reproductive health services, poor guidance, and counseling services and lack of number of health personnel during the time of admission for pregnant and mothering students on health services for mothering and pregnant students in higher learning institutions.

The government and institutions have no possibilities of being aware of the by-laws within their institutions. The government's guidelines are not practiced by the pregnant and mothering students at study because the government fails to direct, lead organize the laws, rules, and regulations of pregnant and mothering students in the country.

Regarding objective two, the findings attested that there were: poor health education, poor health policies, poor institutions students by laws, poor clinical services and poor health policies poor leadership on health services.

The objective three was to determine special consideration for pregnant and mothering students and observed some findings including lack of proper guiding and counseling, medical equipment breakdown and later referral, lack of antenatal care,

no accommodation services and lack of information on birth procedures services for pregnant and mothering students.

The higher learning institutions and governments fail to be open for health services for pregnant and mothering students. The governments, higher learning institutions, and other stakeholders have failed to involve the higher learning institutions and give directives or to solve the problem facing pregnant and mothering students and it has failed to give the information and monitoring of health services for pregnant and mothering students at higher learning institutions for safe delivery.

5.4 Recommendations

The following are the measures recommended to be taken to improve the support services for pregnant and mothering students in the Higher learning institutions in Tanzania specifically in Dodoma City:

- i. Trainings to the pregnant and mothering students must be provided by ministry of health and institutions, the workshops must be conducted by the institutions, other stakeholders and the Ministry of Health, the clinical services must be provided well by the doctors and nurses, the ministry must insist that and monitor the exercises. The guidance and counseling services must be provided well by wardens and lecturers and must be units for these services. The number of health personnel during admission must be considered well and must be controlled in order to remove the misunderstanding between pregnant and mothering students with the management and lastly the safe sexual reproductive health services must be observed by the doctors and nurses and other

stakeholders to educate and give awareness to the pregnant and mothering students.

- ii. Health education services must be provided by institutions through health centers such as doctors and nurses, other NGOs like UMATI and CARE International must prepare well programmes which help the students on health services. The proper antenatal must be provided well from the health centers in order to eliminate the negative impacts for mothering and pregnant students. The medical services must be provided well by the Ministry of Health, higher learning institutions and other stakeholders. The financial services must be provided and must be allocated by the government through the ministry of health, institutions and other stakeholders must plan and put budgets in order to rescue the pregnant and mothering students at higher learning institutions. The institutions administrative must raise agenda and meeting in order to prepare the minutes and proposes to the institutions and ministry of health in order to help the mothering and pregnant students. The leaders from institutions and the ministry of health must consider the challenges facing the mothering and pregnant students. The health policies concerning mothering and pregnant students must be known, supported and implemented. This group has no policies which guide, support and help them; the study wants the government and institutions to make policies which will help mother and pregnant students at higher learning institutions.
- iii. Special accommodations must be provided to mothering and pregnant students in order to rescue them from the unsafe deliverance. The institutions and

government through the Ministry of Health must consider and allocate the rooms and special hostels for this group under the supervision of the nurses and doctors to take care of them in order to reduce the deaths of mothers and children. The referral services must be provided timely and escorted to the higher health center whenever happened and needed. The information on births procedures must be provided well and with high consideration and special supervisions by the health centers and the Ministry of Health and other stakeholders. The institutions administrative and managerial must build the capacity to his personnel the new skills and knowledge on health services concerning pregnant and mothering students at higher learning institutions at higher learning institution in Tanzania particularly in Dodoma City.

5.5 Suggested Areas for Further Researches

In this study, there is a very big gap in the perception of supporting services for pregnant and mothering students in higher learning institutions in Dodoma City

Finally, in order to improve the understanding of supporting services for pregnant and mothering students in higher learning institutions in Tanzania. This study proposes the following areas for further studies:

- i. A further study should be conducted to examine the effectiveness of Guidance and Counseling unit for pregnant and mothering students in Higher learning institutions in Dodoma City.
- ii. A further study should be conducted to assess the access of support services for pregnant and mothering students in Higher learning institutions in Dodoma city.

- Iii A further study should be conducted to assess the perception of male students towards support services for pregnant and mothering students at higher learning institutions in Dodoma City.

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APPENDICES

Research Instruments

Appendix I: Questionnaire for Respondents

Dear Respondent,

I am **Emanuely Meshack Kiburwi**, a student pursuing Master of Arts in Education (MAED) at the University of Dodoma. I am conducting a study about support services for pregnant and mothering students in Higher learning institutions at UDOM, IRDP, and SJUT. As a key format, you are highly requested to provide the necessary information to help in accomplishing this study.

1. General Information

May you please fill in your personal profile? Indicating your name is optional.

- 1) Age..... (In years)
- 2) Gender(Male, Female)
- 3) Institution(UDOM, SJUT, IRDP)
- 4) Designation..... (Student, Lecturer, Nurse etc)
- 5) Marital Status (Single, Married, Divorced/
Separated)
- 6) Level of education

2.0 Objective One: Support Services provided to pregnant and mothering students in Higher learning institutions.

2.1. You are kindly requested to rate the extent to which pregnant and mothering students in Higher learning institutions access to support services listed in the table below;

Health Services for MPS	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Training					
Workshop					
Seminars					
Clinics					
Reproductive health information and services					
Safe Sexual Reproductive Health Services					

2.2. Which other Support services are provided for pregnant and mothering students in Higher learning institutions?

.....

.....

3.0 Objective Two: Challenges facing pregnant and mothering students in Higher learning institutions

3.1. How do you rate the challenges experienced by pregnant and mothering students in Higher learning institutions? Please put a tick as per your understanding;

Challenges	Extremely poor	Below average	Average	Above average	Excellent
Health education					
Health policies					
University Students by laws					
Clinical services					
Leadership on health services					
Proper Guidance and Counseling					
Medical Facilities					
Referral Services					
Antenatal Care Services					
Number of Health personnel at the time of					

admission					
Financial Services					
Accommodation Services					
Institutional administrative Health services					

3.2. Do you know other challenges facing pregnant and mothering students in Higher learning institutions? Please mention them:-

.....
.....

4.0 Objective Three: the special considerations provided to pregnant and mothering students in Higher learning institutions

4.1 What do you think can be done to ensure special considerations to pregnant and mothering students in Higher learning institutions?

- (a)
- (b)
- (c)

THANK YOU FOR YOUR COOPERATION

Appendix II: Checklist (FGD)

The FGD Pregnant and Mothering Students

1. Are there health services provided for pregnant and mothering students in your Higher learning institution?
2. What are challenging/obstacles facing pregnant and mothering students in your Higher learning institution?
4. Are there any other special considerations provided to pregnant and mothering students in your Higher learning institution? If *yes* what are they?

THANK YOU FOR YOUR COOPERATION

**Appendix III: Interview Checklist for, Lecturers/Academic Staff,
Administrative Staff, Wardens, Medical Doctors and Nurses**

1. Are there health services provided for pregnant and mothering students in Higher learning institutional your area?
2. What are challenging/obstacles facing pregnant and mothering students in Higher learning institutional at your area?
3. Are there any other special considerations provided to pregnant and mothering students in Higher learning institutions? What are they?

THANK YOU FOR YOUR COOPERATION

Appendix IV: Observation Guide by Researcher

1. To observe the actual situation from their daily activities, engage in activities, talk with them, eat together and share stories by comparing the pre-knowledge. To have their discussions, interviews and what is seen physically.
2. To make a comparison of what has been observed and what have been reviewed from documentary reviews.
3. To observe the historical background of people and draw a conclusion from concrete situations at the field after considering tools of FGD, Interview and documentary reviews then to draw the conclusion by reflecting, asking myself, comparing in order to draw the conclusion.