University of Rhode Island

DigitalCommons@URI

2019

EXPLORING THE LIVED EXPERIENCE OF BEING PREGNANT WHILE A COLLEGE STUDENT

Kristina M. Perrelli
University of Rhode Island, kristina.perrelli@gmail.com

Follow this and additional works at: https://digitalcommons.uri.edu/oa_diss

EXPLORING THE LIVED EXPERIENCE OF BEING PREGNANT

WHILE A COLLEGE STUDENT

BY

KRISTINA M. PERRELLI

A DISSERTATION SUBMITTED

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE

DEGREE OF DOCTOR OF PHILOSOPHY

IN

EDUCATION

UNIVERSITY OF RHODE ISLAND

AND

RHODE ISLAND COLLEGE

2019

DOCTOR OF PHILOSOPHY DISSERTATION

OF

KRISTINA M. PERRELLI

APPROVED:

Dissertation Committee

Major Professor:

Annemarie Vaccaro

Lori Ciccomascolo

Andrea Dottolo

Leslie Schuster

RIC: Gerri August
                           Dean, Feinstein School of Education – RIC

                           Julie Horwitz
                           Dean, Feinstein School of Education – RIC

URI: Nasser H. Zawia
                           Dean, The Graduate School - URI

UNIVERSITY OF RHODE ISLAND
AND
RHODE ISLAND COLLEGE
2019

ABSTRACT

Almost five million college students in the United States have child dependents (U.S. Department of Education, 2015), but little is known about the experience of pregnancy in college. This qualitative study addressed this gap in scholarship. A feminist intersectional theoretical framework and a feminist interpretive phenomenology methodology were used to explore the experiences of ten women from three institutions of higher education who were currently pregnant or recently pregnant. Most participants identified as low-income or working-class women of color. The phenomenological goal of this study was to learn about each woman's lived experience of pregnancy in college toward identifying commonalities among participants (Creswell & Poth, 2017; van Manen, 2014). Using a feminist intersectional theoretical framework, this study also sought to explore pregnancy in college as it is experienced within the patriarchal and hegemonic contexts of higher education (Acker, 2000). This theoretical lens further aimed to explore pregnancy in college among women who hold multiple intersecting social identities (Crenshaw, 1989; hooks, 2000; Lorde, 2007; Yuval-Davis, 2006).

Two overarching themes emerged from this study. The first theme is the "Common experience of pregnancy in college," which is comprised of six subthemes. The second theme is "Pregnancy in college as an intersectional experience," which includes two subthemes. This dissertation concludes with a discussion of the findings in the context of current scholarship. Recommendations are made for future research and for higher education policy and practice toward creating a more inclusive and equitable experience for pregnant college students.

ACKNOWLEDGMENTS

Thank you to my colleagues in New Student Programs for providing another space for me to process my coursework, explore my research ideas, and link knowledge to practice. You were a reliable source of support and encouragement.

To the ten participants who were curious and enthusiastic about this project, thank you for trusting me with your experiences. I am honored to be the recipient, interpreter, and sharer of your stories.

To my partner, Travis—You were my companion during this journey. You helped me find time and space to make this happen. You provided knowledge and expertise that helped me grow as a scholar. Your consistent encouragement propelled me forward whenever I needed a push. You provided unconditioned love and support and always a soft place to land. Every day, I am so grateful for you.

To Zachary and Ellis (and the child I am currently nurturing at 8 months pregnant)—thank you for providing infinite joy, clarity, and inspiration.

Finally, thank you to all the friends, family, and colleagues who encouraged me on along the way.

TABLE OF CONTENTS

LIST OF FIGURES

CHAPTER 1

INTRODUCTION

My Journey to this Topic

To this study, I bring a lens that comprises my social identities and lived experiences. Social identities are social categories claimed by individuals, which can have personal meaning and can manifest as a form of communal membership with others who claim that same identity (Ashmore, Deaux, & McLaughlin-Volpe, 2004; Hogg, 2006; Tajfel, 1982; Tajfel & Turner, 1979). I identify as a white, middle-class, cisgender women from a working-class upbringing. I was a first-generation college student. My lived experiences include three pregnancies. Being a mother is one of my most salient identities. My second pregnancy occurred one year ago while I was enrolled in my final year of doctoral coursework. I am currently in the third trimester of my third pregnancy as I write this dissertation. Infused in this project is my passion for centering women during the experiences of pregnancy and birth.

I have navigated higher education as a graduate student while pregnant, which has included experiences that were influenced by patriarchal and hegemonic structures still thriving on my campus. Soon after the birth of my second child, I chose to return to my doctoral coursework so I could remain on my timeline for graduation. During long evening classes, I would situate myself in the back of the room facing the wall so I could pump my breastmilk and avoid missing the last 30 minutes of class to walk across campus (during the winter) to one of the few lactation spaces available to mothers. Luckily, I felt comfortable pumping in public and exercising my right to

pump breast milk. I was grateful that my professors and peers supported my efforts to navigate spaces and structures that were not inclusive of my needs.

Upon reflecting on my experiences while being pregnant and a graduate student, I began to wonder about the experiences of women who experience pregnancy during their undergraduate years. My professional experiences include ten years of working as a professional in higher education. I have been responsible for supporting college students when they experience academic, social, and personal challenges. I have also worked with students who were pregnant in college. The instances in my professional life when I worked with students to help them navigate their pregnancy, while also navigating their responsibilities as students, led me to believe that the experience of pregnancy in college is complex; a complexity that is generally not understood by professionals in higher education.

I believe that feminism should center gender equity and social justice. The experience of being pregnant while in college is a social justice issue. I also believe feminism must continue its evolution toward becoming more inclusive of the experiences of those who hold other marginalized identities beyond gender, including race, ethnicity, sexual orientation, ability, nation of origin, and religion, among other categories (Patton, Renn, Guido, & Quaye, 2016). Feminism must continue to deepen its understanding of gender oppression in all its complexities. The experiences of women of color and other women who hold multiple marginalized identities must continue to shape feminist scholarship.

From my lens, gender, as a social construct, shapes the experiences of pregnant women as they interact with the systems of society in which they live, including

2

spaces of work, education, and medicine. The experience of pregnancy is not universally experienced by those who were born of the female sex and can become pregnant. Yet, pregnancy is a life event for four million women every year who hold a diversity of social identities (Center for Disease Control & Prevention, 2018). When applying intersectionality to this study, I specifically thought about it in terms of a participant's social location, or the ways her social identities of gender, social class, and race, interacted with each other—in mutually reinforcing ways—and afforded her power or oppressed her power (Crenshaw, 1989; Museus & Griffin, 2011; Yuval-Davis, 2006) as she lived the experience of pregnancy while in college within the United States system of higher education. I believe the experience of pregnancy must be explored through an intersectional feminist paradigm that pays nuanced attention to the experiences of each woman and how she navigates and makes sense of her social location during her pregnancy.

A feminist intersectional approach in the design and execution of the study provided me an opportunity to conceptualize feminism and intersectionality as analytical tools that honor the unique experiences of each woman while also identifying common occurrences in the experience of pregnancy in college. My goal for this study was to explore the unique and powerful experience of pregnancy for undergraduate students. This topic has not been studied in higher education scholarship and has the potential to facilitate social change within the policies and practices of higher education (Hart, 2006; Ropers-Huilman & Winters, 2011).

Justification for Study

Despite more women enrolled in college than men and an increase of women's voices in higher education scholarship, the culture of higher education has evolved very little to include the experiences of women in practice and scholarship (Hart, 2006; Ropers-Huilman & Winters, 2011). Until the late 1960s, women who were pregnant were often coerced to end their schooling when their pregnancy became visible (McNee, 2013). In 1972, Title IX of the Education Amendments (Title IX) was enacted as a federal civil rights law prohibiting discrimination based on sex in educational programs, which includes protections for pregnancy, childbirth, false pregnancy, miscarriage, abortion, related conditions, and recovery from medical procedures related to these experiences (Gough, 2011). Institutions of higher education that receive federal funding are required to comply with Title IX, which translates to providing pregnant students with educational opportunities, including accommodations inside and outside of the classroom, that match those of students with other temporary medical or health conditions (U.S. Department of Justice, 2015). Despite almost 50 years of federal protections through Title IX, pregnant students have not been adequately explored in higher education scholarship. One study that included pregnant students found they do not always feel their needs are being met (Brown & Nicholas, 2012). In their qualitative study about campus climate for pregnant and parenting students at one institution, Brown and Nichols (2012) shared the experience of a pregnant student who failed a course because her professor would not accommodate her needs after she delivered her baby earlier than expected.

4

Beyond the personal and professional aspects of my life that brought me to this topic, my path to this dissertation topic was influenced by feminist literature reviews about students who experience pregnancy and parenting while in college. I learned that pregnancy (when it has been included) has not been studied separately from parenting in higher education scholarship. Instead, it has been combined with parenting into the category of "pregnant and parenting." In my continued search, I sought to better understanding the origins of the "pregnant and parenting" category, which is used by researchers (Brown & Nichols, 2012; Nichols, Biederman, & Gringle, 2017) the United States government (U.S. Department of Education, 2013); legal groups that support women (National Women's Law Center, 2016); non-profit organizations (Students for Life of America, 2018); and by higher education institutions and professional associations (Barnett, Harper, Kemp, Soland, & Stewart, 2016). Some studies include pregnant and parenting students in the category of non-traditional college students (see Brown & Nichols, 2012), which could be because having dependent children is a status included in the definition of the "non-traditional student" according to the National Center for Education Statistics (Department of Education, 2015). However, the pregnant and parenting category has limitations because pregnancy and parenting (or mothering) are separate and unique lived experiences (Athan & Reel, 2015; Rich, 1976; Rubin, 1984; Ruddick, 1995; Young, 2005). A feminist lens on pregnancy and parenting honors the complexity and nuance of women's lived experiences by considering pregnancy as different from the development of a maternal or parental role or identity (Athan & Reel, 2015). Thus, this study explored the unique experience of being pregnant while in college.

Purpose of this Study

The purpose of this study was to hear from women who experienced pregnancy while also being a college student.

This inquiry explored the following primary research question: What are the experiences of women who experience pregnancy while in college? A secondary question asked: How do women make meaning of their experiences with this phenomenon?

This study used an intersectional feminist lens, which is a critical perspective that aims to better understand the experiences of women who hold social identities that historically have been excluded in educational scholarship and praxis (Collins, 2000; Lorde, 2007; Jones, Torres, & Arminio, 2014). An intersectional feminist approach to interpretive phenomenology was used to explore the phenomenon of being pregnant while in college and the ways women made meaning of, or interpreted, those experiences. This study aimed to balance the phenomenological goal of deep understanding (van Manen, 2014), the feminist goal of valuing women's unique experiences (Hurtado, 1996; Reinharz, 1992; Tong, 2009), and the tenets of intersectionality (Collins, 2000; Crenshaw, 1989; Hurtado, 1996; Museus & Griffin, 2011). This was done through in-depth examination of the experience of pregnancy in college using a feminist intersectional theoretical framework and a feminist interpretative phenomenological methodology. At times, it was challenging to balance the phenomenological goal of reducing participants experiences to a "common" experience" (Giorgi, 2009; Smith & Osborne, 2008; van Manen, 2014) *with* the intersectional lens that seeks to draw distinctions in experience among individuals who

6

hold multiple intersecting identities (Crenshaw, 1989; Museus & Griffin, 2011; Yuval-Davis, 2006). Attending to this tension resulted in two main subcategories of findings. First, I delve deeply in the phenomenological essence of being pregnant while in college. This section is entitled the "Common experience of pregnancy in college" and has six subthemes. The second, and shorter, section is called "Pregnancy in college as an intersectional experience" and documents the two ways my 10 participants experienced pregnancy uniquely as a result of their various intersecting racial, ethnic, and social class identities.

Use of Language

Woven through every aspect of this study are the concepts of feminism, gender, and intersectionality. For decades, each of these concepts have been defined, theorized, and applied by scholars, often from varying perspectives and using diverse strategies. Designing and conducting this study has expanded my understanding of, and ability to use in practice, each of these concepts. Given the diversity of language used to describe social identity categories, I made choices about language for the purpose of writing this dissertation. I center gender in my writing because it is central to my argument that gender as a social construct can wield power over, and within the experience of, pregnancy for women. I use the words *woman* and *women* and the pronouns *her* and *she* because the women who participated in the study identified as women and used those pronouns. I refer to race, ethnicity, and social class as they appear in national and campus data sets and as they were named by the women in the study, even if these terms do not always align. For example, government data sets often use the term Hispanic to describe Spanish and Portuguese-speaking countries of

Latin America, but women in the study identified as Latina, or, the gender non-binary, Latinx. I define social class as related to a person's sociocultural background comprising cultural resources and forms of capital such as education and proximity to wealth (Bourdieu; 1986; Rubin, et al., 2014; Weinbach, 2006), but national data sets usually only consider socioeconomic status or current income-level. I also try to apply the concept of intersectionality in all parts of this study, including in the definition of pregnancy, the theoretical framework, and the methodology. It was my goal to honor the experiences of all the women in this study. Participants held complex intersecting marginalized and privileged social identities. I use the terms social location and intersectionality to capture when the experience of pregnancy in college was intersectional and required a participant to navigate layers of oppression.

Defining Pregnancy

In 2016, almost four million pregnancies resulted in the birth of babies in the United States (Center for Disease Control & Prevention, 2018). For the purpose of this study, pregnancy is considered an experience that is inclusive of the physical and psychological changes that occur for women, the development of the fetus, and the care that women receive from care providers (typically doctors and nurse midwives). I define pregnancy using aspects of both the techno-birth, or medicalized, view and from the midwifery model that centers care for women during pregnancy (Gaskin, 2003). Within the United States system of traditional medicine, hospitals, obstetricians, and other medical doctors tend to approach medical care during pregnancy from the perspective of what can go wrong and focus on medical interventions to alleviate the symptoms of pregnancy and childbirth (Gaskin, 2003).

In contrast, midwives, or certified nurses with graduate level education and training, support women through their life stages. Midwives embody the following tenets: they consider pregnancy as a normal life event; believe in the basic human rights of all women; serve as partners to women by involving women in decisions about their care; and use an approach of non-intervention unless intervention is truly warranted (American College of Nurse-Midwives, 2018). My view of pregnancy aligns with the midwifery model, and, although the woman in this study received medical care and support primarily from obstetricians and in traditional medical facilities, it was my priority during this study to view pregnancy as a normal experience, rather than an illness. This meant I placed central the unique, individual experiences of the participants of the study.

The most basic traditional medical definition of pregnancy is the development of a fetus in the uterus of a childbearing woman, which manifests as a complex life event marked by rapid changes in the physiological and psychological domains of a woman's body (American College of Obstetricians & Gynecologists, 2015). The average duration of a "typical" pregnancy is forty weeks, which is divided by the United States system of medicine into three trimesters, or segments of time marked by specific developmental changes in the fetus and pregnant woman (American College of Obstetricians & Gynecologists, 2015).

This study includes the fourth trimester in the definition of pregnancy. This is the period of postpartum time following labor and delivery of a baby that can last up to one year after the birth (Athan & Reel, 2015; Johnson, 2017). The fourth trimester captures the experiences of recovering from the physiological and psychological

9

aspects of one's experience of childbirth, getting to know one's baby, navigating family transition, and experiencing shifts and new developments in identity (Johnson, 2017). The concept of the fourth trimester aligns with the midwifery model of pregnancy, which centers the needs and holistic well-being of women during pregnancy and as they transition into motherhood (Gaskin, 2003). Including the fourth trimester provided space in the study for conversations with women who were up to one-year postpartum.

Title IX

Prior to the enactment of Title IX in 1972 there were no protections in place for students who experienced pregnancy or parenting while a student in the United States system of education (McNee, 2013). Title IX was enacted with the goal of protecting students at all levels of education from discrimination based on sex, including pregnancy and parental status. This includes protecting college students who are pregnant or parents from discrimination in areas such as admission, housing, classroom policies, and activities outside of the classroom (Office of Civil Rights, 2013). Per Title IX, pregnant and parenting students cannot be treated differently by an institution's policies and practices than a student with another temporary medical conditions (Department of Education, 2013). For example, if a professor does not require a doctor's note from a student who had a surgery, they cannot require one from a pregnant student who misses classes due to doctors' appointments. Per the Office of Civil Rights (2013), accommodations must be provided to students who are pregnant, including allowing trips to the restroom and moving classroom spaces if physical access is a concern for a student. Despite Title IX mandating that institutions provide

10

pregnant student with educational opportunities that match those of other students with temporary medical conditions (Department of Justice, 2015), very little is known about whether the needs of pregnant students are accommodated because there is a dearth in the research on this topic (Brown & Nichols, 2012; Center for Work Life Law, 2017).

Furthermore, Title IX only applies to institutions that receive federal funding, so schools that are affiliated with a religion, for example, are not mandated to follow Title IX if it violates the tenets of its religious mission (Department of Education, 2013). While not required, religiously affiliated institutions can submit a formal letter of request for exemption from Title IX to the Office of Civil Rights within the Department of Education (Department of Education, 1989). Approval of an exemption is a "request for assurance from the Office of Civil Rights of certain exceptions to sections of the regulation" (Department of Education, 1989, p. 1). Recently, the Department of Education released an updated list of 56 colleges and universities that have filed exemptions from Title IX (Office of Civil Rights, 2016).

The federal government does not provide many details about how institutions must implement Title IX (Brown & Nichols, 2012). It states that institutions must have a policy against sex discrimination (but it is only recommended that pregnant and parenting statuses are included in the policy), a method for handling grievances that is available to the public, and a person on their campus who is designated as the Title IX Coordinator (Office of Civil Rights, 2013). It is up to campuses to determine whether they support students beyond the basic requirements of the law. For example, it is not required that schools provide programs for pregnant and parenting students or to train

11

faculty and staff on how to support students who fall within the protections of Title IX (Office of Civil Rights, 2013).

Data about College Students with Dependents

The United States Department of Education attempts to capture national data about the numbers of college students with dependents through its National Postsecondary Student Aid Study (NPSAS, 2018), which occurs every two years. The NPSAS (2018) uses information about dependents that is collected on federal applications for financial aid. According to this data, almost five million, or 26 percent, of undergraduate students, both men and women, in the United States reported having child dependents (U.S. Department of Education, 2015) and the majority are low-income students of color (Kruvelis, Cruse & Gault, 2017). Kruvelis, Cruse & Gault (2017) analyzed the most recent Department of Education data and found the population of parenting college students increased by 30 percent from 2004 to 2012. In New England, this number grew 20 percent and the current number of parenting students in New England states comprise 18 percent of the total undergraduate population (Kruvelis, et al., 2017). Women make up 71 percent of the almost five million college students with dependents and single mothers make up 60 percent of the total population of students who are parents (Kruvelis, et al., 2017). Nearly two in five Black women (37 percent) and 27 percent of American Indian/Alaska Native women are raising a child without the support of a spouse or partner while in college, compared with 19 percent of Hispanic women, 17 percent of women of two or more races, 14 percent of White women, and seven percent of Asian/Pacific Islander women (Kruvelis, et al., 2017). This analysis also found that 28

12

percent of single mothers who entered college between 2003 and 2009 earned a degree or certificate within six years, compared with 40 percent of married mothers, and 57 percent of women who were not parenting while students (Kruvelis, et al, 2017).

Despite existing data that attempts to count this population, there is not a mechanism for conclusively counting the number of students who have dependents at the national level or at the level of the individual campus (Kruvelis, Cruse & Gault, 2017). Since schools rely on data from financial aid applications and campus-specific documents related to financial aid, attempts to count this population may not be accurate. Many students do not complete the Free Application for Federal Student Aid even though they are eligible for financial aid. Sometimes this is because the application is challenging to navigate (Scott-Clayton, 2015) and high schools and colleges do not have adequate staff to support students during the financial aid application process (McKinney & Novak, 2012; Page & Scott-Clayton, 2016). Additionally, students who complete applications for financial aid sometimes do not provide accurate information about their dependents, which is a common mistake especially for students who are expecting a child when completing their application (National Association of Student Financial Aid Administrators, 2017).

The literature is replete with information about the benefits of pregnant and parenting students earning postsecondary degrees. College attendance is associated with better health outcomes and greater economic stability (Kruvelis, Cruse, & Gault, 2017). Research also documents better outcomes for children of mothers who attend college including enhanced vocabulary, reading and math scores, and college attendance (Attewell & Lavin, 2007). National data also reveals that earning a college

www.manaraa.com

degree dramatically improves the lives of single mothers and benefits society (Gault, Milli, & Cruse, 2018). For single mothers, a college degree leads to higher employment rates, increased lifetime earnings, improved health for mothers and children, and increased civic engagement (Gault et al., 2018). For example, 62 percent of single mothers with less than a high school diploma live in poverty in comparison to thirteen percent with a bachelor's degree (Gault et al., 2018). It also benefits society for single mothers to earn college degrees since they contribute more in taxes and use fewer public services (Gault et al., 2018). A recent study also found that providing childcare assistance on campus more than tripled the on-time graduation rates of student parents (DeMario, 2017). Overall, it would cost $55,819 to support single mothers with childcare, case management, and additional financial aid, but would save $86,060 in tax and public benefits savings (Gault et al., 2018). In sum, educating pregnant and parenting women benefits women, children, and society. Yet, there is a dearth of empirical information documenting the rich qualitative experiences of students who are pregnant while in college. This study sought to fill that gap.

14

CHAPTER 2

REVIEW OF LITERATURE

Introduction

Few empirical studies in higher education have considered the experience of being pregnant while an undergraduate student. Therefore, this literature review comprises literature from several disciplines, which, when combined, led me to this specific topic. The first part of the literature review provides context for why the experience of pregnancy is a unique time in a woman's life and how it can be an intersectional experience for women who hold multiple intersecting social identities. This section will include the physiological, psychological, financial, societal factors that can influence one's daily experiences during pregnancy. The next part of the literature review focuses on scholarship in higher education (and other fields) that lend understanding to the topic of pregnancy for college students.

Unique Circumstances of Pregnancy

The circumstances of pregnancy are distinctly different from the roles and identities of mothering or parenting, which can be taken on by women who do not experience pregnancy (non-birth partners or adoptive parents) and men with a parental role (Athan & Reel, 2015; Johnson, 2017; Rubin, 1984; Ruddick, 1995). Furthermore, pregnancy is marked by specific physiological, psychological, financial, and social circumstances (American College of Obstetricians & Gynecologists, 2015; Bainbridge, 2006; Darvill, Skirton, & Farrand, 2010; Nash, 2012;).

Physiology of pregnancy. When centering the lived experience of being

pregnant, is it necessary to consider the extent of the physical nature of the experience.

Many aspects of the physical body are impacted by the experience of pregnancy,

including the endocrine system, cardiovascular system, breasts, abdomen, body

temperature, integumentary system (hair, nails, skin), urinary systems, legs and feet,

musculoskeletal system, and body weight (American Pregnancy Association [APA],

2019). A woman in good health is equipped to cope with unpleasant physical

symptoms of pregnancy, including nausea and vomiting, fatigue, backache, labored

breathing, heartburn, constipation, hemorrhoids, vaginal discharge, leg cramps,

varicose veins, and edema; symptoms that would be considered signs of illness in any

other circumstance (APA, 2019). Despite being typical, pregnancy symptoms can

cause significant discomfort and impact a woman's ability to move through daily life

(Enkin, Keirse, Neilson, Crowther, Duley, & Hodnett, 2000). Before the age of

twenty, a woman's body is still developing and is less equipped to deal positively with

the symptoms of pregnancy (APA, 2019). Furthermore, some women have an

increased risk of more challenging conditions, such as hypertension, gestational

diabetes, infection, and placenta issues (Enkin et al., 2000). These conditions increase

the amount and types of care needed during pregnancy (Enkin et al., 2000).

Beyond the physical changes that occur for a woman, a fetus undergoes

immense growth and change. During the first trimester (comprising months one

through three or weeks zero through 13) all major organs, muscles, bones, and systems

of the body are formed in the fetus (American College of Obstetricians &

Gynecologists, 2015). Also, the placenta develops in the woman's uterus which is a

16

temporary organ with the sole purpose of transferring oxygen, hormones, and nutrients from woman to fetus (American College of Obstetricians & Gynecologists, 2015). The second trimester (comprising months four through six or weeks 14 through 27) is marked by the functioning of systems in the fetus, including swallowing, hearing, sleeping, waking, grasping, and sensing light and dark. At various points during the first and second trimester, some women choose to learn through blood tests, ultrasounds, and more invasive testing about the likelihood of birth defects or chromosomal differences in their babies (American College of Obstetricians & Gynecologists, 2015). During the third trimester (comprising months seven through nine or weeks 28 through 40) the fetus experiences additional development of the brain, weight gain, the hardening of bones, and will often begin to move into position for birth.

Psychology of pregnancy. Being pregnant is also a psychological experience. Every pregnancy is accompanied by emotional, psychological, and cognitive changes for women (American College of Obstetricians & Gynecologists, 2015). Pregnancy is a positive experience for some women, while others will attach negative feelings to pregnancy that can add additional stress in the body and impact maternal or fetal health (Dott, Rasmussen, Hogue, & Reefhuis, 2010). Stress can lead to mental health conditions for women, including depression and anxiety (Center for Disease Control & Prevention, 2016). Additional stress can be experienced if a pregnancy is unplanned or unwanted (DiPietro, 2012). Women can also experience challenges with body image during pregnancy (Nash, 2012). Women also experience challenges in their emotional health if they have trouble coping with the symptoms of pregnancy or

they have more serious pregnancy-related health complications (Center for Disease Control & Prevention, 2016).

The experience of pregnancy does not occur in a vacuum. Pregnancy occurs at a specific time in a woman's life and affects her other responsibilities and her relationships with others (DiPietro, 2012). A woman's experience during pregnancy can be positively and negatively impacted by her interactions with others and the environments and circumstances in which she lives (DiPietro, 2012). The outcomes of a women's pregnancy are dependent on: her physical and emotional health; her access to quality prenatal care; her use of and response to prenatal care; and the support she has (or does not have) from care providers, family, friends, and the environments in which she lives (Enkin, Keirse Neilson, Crowther, Duley, & Hodnett, 2000). Additionally, pregnancy impacts a women's day-to-day existence as she thinks about mitigation of unpleasant symptoms and scheduling appointments with care providers, which increase in frequency as her pregnancy progresses (American College of Obstetricians & Gynecologists, 2015).

Financial cost of pregnancy. It costs money to be pregnant and raise a child. In 2010 in the United States, the average cost of pregnancy inclusive of the birth of a child ranged from $9,000 to $50,000 and the average cost was $30,000 (Truven Health Analytics, 2013). The average out-of-pocket cost for women with insurance was $3,400 (Truven Health Analytics, 2013). Costs vary greatly by state and are also dependent on: insurance coverage for maternity care; the type of birth experience (vaginal or cesarean); the level of complication involved in prenatal care and childbirth; medical interventions provided to woman and baby; costs associated with

individual hospitals and medical office and facilities; and the fees of individual health care providers (Truven Health Analytics, 2013). Additionally, as a pregnancy progresses, women often need to purchase clothing and shoes to accommodate their changing physical body, vitamins, special food if they are on a regulated diet, and other supplies depending on their specific circumstances (American College of Nurse-Midwives, 2018). Women must account for potential loss of income due to health complications from pregnancy and from time away from work to attend medical appointments (American College of Nurse-Midwives, 2018). Women must also consider the cost of transportation to appointments with their healthcare provider (American College of Nurse-Midwives, 2018). They must also prepare for their baby's arrival in their home, which—at a minimum—often requires purchasing baby clothes, diaper supplies, a sleeping space for their baby, and supplies for breast or formula feeding (American College of Nurse-Midwives, 2018).

Societal norms and pregnancy. Pregnancy occurs within the social contexts and environments of a women's life, such as her education or workspace and her relationships. In 2006, Jane Bainbridge described the phenomenon of the pregnant woman as "public property" and the paradox of the interaction between pregnant women and society as both invasive and communal. This idea was further expanded on by contemporary scholars, including Nash (2012) who studied pregnancy embodiment and body image. Bainbridge (2006) and Nash (2012) both described the ways society, metaphorically, feels that a woman's pregnancy is everyone's business. People might ask questions about how far along a woman is in her pregnancy or about the sex or name of the baby. Strangers feel comfortable touching (with or without

permission) a pregnant woman's stomach (really, their uterus) and providing unsolicited advice about pregnancy, birth, and parenting (Nash, 2012). People also comment in ways that objectify the body of a pregnant women (Bainbridge, 2006; Nash, 2012). For example, people will comment on a woman's physical size during pregnancy or make a judgment about how she looks, such as healthy or tired (Nash, 2012). Bainbridge (2006), also describes pregnancy as a time in a woman's life when she is part of a special "club" and the potential sense of community that is shared among women who experience pregnancy. She calls this a "communal sense of sharing," which might manifest as communication between two pregnant women who pass each other on the street, passing down of information about pregnancy and motherhood between generations of women, and a general warmth from others that women experience when pregnant (Bainbridge, 2006, p. 265). These social norms and a communal sense of sharing seem to apply most often to women outside academe (Acker, 1990). For example, prior to Title IX, pregnant women were historically excluded from college. As I will show in forthcoming sections, literature continues to suggest pregnant women continue to experience more exclusion than community in college (Brown & Nichols, 2012; Nichols, Biederman, & Gringle, 2017).

Pregnancy as intersectional. The women who participated in this study described experiences of power and oppression related to their gender, race, and social class. Most participants identified as women of color and as low-income or from a working-class background. All the women received prenatal care from obstetricians, rather than nurse midwives. Other than a few medical doctors leading the charge on equity and social justice in pregnancy and childbirth (for example, Moriates, Arora, &

20

Shah, 2015), social identity and intersectionality historically have not been explored in conversations about pregnancy in the world of medicalized birth (Rothman, 1982; Thompson, 2016). Conversations about oppression and privilege experienced during pregnancy as they relate to social identities such as race, social class, and sexuality, for example, have long been an integral part of the childbirth reform movement comprised of nurse midwives and nonmedical birth workers like doulas, lactation counselors, and childbirth educators (Basile, 2012; Olesker & Walsh, 1984; Rothman, 1982; Thompson, 2016). Social identity and intersectionality have also been integrated into efforts of feminist scholars to challenge the erasure or absence of women's voices (especially diverse women's voices) from the law and politics of reproduction (Davis, 1981; Millett, 1970; Wolivers, 2002). The next section provides further context for how power and oppression can manifest for women during pregnancy.

The intersections of a woman's race, social class, and sexuality have the potential to impact all aspects of their pregnancy, including the ways they are perceived, treated, and stereotyped by the United States system of medicine and by people with whom they interact, including their nurses and doctors (Rosenthal & Lobel, 2016; Wojnar & Katzenmeyer, 2014)). According to the American Council of Obstetrics and Gynecology (ACOG) (2015). In comparison to white women, women of color experience disparities in the care they receive from medical practitioners and from the United States healthcare system (ACOG, 2015). Disparities stem from a long history of racism and classism in American medicine, including a period when poor women of color faced coercive contraception policies or were sterilized to prevent them from having children (Nelson, 2003; Stern, 2005). The United States is the only

"developed" country where healthcare is not a right afforded with citizenship (ACOG, 2015). Even with the Affordable Care Act, many Americans are uninsured or underinsured (ACOG, 2015). Structural inequities within American society, including unequal educational and economic opportunities, further impact women's access to healthcare during pregnancy. Disproportionately, women of color are most impacted because they are more likely to be considered low-income (ACOG, 2015). Even when women can participate in healthcare during pregnancy, they experience stereotyping, implicit bias, and a lack of knowledge about their unique social identities from practitioners. For example, lesbian mothers (biological and non-biological) have reported that healthcare providers do not adequately understand lesbian health during pregnancy and the unique experiences associated with being lesbian parents (Harvey, Carr, & Bernheine, 1989; Hequembourg & Farrell, 1990; Renaud, 2007). Bias, discrimination, and a lack of knowledge can impact the types of recommendations made to women about the care they need during pregnancy, labor and birth, and the postpartum period (ACOG, 2015; Moriates, Arora, & Shah, 2015).

Despite spending more money per capita on health care than any other nation, the United States has comparatively poor outcomes in terms of perinatal, neonatal, and maternal mortality and low birth weight, which has been linked to an inadequate insurance system and a history of systemic racism in healthcare (Sakala & Corry, 2008). Black mothers and babies experience especially concerning maternal and perinatal health outcomes, with far higher rates of preterm birth, low birth weight, and fetal, perinatal, and maternal mortality (Hamilton, Martin, & Ventura, 2011). In 2007, 25 million Americans adults were underinsured (Schoen, Collins, Kriss, & Doty,

22

2008). Medicaid was the source of payment for 43 percent of all births in the year 2016 (Center for Disease Control & Prevention, 2018). Sixty six percent of Black women, 67 percent of American Indian or Alaska Native women, and 60 of Hispanic women used Medicaid (Center for Disease Control & Prevention, 2018). Only 30 percent of white women used Medicaid (Center for Disease Control & Prevention, 2018). The rules for qualifying for insurance through Medicaid are dependent on whether a person's state of residence has an expanded Medicaid program (U.S. Centers for Medicare & Medicaid Services, 2019). Various factors of a woman's situation make her eligible for assistance, such as income, household size, disability, family status, and other factors (U.S. Centers for Medicare & Medicaid Services, 2019). In states with expanded Medicaid, income must be 133 percent below the federal poverty line (U.S. Centers for Medicare & Medicaid Services, 2019). Recipients of Medicaid can only see providers who accept Medicaid (U.S. Centers for Medicare & Medicaid Services, 2019), which impacts one's agency and control over the type of care they receive as well as when and where they receive that care. When providing care, physicians and nurses often do not know which patients are underinsured and do not understand the financial risks facing patients (Moriates, Arora, & Shah, 2015). This may lead to unexpected and unaffordable tests (Moriates et al., 2015).

Pregnancy and Parenting: Scholarship in Higher Education and Other Fields

The 1937 Student Personnel Point of View established that higher education should attend to the whole student, including their individual differences (Patton, Renn, Guido, & Quaye, 2018). This resulted in decades of research and practice

aimed to better support all students (Patton, et al., 2018). However, pregnant and parenting students are largely missing from academic scholarship (Brown & Nichols, 2012), and most campuses do not have college data about these populations (Center for Work Life Law, 2017). Little is known about whether their needs are being met through policy and practice. The small amount of research about the experiences of pregnant and parenting students on college campuses suggests federal protections through Title IX have not been enough to ensure equitable experiences for students.

Within higher education, the experience of being pregnant has been combined with the experiences of mothering or parenting. Current efforts to understand how parenting and motherhood (not pregnancy, specifically) impacts the experiences of populations within the sphere of higher education has been focused primarily on graduate students (Martinez, Ordu, Della Sala, & McFarlane, 2013; Sallee, 2013; Sallee, Zare, & Lester, 2009; Springer, Parker, & Leviten-Reid, 2009; Stimpson & Filer, 2011) and faculty (Anderson, Morgan, & Wilson, 2002; Ward, & Wolf-Wendel, 2004; Wolf-Wendel & Ward, 2006; Wolf-Wendel, Ward, & Twombly, 2007). Parenting fathers are largely missing from the research (Brown & Nichols, 2012; Nichols, Biederman, & Gringle, 2017).

Faculty have written about the experience of being pregnancy while teaching. Silbergleid (2009) talked about the ways her pregnancy served as a pedagogical tool in her gender and women's studies course during conversations about gender. As an example, Silbergleid used her sonogram picture, on which the ultrasound technician drew a pink bow on her baby's head to signify her baby was female. In class, she coupled this forced gender prescription—while the child was in utero—with Judith's

Butler's (1990) book *Gender Trouble* to encourage students to imagine a world in which gender is fluid, flexible, or nonexistent. Much like Young's (2005) description of pregnancy embodiment, Silbergleid described the role of her pregnancy in the classroom. She did not want to hide her pregnancy, but, instead, wanted students to see her as a pregnant person and a professor.

The few studies that have centered undergraduate students have focused on parenting versus pregnancy or have included a few pregnant students in studies about parenting in college (Arcand, 2015; Brown & Amankwaa, 2007; Brown & Nichols, 2012; Duquaine-Watson, 2007; Haleman, 2004; Radley & Cheatham, 2013; Yakaboski, 2010). While these studies do not provide deep insight into the specific experience of pregnancy, they are highlighted here because they provide a snapshot of the way higher education scholarship currently embeds pregnancy into the experience of parenting. Currently, this is all the information we have to understand the experiences of women who are parents while in college.

Yakaboski (2010) used focus groups to explore the campus experiences of single mothers at a midwestern research university. Yakaboski (2010) found that student's abilities to fully integrate their identities of being mothers and students were hindered by many barriers. Those included: financial barriers of childcare and student fees; challenges with scheduling classes around their children's schedules; non-supportive attitudes from faculty and staff toward single mothers; and exclusion from campus events and spaces that did not allow children.

The National College Athletic Association (NCAA, 2008) created a guide of resources and best practices for supporting pregnant and parenting student athletes.

This report states that 85 to 98 percent of athletics departments do not have written policies or resources to support pregnant and parenting students (NCAA, 2008). This report centers pregnancy throughout, including in its declaration that women can successfully be both pregnant and athletes. The report includes the physiological and psychological impacts of pregnancy on women, prenatal care during pregnancy, and how polices must be written and enacted to account for the legal rights of pregnant students and their needs as student athletes (NCAA, 2008).

Several studies have considered the experiences of single mothers in college. Brown and Amankwaa (2007) found that single mother experienced structural barriers including a lack of campus housing. Radley and Cheatham (2013) used qualitative methods and an intersectional framework to focus on single mothers in college. They found that single mothers who were least likely to apply for federal financial aid were students who: did not earn a traditional high school diploma; enrolled part-time in college; full-time employees while in college; and reported the deepest level of poverty. Arcand (2015) also studied single mothers, specifically low-income women at community colleges. Arcand argued that community colleges can borrow ideas from the for-profit sector to better recruit and retain low-income single mothers, including streamlined support services; more convenient and flexible course times; and scholarships for childcare expenses. Duquaine-Watson (2007) also studied single mothers at community colleges and identified that single mothers feel marginalized due to their single mother status. Specifically, women shared narratives about feeling ignored or unwelcome due to institutional policies and the behaviors of faculty and staff (Duquaine-Watson, 2007).

Haleman (2004) conducted an ethnography to better understand the experiences of 10 mothers who were college students and recipients of government social support, or welfare. She found that women faced negative stereotypes about single motherhood, which they contested (Haleman, 2004). Women also saw higher education as a mechanism for helping them move off welfare and out of poverty toward a better economic situation, while also helping them role-model a positive educational experience for their children (Haleman, 2004).

A case study at one institution focused on the needs of pregnant and parenting students (Brown & Nichols, 2012). Brown and Nichols (2012) found that college campuses can better support pregnant and parenting students by providing daycare on campus, better structures for housing and transportation, better support for differing financial aid needs, and more flexible course scheduling. The Brown and Nichols study included men and women at the undergraduate and graduate levels who experienced pregnancy, parenting, or both during college. The experience of pregnancy was not considered as unique to parenting in the Brown and Nicholas study.

A case study exploring the ways administrators and faculty respond to parenting and pregnant students found the absence of clear protocols for faculty (Nichols, Biederman, & Gringle, 2017). Therefore, institutional level responsibility was transferred to individual professors who espoused different classroom policies and their own beliefs about support for parenting and pregnant students (Nichols, et al., 2017). Staff and faculty participants questioned why parenting should be favored over other familial responsibilities, such as having an aging parent (Nichols, et al., 2017).

27

Participants also expressed concern about favoring parenting students over other students (Nichols, et al., 2017). This points to their lack of understanding of Title IX. Students in the study said they felt judged by faculty and staff who pushed their beliefs about marriage and family (Nichols, et al., 2017). Students also expressed a desire to challenge the beliefs of staff and faculty (Nichols, et al., 2017).

Given the lack of focus in the scholarship on the specific experience of being pregnant while in college, I looked to other disciplines for research about this population. The fields of nursing, sociology, and marriage and family studies have contributed research about women who experience pregnancy between the ages of 18 and 25. Topics include the experience of avoiding unintended pregnancy during the transition to adulthood (Weitzman, Barber, Kusunoki & England, 2017) the birth experiences of mothers under the age of 25 (Carson, Chabot, Greyson, Shannon, Duff, & Shoveller, 2017) and adolescent mothers' experience with pregnancy (Nichols, 1992; Sauls, 2004). Weitzman, Barber, Kusonski, and England (2017) found that enrollment in college and employment in career-focused jobs were associated with a lower desire for pregnancy and a stronger desire to avoid pregnancy. Carson, Chabot, Greyson, Shannon, Duff, and Shoveller (2017) used narrative analysis to explore the stories of mothers ages 15 to 24 years old. They found that mothers told stories about the impact of their birth experiences on the formation of their maternal identity, how they thought about social expectations and moral judgments from others about their "young" motherhood, and how they navigated the physical and social environment of labor and delivery (Carson et al., 2017). The women described examples of their capability, competence, and maturity as they navigated their experiences. Like

Nichols, Biederman, and Gringle (2017), mothers in this study challenged negative perceptions about what it means to be a young mother and explained ways they are "performing birth and motherhood according to normative expectations" (Carson, et al., 2017, p. 828).

This literature review revealed the experience of being pregnant while a college student as an area that needs to be explored further in the scholarship. Being pregnant is not the same as being a parent or being a mother. Yet, these differences are not addressed in the literature or by organizations that attempt to support pregnant and parenting students (Center for Work Life Law, 2017). However, feminist scholars who theorize about motherhood point out that mothering and parenting are separate experiences from pregnancy (Athan & Reel, 2015; Rich, 1976; Rubin, 1984; Ruddick, 1995). Pregnancy is marked by unique circumstances that can only be experienced by those who can become pregnant (American College of Obstetricians & Gynecologists, 2015). This perspective is central to my theoretical framework.

Theoretical Framework

A theoretical framework is a philosophical stance that guides the questions asked by researchers and the way research questions are asked in a study (Grant & Osanloo, 2014; Patton, Renn, Guido, & Quaye, 2018). When applied in research, a theoretical framework should serve as a "blueprint" from which all parts of a study are designed (Grant & Osanloo, 2014, p. 13). My theoretical perspective aligns with a critical approach given my research interests exist solidly in questioning the ways systems of society have historically and continue to oppress individuals who hold marginalized identities (Jones, Torres, & Arminio, 2014). I also aim, through my

29

research, to transform those same systems to be more equitable and inclusive of all people (Jones, et al., 2014). An intersectional feminist theoretical framework is a type of critical framework (Jones et al., 2014) and the framework from which I approached this study. In this section I will explore feminist theory and intersectional theory; two bodies of theory that are intertwined, and, from my perspective, cannot be unwoven. I will also provide a rational for using an intersectional feminist theoretical framework for this study.

There are many types of feminists, feminist theories, and feminist perspectives (Reinharz, 1992; Kholi & Burbules, 2013; Tong, 2009). For the purpose of this study, I am most interested in feminist ideas that center the following concepts as they relate to pregnancy for college students: gender as a social construct; power and oppression related to the intersections of gender, race, and social class; female embodiment; and feminist social and political theory related to pregnancy.

Centering gender. Exploring the lived experiences of college women who experience pregnancy necessitates a focus that centers gender and the experiences of women—a central tenet of feminist research (Evans, 1997; Firestone, 1970; Kholi & Burbules, 2013; Reinharz, 1992; Tong, 2009). Various feminist perspectives can be applied to research, but, in general, feminist theorists center gender as a socially constructed label that has been used to oppresses women in all facets of society (Evans, 1997; Hayes & Flannery, 2002; hooks, 2000; Reinharz, 1992; Tong, 2009). Feminist research also seeks to explore the ways patriarchal and hegemonic institutions shape the experiences of women (Butler, 1990; Kholi & Burbules, 2013; Millett, 1970; Reinharz, 1992; Rich, 1976; Ropers-Huilman & Winters, 2011;

Ruddick,1995; Tong, 2009; Woliver, 2002). As an educator, administrator, student, and scholar who works in higher education, I take the position that higher education (like medicine, politics, and law) is a system rooted in patriarchy and hegemony. Power in higher education has historically been held by white men (Acker, 2000). Thus, its curriculum and administrative practices are patriarchal, or have been created by, and for, white men, and hegemonic, or designed to preserve white men's experiences as the norm (Acker, 1990). Furthermore, scholarship of all disciplines (including higher education) has historically deemed invisible women's experiences within patriarchal institutions, as well as their resistance to its structures (Acker, 1990; Harding, 1987).

Scholars in higher education caution that the current void of feminist-focused research in higher education will result in women's perspectives continuing to be absent from efforts to reform policies and practices to better meet the needs all students (Ropers-Huilman & Winters, 2011). As such, feminist studies, like this one, are an important step toward transformative praxis in higher education institutions. Social change is an aim of feminist research (Reinharz, 1992; Kholi & Burbules, 2013; Tong, 2009), and it is my goal for this research to facilitate change in policies and practices within higher education that provide more equitable experiences for all women who experience pregnancy while in college.

The women who participated in this study share the experience of pregnancy, a physical and emotional experience unique to each woman. Thus, I drew on the work of feminist scholars who explain gender in ways that lend understanding to how gender, as a social construct, impacts the experience of pregnancy (Butler, 1999;

31

Butler, 1998; de Beauvoir, 2001; Firestone, 1970; Millett, 1970; Nash, 2012; Oakley, 1974; Tong, 2009; Young, 1990). Feminist scholars tend to agree that we live in a patriarchal society that was set-up in ways that link biological sex to gendered identities, but gender is a contested concept in feminist scholarship (Tong, 2009). Many scholars separate sex and gender and reject the patriarchal notions that our sex organs predispose us to certain sets of behaviors—and not adhering to those behaviors is not "normal" (Tong, 2009, p. 51). Feminist scholars of reproductive and sexual politics link notions of the patriarchal system of sex and gender to the overarching goal of hegemony, or of oppressing women's power in society (Millett, 1970; Woliver, 2002). Radical feminists of the 1970s who took on the ideas of sex and gender espoused a diversity of ideas for dismantling this power differential (Tong, 2009). Some early feminist scholars considered reproduction (including pregnancy) and motherhood. Firestone (1970) took on sex and gender from the perspective of reproductive rights, specifically the idea that it would require the end of the biological family to free women from the gender role of reproduction. Firestone believed this freedom would allow people of all genders to explore their sexuality without pressure to procreate. Firestone also felt it would provide more space for people to take on both masculine and feminine traits. Oakley (1974) argued that motherhood is a social construct aimed to make women feel abnormal or selfish when they do not want to have children. Rich (1976) agreed that women should be freed from the societal pressure to have children but did not agree that dismantling the biological family was necessary to free women from patriarchal expectations. Rich felt women should make their own decisions about pregnancy and motherhood. Rich also labeled female

biology as a source of power for women and urged feminists not to dismiss or limit that power. Butler (1990) explained the complexity of both sex and gender, arguing the two are separate, and conjectured that society has its grips so tightly on the scripts deemed appropriate for sex and gender that it takes great force to push against those norms. About the idea that women share a set of experiences or features that define their gender, Butler pointed to the "the multiplicity of cultural, social, and political intersections in which the concrete array of 'women' are constructed" (Butler, 1990, p. 19–20).

In a similar vein, social feminists and contemporary voices on the politics of reproduction note that—regardless of how you feel about sex and gender—women's voices and experiences are often missing from developments in the science, politics, and laws that govern their bodies and profoundly influence their experiences (Acker, 2000; Chicago Women's Liberation Union, Hyde Park Chapter, 1972; Woliver, 2002). These voices ascertain that "understanding of the dynamics of power, with the realization that those who have power have a vested interest in preserving it and the institutional forms which maintain it" is a crucial step toward changing patriarchal and hegemonic systems to be inclusive of women's perspectives and experiences (Chicago Women's Liberation Union, Hyde Park Chapter, 1972, p. 3). Thus, they push for those who are impacted by political decisions to have a say in those decision-making processes (Woliver, 2002).

My perspective on gender and how it fits in with sex, reproduction, and motherhood is an area I continue to push my thinking on. However, for the purpose of this study, I apply gender as a social construct that impacts the experience of

pregnancy. de Beauvoir famously said one is not born, but rather becomes a woman, and that "social discrimination produces in women moral and intellectual effects so profound that they appear to be caused by nature" (de Beauvoir, 1949, p. 18). Butler (1993) added to this idea with her claim that sexed bodies are also socially constructed. Butler did not argue that biological sex does not exist but claimed that the ways we understand biological sex are also rooted in social constructions. A process of categorization begins at birth when a baby is declared male or female (or the gendered 'girl or boy') and is given a pink or blue hat. Messages about sex and gender continue throughout our lives by way of the patriarchal institutions in which we interact. Butler argued that this process of categorization is a normative one that leads to a society of people who believe (and live as if) both sex and gender as objective facts. Becoming pregnant is dependent on biological sex, but the ways women making meaning of their experiences with pregnancy are rooted in social constructs of sex, gender, and, consequently, pregnancy.

Centering gender as socially constructed allowed me to consider the physiological and psychological experiences of pregnancy and the gender norms and societal messages about pregnancy that women might internalize or resist. I also purport that pregnant college students exist in a structure—higher education—that continues to flourish as a patriarchal and hegemonic system in which white men hold most of the power and they work to maintain that power (Acker, 2000). The voices and perspectives of pregnant students are missing from higher education institutions and scholarship, which shapes the praxis of the student affairs profession. The diverse perspectives of pregnant students, who are women, must be integrated into the

34

scholarship and praxis of higher education so they can transform higher education into an institution that is equitable for women.

Patriarchy and women's bodies. In her book *Of Women Born: Motherhood as Experience and Institution*, Rich (1976), writer of feminist non-fiction and poetry, provided context for the theoretical framework of my study. Rich focused mostly on motherhood as an institution rooted in patriarchy, but also provided important historical context about pregnancy as social, political, and dependent on each woman's unique circumstances. She theorized that the experiences of pregnancy have been so deeply shaped by men that they impact women's decisions about their bodies and the language they use to describe their experiences with pregnancy (Rich, 1976). Rich said, "the woman's body is the terrain on which patriarchy is erected" (p.42). She also argued that men have determined which aspects of the experience of pregnancy are considered valid and which are deviant, such as abortion, lesbian motherhood, or giving birth outside of a hospital (Rich, 1976).

Scholars have argued that not allowing women to own the physical and emotional experience of pregnancy is an act of oppression (de Beauvoir, 1949; Lorde, 2007; Rich, 1976; Ruddick, 1995). Central to Ruddick's (1995) theory of maternal thinking is the idea that pregnancy and motherhood are separate. She said that becoming a mother or parent requires the involvement of a birthing person but birthing a child does not always equate to motherhood or parenting. Beyond this claim, she also described the oppressive systemic view of pregnancy. Ruddick (1995) asserted that pregnancy (compared to a normative adult male body that does not change) is viewed as abnormal and is considered "as a disorder—like disability, aging, and

menstruation—with symptoms that require treatment, which can alienate women who live the experience" (p. 56). Ruddick also specified that contemporary society gives men ownership over women's pregnancies by allowing male partners to claim they are also "pregnant." This denies women "the symbolic, emotional, ultimately political significance" of pregnancy and birth and all of its "anxieties, discomforts, intrusive testing, painful delivery, and unique excitements and pleasures" (p. 49).

de Beauvoir is the feminist phenomenologist often credited as the first scholar to embrace a feminist theoretical view of embodiment, which highlights the connections between a woman's mind, body, and the physical and social contexts in which the mind and body exist (Lennon, 2014). In her book *The Second Sex*, de Beauvoir (1949) used phenomenology to explore the ways woman were defined by society as "other" in comparison to men. She also takes on patriarchal myths associated with being a woman, including myths associated with femininity and motherhood. She relied on first-person accounts from women (including her own experiences) to arrive at commonalities shared by women while honoring that every woman's experience is unique. Related to biology, she points out that women experience menstruation, pregnancy, and lactation, which cannot be experienced by men. She argued that womanhood should be defined by each woman while advocating for changes in social structures resulting in women's access to universal childcare, access to education, and reproductive rights (such as contraception and abortion).

Historically, some feminist scholars have distanced themselves from the idea that women's bodies are different from men's bodies because physical differences

have been used to oppress women (Young, 2005). However, scholars who draw upon critical race theory and theories of disability have argued that the physical body plays a central role in the social and political spaces of a person's life (Asch, 2001; Campbell, 2008; Garland-Thompson, 2002; Ledesma & Calderón, 2015). For women, pregnancy is embodied; the fetus is always present, and the presence of the fetus is sometimes evident to others as a pregnancy progresses (American College of Obstetricians & Gynecologists, 2015). Young (2005), feminist and phenomenologist, uses the term "body experience" to describe the physical and emotional experience of pregnancy, which, while temporary, is dynamic and unique to each woman as her body undergoes rapid internal and external change over a short period of time while she interacts with structures in the physical world (e.g., walkways and chairs) that suddenly seems difficult to navigate (p. 54). Young (2005) further described the complexity of the internal and external by juxtaposing societal messages women often receive about pregnancy as alien, fragile, maternal, desexualized, and ugly, while a woman might feel strong, healthy, beautiful, powerful, and sexual.

Intersectional feminism. I did not approach this study with the belief that one's identity as a pregnant person or as a woman is their most salient identity during their pregnancy. Student affairs practitioners, like myself, belief in the holistic development of college students (Patton, Renn, Guido, & Quaye, 2018), and this perspective aligns with feminism that honors the whole person (Lorde, 2007). Thus, it was important to recognize participants as people with complex, intersecting social identities. This led me to think about the application of intersectionality to the experience of pregnancy. For the purpose of this study, intersectionality was used to

37

explore participants' social locations, or the ways their social identities interacted within the system of higher education and afforded her power or oppressed her power during college. In other words, it was not only the social identities of each woman that I sought to explore, but her social location and consequences of intersecting systems of oppression (Yuval-Davis, 2006) during her experience of being pregnant while in college.

While ideas vary about what it means to be a feminist, use feminist theory, and do feminist research, most feminist scholars posit that women can have experiences that are similar while also allowing for differences—sometimes rooted in racism and classism—among those experiences (Collins, 2000; hooks, 2000; Lorde, 2007, Reinharz, 1992; Tong, 2009). By applying an intersectional lens to my feminist one, I am taking the position that gender does not exist in a vacuum but must be considered as it relates to a person's other social identities and their social locations. I rely on various feminist scholars and feminist schools of thought to define my voice as an intersectional feminist researcher and to understand my feminist perspective as it relates to the topic of college students who are pregnant. My understanding of feminism is grounded in the scholarly ideas of Black women, other women of color, and women who hold other marginalized social identities (e.g., marginalized identities related to sexual orientation and social class).

Feminism of the west emerged as a movement in the mid-nineteenth century (Kohli & Burbules, 2013; Tong, 2009), and the typical mainstream understanding of feminism is rooted in the perspectives of white middle-class women who shaped the normative narrative since the movement began (Roth, 1999). For example, the

38

National Organization of Women, founded in 1966, represented the narratives and goals of middle-class white women (Breines, 2006; Collins, 2000). However, women of color were an integral part of the feminist movement since its beginning (Roth, 1999). For example, Black women scholars were the first to introduce the concept of intersectionality as the lived experience for Black women and not merely a theoretical idea. They explained how individuals who identify as women and as Black face oppression due to both social categories. It is my goal, as someone who holds mostly privileged identities (including whiteness) to employ a feminist perspective in my research that does not erase the experiences and contributions to feminism of women who hold marginalized identities, and, instead, centers intersectionality. In this space, I cannot adequately capture the immense contribution of women of color scholars to feminism or intersectionality. Instead, I focus on the women of color feminist scholars who have contributed the most to my intersectional feminist perspective, including: the Combahee River Collective (1977/2005), Collins (2000), Crenshaw (1989), Davis (1981), hooks (2000), Hurtado (1996), Lorde (2007), and Moraga & Anzaldúa (1981/2015).

Crenshaw (1989) is often cited as the person who coined the term *intersectionality*, and, while her naming of the interlocking racism and sexism experienced by Black women in the legal system was a crucial addition to the feminist and social justice movements, notions of intersectionality were first introduced by Black women poets, writers, activists, and scholars (Collins, 2000; Davis, 1981; hooks, 2000; Hurtado, 2009; Moraga & Anzaldúa, 1981/2015; Smith, 1983; Spelman, 1988; Wing, 1990). The Combahee River Collective (1977/2005) was a Black lesbian

feminist organization founded in the early 1970s that illuminated the multiple interlocking oppressions experienced by Black lesbians and revealed the exclusionary nature of the white feminist movement. They also named the women who came before them like Sojourner Truth, Harriet Tubman, Frances E. W. Harper, Ida B. Wells Barnett, and Mary Church Terrell and the thousands whose names are not known. Collins (2000) described the complexity of social identity in her accounts of Black women as living at the intersections of multiple types of oppression. Along with hooks (2000), she put forth the idea of the outsider-within phenomenon as an identity that emerges when a person who experiences marginalization due to social identity gains knowledge but not equal power in a social environment. She argues that, historically, Black women have not been fully embraced by formal, mainstream movements that fight for equal rights for women or for Black people because the movements have centered white women and Black men, respectively. Collins also described the collective social identity that can emerge when marginalized people share this type of experience in the same social environment.

Through poetry and essays, Lorde (2007) shared her experiences with intersectionality as a Black woman, lesbian, feminist, mother, and educator (among other identities). In *Sister Outsider*, Lorde says "Black feminists speak as women because we are women and do not need others to speak for us" (p. 60). She also wrote about society's attempt to force women to fear differences among them in order to divide women. Lorde goes on to say the survival of all women is predicated on the ability to "recognize differences among women who are our equals, neither inferior or superior, and devise ways to use each other's' differences to enrich our visions and

40

joint struggles" (p. 122). Also, many Black woman scholars, such as Lorde and hooks, argued for "sisterhood" among women not for the purpose of friendship among women, but as a political strategy against the patriarchal systems of society (Lorde, 2007; Tong, 2009).

Several women of color feminist scholars helped me further understand the intersections of gender, race, sexuality, and, social class. Chicana feminist scholars Moraga and Anzaldúa (1981/2015) curated personal essays, poetry and visual art of women of color and their experiences at the intersections of class, ethnicity, nationality, sexuality, and gender. Crenshaw (1991) pointed to the idea of structural intersectionality, or the norming of the needs of women who are racially and economically privileged, which consequently results in poor women of color receiving less support within structural systems like medicine, law, and education. In this vein, Davis (1983) used an intersectional lens to analyze reproductive politics, including the ways racism, sexism, and classism affect the reproductive experiences of women. Hurtado (2009), presented an important idea about the different ways that women of color and white women have engaged in the feminist movement. Hurtado (2009) partially attributed these differences to women's differing relationships to white men, which impacted the ways women experienced upward mobility (or not) in society. For Hurtado, oppression and privilege related to gender must be thought about in the contexts of cultural, political, and socioeconomic frameworks.

It is important to note that this scholarship on intersectionality compelled me to continually question my interpretations of what was shared with me as a feminist researcher who holds several privileged social identities. As I will discuss in the

41

section on trustworthiness and credibility, it was important to me to remain open to the possibility that there could be power in the differences among the participants and me that might lead to a less nuanced understandings of the shared experience of being pregnant while in college.

In sum, my theoretical framework centers ideas that—when interwoven—helped me explore the complexity of pregnancy as it is experienced by women as they interacted with oppressive systems and spaces within medicine and higher education. The work of Black women scholars who focused on feminism and intersectionality provided important context to my efforts to understand the intersections of pregnant women's oppressed, and, sometimes privileged, identities (Combahee River Collective; 1977/2005; Collins, 2000; Crenshaw, 1989; Davis, 1981; hooks, 2000; Hurtado, 2009; Lorde, 2007; Moraga & Anzaldúa, 1981/2015). I also drew from feminist scholars—sometimes white—who provide specific theoretical ideas related to the experience of pregnancy (Butler 1990; Butler 1993; de Beauvoir, 2001; Firestone, 1970; Millett, 1970; Oakley, 1974; Rich, 1976; Ruddick,1995; Tong, 2009; Young, 2005). All these scholars have contributed to my understanding of gender, intersectionality, the politics of pregnancy, and embodiment in pregnancy. They have also informed my application of these ideas to every aspect of this study. An intersectional feminist approach lends itself to the interrogation of intersecting systems of privilege and oppression—in this study, sexism, racism, and classism—and the ways they inform and shape institutional contexts (such as policies) and relational experiences between pregnant students and the individuals (faculty, staff, and peers) with whom they interact (Yuval-Davis, 2006). This lens was in constant tension with

phenomenological methods (Giorgi, 2009; Smith & Osborne, 2008; van Manen, 2014), which attempt to capture a common essence of an experience. In line with Fisher's (2000) notion, I engaged in a phenomenological study that "articulates the tension of 'general and specific,' and, as a method, works to understand deeply the subjective experience of the individual in order to explicate what is shared [and uniquely intersectional] among individuals" who were pregnant while in college (p. 29).

CHAPTER THREE

METHODOLOGY

Introduction

Choices about methodology should be driven by the research question or questions (Jones, Torres, & Arminio, 2014). The research questions of this study were about exploring the lived experiences of women who are pregnant while in college, which is a new inquiry in the scholarship of higher education. This inquiry was explored through the following primary research question: what are the experiences of women who experience pregnancy while in college? A secondary question asked: how do women make meaning, or interpret, their experiences with this phenomenon? Given this focus, the study used a qualitative methodology and specifically an intersectional and feminist approach to interpretive phenomenology to explore the experiences of women as told by women currently pregnant while in college or who were pregnant within the last year. This combination of theoretical and methodological perspectives and strategies best fits the research questions and my lens as a researcher.

Generally, qualitative research explores and attempts to document the human experience through the experiences of individuals (Creswell, 2014), which is the goal of this study. Specifically, phenomenology encompasses philosophical and methodological bodies of work dating back to German philosophers of the nineteenth century (Creswell & Poth, 2017) and has evolved into many schools of thought and methodologies (van Manen, 2014). The purpose of all methodological applications of

44

phenomenology, however, is to explore commonalities among the lived experiences of individuals who experience the same phenomenon and to describe that phenomenon using detailed participant narratives (Creswell & Poth, 2017; van Manen, 2014). Phenomena that are not well understood are ideal for phenomenological research (Carpenter, 1995), and the experience of being pregnant while in college fits this description since the phenomenon is largely absent in higher education scholarship.

Given my lens as a researcher and the theoretical framework of intersectional feminism, I designed methods that centered the theoretical underpinnings and research strategies of intersectional feminism within an interpretive phenomenological approach. To do this, I looked to scholarship about the use of intersectionality in research, scholarship that discusses the concept of feminist phenomenology, and studies that used feminist (or other critical) approaches to phenomenology. Together these bodies of work informed the design of this study.

Methodological Theory

Overview and history of phenomenology. Phenomenology, as a method, strives to arrive at the essence, or core, of a phenomenon by exploring individual accounts that identify commonalities among experiences (Simms & Stawarska, 2013). Husserl is credited as the German philosopher who introduced the concept of phenomenology in the early twentieth century. Husserl's concept of phenomenology was a philosophical response to the natural sciences, namely behavioral psychology, which posited that people objectively interact with the world (Husserl, 1931). Instead, Husserl believed people interact subjectively with their environment and that experiences are lived with consciousness and intention (Husserl, 1931). His idea

45

about the lived experience as conscious and intentional is the tenet that underlies all philosophical and methodological approaches to phenomenology (van Manen, 2014). Husserl (1931) discussed the idea of the natural attitude, or the way a person experiences a phenomenon before they reflect on their experience. He believed the essence of a phenomenon could be described by transcending one's natural attitude, which is at the core of transcendental phenomenology most often associated with Husserl. Husserl called this the epokhé, which is the Greek word for doubt. When applied to some phenomenological methods epokhé takes on the form of bracketing, a process by which researchers set aside their assumptions about a phenomenon in order to describe the essence, or purest form, of the phenomenon (Dowling, 2007).

Hermeneutic phenomenology, which is credited to Heidegger (1962), challenged Husserl's definition of epokhé. Unlike Husserl (1931) who centered description as the tool for explicating the essence of a phenomenon, Heidegger believed it was not enough to simply describe a phenomenon. Heidegger argued a person's interpretations are integral to their lived experience. These notions form the basis of interpretive phenomenology (Harman, 2007). Hermeneutic phenomenology evolved over time through scholars like Gadamer (1976), Ricoeur (1976), and van Manen (2014). van Manen's most recent work makes the case for applying hermeneutic phenomenology to professional practices in nursing, education, psychiatry, and other disciplines.

In the 1960s, French philosopher Merleau-Ponty (1962) introduced existential phenomenology, which centered the physical body in the lived experience. Merleau-Ponty focused on perception as the act of a person subjectively relating to their

46

environment in ways that become "so habitual that it forms a taken-for-granted background against which one 'sees' particular phenomena" (Kruks, 2014, p, 14). Alcoff (2006) applied this idea using a critical framework by considering race as a "powerful, viable phenomenon that is constituent of lives" (p. 189). She describes the ways a racial identity often corresponds to a habitual body, or a specific way of physically moving through the world (Alcoff, 2006)

Feminist phenomenology. Feminist phenomenology emerged in response to the long history of phenomenology as a discourse, which—like other discourses—was created by white men to understand the experiences of white men (Fisher, 2000). Early feminist philosophers took the stance that gender matters to the lived experience (de Beauvoir, 1949; Kohli & Burbules, 2013), and, so, feminist phenomenology centers the lived experiences of women (Fisher, 2000; Shabot & Landry, 2018). Some scholars credit the work of Merleau-Ponty (1962) as particularly useful to feminist phenomenology. His focus on the physical body (of white men) as engaging subjectively with the world, or the concept of embodied subjectivity, created an opening for scholars to apply concepts of sex and gender when contemplating the role of the physical body in experience (Shabot & Landry, 2019; Young, 2005).

de Beauvoir (1949) is the philosopher credited as the first to merge feminism and phenomenology. Young (2005) followed de Beauvoir as a foundational voice of feminist phenomenology. Both drew upon Merleau-Ponty's (1962) existential phenomenology and the idea of corporeality or the physical body as integral to experience, and they added that experience is gendered (de Beauvoir, 1949; Shabot & Landry, 2018; Young, 2005). de Beauvoir used phenomenology in her book *The*

47

Second Sex to describe being a woman as biologically specific and situated in cultural and historical contexts. Reproduction and reproductive rights come to mind as examples of this type of embodied subjectivity, sometimes referred to as female embodiment (Young, 2005). Young built on the work of de Beauvoir in her collection of essays about female embodiment. Young argued that girls and women are taught to view their bodies as impediments rather than the vehicles by which they move through and engage with the world. Young points to the ways young girls and women learn to move their bodies cautiously, to take up less physical space, and to view their bodies as fragile and needing protection (Young; Shabot & Landry, 2018). Since the work of de Beauvoir and Young, many scholars have championed feminist phenomenology. Feminist phenomenology has been used in several empirical studies and papers in the disciplines of film (Chamarette, 2015), psychology (Hoover, 2016), nursing and medicine (Baird & Mitchell, 2014; Goldberg, Ryan, & Sawchyn, 2009; Zeiler & Käll, 2014), and communications (Langellier, 1994). It has been used to explore the experience of breastfeeding (Shabot & Landry, 2018; Simms, 2001). It has been the source of papers and books that argue its value to philosophy and other discourses (Fisher, 2010; Kruks, 2014; Shabot & Landry, 2018; Simms & Stawarska, 2013). A recent publication by Shabot and Landry (2018) includes two entries that advocate for an integration of intersectionality and feminist phenomenology: one combines intersectionality, feminist phenomenology, and the lived experiences of black women (Mason, 2018 in Shabot & Landry); the other argues for an integration of intersectionality, feminist phenomenology, and disability studies (Chamarette, 2018 in Shabot & Landry). Both Mason (2018) and Chamarette (2018) acknowledge that

48

combining intersectionality and philosophy (and, specifically, feminist phenomenology), is a new initiative that needs further scholarly attention.

This study explored the phenomenon of pregnancy from the current and retrospective stories of college women. Feminist perspectives generally embrace the notion that memories can influence the formation of gender identity (Reading, 2014). In an analysis of the work of feminist phenomenologist de Beauvoir, Tidd (2004) discussed the ways de Beauvoir included women's past experiences as influential to understanding their experiences with oppression. According to Tidd, de Beauvoir's work positions retrospection as a strength because it allows a woman to reconstruct experiences in the present. This can create space for re-structuring the facts of one's lived experiences while bringing to light the oppressive sociocultural context in which those experiences occurred (Tidd, 2004). My participants, who were either currently or recently pregnant, were invited to share their current and/or retrospective experiences of being pregnant in college.

Feminist phenomenology does not provide a specific methodological blueprint to follow, but instead, applies feminist tenets to phenomenological methods (Fisher, 2010). I chose to apply a feminist perspective to interpretive phenomenology because the purpose of interpretive phenomenology and its methodological framework allowed me to infuse an intersectional feminist theoretical framework to my phenomenological research questions by asking about race, gender, and social class as they related to the experience of pregnancy. Specifically, an intersectional feminist interpretive phenomenological approach allowed me to explore the phenomenon of pregnancy in college in a way that centralized women's experiences and contextualized them within

49

not just gender but other intersecting oppressive social and political systems. This approach also allowed me to use the reflexive data analysis strategies of interpretive phenomenology (Smith & Osborne, 2008). Interpretive phenomenology methods required me to consider how participants made meaning of, or interpreted, their experiences (Smith & Osborne, 2008). Additionally, this approach provided a structure to me as a novice researcher attempting to thoughtfully weave together complex and sometimes conflicting theoretical and methodological concepts from several discourses (Al-Saji, 2010; de Beauvoir, 1949; Kruks, 2014; Young, 2005).

Methodology decisions related to feminism and phenomenology. Within the body of work that comprises feminist phenomenology, scholars have contended with tensions between feminism and phenomenology (Al-Saji, 2010; de Beauvoir, 1949; Kruks, 2014; Shabot & Landry, 2019; Young, 2005). Many feminist researchers who use phenomenology as a method and phenomenologists who are feminist take issue with these critiques as too narrowly thinking about these concepts, and, instead, believe "phenomenological tradition provides invaluable resources for understanding women's experiences and can make an important contribution to feminist politics" (Kruks, 2014, p. 2). Nonetheless, these critiques are important to note here. Since I centralized gender as important, I will focus on the two critiques that are most relevant to my study. First, some feminists problematize the phenomenological goal of identifying commonalities among individuals' experiences in order to understand the essence of a phenomenon (Spelman, 1998). Second, some feminists object to phenomenological bracketing in its traditional form, which includes

the researcher setting aside assumptions in order to discover a phenomenon in its purest form (Fisher, 2000; Kruks, 2014).

Some feminists caution against theorizing experience as universal given the roots of feminism in essentialism, or the norming of privileged identities like the white, middle-class, heterosexual experience (Kohli & Burbules, 2013). Some Black feminist scholars took a more nuanced approach when thinking about experience. They affirm the danger in essentialism while also asserting there is power in group positioning (Lorde, 2007; Collins, 2000; hooks, 2000). For example, Lorde (2007) viewed differences among women as strengths that can be used to create a more comprehensive, and, thus, more powerful feminist perspective. Scholars who reject a relationship between phenomenology and feminism ascertain there is not a way to think about phenomenology as anything but exclusionary in its positivist-sounding effort to identify the universality of a phenomenon (Fisher, 2000; Spelman, 1998). Conversely, proponents of feminist phenomenology argue that phenomenological experience aligns with feminist principles because it values "embodied, situated, immediate and often more affective forms of experience" (Kruks, 2014, p. 2). Looking beyond the natural attitude described by Husserl, or the habitual ways people frame their lived experiences, some feminists argue phenomenology can provide an opportunity for women to "unmask the masculinist ideology that inheres in daily life and practices" (Kruks, 2014, p. 2).

While her perspective on the compatibility between feminism and phenomenology is sometimes conflicting (Fisher, 2000; Shabot & Landry, 2019), feminist scholar Judith Butler (1990) provided a nuanced perspective on the

relationship between phenomenology and feminism. In a discussion about the feminist idea that the "personal is political," Butler (1990) explained that women experience their lives individually, but in a shared cultural context that is systemically oppressive. She argued, "my situation does not cease to be mine just because it is the situation of someone else, and my acts, individuals they are, nevertheless reproduce the situation of my gender, and do that in various ways" (Butler, 1990, p. 523). de Beauvoir (1949) and Young (2005) provided another example in their discussions about menstruation as an experience shared by most women. Although all women have a unique experience with menstruation, they all have a common experience of interacting with the normative societal view of menstruation as dirty and something to be concealed (Young, 2005). In these veins, Fisher (2000) established that phenomenology "articulates the tension of 'general and specific,' and, as a method, works to understand deeply the subjective experience of the individual in order to explicate what is shared among individuals" (p. 29). This is a different and more nuanced perspective on phenomenology than the essentialist one rejected by some feminists.

Epokhé or bracketing of the researcher's preconceptions about a phenomenon before attempting to understand its essence (Husserl, 1931) is a foundational concept in phenomenology that has been rejected by some feminist scholars (Fisher, 2000; Kruks, 2014). Some contend that the feminist principle of women experiencing inequalities when they interact with systems of society (Reinharz, 1992) cannot co-exist with suspending one's preconceptions about a phenomenon like oppression. However, upon closer review, the Husserlian approach to bracketing has been long

contested even by phenomenologists. Heidegger (1962) introduced the idea of interpretation as central to the lived experience, which was a rejection of strict bracketing by Husserl's definition. Bracketing to interpretive phenomenologists is paying close attention to the impact of interpretations made by the participant and the researcher (Heidegger, 1962; Smith & Osborne, 2008). Interpretive bracketing requires researchers to check-in with their own thoughts about the phenomenon and with participants to ensure their interpretations accurately capture participants' experiences with the phenomenon (Smith & Osborne, 2008). Interpretive bracketing was the practice I followed in this study through constant reflection on my thoughts and ideas and through follow-up conversations with participants.

As phenomenology has evolved, scholars have adopted a critical approach to bracketing (Powers & Knapp, 1995). As feminists began to use phenomenology in their research, they found ways to make sense of bracketing through a feminist perspective (Simms & Stawarska, 2013). The feminist idea that the "personal is political" (Butler, 1990), translates to some feminist researchers as the impossibility of objectively approaching research. Feminists, instead, work to deeply understand their positionality as it relates to the topic of interest (Kohli & Burbules, 2013). Feminist phenomenologists encourage researchers to balance the feminist goal of interrupting systems of oppression by actively participating in the research process *with* the phenomenological tradition of reflexivity (Simms & Stawarska, 2013). In qualitative traditions like phenomenology, reflexivity requires the researcher to explore and name preconceptions and biases they hold as people who may (or may not) share the experience of the phenomenon of interest with their participants (Simms & Stawarska,

2013). Feminist phenomenologists seek to design studies that create a space for women to share their stories. Sometimes this means the researcher must be critical of both their positionally as a researcher with an "intellectual history" and of their experiences engaging in "the institutions which produce knowledge" (Simms & Starwarska, 2013, p. 11).   In practice, this can be done by honoring participants stories, paying attention to what participants say and do not say, and considering the possible impact of oppressive societal structures on their interpretations of participants' experiences.

Simms and Stawarska (2013) refer to this analytic strategy as double book-keeping. Feminist scholars who informed my theoretical framework provided a caution to all researchers about the danger of presenting as the expert of others' lives (hooks, 2000). Researchers can perpetuate colonization if they are not diligent in their approach to interpreting the narratives of participants in ways that center their voices and name the ways data is shaped by the researcher (Langellier, 1994). In this case, the focus of phenomenology on reflexivity can be helpful. Langellier (1994) specifically argued:

> "Phenomenology and feminism mutually inform and enrich each other. Feminism encourages the situation of phenomenological analysis of women's lived experiences within the social differences unavoidable in a society built upon inequalities. Phenomenology cautions against merely imposing feminist interpretations on women's lived experiences" (p. 72).

Langellier's quote reminds me that feminist phenomenology believes in treating participants as experts and sharing study findings with them as a political action

(Simms & Stawarska, 2013). I engaged in regular reflexivity and kept memos to ensure I was treating participants as experts. I also aimed to craft a dissertation that could be used to combat oppression of pregnant college students.

Location of Study

All participants were recruited from public institutions of higher education in one state in the northeast. I chose to recruit participants from three state institutions within driving distance. While I was not sure I would find differences in the experiences of participants based on their institutions, I wanted to be sure I was exploring the experience of being pregnant for women enrolled in institutions that varied in mission, enrollment, and environment. One institution is a four-year public institution that identifies as a major research institution with three campuses in both city and rural environments. Data about overall enrollment was found through public data sets provided by the university's Institutional Research Office. In 2018, this research institution had an undergraduate student population of 13,865 of which 6,924 were women and approximately 23 percent were students of color using the racial and ethnic categories of Hispanic, Black, American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific, or two or more races (Research Institution Enrollment File, 2018). Forty-eight percent of undergraduate students at this institution had out of state residency and 40 percent lived on campus (Research Institution Enrollment File, 2018). The other four-year public institution is a regional public college located in a city environment with a 2018 enrollment of 7,771 undergraduate students (State College Enrollment File, 2018). In 2018, women comprised 69 percent of the student population (State College Enrollment File, 2018). Thirty-eight percent were students

of color using the racial and ethnic categories of Hispanic, Black, American Indian or

Alaska Native, Asian, Native Hawaiian or other Pacific, or two or more races; 86

percent of students were in-state residents and 86 percent of students commuted to

campus (State College Enrollment File, 2018). The final institution is a community

college with the mission to provide affordable, open access to higher education.

According to data on the college's enrollment website, 14,539 students were enrolled

in 2018 (Community College Enrollment File, 2018). Fifty-eight percent of students

were women and 40 percent were students of color (Community College Enrollment

File, 2018). However, specific racial and ethnic categories were not available. In

2018, 96 percent of students at the community college were in-state residents and 100

percent were commuters (Community College Enrollment File, 2018).

Recruitment of Participants

The process of recruitment of participants began once approval was provided

by the Institutional Review Board in October of 2018. Participants were recruited

through referrals from colleagues and using the snowball method. The primary

method of recruitment used was outreach to colleagues who might be in proximity to

students who were eligible for the study. Through email, I contacted colleagues on the

three campuses including: academic deans, deans of students, directors of women's

centers, staff in health services, early alert offices, academic advisors, career advisors,

and staff in housing and residential life (Appendix A). Given the intersectional

feminist lens of my study, in my outreach I included staff who were in positions that

directly supported students of color on their campuses. In January of 2019, I reached

out again via email to the same group of colleagues and asked them again to provide

information about my study to students who were eligible to participate (Appendix B). I also shared the study flyer (Appendix C) with listservs for women's center and campus organizations for pregnant and parenting students. I sent flyers to any staff and faculty with whom I was connected who might know of students who fit the parameters of the study. Three of the participants in the study were recruited through other participants, which is called snowball sampling (Patton, 2015).

I had the most difficulty recruiting participants from the community college. I have had very little contact with the staff at the community college, so could not initially rely on professional connections. Luckily, during recruitment of participants I began a project (unrelated to this study) with the Dean of Student's office at the community college. This project brought me to the community college campus on several occasions. During those times I made sure to introduce myself to staff and share information about the study. I believe this is why I was ultimately able to recruit two students from the community college who both had connections with the Dean of Student's office.

Throughout the recruitment process, interested students contacted me. We had an initial phone call to discuss the study and their eligibility. All the students who contacted me were eligible to participate in the study, so date and times were set for in-person meetings. I did not know any of the participants prior to their participation in the study. I stopped actively recruiting participants once saturation of the data was reached, which occurred when I stopped generating new ideas about the data and it felt like the process would not benefit from more participants (Mason, 2010).

Overall, the colleagues with whom I interacted and relied on to help me recruit participants were willing to share the study with students. However, I had one interaction with a colleague that might speak to a larger issue about how pregnancy can be viewed by staff who support students. This staff person said they were unable to share the study with students because they did not want to promote pregnancy among college students. In my efforts to unpack this comment, I was left feeling like this person was withholding an opportunity for students to participate in a study that might give them a space to share a deeply personal experience. In this case, a person in a position of power restricted students from the opportunity to make their own decision about participating. I also felt there was a judgement made by this staff person, rooted in their biases and assumptions, toward students who are pregnant while in college. Specifically, there was a judgment about pregnancy as a negative experience, rather than a normal experience in life that sometimes occurs when women are in college. As a feminist scholar, I believe being pregnant while in college is the experience of some women and their lived experiences should be acknowledged and honored.

Participants in the Study

This study used purposeful sampling (Creswell, 2014) to recruit participants who were most likely to share detailed, first-person accounts about the experience of pregnancy while in college. The study focused on the experiences of undergraduate students because literature about pregnant and parenting graduate students reveals that their experiences are different from undergraduate students due to increased flexibility of time and economic stability (Brown & Nichols, 2012). My goal was to recruit three

to 10 participants, which is a common sample size in phenomenology (Creswell, 2014; van Manen, 2014). A total of 10 students participated in this study. Students were eligible to participate in the study if they were currently pregnant or were pregnant within one year of the date of their participation in the study. Seven of the women who engaged in the study were at various points in their pregnancy and three had given birth within eight months of their interview. At the time of the study, all the participants were enrolled either full-time or part time in college. Participants had to be over the age of 18, and the age range of participants was 19 to 26 years old. They identified as Black, Black and Jamaican, Latina, Mexican, Hispanic, White, and Asian-American. When asked about social class, three identified as middle-class, two as working class, and five identified as low-income, which often included acknowledgment of receiving government assistance in the form of Medicaid insurance. Additional information about the characteristics of participants can be found in Appendix D. All participants were given a pseudonym to support the confidentially of their identities. Each participant chose their own pseudonym.

Data Collection

This study used semi-structured conversations, sometimes called profound interviews in phenomenology (Smith, 2009; van Manen, 2014). This method of data collection aligns most with interpretive phenomenological and feminist research because of its potential to solicit rich descriptions from participants (Reinharz, 1992; Smith, 2009; van Manen, 2014). Semi-structured conversations are a typical method in phenomenology because they provide an opportunity to build rapport with

participants (Pietkiewicz & Smith, 2014). The semi-structured conversation protocol used in this study can be found in Appendix E.

The goal of this semi-structured conversation was an in-depth exploration of the participant's experiences with the phenomenon of pregnancy during college. The interview protocol was infused with techniques from interpretive phenomenology (Smith & Osborne, 2008; van Manen, 2014) and feminist research and interviewing (DeVault, 1990; DeVault & Gross, 2012; Hesse-Biber, 2007). Since the goal of interpretative phenomenology is to understand how participants make meaning of their lived experiences related to the central phenomenon, questions used during the conversation aimed to capture the lived experiences of participants and their interpretations of those experiences (Smith & Osborne, 2008). However, I adapted the conversation and sometimes adjusted the protocol, which is customary in both phenomenology and feminist research (Reinharz, 1992; Hesse-Biber, 2007; van Manen, 2014). These adaptations sometimes meant asking questions out of sequence because the conversation brought us out of sequence. Or it meant integrating new knowledge into conversations when appropriate, such as relying on my new understanding of the Medicaid system in the United States when a subsequent participant brought up Medicaid.

Additional feminist interviewing techniques were infused in to data collection, including: memoing; conscious listening; paying attention to and preserving the language of participants; building-rapport; and viewing the research process as a co-construction of knowledge between myself and participants (DeVault, 1990; DeVault & Gross, 2012; Hesse-Biber, 2007). Specifically related to conversation protocol, I

designed research questions that asked directly about experiences of injustice or oppression with the goal of gaining engaging each woman in a process of seeking meaning together (Hesse-Biber, 2007). For example, during our conversation, one participant (Aaliyah) talked about all her prenatal appointment being given her to in advance, which is different from my experience of having the flexibility to schedule my prenatal appointments. I asked her to tell me more about how her appointments were scheduled, which prompted her to share that she is a recipient of government provided healthcare. I learned from Aaliyah about the inflexible and limiting structure of Medicaid. I integrated that new knowledge into future conversations with participants. Feminist interviewing strategies employed in this study will be explained in detail in the sections about data analysis and the study's trustworthiness and credibility.

Ten participants engaged in one individual in-person conversation with me that lasted from one hour to two hours, which is a typical length of time in interpretive phenomenology (Smith & Osborne, 2008). Prior to beginning each conversation, the process of consent was explained to each participant. They were given an opportunity to read the consent form, ask questions, and sign the form (Appendix F). Every participant was given a copy of the consent form. Conversations were held at a location chosen by the participant and included: offices, classrooms, and women's centers. Immediately following the first conversation with each participant, each participant was given a 20-dollar gift card as a token of gratitude for their participation in the study. The gift card was e-mailed to participants.

A second follow-up conversation was used for obtaining additional details about the participants experiences with the phenomenon and for member checking. This process of member checking included me sharing key interpretations with participants and asking them if my interpretations accurately reflected their experiences (Padilla-Díaz, 2015). Eight of the 10 participants participated in a second conversation on the telephone, which lasted 10 to 30 minutes. The remaining two participants were not available for a second conversation, but their first conversation provided enough for me to use their data. Since they were not available for a telephone conversation, I engaged in member checking through email with the two participants. In our email conversations, I asked if my interpretations of their words accurately represented their experiences or if they would change my interpretations. Both responded to my email messages. All participants affirmed my interpretations.

Data Analysis

The following section details the data analysis components of this study. As I began to weave through the literature on feminism, intersectionality, and interpretive phenomenology, I realized the complexity of cohesively integrating these concepts. As a novice researcher, I looked to scholars who provided examples, or blueprints, of how to "do" feminist, intersectional, and interpretative phenomenological research. Also, I needed to create my own blueprint that intertwined each of the tenets I hoped to espouse in the study. It was important to me that this study did not "other" participants based on their social locations or tokenize their experiences (Cole, 2009). I aimed to represent their experiences as the normal experience because their experiences *are* the normal experience. I wanted to decenter the experience of the

white, middle to upper class, woman, whose perspective and voice has dominated the focus of most feminist studies in higher education (Ropers-Huilman & Winters, 2011). Scholars who have operationalized or provided useful insights into the use of intersectionality in empirical data analysis (such as Cohen 1997; Cole, 2009; Montian, 2017; Weber & Parra-Medina, 2003; Winker & Degele, 2011) helped me conceptualize this process for myself and this study. Their work led me to think about data analysis at the individual level and the structural or systemic level, and to reflect upon commonalities across participants' social identities and their social locations. For instance, during data collection and analysis I paid attention to the ways a participant's race and class impacted the way she experienced the gendered experience of pregnancy. Shields (2008) specifically argued, "intersectionality further reveals that the individual's social identities profoundly influence their beliefs about and experience of gender" (p. 301). For example, as a cisgender white woman I do not have to navigate race while also navigating my gender identity. Yet, many of the woman who participated in this study had to navigate their gender, race, and social class identities during their pregnancies. Winker and Degele (2011) name the importance of paying attention during intersectional analysis to the way participants self-position themselves among their social identities; some social identities are more salient than others for the individual. This was true for participants Aaliyah and Camila who identified more with their ethnicity and culture than their race. Individual level analysis also allowed me to explore the ways participants gender identity influenced their behaviors related to their experience of pregnancy while in college.

Analysis at the individual level was not done without considering the ways that structural influences impacted participants' behaviors and experiences during college. Weber and Parra-Medina (2003) called this looking "downstream" at individual behaviors that might be associated with social identity membership and "upstream" at structural sources of inequity, such as institutional policies. Cole (2009) talked about focusing on inequality when applying an intersectional framework to a study. I chose the word inequity instead of inequality because I believe equitable circumstances, not just equal treatment, need to be provided to meet the needs of students who experience pregnancy. For this study, focusing on inequity meant conceptualizing gender, race, and class as structural categories, in addition to individual social identities. It also meant considering how a participant's social locations impacted the possibilities available to them when navigating the experience of pregnancy during college, as well as their outcomes as pregnant women and students. This strategy required me to listen for references made by participants to social structures, like the policies and structures of their institution (Winker & Degele, 2011).

Aligning with the goal of phenomenological research toward identifying what is shared across an experience, I paid attention to commonalities across social identities, which is a strategy in intersectional research that helps researchers avoid applying findings homogenously to a social identity (Cole, 2009). In practice this means paying attention to nuances that emerge for individuals and those claiming identity to a specific social group (Cole, 2009). Montian (2017) cautions the researcher to consider social identity, but to avoid reducing a person to their marginalized social identity or identities. They go on to identify social location as a

concept that can help researchers more fully think about the lived experience (Montian, 2017). This also supports the second goal of focusing on the role of structures of institutions, along with the behaviors of individuals, to more comprehensively understand the inequities experienced by traditionally marginalized groups—like diverse women who are pregnant (Cole, 2009).

As is typical in interpretative phenomenological research, conversations were audio-recorded using a recording device (Smith & Osborne, 2008). The recordings were transcribed verbatim by me before embarking on a four-step process of data analysis (Smith & Osborne, 2008). I used a web-based application to transcribe conversations as they were happening. Once conversations concluded, I listened to the audio recordings and fixed errors in the transcriptions, as necessary, until I had a complete transcript for each conversation. I analyzed data as it was collected and integrated new data into the analysis process in an on-going way, which is also customary in interpretative phenomenological research (Smith & Osborn, 2008).

Although there is no one "right" way to conduct data analysis within the interpretive phenomenological framework, all interpretive phenomenological analysis (IPA) studies follow the same general pattern including paying attention to commonalities in participant experiences, considering the ways participants make meaning of those experiences, and interpreting what is shared by participants (Larkin & Thompson, 2011). Given my choice to use intersectionality, feminism, and interpretative phenomenology, several strategies were employed from each of these bodies of scholarship during data analysis. A typical first step in the method of interpretive phenomenology is deep self-reflection by the researcher about the

phenomenon (Polkinghorne, 1989). Prior to, and throughout, data collection and analysis, I spent time writing about my experiences with pregnancy, in general, and while in graduate school. I also wrote about the ways I think about the system of higher education as patriarchal and hegemonic in its roots and current practices. The thoughts I generated during this process were not set aside (or bracketed), as is typical in some schools of phenomenology (Husserl, 1931), but instead they were used as reminders of my positionality as is common in feminist phenomenology (Simms & Stawarska, 2013). The memos I kept during data collection and analysis helped me situate myself in relationship to the phenomenon and provided insight into my interpretations of the data. These activities gave me an opportunity to continually pay attention to how my life experiences and beliefs impacted the way I understood the phenomenon of being pregnant in college as described by participants (Cotterill & Letherby, 1993).

IPA often relies on the hermeneutic circle to explore the central phenomenon (see Figure 1). The hermeneutic circle was created by interpretive phenomenologist Heidegger (1962) who believed we come to a topic, or phenomenon, with what we already know based on our experiences. In order explore the commonalities of an experience, a researcher needs to engage in a circular process of in-depth analysis that includes examining their interpretations of the phenomenon while also exploring new information. This process includes contextualizing, or situating, participant narratives and researcher notes into what is already understood about the phenomenon and then integrating new ideas gleaned from participants into the understanding of the phenomenon of interest (Heidegger, 1962; Smith, 2009). The idea of developing

understanding toward revealing commonalities using a circular pattern of analysis has been used across disciplines, including in higher education scholarship (see Kezar, 2000). The design of the hermeneutic circle includes researcher reflexivity (Bontekoe, 1996) and member checking (Laverty, 2003), which was employed through follow-up conversations with eight of the 10 participants.

In the hermeneutic circle, participant narratives are considered "the parts" of the analysis process and the "whole" is the phenomenon of interest. Also included in the parts are researcher memos. During data collection and analysis, I used the hermeneutic circle to work through how participant narratives informed my developing understanding of the experience of pregnancy while in college (Bontekoe, 1996). For example, I used the hermeneutic circle to develop my understanding of pregnancy as an experience of embodied subjectivity, which is a perspective I brought to this study. Participants shared examples of how their experiences of pregnancy occurred in their bodies and minds (embodied) and in the (subjective) context of the campus environment. I collected new information from participants' narratives that contributed to my understanding of pregnancy as embodied subjectivity, which then informed my overall interpretation of the common experience of pregnancy in college.

The "whole"

Emerging interpretation of the central phenomenon – the experience of being pregnant while a college student

Integration
(Define the "whole")

Contextualize
(Illuminate "the whole" using "the parts")

The "parts" (or texts) –

Data from conversations and
researcher memos;
Each is examined during ongoing data analysis
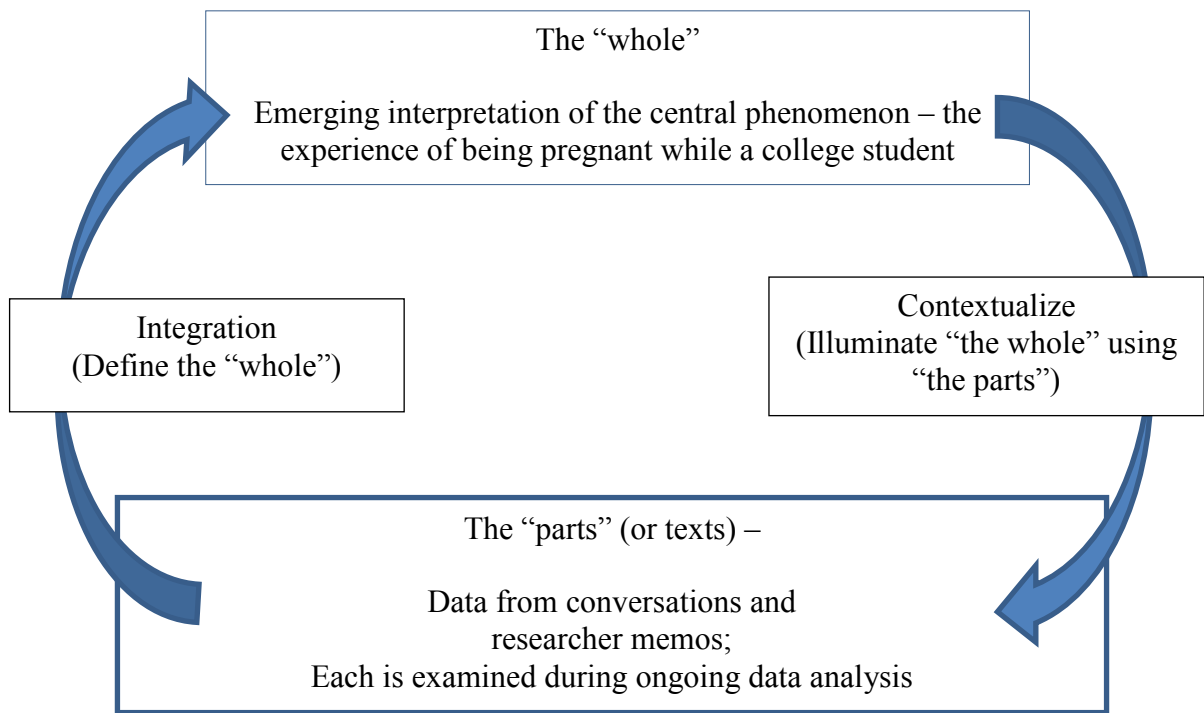
Figure 1: Hermeneutic circle (adapted from Bontekoe, 1996)

I followed a four-step sequence of IPA data analysis and used the hermeneutic circle as a practical tool for moving through the steps. During each step, I kept detailed memos about my thoughts, biases, and interpretations of the data, all of which were integrated into the process of data analysis.

Step one of data analysis required me to review transcripts several times in order to immerse, or dwell, in the data toward the goal of discovering new insights and re-working my interpretations with each review (Finlay, 2012; Smith & Osborne, 2008). I dwelled in the data by re-reading transcripts and re-listening to audio recordings. I went back to recordings when I wanted to remember the way a participant shared a story or piece of information. The process of memoing also gave me an opportunity to think about the ways I was incorporating women's stories into

the knowledge and ideas I brought to the topic. Using the hermeneutic circle, the individual narratives of participants and my memos were used to explore and develop my understanding of the phenomenon of interest (Smith & Osborne, 2008). Unique participant narratives were also kept central to ensure that their experiences, and the meaning they attached to their experiences, were not lost when I was exploring commonalities across individuals (Smith & Osborne, 2008).

The next steps of the hermeneutic circle included identification of emergent themes by clustering together data that were similar. In phenomenology, the process of identifying emergent themes often results in identifying significant statements rather than a phrase or word (Creswell & Poth, 2017; Moustakas, 1994). I found this strategy useful to generating emergent themes. I began this process by identifying ideas through reflective thinking and writing (Creswell & Poth, 2017; Huberman & Miles, 1994). This was followed by further narrowing themes by combining themes that fit together and giving each theme a descriptive title (sometimes using the words of participants) (Smith & Osborne, 2008).

I chose to conceptualize my data analysis process in graphic form. Graphic representation is a type of data analysis strategy that can facilitate the process of making sense of data and visualizing a methodological framework (Madison, 2005, 2011). Specifically, I used a graphic to illustrate the overlaying of several ideas and concepts and to capture emergent themes. This was done for each conversation and to illustrate final themes (see Appendix G for an example of a graphic representation of my data analysis process). The process of depicting each conversation in graphic form helped me organize the complex ideas I was attempting to weave together from

feminism, intersectionality, and interpretive phenomenology while also centering what was being shared by each participant. For example, I used space on the graphic to alert myself to key words. Related to sex and gender, I used *woman's bodies; patriarchy; and "public" property* to remind myself of the work of Bainbridge (2006), Butler (1990), de Beauvoir (1949), Nash (2012), Young (2005), and the other feminist scholars who helped shape my understanding of sex and gender as they relate to pregnancy. Related to intersectionality, I relied on the ideas of Cohen (1997), Weber & Parra-Medina (2003), Cole, (2009), Winker and Degele (2011), and Montian (2017) to explore the ways intersecting experiences of oppression may have occurred for participants who managed their social identities, pregnancy, and role as a student.

After each round of data collection and analysis, I would think and write about how emergent themes were evolving and then take time to process and allow my ideas to develop. The initial list of emerging themes, or significant statements, included: navigation of campus spaces; the physical body; psychological health and wellbeing; decisions about sharing pregnancy status; need for medical information about body changes and medical care during trimesters; navigating professors and peers; navigating family and culture; impact of state provided healthcare; race and class as important layers; pregnancy is not an illness or disability; judgments about how a pregnant body should look; navigating multiple social identities and social locations; temporality of pregnancy; changing needs as pregnancy progresses or baby is born; impact of academic major on pregnancy experience; individual support versus institutional support; postpartum time as unique. Within each of these themes, I included participant narratives that spoke to the theme. Many of the narratives cut

across themes. So, in my initial categorization process, I listed every narrative within every theme in which it fit.

I engaged in several cycles of working through emergent themes by reflecting on and editing those themes. Connections between themes were noted, which helped in determining the thickness, or the number of times a theme emerged in the data (Smith, 2004). Noting connections also helped me combine emergent themes into a final list of themes. After several months of collecting data and analyzing narratives, a final list of themes was generated. This included overarching themes, subthemes, and participant narratives to illustrate each theme (Smith & Osborne, 2008). In line with phenomenological approaches (Creswell & Poth, 2017; Smith & Osborne, 2008), I aimed to represent what happened for students during the experience of being pregnant while in college, how they experienced what happened, and how they made meaning of those experiences. Step four of IPA is sharing study findings, which includes using detailed narratives from participants as evidence of findings (Smith & Osborne, 2008). Final themes (paired with participant narratives) are discussed in detail in the findings section of this dissertation.

Trustworthiness and Credibility

Trustworthiness and credibility were built into the research design of the study. A study is trustworthy when steps are taken to establish confidence in the study's findings, and a study is credible when the findings reflect the lived experiences of participants (Jones, Torres, & Arminio, 2014). Credibility was addressed in three ways. First, I reached saturation during data collection (Lincoln & Guba, 1986; Jones et al., 2014). Second, I developed credibility by having a second conversation with

eight of the 10 participants as a form of member-checking to ensure I accurately interpreted and represented their narratives (Lincoln & Guba, 1986; Jones et al., 2014). Third, I used participants' rich and detailed narratives to illustrate the study's findings (Lincoln & Guba, 1986; Jones et al., 2014). I established trustworthiness by acknowledging my positionality as the researcher, practicing reflexivity throughout the research process, using the hermeneutic circle, and by addressing the credibility of the study (Jones et al, 2014).

Researcher positionality. Scholars of feminism and interpretive phenomenology compelled me to reflect on and define my positionality, as the researcher (Hesse-Biber, 2007; van Manen, 2014). This included becoming clear on my current social location as it relates to this study. My social location is one of mostly privilege, and also includes a deep commitment to daily engagement in anti-racist praxis and to challenging inequities and oppression in all its forms through my roles as an educator, researcher, and administrator in higher education. Related to pregnancy, much of my knowledge comes from my own experiences with several pregnancies over the last 10 years. I do not always quite fit societal norms related to femininity and motherhood. Consequently, my experiences with pregnancy have included contending with oppressive experiences related to my gender, social class, and age. During my first pregnancy experience, I did everything my doctor prescribed. With each of my pregnancies, I have gained more agency over my experience with pregnancy, including my prenatal care, how I birth my children, and how I prepare for the postpartum period (or fourth trimester). As I am pregnant now a third time, I am pushing against any recommendation from a healthcare provider that

www.manaraa.com

might steer me away from my intentions for my next experience with pregnancy and birth. In my personal and professional spheres of influence, I have tried to challenge normative conceptions of gender, pregnancy, motherhood, and social class. At present, I am also a mother striving to raise biracial children in ways that do not shield them from the oppressive history and current racist, patriarchal, and hegemonic structures of the world while fostering a home environment where they can explore and claim, reflect on, and re-claim their social identities.

Reflexivity. Given that I bring all these experiences and values to this study, it was imperative that I practiced reflexivity. In all parts of this study, I reflected on myself as the research instrument when I responded to participants during interviews and interpreted data during analysis (Jones, Torres, & Arminio, 2014). As I discussed earlier in this paper, a traditional application of phenomenological bracketing was not used as a reflexivity tool. Instead, I followed the principles of interpretative phenomenology and feminist research whereby I paid attention to my biases and assumptions (Smith & Osborne, 2008; Simms & Stawarska, 2013). Using the hermeneutic circle and my memos, I continually reflected on how my feminist perspectives, positionality, and lived experiences related to emergent data (Laverty, 2003; Patterson & Higgs, 2005).

At the core of qualitative and feminist research is momentum toward a shared meaning between the researcher and participants about the topic being studied (Brisk, Chapman, & Francis, 2008). The researcher is the instrument in a qualitative study, which requires deep engagement with the data collected and with their interpretations of data, which are in flux throughout the research process (Brisk, Chapman, & Francis,

73

2008). Memoing is a tool that helps researchers engage in deep reflection with the data, their biases and assumptions, their interpretations of the data, and the ongoing dialogue in their head around how they are making meaning of all of it (Brisk, Chapman, & Francis, 2008). Most of the linkages I made during data analysis occurred when I was driving or walking or cleaning my house. I made notes and used an application on my cell phone to audio record my thoughts and ideas. This process of memoing allowed me to capture my thoughts in the moment, which proved invaluable during this data analysis process. Specifically, thoughtful and regular attention to my thoughts served as a mechanism for me to consider how I interpreted data and helped me make decisions about the research process.

By engaging in continuous memoing, I came to understand my own experiences with pregnancy, which were in flux and changing as I was engaged in the study. I reflected upon how my social identities impacted how I justified and framed the study, the language and concepts I used with participants, and the conclusions I drew from my interpretations of the data (Etherington, 2001). For example, I spoke the language of pregnancy through the lens of previous and current experiences with *my* pregnancies. For 10 years, I have engaged in deep learning about pregnancy, labor and delivery, birth outcomes, and mothering in ways that fit my ideological positions on those topics and my social locations (related to my intersecting social identities). Thus, my efforts to be a reflexive researcher included exploring what Etherington (2001) calls the "circulating energy" that occurs between the researcher and participants (p. 36). In my own words, "circulating energy" manifested as continuous

reflection on *why* and *how* I integrated my reflexive meaning-making process into the study while simultaneously giving agency to what was shared by participants.

I also integrated the feminist research principle of exploring the role of systemic oppression in the experiences of participants by practicing double book-keeping during data collection and analysis (Simms & Stawarska, 2013). I layered this practice into my use of the hermeneutic circle by using participants words to make sense of my interpretations. I also made notes within the graphic representation of each conversation when I felt issues of power and oppression may have been involved, and then returned to participants for a conversation to member check my interpretations. I found that intersections of social class and pregnancy often emerged in my notes. This could be because my experiences growing up in a working-class family provided me an opening to recognize occurrences of oppression related to social class.

In addition to creating an individual graphic for each conversation, I maintained a graphic that represented overarching themes and subthemes as they emerged (see Appendix G). This helped me capture changes in the data and keep track of the ways I may have impacted the data, which is a form of reflexivity in the research process (Smith, 2009). For example, I related to all the women who shared they did not like it when people touched their pregnant body. When talking with Adriana, I asked her to say more about that experience. My decision to probe her comment was an example of inserting my lens and, potentially, shaping the data. I also kept track of emotions I felt when participants were sharing their experiences.

Feminist strategies that support trustworthiness. It was my goal to engage in conversations with participants using a feminist framework, which includes a balance of acknowledging positionality and power in the role of researcher while viewing data collection as co-construction of knowledge that occurs between researcher and participant (Hesse-Biber, 2007). At its heart, a feminist interview framework requires a researcher to invest their personal identity into rapport-building with each participant (Oakley, 1974). This strategy contrasts the traditional idea in social science interviewing that the researcher must remain neutral (Oakley, 1974). The work of Ann Oakley (1974) on this idea proved particularly useful to me as I engaged in conversations with participants. During an in-depth study on motherhood, Oakley found that 50 percent of the questions that comprised her conversations with participants were questions asked of her by participants. Participants asked about Oakley's experiences giving birth and with motherhood. They asked questions about the physiology of pregnancy, labor, and delivery. Oakley felt compelled to answer their questions the best she could, especially considering many of these women were not receiving the information they sought from healthcare care providers or were not being given adequate answers. Oakley makes the case that—as the research instrument—when a feminist interviews a woman they are "making possible the articulated and recorded commentary of women on the very personal business of being female in a patriarchal society" (p. 48-49). Building rapport is helpful when asking women to share their most important life moments and one way to do that is to truly have a reciprocal conversation. Lastly, not answering women's questions would not align with tenets of feminist thinking toward valuing the lived experiences of women

and integrating their stories and perspectives into our understanding of social phenomena (Reinharz, 1992; Tong, 2009).

I found myself in a similar position during this study. All the participants in this study were interested in talking with me about my pregnancy, which was physically visible when I began meeting with participants. As Oakley (1974) says, "a feminist interviewing women is by definition *inside* the culture and participating in that which she is observing" (p. 57), which was especially true for me because I shared the experience of pregnancy with participants at the time of our conversations. Aligning with the spirit of interviewing in qualitative research, I remained nonevaluative by withholding judgment about participants' knowledge about pregnancy or about any of the information they shared (Creswell & Poth, 2017). I paid attention to my nonverbal gestures and verbal acknowledgments to be sure I was not assigning value when I disagreed with something that was shared. From my first conversation and through my last, it became apparent that gaining knowledge about pregnancy, labor, and delivery was important to participants. For example, Aaliyah had many questions about postpartum care and the supplies she would need at home to take care of her body. Like Oakley (1974), I answered all questions the best I could, always prefacing when my answers were based in opinion and when I was speaking from my subjective lens. When appropriate, I followed up with women by providing additional resources to support my responses to their questions. This included sharing with Aaliyah the products and methods I used to take care of my postpartum body. With Kiara, I shared what I knew about finding affordable childcare. Knowing how excited—and sometimes nervous—women were for upcoming milestones during their

77

pregnancy, I checked in with them and asked how those moments and events transpired. It was my hope that these strategies led to rich and trusting conversations, which lead to rich findings (DeVault, 1990; Jones, Torres, & Arminio, 2014). Mila said toward the end our conversation "that was really comfortable and so much easier than I thought because you are pregnant too and you get it."

Feminist interviewing requires attention to language, both the language used by the researcher and language used by participants. DeVault (1990) explains that language has always been a topic of discussion in feminist research because traditional language is exclusionary of women and their experiences. DeVault also says there is not a single version of "woman talk" that would be inclusive of the unique social locations of each women since there is not a "single experience of oppression through talk or single culture of resistance" (p. 112). Similarly, DeVault sheds light on the intersectional challenges that occur when women from different social locations communicate with each other. Challenges include the potential erasure of the perspectives and experiences of women of color when their words are translated through a white lens. DeVault suggests the tool of personal listening or listening in ways that are conscious, thoughtfully sensitive to differences, and seek to understand the experiences or perspectives of the participant. DeVault (1990) also suggests preserving the speech of women, rather than editing their words. These are intersectional feminist strategies I employed during conversations and when transcribing and choosing narratives to highlight for this study.

During conversations with participants, I used intersectional feminist interviews to navigate social differences (DeVault & Gross, 2012). I did not

experience many palpable issues in language or listening when talking with the women from different races. It often felt like the shared experience of pregnancy was a common language that allowed us to easily communicate. DeVault (1990) talked about the researcher's personal experiences serving as a tool for personal listening. I found myself relating not necessarily to the exact experiences of participants but to the emotions they felt related to their pregnancies. While I do not know what it is like to be a recipient of government support for food and other necessities, I can relate to the need to meet the basic needs of your child. When appropriate, I would explain my definition of a word or term, such as *social class*, and then allow the participant to define their identities and experiences in their own words. When I did not understand language or a concept, I would probe for more context or information. Despite my feeling that the shared experience of pregnancy allowed for easeful communication between myself and each participant, it is possible that communication was impacted by the different social locations each of us occupied during conversations (DeVault, 1990).

Limitations

There were several limitations to this study. First, it is not possible to ensure that my study is transferrable, but I have taken steps to allow other researches or administrators to determine if my study can be applied to other contexts (Creswell, 2014). To do this, I detailed the steps taken during data collection and analysis, including providing examples of the graphic representation process I used to operationalize the hermeneutic circle overlaid with feminism and intersectionality (Creswell & Poth, 2017). Additionally, transferability is supported with the use of

narratives from participants that illustrate findings, which is the strategy I used since it is customary in both interpretative phenomenology (Smith & Osborne, 2008) and feminist research (Reinharz, 2002; Tong, 2009).

The recruitment of participants was limited by willingness of staff at the three institutions to share information about the study with students who might be interested in participating. This meant all the participants were connected to a staff member, faculty member, or a department on their campus. Students who did not have those campus connections may not have heard about the study. This potentially limits the transferability of the study's findings to the population of pregnant students on each campus. Similarly, students were recruited only from public institutions of higher education in one state in the northeast further limiting transferability of findings to students who attend other types of campuses, such as private institutions or who live in other regions of the United States.

The next limitation is related to the application of intersectionality in the study. Effectively integrating intersectionality into data collection and analysis is a complex research goal (Shields, 2008). Shabot and Landry's (2018) recent book points to the ongoing (and relatively recent) efforts to integrate feminist phenomenology with intersectionality. The challenge of uniting phenomenology and intersectionality came up in this study and was discussed throughout this dissertation. Whenever possible, it was my goal to attend to intersectionality as it impacted the experience of pregnancy in college. Intersectionality provides a mechanism for thinking about social identities as relational, or as impacting one another (Anthias & Yuval-Davis, 1983; Crenshaw, 1991; Collins, 2000). Yet there is not a consensus or a

clear methodological blueprint for applying intersectionality in research (Nath, 2009) or in feminist phenomenology (Shabot & Landry, 2018). Theorists, researchers, writers, and other scholars have debated how intersectionality "is done" in feminist research (Shabot & Landry, 2018; Shields, 2008). At the core of this debate is the concept of gender and how it fits with other social identities (Shields, 2008). McCall (2005) claims that intersectionality has contributed more than any other concept to our understanding of gender from a feminist perspective. However, the application of intersectionality in this study was impacted in several ways. Its application was foremost limited by the design of the study. First, the research questions of the study did not indicate that intersectionality was an aim of the study. The questions were broad, which aligns with phenomenological methods (Smith & Osborne, 2008), but this omission may have impacted data collection. Second, interview questions could have centered intersectionality beyond probing about race, gender, and social class as they intersected with the experience of pregnancy. I also believe a more in-depth intersectional analysis would require additional conversations with participants. The application of intersectionality was also impacted by the demographics of participants. While participants claimed various social identities, several social identities were not represented in the group of participants. None of the participants identified as Indigenous, Native American, Pacific Islander, biracial, or multiracial. All participants identified as cisgender, so a diversity of gender identities was not included in the study. Other salient identities were not consistently captured in data collection such as sexual orientation, first-generation status, nation of origin, religion or spiritualty, ability, and identities related to physical and mental health. This means

this study cannot account for how the experience of pregnancy in college might occur similarly or differently for those who claim intersectional social identities that were not represented.

The final limitation relates to temporality and methodology. Early scholars of interpretive phenomenology believed it was not possible to generate a definitive interpretation or understanding of the central phenomenon because a researcher's understanding of a topic will continually change as they progress through life and have more experiences and process additional information into their lens on the topic (Gadamer, 1960/1998). The findings of this study capture commonalities for 10 women who experienced pregnancy while in college at a very specific time in their lives and in the history of the United States. These commonalities were interpreted by me at a specific time in my life and informed by my current worldview. The study's findings increase understanding of a topic that has not be explored in the scholarship of higher education. However, other methodological approaches might have generated different findings and the same phenomenological study done at a different time, or by a different researcher, might have generated different findings.

CHAPTER 4

FINDINGS

Introduction

The findings of this study are organized into two overarching themes and eight subthemes. Aligning with interpretive phenomenology, each subtheme is paired with a quote from a participant that captures the spirit of the theme (Smith & Osborne, 2008). The goal of this section is to explain the findings by allowing the words and meaning-making process of participants to illuminate the phenomenon of the lived experience of pregnancy in college (Denzin & Lincoln, 2000; Smith, 2004). Findings are organized by the two overarching themes. The first section describes the commonalties of pregnancy in college that emerged for participants, which is a goal of phenomenological research (Giorgi, 2009; Smith & Osborne, 2008; van Manen, 2014). The second section explicates the unique intersectional experience of being pregnant while in college illuminated by applying an intersectional lens during data analysis. These two main sections highlight the tensions of exploring phenomenological commonalities (Giorgi, 2009; Smith & Osborne, 2008; van Manen, 2014) and intersectional uniqueness (Spelman, 1998).

Common Experience of Pregnancy While in College

The goal of phenomenology is to describe the common experience, or the whole of the experience for those who live it (Giorgi, 2009; Smith & Osborne, 2008; van Manen, 2014). Exploring the common experience of pregnancy in college was the phenomenological goal of this study. In the lens of the feminist tenets that provided

83

the framework for this study, women spoke about the experience of pregnancy as a process with unique circumstances that only women who become pregnant can experience (Athan & Reel, 2015; Rich, 1976; Rubin, 1984; Ruddick, 1995; Young, 2005). Pregnancy is an experience that women of all identities experience, and so looking for commonalities across social identities was employed toward understanding the central phenomenon. All participants in this study shared experiences and stories about the temporality of pregnancy and the meaning of that temporality in their lives. They also discussed the ways they navigated the physiological and psychological symptoms of pregnancy while being a college student. Navigating their gender identity related to pregnancy emerged as a common among participants. All participants also pointed to the role that individual interactions with members of their campus community played in their experience of pregnancy.

Pregnancy is temporary and significant: "It's not just another day"

(Camila). Scholars of qualitative research methods recommend paying attention to temporality or the fact that data is collected at a moment of time during a specific time in person's life (Creswell & Poth, 2018). Since I talked with women who were at various stages of their pregnancy from their second trimester to their fourth, I understood they would be sharing stories from the current moment in time of their pregnancy. All participants shared examples of how being pregnant in college is a temporary experience and it is a significant life event. Further adding to the idea of temporality is the unique quality of pregnancy as a temporary experience that progresses every day. Daily changes are seen and felt in the body (American College

84

of Obstetricians & Gynecologists, 2015). Tyla explains temporality and the changing experiences of being pregnant:

> My symptoms got better once morning sickness—really all-day sickness— ended. But then I guess I started to have trouble getting around campus. But I would choose having trouble getting around over morning sickness, any day. Every day, there is something new to deal with related to being pregnant. It's especially hard doing it while in college.

Tyla described how her pregnancy changed over time. This quote is an example of a student's unique "body experience" during pregnancy (Young, 2005, p. 54). In this case, Tyla's recall of her experience with the temporality of pregnancy included making sense of her rapidly changing pregnancy symptoms and the added challenge of managing these symptoms while in college. Specifically, she shared that she preferred mobility issues later in pregnancy over the morning sickness of early pregnancy.

Despite the temporality of pregnancy, it was clear from participant narratives that the experience of being pregnant (and in some cases, giving birth) are meaningful and significant life events for women. Health care providers who center women by employing holistic care during pregnancy and birth have provided evidence of the impact of these experiences on a woman's sense of self, self-esteem, transition to motherhood, and long-term memories (Simkin, 1991; Simkin, 1992; Mercer, 1986). Quinn's comment further speaks to the temporality of pregnancy and its significance:

> In the beginning I felt uncertain and anxious. I was deciding what I was going to do [about my pregnancy]. Once I decided I would be keeping her I started

to feel better, and I knew it would be her and me forever. It, like, um, gave me

a purpose beyond myself, you know?

When Quinn shared these words, it was apparent through the tears in her eyes that

deciding to remain pregnant was an emotional and impactful decision. She described

the decision as important to her sense of purpose in life. Decisions made about

pregnancy and during pregnancy can feel monumental (Simkin, 1991; Simkin, 1992;

Mercer, 1986). It was a decision that had to be made within a short window of time,

and its consequences had a lasting impact on Quinn's current life and her future. As a

student affairs professional, I think about how I might support Quinn if she shared

with me the internal turmoil she faced during her decision-making process. While

pregnancy is temporary, it is a significant life event for women. If it is our goal to

support students as they navigate life's challenges Patton Renn, Guido, & Quaye,

2018) , then student affairs professionals should be equipped to support students in

these instances. This might include referring a student like Quinn to mental health

support or to on-campus or local resources that specialize in supporting women during

pregnancy.

In their own ways, every participant alluded to the impact of pregnancy on

their lives. Sometimes the impact manifested as life-changing decisions about

whether to remain pregnant. Other times, significance was marked by coping with

challenging pregnancy symptoms that could be debilitating. Other participants

expressed excitement or joy around being pregnancy and their future role as a mother.

Every participant talked about the amount of time they spent thinking about their

pregnancy and baby. Camila's quote sums up the significance of pregnancy and temporality in the lives of participants when she said: "It's not just another day."

Pregnancy as embodied subjectivity: "There's just more to deal with and think about because of school" (Tyla). Pregnancy in college is an experience of embodied subjectively (Merleau-Ponty, 1962; Young, 2005) because it is marked by psychological and psychosocial changes, which occur within the collegiate environment. The physiological and psychological impacts of pregnancy that happen for all women occurred for participants while they were simultaneously navigating higher education. These navigations included relationships with professors and peers, policies, and the physical environment. This collegiate context added additional layers of navigation for pregnant students.

The Physiological. Participants shared examples of the physiological symptoms of their pregnancies, including feeling ill during class, making decisions about whether to be absent or cope with being sick in class, and navigating the physiological aspects of their pregnancy with their professors. Many talked about being sick during class or while on campus. Aaliyah explained: "I was walking to class and had to run to the bathroom and threw up on another student's shoes by accident." Aaliyah shared that this experience was embarrassing, and that she chose to explain to the person in the bathroom that she was pregnant. Tyla talked about being faced with the decision about how often she should leave class to use the restroom:

> I would try to hold my pee, so I was not getting up five times during class, even though the professor would probably understand. But I had longer

classes for like three hours. I mean, I think I would go twice or three times if I

had to.

Both Aaliyah and Tyla described stressful moments of managing physiological aspects of their pregnancies. Aaliyah had an embarrassing interaction with a peer. Tyla describes having to choose whether she took care of a necessary bodily function, which she did not have to think about prior to pregnancy but occupied her thinking while she is navigated being pregnant and being a student.

Several participants also shared when compassion on the part of professors helped them cope with the physical challenges of pregnancy. Sofia said:

The physical part is really difficult. Some days you want to go to class and

some days to don't because you are sick or tired. My sleep schedule is not the

same. I'm up around 5am because I'm nauseous and need to eat or take my

medicine. Then I'm super tired all day. I really have to push through it.

Luckily, my professors have been super flexible and understanding.

Other participants shared examples of faculty and peers helping them feel comfortable in the classroom space. Sometimes it was as simple as someone in class asking them how they were feeling. Others shared more overarching feelings of support from faculty, like Sofia. In sum, the physiological experience of being pregnant was shaped by participants' experiences with faculty and the classroom setting.

The psychological. Participants shared how they coped with the psychological impacts of pregnancy while navigating college. It is common for women to experience a variety of worries and moods during pregnancy (Bondas & Eriksson, 2001). In their phenomenological study, Bondas and Eriksson (2001) call

the experience of pregnancy a "tapestry of joy and suffering" (p. 824). Pregnancy can also impact a women's self-esteem (Mercer, 1986). The short and long-term impacts of the experiences of pregnancy or birth can be joyful (Kropp, 2008), stressful (Dipietro, 2012), or traumatic (Mendez-Figueroa, Dahlke, Vrees, & Rouse, 2013). Some women in the study shared that pregnancy made them feel beautiful, strong, and powerful. Every woman who participated also shared feelings of depression or anxiety and coping with stress during pregnancy. Keila shared that "being pregnant and a student can make you depressed, so I like to keep busy and school helps. Being in school forces me to interact with others and stay busy, and not get sad." Keila further shared the stress she felt about the time and demands of her classes:

> Last semester I had two classes at night, which I thought would be good, but I was so exhausted. Anatomy and film were both at night. Anatomy really stressed me out. My brain just didn't function for it when I was pregnant and because it was at night.

Participants also talked about how they coped with stress. Jade shared:

> I had to make changes in the beginning as I adjusted to my schedule and doctor's appointments and feeling sick and stressed. Then, I sort of knew what to do and how to get through it. It was like I had to prove to myself that I could do it. Then it got hard again when he was born, and I had to go back to school so soon after because my professors did not let me start later in the semester. But, like, I figured it out again with help from family.

Adriana described how she managed feelings of anxiety and depression:

It's easy for me to get anxious right now, and it's a new thing. Like, I was never anxious before this. Anxiety makes it easy to get overwhelmed and depressed by everything that's on your mind. It's like, I have to tell myself don't push too much because you have a human inside you, and you need energy for that. It's important to know what you can manage and know when enough is enough. It's okay to ask for help from friends or family or teachers or anyone who can help you. Like, asking for help is everything.

Sofia chose pregnancy because it was not likely she would become pregnant later in life due to a chronic illness that was progressing with every passing year. She explained her excitement about being pregnant paired the worry that came with managing pregnancy along with her other responsibilities and a chronic illness.

You know, I wanted to get pregnant because I was not sure it would happen for me later in life because of my [chronic illness]. So, on the one hand I was like amazed by this blessing and that I would be a mom. But I also had just another thing to worry about on top of trying to make up the classes I failed freshman year, taking care of my husband and baby, my internship, my jobs, having a whole house to take care of, and worrying about bills.

In short, participants had to manage the physiological symptoms of their pregnancy while also managing being a college student. While they each had a unique experience, Keila, Jade, and Ariana named depression, stress, and anxiety as lived psychological experiences for them while they managed being pregnant with the demands of being a student. Jade and Ariana also shared how they coped with the added stress of pregnancy. Tyla said: "There's just more to deal with and think about

because of school." The narratives of participants point to specific ways that pregnancy and college intertwine for students. Findings also illuminate the importance of developing coping strategies and receiving support from family, professors, and others.

Individual interactions as impactful: "How people treat you really matters." (Jade). All participants in the study named individual people on their campus who supported (or limited) them during their experience of being pregnant while in college. When asked what she remembers about interactions with peers, Chloe talked about the bond she had with another student who was also pregnant:

> We were around the same number of weeks pregnant, and it just felt good to have her there. We would talk about new, like, symptoms and annoyances during the first trimester and second [trimester]. I know there are pregnant students like me, but I had not met one until meeting [her]. I felt super fortunate we were in the same class, like, at that specific time.

Keila talked about an advisor who helped her move her courses from the rural campus to the metro campus. The advisor also showed interest in her well-being during her pregnancy and after her baby was born. `Keila said:

> [Advisor name] was the only person who helped me. I'm not sure I could have done any of it without him. He helped me move my classes to the [metro] campus after my first semester so I could be closer to home and just feel more comfortable. He also really cared and, like, checked on me all throughout and even after. Yeah, nobody else really took interest in my situation like [him].

91

Jade talked about a professor who was also pregnant and took interest in how she was feeling and how her pregnancy was progressing. She further explained how sharing the experience of pregnancy with her professor made her feel less alone at that time. Jade said:

It was interesting because [one of my] teachers was also pregnant last semester, and so she got it in a different way. It felt weird at first to share that with her, but then we bonded over being pregnant and she seemed to care about how I was doing and how the baby was, like, doing. It was always, like, professional, though, and it just made me feel like I was not alone even though it was my professor. I'm not sure that makes sense, but how people treat you really matters.

Mila shared that one of her professors "was the most supportive" to her and checked on her often during her pregnancy. When describing this professor, Mila said, "She was literally the best. She did not make me feel bad about being pregnant. She treated me like everyone else. I trusted her." Jade talked about the staff person in the women's center who gave her baby clothes and diapers, which made her feel "like she mattered." These instances were impactful in ways that stuck with participants.

Students also had many non-supportive encounters with faculty, staff, and peers. Mila summarized how it felt not knowing other pregnant students and the lack of support she experienced from her peers:

I was definitely the only pregnant student as far as I knew. That was kind of hard, but I guess I expected it because we are mostly, like, young. Other students just did not really know how to handle it. They were not mean, but

they did not go out of their way to talk to me or be nice. So, I did not look to other students for, like, support, during that time. I was not going to find it from them. And, yeah, that felt isolating sometimes.

Camila and Aaliyah talked about the negativity and judgement they felt from professors. Camila felt one of her professors held a belief that women cannot handle the "demands of life" during pregnancy. She went onto share the discouragement she felt when this professor suggested she drop the class because she seemed overly tired:

I was so mad when he said that. Dude, all students are tired. I just felt like there was nothing I could do but drop the class since that was his opinion. Clearly, he had some opinion of pregnancy that was not supportive.

Aaliyah talked about the how she made sense of her interactions with one professor:

One of my faculty gave off a vibe of, like, because I am pregnant that I am different than other students and not in a good way. It was just like an overall negative feeling that I always got from her. That did not make me want to go to that class or to talk to her about, like, anything, let alone being pregnant.

Similarly, Quinn talked about not feeling supported by an advisor:

I knew right away that my advisor would not be helpful [about the pregnancy]. They were not necessarily mean about it, but they did not really care about me being pregnant. When I brought it up during a meeting it was like they did not hear me. But I know they heard me; you know? Maybe they just did not know what to say about it. That did not feel great, but I dealt with it.

The importance of individual interactions (both positive and negative) to the experience of being pregnant in college was a clear theme in this study. Participants

in this study shared examples of impactful interactions with individuals on their campuses who—sometimes—were people in positions of power (like faculty and staff). Interactions that included a power dynamic sometimes resulted in students not seeking additional support. Instead it led them to make a decision that may have impacted their academic status. For example, Camila dropped a class because of the way a professor made her feel. These individual interactions with faculty, staff, and peers shaped the ways participants made meaning of being a pregnant student. Specifically, some participants described feeling welcomed, supported, and validated. Others felt out of place, discouraged, and ignored. Not only did they have to navigate these experiences, but these experiences stuck with them as the most meaningful when asked to think about being a pregnant college student.

This theme aligns with the finding in the Nichols, Biederman, and Gringle (2017) study about the important role played by individuals on campus in the lives of parenting students. For example, they found that biases of professors related to marriage and family impacted the ways student parents were treated on one campus. Nicholas, Biederman, and Gringle also found the campus environment has an impact on the experiences of student parents, which was also evident for the pregnant students in this study and will be discussed in the next theme.

Campus environment: "It's a small policy thing, but it helped me feel a part of the class even though I was the only pregnant one" (Tyla). Many aspects of a campus comprise its environment, such as its and values, student groups, policies, and campus layout, among others (Strange & Banning, 2015). Participants in this study named campus policies and the physical aspects of their campus as the aspects

of the campus environment that most impacted (positively and negatively) their experiences of being pregnant. Participants were confronted with policies related to the academic experience and parking on campus. Regarding the physical environment of campus, students navigated parking, walking on campus, and small spaces and furniture. There were a few instances when a policy or aspect of the physical environment proved helpful to participants. I will also share the experience of one participant that was particularly interesting because it relates to both policy and navigating the physical campus environment during the postpartum time, or the fourth trimester of pregnancy (Johnson, 2017).

Navigating experiences with individual professors or academic departments was mentioned by most participants. These interactions related mostly to campus policies or the ways professors enacted policies. Aaliyah shared that her math professor encouraged her to take an incomplete and finish the course after her baby was born. When reflecting on this suggestion from her professor, she said, "I get that I am falling behind right now, but I am not sure I will be able to manage that with a newborn. I wish he gave me another option." Keila reflected on how difficult it was to take her anatomy final in-person the week after the baby was born. But, her professor said, "he did not have control over adapting the curriculum for her because the anatomy department had strict rules around exams." When sharing this story, Keila said "his response made me feel really terrible. If he couldn't help me, then who could? So, I made sure I was there for the final after just giving birth. It sucked." Some participants struggled to cope with individual professor's beliefs about pregnancy. Camila felt "discriminated against" and did not know where to turn for

assistance when she wanted to challenge the professor who suggested she drop a class because she appeared "too tired" to continue:

> Was I supposed to challenge him on it? Or, go to his boss and report him? I didn't know who his boss was and figured that person would not be able to help me either. Do professors even have bosses? I did not know where to go. I wanted to fight it because I was able to finish the class. But I dropped it, instead.

Centering the unique experiences of women is a central tenet of feminism (Hurtado, 1996; Reinharz, 1992; Tong, 2009). These quotes were chosen because they illustrate how the experience of pregnancy impacted participants' interactions with the campus environment. Keila and Aaliyah were confronted by campus policies related to course enrollment and final exams. Their experiences are examples of campus policies (or lack thereof) that are not set-up to accommodate pregnant students. Camila experienced discrimination by her professor and was not sure she had any recourse in challenging him. Her experience demonstrates there is not always a clear path to support when students experience discrimination. Centering the experiences of these women provides much needed empirical evidence of the limitations of Title IX and its implementation (or lack thereof) on college campuses (Center for Work Life Law, 2017; McNee, 2013).

Tyla shared the most striking example of a departmental culture that made her feel supported during pregnancy. She explained that her major department was "full of professors who were supportive" and "they, like, have a policy that classes are conversation-based instead of lectures." Her classes included student introductions

during the first-class meeting, which helped Tyla feel welcome in the classroom: "All of my classes [in that department] were conversation-based. It's a small policy thing, but it helped me feel a part of the class even though I was the only pregnant one. I could introduce myself and share what I wanted. I talked the most in the classes in [that department]." The pedagogical strategy of Tyla professors (and the academic department that housed her major) provided a welcoming and supportive environment, which positively impacted Tyla's ability to navigate pregnancy.

In addition to policies, students also talked at length about navigating the physical spaces on campus. The physical campus provided challenges for many participants. Mila, Quinn and Sofia struggled with parking and walking. Quinn struggled to make it to classes on-time given the distance between student parking and academic buildings: "My classes were so far from where I had to park. I was always late because I walked slower as I got more pregnant." Sofia felt fearful walking to her classes during the winter:

> I never felt safe walking in the winter. I had to park far away and none of the walkways were shoveled enough and there was ice everywhere. It was my worst nightmare to slip and fall. Sometimes I just skipped class on those days.

This quote from Sofia was chosen because it speaks to her lived experience as a pregnant student and how she made meaning of having to walk on campus while pregnant during icy winter weather—it was her "worst nightmare." Additionally, being pregnant paired with the danger she felt walking on campus resulted in Sofia choosing not to attend classes on some days. She did not expand on how often she missed class or if she experienced academic consequences from not attending class.

However, interpretative phenomenological analysis provides a space to interpret Sofia's words toward understanding the depth of impact of the phenomenon on her lived experience (Alase, 2017). This part of the quote shows that the campus environment not only impacted her experience as a pregnant student, but it impacted whether she made the effort to be on campus and engage as a student.

Like Sofia who experienced pregnancy during winter months, Quinn felt frustrated during the winter when she saw staff drive past her on golf carts and not offer her a ride while she was struggling to walk and carry all her belongings for the day:

> The most time I had between classes was one hour. Sometimes I had to walk across campus and other times I would try to park in the middle, but that didn't always work. Sometimes I had to stop to catch my breath, especially at nine months pregnant. People would look at me like I was crazy. Never mind that it was December and freezing and raining and I'm carrying all my books and food. I would see staff go by on their golf carts and think "really, you can't bring me to my car? You see me struggling."

When she shared this experience, Quinn showed frustration through her voice and body language. It was apparent that the challenges she faced getting around campus were exacerbated when the weather was unfavorable, and as her pregnancy progressed. She seemed particularly bothered by people on campus who recognized her pregnancy but did not extend support. At the same time, she thought about how others perceived her, which was evident in her comment about appearing "crazy." These are examples of the impact of environment on a woman's lived experiences

and, specifically, her memories of pregnancy (DiPietro, 2012; Mercer, 1986; Simkin, 1991; Simkin, 1992).

On the rare occasion that participants sought support related to parking and walking on campus, they encountered roadblocks. For instance, Quinn found it challenging to navigate the campus policy of applying for special parking through the state, which would take several weeks. Similarly, Mila hoped to get a special parking pass when she was unable to walk long distances during the end of her pregnancy. She explained that she did not find help when she needed it: "When I tried to get help with a parking pass, I was sent to four different places and was told by people in every office 'this is not the place,' and 'this is not the place,' so I thought screw this."

Beyond walking and parking, participants struggled with other aspects of the physical campus environment. When asked to share a memorable moment from being a pregnant student, Tyla explained her struggle to fit in the bathroom stall: "Speaking of the bathroom, the stalls are so small in one building that I could not get in. I had to squish my bag into my stomach to fit." Quinn found small desks to be difficult to sit in when she neared the end of her pregnancy: "You know the desks with the seats attached? Those are impossible to sit in when you're nine months pregnant. I had to sit sideways in order to fit."

Aaliyah and Keila shared positive encounters with both campus policy and the physical environment. Both of their experiences were related to transportation and walking to classes. Aaliyah relied on bus transportation to and from campus and obtained a free bus pass from her college:

I take the bus, so I get dropped off, like, right near my classes. There is no

walking involved for me because of where the bus stops are. It's been great in

the winter! Oh, and we have a policy for, like, a free bus pass for students, so I

don't have to pay for bus trips.

Keila shared how much easier it was to navigate parking and walking to her classes

when she switched from the rural to the metro campus of her college: "We get a free

parking pass and all of my classes are in one building. They make it easy to get

around, which was great when I had to walk a little slower at the end of pregnancy."

A few participants gave birth prior to our conversations and shared experiences

about being a student while they were breastfeeding or recovering from birth. Mila's

experience related to policy and the physical environment of her campus:

I went back to school right away after my son was born. It was once a week for

three hours, so not that bad. It might be a good thing to talk about how hard it

is to find place to pump. At my school the only option is a bathroom, and that

is gross. I don't want to pump where people go to the bathroom. So, my milk

supply has gone down, and I have to use formula, which I did not want to do.

Breastmilk is best for my baby, so that, like, sucks.

In sum, navigating campus policies and the physical campus were identified

by participants as the aspects of the campus environment most significant to their

experiences of pregnancy. Strange and Banning (2015) state that "students will

attempt to cope with any educational environment in which they are placed (p. 273).

Like their ability to cope with the physiological and psychological symptoms of

pregnancy, participants found ways to manage aspects of the campus environment that

were most challenging to navigate during pregnancy. However, it is worth noting that being able to cope does not alleviate the negative impact of the campus environment on women's experiences. For example, Mila shared that not having a clean space on campus to pump her breastmilk impacted her ability (and parenting decision) to feed only breastmilk to her baby. Similarly, Sofia's method of coping with slippery walking conditions on campus during her winter pregnancy was to skip class when she did not want to navigate the physical environment of campus.

Desiring information, but not utilizing services: "It's not worth it to visit o offices because pregnancy is not considered a normal part of being a student." (Chloe). All participants wished their college provided more resources and support about pregnancy, birth, and childcare. Yet, when asked about utilization of support services on campus, most participants chose not to seek resources or support from campus offices. For instance, participants did not utilize counseling or mental health services on campus despite reports of depression, anxiety, stress, and issues with body image. Chloe shared that she sought support from family and that seemed "like enough" to help her through challenges. Despite desiring information about pregnancy, birth, and childcare, students did not visit the women's center, health services, or other campus offices that offer student support. Aaliyah said "I wish there was one place I could go to learn all about my pregnancy and giving birth, and I wish that place was on campus. Instead, I rely on the internet." Chloe described an overall feeling that college was not set-up for pregnant students: "It's not worth it to visit offices because pregnancy is not considered a normal part of being a

student. It's like, other than some professors, we are not even on the radar of the college."

This desire for services and information emerged as a separate theme because it was striking that all the participants desired resources and support, yet they did not utilize campus services. Many participants asked me for help finding support and information. For example, related to pregnancy and birth, I was asked about the best way to prepare for birth and the products that I used after giving birth. Adriana asked, "what's it like to give birth at [State Hospital]?" and Jade wondered "how hard was it to heal from birth and take care of a baby at the same time?" Aaliyah asked if and how medical appointments change later in pregnancy. She did not realize her medical appointments would increase in frequency as her pregnancy progressed. Chloe and Adriana had questions about daycare availability and cost. Eight of the 10 participants reported challenges finding information and support on campus. Though most participants did not provide specific reasons for not seeking support from campus services, Keila shared that "It's hard to know how an office can help. I search for everything online, and I did not find much when I looked for pregnancy on the [college] website."

Gender identity and pregnancy. For participants, being pregnant was intricately linked to navigating their gender identity. Women incorporated the experience of pregnancy into their current gender identity while negotiating societal expectations and perceptions of pregnancy (Bainbridge, 2006; Rich, 1976; Ruddick, 1995; Young, 2005). This occurred in two ways. First, women navigated oppression that rendered them invisible or hyper-visible. Second, participants demonstrated

resistance and empowerment while navigating oppression, which aligns with tenets of feminism (Dill, McLaughlin, & Nieves, 2007; hooks, 2000; Collins, 2000; Lorde, 2007; Taylor, 2001).

Hypervisibility and invisibility: "I am seen, but not really seen." (Adriana). Within the larger theme of navigating their gender identity and pregnancy, women shared experiences of feeling hyper-visible and invisible. Every woman wrestled with the decision to share their pregnancy with people at their institution. These decisions, consequently, made them feel hyper-visible or invisible. Some, like Aaliyah and Jade, chose to share right away with as many people as possible. Others, like Quinn, chose to wait until their pregnancy could not be physically hidden any longer or they found themselves in situations of having to share. Bondas and Eriksson (2001) state that women must decide whether they share or keep their pregnancy a secret. They go on to say that sometimes this dilemma is related to not knowing how to decide what is best or worrying about how people will react (Bondas & Eriksson). It can also be rooted in worries about the pregnancy not progressing in a healthy way (Bondas & Eriksson). Mila talked about the various ways she shared her pregnancy in classroom spaces and the development of being able to share more confidently as her pregnancy progressed. This quote illustrates how Mila made meaning of those interactions and navigated the hyper-visibility of revealing her pregnancy in front of her entire class:

> In the fall semester, I didn't say anything until my end of semester
> presentation. When I as was in front of my class, I started getting the feeling
> that I was going to pass out. So, I stopped a girl from talking, walked away,
> and I said I need to get water…I said, "I'm so sorry I'm pregnant, my anxiety

is so bad, I don't want to pass out." That was embarrassing. I had to choose to drop in front of everyone and be embarrassed or say something and be embarrassed. Lucky in the second semester when I was more pregnant, I told everyone when we did introductions and just got it done instead of hiding it. I wanted people to be aware that I was pregnant, so they didn't judge me if I'm absent. It felt good to just say it out loud and own it.

All the women spoke of experiences of their pregnancies being noticed and commented on, or ignored, by professors, staff, and peers in ways that made them feel hyper-visible and at other times invisible. For example, several of the woman talked about peers touching their growing bodies without asking for permission. Their feelings about those experiences ranged from being fine with the touching to wishing it never happened. Quinn said: "I get that being pregnant is interesting, but it's not an invitation to touch me. I don't go around touching non-pregnant people's stomachs, so how do people make that leap?" Conversely, Keila did not mind the touching: "I get that people were excited for me and that's how they showed it, I guess." Sofia felt like people did not see her pregnancy, which made her feel invisible:

> Even when I clearly looked pregnant, it was like people were afraid to make eye contact with me. They would look at my belly and then look away. Like, hello, I am right here and yeah, I am pregnant.

Mila described the experience of hypervisibility and invisibility in ways that different from other participants. She shared the experiences of the intrusive curiosity of her peers who she felt were judging her as maternal, which she felt they equated to passiveness:

So many kids in my classes wanted to talk to me when I was pregnant and

wanted to know my grades. I almost felt they thought I was too nice. Some girl

asked if she can see my work from last semester and I said, "no I'm not going

to friggen send it to you." I never noticed it until I was pregnant. Maybe I

usually have a resting mean face and that changed during pregnancy. Like she

has that in her heart, to be a mother, so let me ask for her homework. But,

clearly, they do not really know me.

In this instance, Mila not only felt hyper-visible, but stereotyped as a mother with a

duty to help others. Additionally, her statement of "they do not really know me"

illustrates that she felt aspects of her identity unrelated to being pregnant were not

visible or validated by her peers. Similarly, when asked about what it felt like to be

pregnant and a student, Adriana said "I am seen, but not really seen. Like, I am

complicated just like everyone else." Both Mila and Adriana did not want to be

viewed as "only" pregnant but wanted to be seen as complex individuals, who are also

pregnant.

Most of the participants also recalled comments from people on campus about

their physical appearance during pregnancy. Camila and Jade shared stories of people

telling them they "look good." Aaliyah and Chloe shared that their peers told them

they "looked big." Keila shared that her peers told her she "hardly looked pregnant."

As the women described these interactions, they spoke about their feelings about the

appearance of their pregnant bodies and the intrusive nature of people feeling they

could comment on physical appearance. Participants also wondered why there seemed

to be a specific standard to meet related to the physical appearance of pregnancy. Jade stated:

> You know, it really bothers me when people tell me I look good. I guess it's supposed to be a compliment, but I'm always thinking about how I look in my clothes and how my body is changing. And, I don't feel very good all the time. And, like, I am trying really hard to eat well and all of that, but I also think it's ok to gain weight in pregnancy as long its ok with the doctor. I just want to be healthy. It's really nobody's business.

Chloe also commented on how she made meaning of being told she looked "big":

> I already suffer from body image issues, so it hurts when people say that. I know I'm getting bigger, and, like, you don't have to tell me what I already know. It's never okay to comment on someone's body and I feel like people think they can when someone is pregnant.

Experiences of hypervisibility and invisibility during pregnancy was universal among participants while their individual experiences were unique. Participants provided specific examples of navigating their gender identity within oppressive situations, and one student shared how it felt to be the only woman of color *and* the only pregnant woman in her class. Most women also alluded to feeling objectified in moments when their bodies were the focus of comments. All participants shared how they interpreted feeling hyper-visible, invisible, or both.

Empowerment and resistance: "I feel more empowered to be a great student, actually, because I'm pregnant." (Adriana). Related to the theme of navigating gender identity and oppression, participants described ways they resisted

oppression and re-claimed the experience of pregnancy on their terms. Adriana strongly declared that she would make sure she received accommodations according to Title IX:

> I am not sure if professors will be helpful, but they better be. I will report professors who give me a hard time because I know from my advisor that they are required to help me. I have all that information and I will show it to them.

Mila resisted what she felt was a commonly shared notion of pregnancy as negatively impacting one's ability to be a successful student. Her quote reveals her determination to prove wrong that assumption:

> I got the best grades last semester than I ever have in my entire life. I never did that well. Being pregnant, all eyes are on you, so it's almost like you have a to set a standard of "I can do this." It's almost like we're being judged, but we're probably not.

Many participants resented the notion from others that pregnancy is an illness or a disability. Instead, they chose to re-claim pregnancy as an empowering experience. Adriana felt simultaneously resentful of negative assumptions about being pregnant and empowered by her pregnancy:

> I didn't want [professors] to think well you're pregnant, so I expect less of you. I so resent that idea, and I felt it sometimes. Just because I'm pregnant doesn't mean I can't do what I must do. Pregnancy is not an illness. I feel more empowered to be a great student because I'm pregnant.

The theme of resistance and empowerment was evident in every conversation with participants. It was clear that sometimes participants chose resistance and

empowerment when faced with oppressive interactions and situations. These findings align with the feminist tenet of resisting patriarchal norms (Dill, McLaughlin, & Nieves; 2007, hooks, 2000; Collins, 2000; Lorde, 2007; Millett, 1970; Taylor, 2001; Woliver, 2002;).

Pregnancy in College as an Intersectional Experience

A second overarching theme illustrates the ways participants managed intersections of their social identities with the experience of pregnancy and their role as a student. Two subthemes were identified. The first is the intersections of gender, race, culture, pregnancy, and the role student. The second is the intersection of social class with pregnancy and being a student.

Intersections of gender, race, culture, and being a student:

"Sometimes it felt like I was managing several versions of me" (Jade).
Participants alluded to their gender, race, and ethnicity or culture as intersecting with their pregnancy and their role as a student. Several participants shared examples of the ways their race intersected with their experience of pregnancy. Some women discussed how their culture shaped their lived experience of pregnancy and how these experiences intersected with their student role. This led to students managing student, pregnant, and cultural versions of themselves. For example, Keila lived on campus at the four-year public research institution during the beginning of her pregnancy, which required her to have a meal plan. She said, "I could not eat the food in the dining hall because it made me sick. My parents would bring me food from [my culture] because it's all I could eat." Sofia, who was married and lived with her partner, provided an example of managing gender identity with cultural expectations the roles of new mom

and student. She had to contend with family expectations that she take-on specific gender-specific roles in her relationship with her partner:

 In my culture, I am supposed to do most of the housework and cooking and taking care of the baby, but my partner does more than me so I can work and go to school. My mother does not understand, but I try to explain it's different now and for us. Some things I just don't tell her because she won't get it, like how my partner literally makes sure our house does not fall apart so I can work full-time and be a full-time student.

Aaliyah struggled with her partner living in her home country and not being with her while she experienced pregnancy. She had to decide about visiting him and possibly risking her health and the health of her baby. She also missed home and its food:

I'm not sure he will get to visit at all because of the rules of traveling right now. I really want to visit him and I'm planning to so I can see him and eat good food. But I'm worried about the Zika virus because it's like so bad for me and the baby and probably need to ask my nurse about traveling. But, wow, yeah, I miss home.

In this case, a participant was feeling uncertain about flying to her home country, visiting her partner, and enjoying the comforts of her cultural foods. She was visibly sad when she shared how much she missed home and her partner, and she was torn about how to make such a tough decision.

Camila had to decide about continuing in her internship where she felt judged because of her ethnicity, pregnancy, and role as a student. Specifically, she had to navigate intersecting oppressions and microaggressions from university employees:

> My manager at my internship would make comments about never wanting to have children and I always felt like she was judging me. Like I'm Hispanic and I'm pregnant and I'm a student. She was really toxic and made me not want to go to my internship. I really wanted to quit, but I loved being there except for the manager. So, I decided to stick it out even though she made me feel crazy for being who I was.

Sofia described how she managed the intersections of race, gender, pregnancy and her role as a student. She explained how she felt being the only Black woman in class and the only pregnant woman. She immediately remembered this experience when asked to share a memorable experience during her pregnancy: "So in this class, I'm the only Black person in the class and now I'm the only pregnant woman in the class, so it's like I'm under a microscope." Later in the conversation she went on to say: "I really stuck out being Black and pregnant, but my professor did not try to understand me or what I was going through because she literally said hated kids on the first day of class. That was hard to, like, make sense of." Sofia tried to make sense of feeling marginalized in several ways in the classroom while having a professor who did not try to understand her unique experience as a pregnant Black student. For her, this was a challenging juxtaposition. Her quote also illustrates the ways power and oppression manifested within these intersections:

110

My professor knew I was pregnant, but on the first day of class she made a comment about how none of us should have kids because it will make our lives difficult. I was so angry that she was so rude and ignorant and disregarded me that I got up and walked out and dropped the class. It's like, how can she say those things and not be aware of her power in the classroom. She was talking to college students. I went straight to my advisor and told her, and she was so helpful, she's the only person who is helpful. Now I take all of my classes at the [metro] campus. I feel way more comfortable there because the diversity makes it easier to be [a Black woman] and pregnant, at that same time. It's not enough that I'm pregnant, I also have to deal with being the only person of color.

Purdie-Vaughns and Eibach (2008) explained that individuals with multiple marginalized identities can experience intersectional invisibility. This is an example of a pregnant women of color experiencing intersectional hyper-visibility. Both Camila and Sofia experienced oppression due to racism and sexism because of their hyper-visibility at the intersection of race and gender (Krusemark, 2012; Mowatt, 2013; Noble, 2013). While related to an earlier theme of hyper-visibility and invisibility, this example illustrates how these conditions can manifest in an intersectional way when a person lives at multiple oppressed social locations.

Intersections of gender, social class, and being a student: "I'm just fine being a 'C' student. It's the only way I can manage two jobs, my family, and my internship" (Sofia). The experience of being pregnant while in college resulted in most participants having to navigate their social class and multiple

layers of systemic oppression within the US system of medicine and their institution of higher education. Only one of the women identified as white and middle-class, so most women who participated in the study identified as low-income and received their healthcare through the Medicaid insurance program. Navigating this additional layer of classism (with sexism) posed unique challenges for women, such as a lack of flexibility provided by the structures and polices of the healthcare system and their campuses. This included a lack of control over choosing healthcare providers, appointment times with healthcare providers, and securing special medical care when their babies were born, which they also had to balance with their roles as students.

Aaliyah shared her frustration with not being able to schedule her medical appointments around her class times:

My nurse gave me all my appointments already because [I'm on Medicaid]. I could not change any of them based on my class schedule, so I had to ask my professors about missing classes. Sometimes it went over well and sometimes it didn't. I made up work when I could. I wish that it was easier to do both, like make appointments and have classes at time when I need them.

Mila shared the challenge of navigating two different insurance programs and her school responsibilities:

My son is on government insurance and I am on my parents' insurance. I have separate bills for all my appointments during pregnancy and then other bills for him from when I delivered him at the hospital. And, there's his hearing issues. I have to bring him every three weeks for new hearing aids because his ears are growing. It's just another thing I have to do on top of studying and going to

112

school and trying to work full-time to pay for school. It feels like I'm always doing insurance paperwork or on the phone with someone about money or payments or trying to get him to the specialist.

Camila explained the steps she had to take to graduate in four years while also working full time and being pregnant:

When I was a freshman I stopped going to school because my mental health was all over the place. That summer I decided, I can't not be in school, so I decided to go back. I mean, you can't do anything in America without a degree. I've taken four or five courses every semester since then and in the summer. When I found out I was pregnant I was in four classes and my internship and working two jobs. It was a lot. But it was the only way to finish [college] on time.

Similarly, Sofia talked about making concessions in order to finish her degree. She shared that she was "just fine being a 'C' student" because she could not earn grades of A or B while also working two jobs, finishing her internship, and taking care of her baby. Overall, participants had less control and flexibility over their healthcare options. They also made tough decisions about the amount of time they spent on academics. In Camila's case, she made sacrifices to finish college, including taking more classes than was typical. Oppression requires those with less access to work harder to have their basic needs met and to meet their goals (McGee & Stovall, 2015). For participants in this study, intersections of social class, gender, and being a student manifested as time and energy navigating oppressive and complex systems that

www.manaraa.com

detracted from the amount of time they could spend on school or required them to

work harder to meet their goals (McGee & Stovall, 2015).

CHAPTER 5

CONCLUSION

Discussion and Implications for Practice and Research

This chapter will discuss the findings presented in chapter four and their implications for policy and practice in higher education. I will also make recommendations for future research. Using an intersectional feminist approach to interpretative phenomenology, this study provided insights into the experiences of pregnant women in college, a population that has gone almost unnoticed in higher education scholarship until this point. It sought to explore the experience of being pregnant while in college from the lens of intersectional feminism, which centered participants' gender and other social identities as they interacted with oppressive structures of higher education. I navigated the tension between phenomenology, which encourages a singular description of a common experience (Giorgi, 2009; Smith & Osborne, 2008; van Manen, 2014), with the importance of unique intersectional feminist experiences (Spelman, 1998). Participants words were used to describe the ways they made meaning of their experiences related to the phenomenon. Specifically, this study sought to explore the following research questions: what are the experiences of women who experience pregnancy while in college? A secondary question asked: how do women make meaning, or interpret, their experiences with this phenomenon?

The phenomenological goal of this study was to arrive at the commonalities of the experience of pregnancy in college (Giorgi, 2009; Smith & Osborne, 2008; van Manen, 2014). This study was designed to explore the experience of pregnancy in college through the in-depth narratives of 10 women who experienced the phenomenon and interpreted their experiences. Most participants in the study held marginalized social identities of race, ethnicity, and social class. A feminist intersectional theoretical framework expanded these commonalities to also include a deeper understanding of the phenomenon through a lens that prioritized women's experiences with oppressive institutional systems and structures. In the end, the lived experience of pregnancy in college includes commonalities, as well as a few unique aspects related to intersecting gender, racial, ethnic, and social class identities for those who live it.

Addressing the common experience of pregnancy in college. Participants made meaning of pregnancy in college in several distinct ways, which are captured in six subthemes, including:

- pregnancy as a temporary and significant life event
- pregnancy as an experience of embodied subjectivity marked by physiological and psychological changes
- supportive and non-supportive interactions with individual on campus as impactful
- navigating the campus environment: policies and the physical campus
- desiring information about pregnancy, but not utilizing resources or support from campus services

116

- pregnancy as intricately linked to gender identity: hyper-visibility and invisibility; and resistance and empowerment

In the following pages, I discuss the implications for each of these emerged subthemes and compare my findings to prior literature.

Pregnancy as a temporary and significant life event. Participants shared that pregnancy is a significant life event, even if it is a temporary one. While most pregnancies last 40 weeks (American College of Obstetricians & Gynecologists, 2015), the experience of pregnancy likely will never leave woman's memory (Simkin, 1991; Simkin, 1992; Mercer, 1986). Participants talked about the ways their pregnancies intertwined with another significant experience—being a college student. While pregnant, participants moving through other developmental processes that occur for college students, including developing an awareness of self (Patton, Renn, Guido, & Quaye, 2018). For instance, Quinn discussed how her decision to keep her baby helped her better understand her priorities and gave her direction. Participants were also simultaneously navigating their gender identity, identity as a pregnant woman, student identity, and their social identities (e.g., race, culture, class) (Patton et al., 2018). This study shows that the experience being pregnant in college cannot be reduced to a temporary experience that lasts for nine months. Instead, it is an intense and meaningful experience for women that also impacts their overall development as a person by influencing their self-awareness and identity formation (Jones & Abes, 2013).

Pregnancy is an intense and meaningful experience for women, comprised of a range of psychological and physiological changes, but has not been given adequate

attention by higher education scholars. Despite much of current higher education scholarship focusing on social identity, multiple identities, privilege, oppression, and intersectionality (Patton, Renn, Guido, & Quaye, 2018), pregnancy has not been considered within these paradigms. Further research should explore the experience of being pregnant while in college through frameworks of student development theory, specifically psychosocial theories and cognitive theories that also foreground the process of claiming multiple social identities (Patton et al., 2018).

Pregnancy as of embodied subjectivity. Related to the last subtheme of pregnancy as a significant life event, all participants spoke about physiological and psychological changes they experienced during their pregnancies. Women in this study described the symptoms that are typically experienced by women during pregnancy, including nausea, vomiting, mobility issues, and stress (American Pregnancy Association, 2019). Beyond the typical symptoms of pregnancy, all the participants shared experiences of coping with anxiety or depression. The American Council of Obstetricians and Gynecologists (ACOG) (2015) ascertain that between fourteen and twenty-three percent of women will struggle with symptoms of depression during pregnancy. ACOG (2015) also states that depression and anxiety disorders often go undiagnosed during pregnancy. This occurs because patients or health care providers assume symptoms of depression and anxiety are related to hormonal changes that occur during pregnancy (ACOG, 2015).

Participant managed all these body and mind changes while going about their daily lives as students. Aaliyah remembered how challenging it was to be sick every day and feel exhausted in class. All the women managed stress, anxiety, or depression

while meeting course deadlines. The experience of pregnancy for participants was one of embodied subjectivity (Nash, 2012; Young, 2005). It was embodied because it was always present in their bodies and minds (Nash, 2012; Young, 2005). Simultaneously, it was situated within the context of their role as a college student (Kruks, 2014, p. 2).

This study found that pregnancy is a significant life event and an experience one of embodied subjectively. This finding particularly aligns with the feminist phenomenological lens of this study. I immediately think about Sofia who actively tried to get pregnant and succeeded. During our conversation, Sofia described her medical condition. It causes her reproductive system to deteriorate as she ages, and it was getting progressively worse with every year that passed. She chose the experience of pregnancy while in college. Sofia felt her decision to become pregnant at the age of twenty-one was best, but her campus community did not accept her decision. She said people constantly "questioned her life" and assumed her pregnancy "was an accident" while she "celebrated every kick and movement [of her baby] and ache and pain" in her body. Women shared deeply personal changes that occurred in their bodies and minds during pregnancy. They also described a common experience of living their daily lives within normative society structures (e.g., higher education), which did not always flex or support them as pregnant women. The specific feminist phenomenological lens I applied to this study prioritized the physical body as integral to the gendered experiences of women, which also occur within the various contexts of women's' lives (de Beauvoir, 1949; Shabot & Landry, 2019; Young, 2005).

Support services on college campuses and future research on this topic should further explore the physiological and psychological changes that students manage

119

when they are pregnant in college. Further exploration might include assessing whether current support services meet the needs of pregnancy students related to these bodily changes. Future research should investigate topics that came up in this study, including mental health and body image challenges related to pregnancy in college.

Desiring information, but not utilizing services. Participants also expressed a desire to learn about the mind and body changes that occur during pregnancy. However, they did not seek resources from campus services (e.g., health services or counseling services). Institutions of higher education aim to provide students with opportunities to engage with support services with the hope that these services will contribute to student success (Mechur-Karp, Hughes, & O 'Gara, 2008). Institutions also know that students need a variety of support during college. Through self-reports collected by researchers and campus specific measures of student needs, students have shared that they need help navigating mental health, academics, and other areas of their lives (Patton, Renn, Guido, & Quaye, 2018). Despite the existence of services on campus and the needs of students, may students choose not to seek help from support services (Clary & Fristad, 1987; Kushner & Sher, 1989; Upcraft, Gardner, & Barefoot, 2005).

Scholars have investigated the influence of student demographic characteristics and their social identities on their decisions to seek help. White students seek more personal counseling than Black students (Herndon, Kaiser, & Creamer, 1996; Sheu & Sedlacek, 2004). Mental health support is less likely to be utilized by students who identify as Asian American (Sue & Sue, 2003), Latino or Latina (McMiller & Weisz, 1996), or as people of color (Diala, Muntaner, Walrath, Nickerson, LaVeist, & Leaf,

120

2000). Mechur-Karp, O'Gara, and Hughes (2008) found that a student's

socioeconomic status impacted whether they utilized support services. They attributed

this finding to a lack of social and cultural capital among students of lower

socioeconomic backgrounds (Mechur-Karp, Hughes, & O 'Gara, 2008). Students with

less capital had less understanding about how navigate the support network that

comprises a college campus (Mechur-Karp, et al., 2008). These studies might provide

some understanding about why pregnant students in this study did not seek support

from campus services. Most participants identified as working class or low-income

and as students of color, which are two of the populations who are less likely to seek

help. However, none of these studies centered the experience of pregnancy, which is

an intensive psychological and physiological experience (American College of

Obstetricians & Gynecologists, 2015). Further research should investigate why

pregnant students of various social identities are less likely to seek help from support

services on campus.

   Supportive and non-supportive interactions with individuals. Instead of

seeking support from student services, participants named interactions with individual

faculty, staff, and other students as impactful. Support from faculty, staff, and peers

was deemed either supportive or non-supportive. Participants made meaning of

interactions of support and non-support in a variety of ways. A supportive interaction

helped Keila feel cared for and made Jade feel like "she mattered." Conversely, Mila

felt "isolated" and Aaliyah felt "othered" due to un-supportive interactions. This

finding aligns with research about parenting students in college. Nichols, Biederman,

and Gringle (2017) discovered that parenting students found support through

individual interactions with staff and faculty instead of from campus services. They also found that faculty did not know how to best support parenting students on their campus due to nonexistent or unclear guidelines on their campus (Nichols, Biederman, & Gringle, 2017).

Campus environment: Policies and the physical campus. Another commonality among participants was related to the campus environment. Specifically, participants shared experiences of navigating exclusionary policies (both academic and relate to student life) and challenging physical aspects of campus. Strange and Banning (2015) define the importance of the physical environment on a student's experience, including their ability to be successful inside and outside of the classroom. Kuh, Kinzie, Schuh, Whitt and Associates (1991) posit that the campus physical environment contributes to student learning, personal development, and engagement. The physical environment of a campus includes: walkways, buildings and other spaces; restrooms; navigational flow of the campus; accessibility of physical and natural components of campus; and the cleanliness of campus spaces (Strange & Banning, 2015). Another component of the campus environment is its organizational structure (Strange & Banning, 2015). Classroom environments and university registration processes are examples of organizational structures. Organizational structures can also manifest as individual behaviors, such as the ways faculty interpret and enforce explicit and implicit rules of the educational space.

Strange and Banning (2015) note that campuses send non-verbal messages to community members when the physical and organizational aspects of a campus are exclusionary or inaccessible. Keila, Aaliyah, and Camila described experiences of

professors enacting policies about final exams and course registration that conflicted with their health and medical need during pregnancy. Quinn, Mila, and Sofia struggled to manage parking and walking on campus as their pregnancies progressed and it became more challenging to walk long distances. Mila, Tyla, and Quinn found campus spaces (bathroom stalls, lactation spaces, and desks) did not accommodate their pregnant bodies or were impossible to use. Tyla found a supportive campus environment in her academic department, which designed classroom spaces that were conducive to her active participation. In all instances, pregnant women were given the non-verbal message from their colleges that some of their basic needs (parking, walking, sitting, pumping breastmilk, participating in class, and using the restroom) would or would not be met by the campus environment.

Gender identity and pregnancy. Participants explained the ways their pregnancy required them to navigate their gender identity within the structures of higher education. Their narratives illustrated stories of hyper-visibility and invisibility and empowerment and resistance. Many of the stories of participants align with Bainbridge's (2006) and Nash's (2009) descriptions of pregnant woman as "public property" and the invasive nature of public attention during pregnancy. Participants shared examples of unwanted touching and comments by peers. Some comments felt objectifying of women's pregnant bodies because they referred to a woman's size or placed value on "how" she looked. This particularly aligns with Nash's (2012) longitudinal study on pregnancy and body image, in which women described the ways public attention impacted the way they felt their changing bodies and their body image during pregnant. All participants talked about deciding how and when to share their

123

pregnancy in academic spaces. Many chose to wait until their pregnancies became visible.

Participants interpreted these experiences in a few ways. Some expressed feeling hyper-visible or invisible on their campuses. Black feminist scholars explain hyper-visibility and invisibility from the perspective of Black women as experiences that fees scrutinizing but do not affirm one's identity (Krusemark, 2012; Mowatt, 2013; Noble, 2013). Quinn, Mila, and Adriana, for example, shared how instances of feeling they were noticed and watched but not really acknowledged by their peers and others on their campuses. They described people expressing curiosity about their pregnancies, but not about any other aspects of their lives. All the participants shared moments when their pregnancies became physically visible, which meant they could no longer keep private that part of their lives.

For many participants, they used resistance and empowerment to cope with experiences of marginalization during their pregnancies. This aligns with the feminist research tenet that providing a space for women to share and process their lived experiences is a way to resist patriarchy (Dill, McLaughlin, & Nieves; 2007, hooks, 2000; Collins, 2000; Lorde, 2007; Taylor, 2001). Participates in this study described the domains of power that existed on their campuses, which manifested as people feeling they could touch, comment on, or stare at their bodies. In response, participants did the following: demanded academic accommodations; armed themselves with information about their legal rights; dismantled assumptions that being pregnant meant they could not be successful students; earned the best grades of their academic careers; and defined their experiences of pregnancy as beautiful,

positive, powerful, motivating, and joyful. Women in this study were able to create navigational capital for themselves by challenging and resisting the norms of the dominant culture on their campuses (Yosso, 2005). Their ability to navigate oppressive experiences provided them an opportunity to transform dominant norms to meet their needs. Relying again on feminist ideas, women activists have described the ways resistance and empowerment can build in a community that experiences systemic oppression (Dill, McLaughlin, & Nieves; 2007, hooks, 2000; Collins, 2000; Lorde, 2007; Taylor, 2001). Participants in this study did not live in the same physical spaces, but together they described a communal movement of resistance and empowerment.

Pregnancy in college as an intersectional experience. The second overarching them that emerged was related to the intersectional experience of pregnancy in college. Participants of this study described instances when their social identities (e.g., race, class, culture, gender) intersected with being pregnant and their role as student. Most participants described the intersection of being pregnant, a student, and from a low-income or working-class background. A smaller number of participants managed their pregnancy and student role along with multiple layers of oppression in the forms of racism, sexism, and classism. The following discussion explores implications of pregnancy as an intersectional experience for students.

Literature suggests that college students with marginalized identities encounter more stressors than their peers from dominant social groups (Harper & Hurtado, 2007; Rankin, 2005). McGee and Stovall (2015), claims that the physiological impacts (e.g. stress and mental health challenges) of social inequality have not been given proper

125

attention in scholarship about the experiences of students of color. In their study about the impact of systemic racism on Black students, McGee and Stovall urge scholars to explore the mental health of Black students. They point to the phenomenon of students of color and those from other marginalized groups having to individually maneuver challenges and roadblocks while in college. These individual efforts often occur without "recognizing the stress and strain associated with surviving (and even thriving) academically despite encounters with racism" (McGee & Stovall, 2015, p. 492). The stories of the women of color who participated in this study contribute to the understanding of the ways race, class, and gender uniquely shape the experiences of college students. Their perspectives should be integrated into the fabric of higher education, including its scholarship, pedagogy, and administrative structures (Yosso, 2005). Additionally, given the prevalence of participants sharing their management of stress, anxiety, and depression, future research should consider the impact of Ω stressors due to racism, classism, and sexism on the experience of pregnancy in college.

Implications for Policy and Practice

Related to the findings of this study, I make the following additional recommendations to institutions of higher education that would contribute to more inclusive campus environments that provide equitable circumstances for pregnant students.

Beyond Title IX: An environment inclusive of pregnant students. To address the common experience of navigating an exclusionary campus environment, I recommend that institutions of higher education create a comprehensive plan for

126

supporting pregnant students. The first step in this plan should be an acknowledgement that being pregnant in college is a unique experience that is separate from the experience of parenting while in college. Participants in this study shared the myriad of ways the experience of pregnancy significantly impacted their daily lives as students. Per the findings of this study, this plan should be designed and implemented in ways that center pregnancy as a complex experience; one that includes the simultaneous navigation of social identities, social locations, responsibilities that come with being a student, and a person's responsibilities outside of being a student.

This plan should include the creation of campus committees or task forces that review the physical environment and policies for exclusion, among other aspects of the campus environment. Specifically, these groups should consult the most updated guidelines provided by the Council for the Advancement of Standards in Higher Education (CAS) (2019) that outline how to create an accessible and equitable campus environment for all students. CAS (2019) standards address facilities (buildings, restrooms), infrastructure (roads, walkways), auxiliary services like parking and transportation, academic and course registration policies, and many other categories.

Given the findings of this study, campus committees should address all aspects of the campus environment that are exclusionary to pregnant students. Parking policies should be inclusive of the individual needs of pregnant student related to transportation and walking on campus. For instance, parking policies should provide pregnant students with a variety of options, including parking in closer proximity to their classes and on-campus jobs. Other aspects of the physical environment should be assessed and remedied when they are exclusionary, including chairs that

accommodate people of different sizes; clean and private lactation spaces; and spacious individual stalls or single-occupant restrooms in every building. Academic polices should be developed that detail the ways faculty and others can accommodate pregnant students. Academic policies should explain why pregnant students should receive accommodations and how to equitably provide accommodations to pregnant students. These policies should be easily accessible and widely shared with faculty, staff, and students.

Participants in the study clearly articulated the important role of individual community members on the quality of their experiences. Participants also illustrated the ways they resisted patriarchal expectations and behaviors that impeded their success. In their resistance and efforts to be seen by campus stakeholders, participants took steps to transform the practices of higher education. Since systemic change often comes from the top of an organization (Bess & Dee, 2008), campus leadership should articulate the college's commitment to proactively supporting pregnant students. Beyond providing educational sessions about Title IX as it relates to pregnant students, committees should aim to impact the daily practices of staff and faculty who interact with pregnant student. Committees should also center the goal of educating the members of the campus community—including campus leaders—about the experiences and needs of pregnant students.

Additionally, an evaluation of campus culture could be done specifically through the lens of Kuh and Hall's (1993) four levels of culture with a focus on the deeper levels of perspectives, values, and assumptions (as cited in Strange & Banning, 2015). These deeper layers might reveal socially shared norms, values, and deeply

128

embedded assumptions held by faculty, staff, and students about pregnancy in college. This study shared an example of a person in a position of power on a campus with biases about pregnancy in college. This person did not acknowledge that pregnancy is a lived experience for students and one that requires validation and support These biases prevented this person from sharing the opportunity of this study with students. How many people in positions of power (and in positions to support students) hold similar views, and, consequently, impact the intuitional culture? This type of analysis of campus culture might provide institutions with an opportunity to shape the campus culture toward being more inclusive of pregnant students.

Given the impact of individual interactions, colleges might also encourage students, staff, and faculty to serve as mentors or guides for pregnant students. There are many definitions and conceptualizations of mentoring, and higher education scholars have not agreed on a universal definition (Crisp & Cruz, 2009). However, many agree that mentoring includes a relationship between two people that includes broad forms of support (Campbell & Campbell 1997; Chao, Walz, & Gardner, 1992) and can include psychological support (Chao, Walz, & Gardner, 1992). Mentoring is an integral part of many institutions, including higher education (Crisp & Cruz, 2009). While there has not been a study on the role of mentoring for pregnant students, studies have found positive outcomes related to mentoring of different types of students, including: women, people of color, first generation students, and "at risk" students (e.g., Bernier, Larose, & Soucy, 2005; Bordes & Arredondo 2005; Campbell & Campbell 1997; Ishiyama 2007; Quinn, Muldoon, Hollingworth, 2002; Santos & Reigadas 2005; Wilson, Andrews, & Leners, 2006; Zalaquett & Lopez, 2006).

Since participants felt most comfortable asking people they trusted about these intimate aspects of their lives, a mentor program for pregnant students might provide the type of individualized support that could include people showing care toward a student's pregnancy and consequential circumstances. In the short time we knew each other, participants felt comfortable engaging me in conversations beyond what we were discussing for the study. For example, participants asked me many questions about pregnancy, birth, and childcare. Some of these questions could only be answered by someone who has experienced pregnancy and birth. However, many questions could be directed toward a supportive person without these experiences who is willing to listen and help a student find the information and support they need. Mentors should be provided with reputable information and resources (local and national) about pregnancy and birth. A formalized program might be particularly useful for pregnant students who do not naturally meet a person on their campus who supports them. A mentor program should be executed in ways that minimize overburdening people with the role and expectations of mentoring. For example, individuals should choose to serve as a mentor. To help students understand the ways a mentor can provide support, mentors should create biographies that detail the topics they can assist with and their approach to mentoring. Information about a mentor program for pregnant students should also be shared on a university website for pregnant students.

Lastly, colleges should collaborate with physical and mental health programs on campus or with local organizations (such as medicine and midwifery) to ensure that students can access resources about pregnancy. Since participants were not likely to

seek support from campus services, a compressive and easily accessible website should be created for pregnant students with an explanation of their rights, campus resources with details of the type of support provided, and links to credible information about pregnancy.

Centering pregnant students must be a priority for professionals and researchers in higher education. Doing so may result in positive outcomes for institutions of higher education, including: increased retention rates, increased graduation rates, lower attrition, and better short-term and long-term health and economic outcomes for students (Kruvelis, Cruse, & Gault, 2017). Furthermore, it is a competency of the profession of student affairs is to "challenge current institutional, national, global, and sociopolitical systems of oppression" and make sure institutional policies, practices, and structures are meeting the needs of all students (ACPA—College Student Educators International & NASPA—Student Affairs Administrators in Higher Education, 2015, p. 31). Given the current national climate for women and people of color in the United States, institutions of higher education must be diligent in their efforts to support all students. They should also work to transform campus culture to be inclusive of the lived experiences of all students. Researchers and practitioners who aim to embody professional competencies outlined by the field of student affairs must strive to create educational spaces in which the "distribution of resources is equitable, and all members are physically and psychologically safe and secure" (Bell, 2013, p. 21). I hope the findings from this study offer all higher education staff, faculty, and administrators rich information and suggestions for ways to create inclusive campuses for pregnant students.

131

APPENDICES

APPENDIX A

Initial E-mail to Colleagues

Dear [Colleague],

Hope all is well! I am writing to ask that you share my study with students who are currently pregnant or were pregnant within the last year. The conversations last about an hour, and I am adapting to the student's location and availability. I do not want the names of students or their contact information, but for the study to be shared with students. They can decide to contact me for more information.

As a reminder, I am exploring the experience of being pregnant in college; a topic that has not been explored in higher education scholarship. Specific parameters for participation in the study include:

- Participants must be between the ages of 18-35 and undergraduate students from [three institutions] who are currently pregnant or were pregnant within the last year.

All participants will receive a $20 gift card to amazon.

Attached is the flyer for my study, which provides more information and can be shared with students and staff. Let me know if you have questions and THANK YOU!

Kristina

APPENDIX B

Follow-up Email to Colleagues

Dear [Colleague],

Would you mind circulating this around again? The flyer for the study is attached.

Also, do you know of others at [metro college] who have connections to students who might be interested in participating?

Thank you for sharing this with students who might be interested in sharing their stories.

Kristina

Study Flyer

Are you currently pregnant or were you pregnant within the last year? Would you be willing to talk about your experience of being pregnant while a college student?

You are invited to participate in a research study of the University of Rhode Island titled *Exploring the Experience of Being Pregnant While a College Student.* The purpose of this study is to hear from women who have experienced pregnancy while also being a college student. As a participant, you will have an opportunity to share your story. Findings of the study will be shared with you. However, you may not receive any benefit from being in this research study. This study has the potential to produce new insights that will expand the ways the experience of pregnancy while in college is understood by professionals in higher education. These new insights might also be incorporated into conversations, policies, and practices on college campuses toward more equitable experiences for women who experience pregnancy while in college. **Participants eligible to participate in the study must be between the ages of 18-35, currently pregnant or pregnant within this past year, and currently an undergraduate college student or an undergraduate college student within one year of this study. Participants will receive a $20 amazon gift card.**

If you decide to participate, we will have two conversations where I will ask you questions about your experiences in the learning and social spaces on campus as they occurred during your pregnancy. The maximum amount of time required for participation in this study is three hours.

Your participation is completely voluntary. If you decide to take part, you can change your mind later and withdraw from the study. You are free to refuse to answer any questions or withdraw at any time without affecting your relationship with the researchers of this study or the University of Rhode Island. Additionally, you have the right to request the researchers not use any of your responses. The records of this study will be stored securely and kept confidential. **If you are interested in participating, contact Kristina to set up a time to determine your eligibility to participate and schedule our first conversation. Contact information is below.**

Thank you for your consideration!
Contact us for more information:

Student Researcher: | Principal Investigator:
Kristina Perrelli | Dr. Annemarie Vaccaro
Phone: (401) 378-2777 | Phone: (401) 874-2270
Email: kmperrelli@uri.edu | Email: avaccaro@uri.edu

This research has been approved by The University of Rhode Island Institutional Review Board

Characteristics of Participants

Name*	Age	Race/Ethnicity**	Social class**	Week gestation or age of baby	School	Expected graduation	Living arrangement during pregnancy	Enrollment— FT or PT
Aaliyah	19	Black/ Jamaican	Low-income; government assistance	18 weeks	4-year commuter	2021	With foster parent	FT to PT
Keila	18	Asian American	Middle-class	8 mo. old	4-year research	2022	On-campus then off-campus with parents	FT to PT
Quinn	21	White	Working class	37 weeks	4-year commuter	2020	Off-campus with partner and his parents	FT
Mila	26	White	Low-income; government assistance	2 mo. old	4-year commuter	2020	Off-campus with parents	FT
Sofia	21	Latina	Low-income; government assistance	7 mo. old	4-year research; metro campus	2019	Off-campus with husband	FT
Jade	20	Black	Middle-class	25 weeks	4-year commuter	2017	Off-campus with family	FT

Name*	Age	Race/Ethnicity**	Social class**	Week gestation or age of baby	School	Expected graduation	Living arrangement during pregnancy	Enrollment— FT or PT
Camila	23	Hispanic	Low-income, but "has enough"	23 weeks	4-year research-metro campus	2019	Off-campus with family	FT to PT
Adriana	24	Mexican	Working class	17 weeks	Comm. College	2019	Off-campus on own	PT
Chloe	20	White	Middle-class	19 weeks	Comm. College	2020	Off-campus with parents	PT
Tyla	19	Black	Low-income; some government assistance	27 weeks	4-year research	2021	On-campus then off-campus with parents	FT to PT

Conversation Protocol
Supplies: Audio recording device and back up device (iPhone); interview journal and pen; copies of consent form

This conversation protocol will employ a semi-structured approach that uses interpretive phenomenology and feminist methods. The following questions will be asked of participants, but in the spirit of qualitative research, follow-up questions will be customized to best fit the conversation that occurs between myself and the participant **(**Ravitch & Carl, 2016).

Welcome: Thank you for being here today. My name is Kristina, and I am the researcher for this study. As you know, I am interested in the experience of being pregnant while a college student. I was pregnant while a graduate student. So, I have experienced pregnancy, and I'm a bit familiar with what it's like to be a student and pregnant.

Today we will talk for about an hour, and I will use questions to guide our conversation. We will meet once more after today. We can that date at the end of our time today.

Interview Questions and Prompts

1. Tell me a little about yourself.

2. Tell me about your social identities (e.g., gender, race, social class, other social identities that you claim).

3. Tell me about your pregnancy.
   Prompts: How would you describe your pregnancy? How did it feel to be pregnant? Physically? Emotionally? What do you remember most? Who was involved? Family? Friends? How were they involved?

4. What was it like to be pregnant while a student?
   How did it *feel* to be pregnant while a student? Physically? Emotionally? What do you remember most? Who was involved? Professors? Staff? Other students? Other people? How were they involved? Did you face barriers? Inequities?

5. What did it mean to you to be a student and pregnant?
   Prompts: Challenges? Successes? Memorable moments?

6. If applicable - can you remember the first time or a moment when your pregnancy became visible during your time as a student?

Prompts: What did it feel like? What happened? Can you describe where on campus? Who was there? What did they do/say? What did you do/say?

7. How would you describe the campus environment (parking, walkways, stairs, doors, desks, chairs, etc.) as it felt during your pregnancy?
Prompts: What images come to mind? Can you recall any specific moments? Did these experiences change as your pregnancy progressed? Once your pregnancy became visible?

8. Can you remember what it was like to interact with your professors?
Prompts: Can you share specific examples of interactions? Did these experiences change as your pregnancy progressed? Once your pregnancy became visible?
   • Tell me a story about one of your most memorable pregnancy interactions with a professor. Tell me the story of what happened. *Probe*: How did it feel?

9. Can you remember what it was like to interact with your other students?
Prompts: Can you share specific examples of interactions? Did these experiences change as your pregnancy progressed? Once your pregnancy became visible?
   • Tell me a story about one of your most memorable pregnancy interactions with a peer. Tell me the story of what happened. *Probe*: How did it feel?

10. What advice would you give to other women who are pregnant while in college? Would your advice be different for different stages of pregnancy?

11. What advice would you give to colleges about how they can support pregnant students? Would the type of support change as pregnancy progresses for students?

12. Is there anything else you want to share that we did not get to? Did I miss anything in my questions that was important to your experiences during your pregnancy?

Closing: Thank you for participating today. I look forward to our next conversation. We can set that up now.

Consent Form

The University of Rhode Island
Department of Education
Title of Project: Exploring the Experience of Being Pregnant While a College Student

CONSENT FORM FOR RESEARCH

You have been invited to take part in a research project described below. The researcher will explain the project to you in detail. You should feel free to ask questions. If you have more questions later, Kristina Perrelli, the person mainly responsible for this study, will discuss them with you. You must be at least 18 years old to participate in this research project.

Exclusionary criteria: Students who do did not experience being pregnant while a college student should not participate in this study. Nor should students who are not women-identifying or students who are presently less than 18 years old.

Description of the project: This is a qualitative study that will explore the experience of being pregnant while a college student.

What will be done: Participants will be asked to participate in one or two one-hour conversations with the researcher that will be audio-recorded to ensure that no details of the conversation are missed. These conversations will occur at a time and location that is convenient for the participant. This study does not include any experimental components.

Risks or discomfort: This study will ask you to think about, reflect on, and talk about your experiences of being pregnant while you were in college.

Benefits of this study: Findings of the study will be shared with you. Also, the researcher may learn more about the experience of being pregnant while a college student with the goal of influencing policies and practices on collect campuses in order to better support students who have this experience.

Confidentiality: Your part in this study is confidential. Pseudonyms will be used in place of names. All records will be stored in password protected and encrypted electronic files. Your part in this study is confidential within legal limits. The researchers and the University of Rhode Island will protect your privacy, unless they are required by law to report information to city, state or federal authorities, or to give information to a court of law. Otherwise, none of the information will identify you by

name. We will keep this data for five years after the completion of the study per government regulations.

Decision to quit at any time: The decision to take part in this study is up to you. You do not have to participate. If you decide to take part in the study, you may leave the study at any time. If you
wish to leave the study, simply inform Kristina Perrelli by telephone or email: 1-401-378-2777; kmperrelli@uri.edu.

Rights and Complaints: If you are not satisfied with the way this study is performed, you may discuss your complaints with Dr. Annemarie Vaccaro who can be reached at avaccaro@uri.edu. In addition, if you have questions about your rights as a research participant, you may contact the office of the Vice President for Research and Economic Development, 70 Lower College Road, Suite 2, University of Rhode Island, Kingston, Rhode Island by telephone at 1-401-874-4328.

☐ I agree to be audio-recorded.   ☐ I do not agree to be audio-recorded.

You have read the Consent Form. Your questions have been answered. Your signature

on this form means that you understand the information and you agree to participate in

this study.

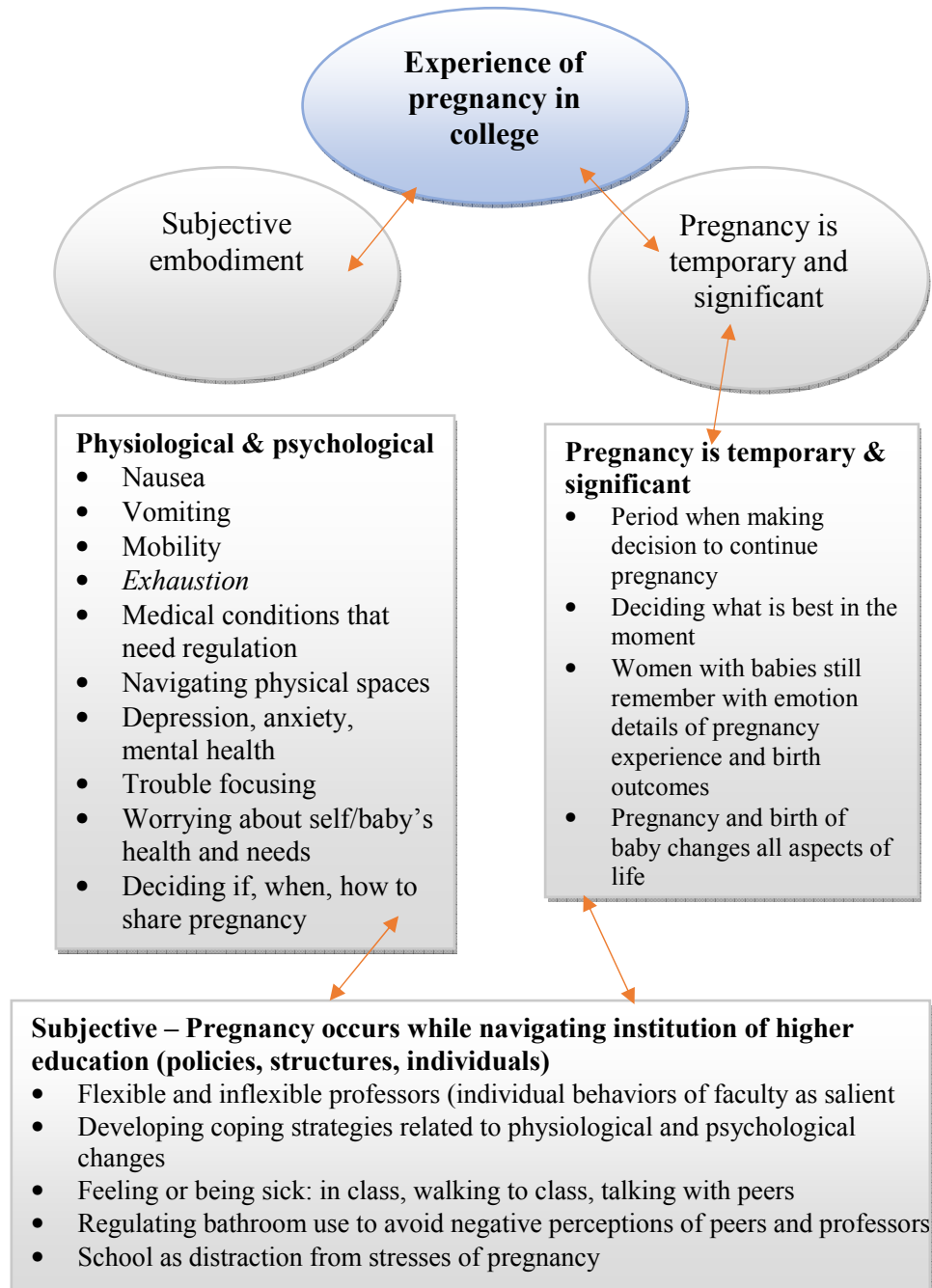|	
_____	_____
Signature of Participant	Signature of Researcher
_____	_____
Typed/printed Name	Typed/printed name
_____	_____
Date	Date

Please sign both consent forms, keeping one for yourself.

APPENDIX G

Example of Graphic Representation of Data Analysis

Significant statements and emergent themes toward understanding common

experience (Smith & Osborne, 2008; Creswell & Poth, 2017).

Experience of pregnancy in college

Subjective embodiment

Pregnancy is temporary and significant

Physiological & psychological
- Nausea
- Vomiting
- Mobility
- *Exhaustion*
- Medical conditions that need regulation
- Navigating physical spaces
- Depression, anxiety, mental health
- Trouble focusing
- Worrying about self/baby's health and needs
- Deciding if, when, how to share pregnancy

Pregnancy is temporary & significant
- Period when making decision to continue pregnancy
- Deciding what is best in the moment
- Women with babies still remember with emotion details of pregnancy experience and birth outcomes
- Pregnancy and birth of baby changes all aspects of life

Subjective – Pregnancy occurs while navigating institution of higher education (policies, structures, individuals)
- Flexible and inflexible professors (individual behaviors of faculty as salient
- Developing coping strategies related to physiological and psychological changes
- Feeling or being sick: in class, walking to class, talking with peers
- Regulating bathroom use to avoid negative perceptions of peers and professors
- School as distraction from stresses of pregnancy

141

BIBLIOGRAPHY

Acker, J. (1990). Hierarchies, jobs, & bodies: A theory of gendered organizations.

    Gender and Society, 4(2), 139-158. doi: 10.1177/089124390004002

ACPA—College Student Educators International (2017). *Senior Scholars and SSAO*

    Advisory Group Research Agenda. Washington, DC: ACPA-College Student

    Educators International. Retrieved from http://www.myacpa.org/senior-

    scholars-and-ssao-advisory-group-research-agenda

Alcoff, L. (2006). *Visible identities: Race, gender, and the self*. Oxford: Oxford

    University Press.

Al-Saji, A. (2010). Bodies and sensings: On the uses of husserlian phenomenology

    for feminist theory. *Continental Philosophy Review 43*(1), 13–37.

    doi: https://doi.org/10.1007/s11007-010-9135-8

American Civil Liberties Union (2015). *Report: Breaking down educational barriers*

    for California's pregnant and parenting students. San Francisco, CA.

    Retrieved from https://www.aclunc.org/sites/default/files/2015_edequity_

    pregnant_parenting_teens_california.pdf\

American College of Nurse-Midwives (2018). Our mission, vision & core values.

    Retrieved from http://www.midwife.org/Our-Mission-Vision-Core-Values

American College of Obstetricians & Gynecologists (2015). *Prenatal development:*

    How your baby grows during pregnancy. Retrieved from http://www.acog.org

    /~/media/For%20Patients/faq156.pdf?dmc=1&ts=20120731T1026504777

American College Personnel Association (2017). *Senior Scholars and SSAO Advisory Group Research Agenda.* Washington, DC. Retrieved from http://www.myacpa.org/senior-scholars-and-ssao-advisory-group-research-agenda

Anthias, R.D., & Yuval-Davis, N. (1983). Contextualizing feminism: Gender, ethnic, and class divisions. *Feminist Review, 15*, 62-75.

Anzaldua, G. (2007). *Borderlands/La Frontera: The new mestiza. 4th ed*. San Francisco, CA: Aunt Lute Books.

Athan, A., & Reel, H. L. (2015). Maternal psychology: Reflections on the 20th anniversary of deconstructing developmental psychology. *Feminism & Psychology, 25*(3), 311–325. doi: https://doi.org/10.1177/0959353514562804

Asch, A. (2001). Critical race theory, feminism, and disability: Reflections on social justice and personal identity. *Ohio State Law Journal, 62,* 391.

Ashmore, R. D., Deaux, K., & McLaughlin-Volpe, T. (2004). An organizing framework for collective identity: Articulation and significance of multidimensionality. *Psychological Bulletin, 130*(1), 80–114.

Bainbridge, J. (2006). Unsolicited advice: A rite of passage through your first pregnancy. *British Journal of Midwifery, 14(*5), 265-265.

Baird, K. & Mitchell, T. (2014) Feminist phenomenology: A philosophy and methodology for framing domestic violence research. *British Journal of Midwifery, 22* (6), 418-426.

Basile, M. R. (2012*). Reproductive justice and childbirth reform: doulas as agents of social change*. PhD (Doctor of Philosophy) thesis, University of Iowa, 2012.

143

doi: https://doi.org/10.17077/etd.znb7bcm0

Bell, L. A. (2013). Theoretical foundations. In M. Adams, W. Blumenfeld, C. Castaneda, H. W. Hackman, M. L. Peters, & X. Zuniga (Eds.), *Readings for diversity and social justice 3rd ed*. (pp. 21-25). New York, NY: Routledge.

Bernier, A., Larose, S., & Soucy, N. (2005). Academic mentoring in college: The interactive role of student's and mentor's interpersonal dispositions. *Research in Higher Education, 46*(1), 29-51.

Bess, J. L., & Dee, J. R. (2008*). Understanding college and university organization: The state of the system*. Sterling, VA: Stylus Publishing.

Bontekoe, R., (1996). *Dimensions of the hermeneutic circle*. Atlantic Heights, NJ: Humanities Press.

Bondas, T. & Eriksson, K. (2001). Women's lived experiences of pregnancy: A tapestry of joy and suffering. *Qualitative Health Research, 11*(6), 824–840.

Bordes, V., & Arredondo, P. (2005). Mentoring and 1st year Latino/a college students. *Journal of Hispanic Higher Education, 4*(2), 114-13.

Brown, M. C, Davis, G. L., & McClendon, S. A. (1999). Mentoring graduate students of color: Myths, models, and modes. *Peabody Journal of Education, 74*(2), 105-118.

Brown, V. & Nichols, T. (2012). Pregnant and parenting students on campus: Policy and Program: Implications for a growing population. *Educational Policy, 27*(3) 499–530.

Brown, R. L. & Amankwaa, A. A. (2007). College females as mothers: Balancing the roles of student and motherhood. *The Association of Black Nursing Faculty*

144

Journal, Winter, 25-29.

Butler, J. (1988). Performative acts and gender constitution: An essay in

phenomenology and feminist theory. *Theatre Journal, 40*(4), 519-531.

Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity.* New

York, NY: Routledge.

Campbell, F. A. K. (2008). Exploring internalized ableism using critical race theory.

Disability & Society, 23, 151–162.

Campbell, T. A., & Campbell, D. E. (1997). Faculty/student mentor programs: Effects

on academic performance and retention. *Research in Higher Education, 38*(6),

727-742.

Carson, A., Chabot, C., Greyson, D., Shannon, K., Duff, P., & Shoveller, J., (2017). A

narrative analysis of the birth stories of early-age mothers. *Sociology of Health*

and Illness, 36(6), 816-831. doi: 10.1111/1467-9566.12518

Center for Disease Control & Prevention (2016). *Unintended pregnancy prevention.*

Division of Reproductive Health, National Center for Chronic Disease

Prevention and Health Promotion. Retrieved from:

https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/in

dex.htm

Center for Disease Control & Prevention (2018). *National Vital Statistics Report*.

Retrieved from: Center for Disease Control and Prevention. https://www.

cdc.gov/nchs/products /nvsr.htm

Center for Work Life Law (2017). *The Pregnant Scholar*. University of California, Hastings College of the Law San Francisco, CA. Retrieved from https://thepregnantscholar.org/

Chamarette, J. (2015). Embodied words and situated bodies: Feminism, phenomenology, film theory. *Signs, 40*(2), 289-295. doi: 10.1086/678144.

Chamarette, J. (2018). Overturning feminist phenomenologies: Disability, complex embodiment, intersectionality, and film. In S. C. Shabot & C. Landry (Eds). *Rethinking feminist phenomenology*. (51-68). Lanham, MD: Rowman & Littlefield International.

Chan, C. D. & Farmer, L. B. (2017). Making the case for interpretative phenomenological analysis with LGBTGEQ+ persons and communities. *Journal of LGBT Issues in Counseling, 11*(4), 285-300, doi: 10.1080/15538605.2017.1380558.

Chao, G. T., Walz, P. M., & Gardner, P. D. (1992). Formal and informal mentorships: A comparison on mentoring functions and contrast with nonmentored counterparts. *Personnel Psychology, 45*(3), 619-636.

Chicago Women's Liberation Union, Hyde Park Chapter (1972). *Socialist feminism: a strategy for the women's movement*. Retrieved from https://www.historyisaweapon.com/defcon1/chisocfem.html

Cohen, M. Z., Kahn, D. L., & Steeves, D. L. (2000). *Hermeneutic phenomenological research: A practical guide for nurse researchers*. Thousand Oaks, CA: Sage.

Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist, 64*(3), 170-180. doi: http://dx.doi.org/10.1037/a0014564

Collins, P. H. (2000). *Black feminist thought: knowledge, consciousness, and the politics of empowerment.* Boston, MA: Unwin Hyman.

Combahee River Collective. (2005). A Black feminist statement. In W.K. Kolmar and F. Bartkowski (Eds.), *Feminist theory: A reader (2nd ed.).* (pp. 311-316). Boston, MA: McGraw Hill. (original work published 1977)

Cook, B., & Hartle, T. W. (2011). *Why graduation rates matter—and why they don't.* Washington, DC: American Council on Education.

Cotterill P., & Letherby G. (1993). Weaving stories: Personal auto/biographies in feminist research. *Sociology, 27*(1), 67–79.

Council for the Advancement of Standards in Higher Education (2019). Retrieved from https://www.cas.edu/standards

Community College Enrollment File, 2018.

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review, 43*(6), 1241–1299.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum, 1*(8). Retrieved from http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8

Creswell, J. W. (2014). *Research design: qualitative, quantitative, and mixed methods approaches.* 4th ed. Thousand Oaks, CA: SAGE Publications.

Crisp, G., & Cruz, I. (2009). Mentoring college students: A critical review of the literature between 1990 and 2007. *Research in Higher Education, 50*, 525–545.

Creswell, J. W. & Poth, C. N. (2017). *Qualitative inquiry and research design: Choosing among five approaches (4th ed).* Thousand Oaks, CA: Sage.

Darvill, R., Skirton, H, & Farrand, P. (2010). Psychological factors that impact on women's experiences of first-time motherhood: A qualitative study of the transition. *Midwifery, 26*(3), 358-366.

Davidson, D. L. (2016). It's a business: Student affairs practitioners' transition from a not-for-profit to for-profit institution of higher education. *Journal of College Student Development 57*(7), 778-792.

Davis, A. (1981). *Women, race, and class.* New York, NY: Random House.

de Beauvoir, S. (2011). *The second sex* (C. Borde & S. Malovany-Chevallier, Trans.). New York, NY: Vintage Books.

Defund Planned Parenthood Act of 2017, H.R. 354, 115th Cong. (2017).

DeMario, M. A. (2017). Outcomes of monroe community college student parents who used the campus childcare center vs. those who didn't, Fall 2006 – Fall 2014. Unpublished Overview of Research Findings.

Denzin, N. K., & Lincoln, Y. S. (2000). *Handbook of qualitative research (2nd ed).* Thousand Oaks, CA: SAGE Publications.

Dill, B. T., McLaughlin, A. E., & Nieves, A. D. (2007). Future directions of feminist research: Intersectionality. In S. N. Hesse-Biber (Ed.), *Handbook of feminist research: Theory and praxis* (pp. 629–638). Thousand Oaks, CA: Sage.

DiPietro, J. (2012). Maternal Stress in Pregnancy: Considerations for Fetal Development. *Journal of Adolescent Health, 51*(2), S3-S8.

Dott, M., Rasmussen, S. A., Hogue, C. J., & Reefhuis, J. (2010). Association between pregnancy intention and reproductive health behaviors before and after pregnancy recognition, National Birth Defects Prevention Study, 1997-2002. *Maternal & Child Health Journal, 14*, 373-381. doi: 10. 1007/ S10995-009-0458

Dowling, M. (2007). From Husserl to van Manen: A review of different phenomenological approaches. *International Journal of Nursing Studies, 44*(1), 131-142.

Downing, R., LaVeist, T., & Bullock, H. (2007). Intersections of ethnicity and social class in provider advice regarding reproductive health. *American Journal of Public Health, 97*(10), 1803–1807. doi: https://doiorg.uri.idm.oclc.org /10.2105/AJPH.2006.092585

Earle, S. (2000). Pregnancy and the maintenance of self-identity: Implications for antenatal care in the community. *Health and Social Care in the Community 8*(4), 235–241.

Enkin M, Keirse M, Neilson J, Crowther C, Duley L, Hodnett, E. (2000). *A guide to effective care in pregnancy and childbirth*. New York: Oxford University Press.

Etherington, K. (2001). Writing qualitative research—A gathering of selves. *Counseling and Psychotherapy Research, 1(*2), 119-125.

Evans, M. (1997). *Introducing contemporary feminist thought*. Cambridge, UK: Blackwell Publishers Ltd.

Finer, L. B., & Zolna, M. R. (2014). Shifts in intended and unintended pregnancy in

the United States: 2001-2008. *American Journal of Public Health, 104*(1), 43-

48.

Finlay, L. (2013). Unfolding the phenomenological research process: Iterative stages

of "seeing afresh." *Journal of Humanistic Psychology, 53*(2), 172–201.

https://doi.org/10.1177/0022167812453877

Firestone, S. (1970). *The Dialectic of Sex.* New York, NY: Dell.

Fisher, L. (2000). Phenomenology and feminism: Prospectives on their relation. In L.

Fisher & L. Embree (Eds). *Feminist Phenomenology*. Dordrecht: The

Netherlands: Kluwer Academic Publishers.

Fisher, L. (2010). Feminist phenomenological voices. *Continental Philosophy*

Review, 43(1), 83–95.

French, M. (1985). *Beyond power: On women, men, and morals*. New York, NY:

Summit Books.

Gadamer, H. G. (1975). *Truth and method.* London: Sheed & Ward.

Garland-Thomson, R. (2002). Integrating disability, transforming feminist

theory. *National Women's Studies Association Journal, 14*(3), 1-32.

Gault, B., Milli, J., & Cruse, L. R. (2018). *Investing in single mothers' higher*

education: costs and benefits to individuals, families, and society. Institute for

Women's Policy Research: Washington, DC.

Gilligan, C. (1993). *In a different voice: Psychological theory and women's*

development. Cambridge, MA: Harvard University Press.

Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Pittsburgh, PA: Duquesne University Press.

Goldberg, L., Ryan, A., & Sawchyn, J. (2009). Feminist and queer phenomenology: A framework for perinatal nursing practice, research, and education for advancing lesbian health. *Health Care for Women International, 30,* 536–549. doi: 10.1080/07399330902801302

Gough, M. (2011). Parenting and pregnant students: An evaluation of the implementation of the other Title IX. *Michigan Journal of Gender and Law, 17*(2), 211-269.

S. Res., 43, 115th Cong., Cong. Rec. 163 (2017) (enacted).

Hamilton, B. E., Martin, J. A., & Ventura, S. J. (2011). *Births: Preliminary Data for 2010. National Vital Statistics Reports*. Hyattsville, MD: National Center for Health Statistics. Retrieved from: https://www.cdc.gov/nchs/data /nvsr/nvsr61/nvsr61_01.pdf

Harding, S. (1987). *Feminism and methodology*. Bloomington, IN: Indiana University Press.

Harper, S. R., & Hurtado, L. D. (2007). Nine themes in campus racial climates and implications for institutional transformation. In S. R. Harper & L. D. Patton (Eds.), *Responding to the realities of race on campus. New Directions for Student* Services, *120*, 7–24.

Harris, J. C. & Patton, L. D. (2018). *Un/Doing intersectionality through higher education research*. *The Journal of Higher Education, 90* (3), 347-372. doi: 10.1080/00221546.2018.1536936

Harvey, S., Carr, C., & Bernheine, S. (1989). Lesbian mothers: Healthcare experiences. *Journal of Nurse-Midwifery, 34*(3), 115-119.

Hayes, E., & Flannery, D. D. (2002). *Women as learners: The significance of gender in adult learning.* San Francisco, CA: Jossey-Bass.

Heidegger, M., Macquarrie, J., & Robinson, E. (1962). *Being and time.* Malden, MA: Blackwell.

Hesse-Biber, S. (2007). The practice of feminist in-depth interviewing. In Hesse-Biber, S. N., & Leavy, P. L. *Feminist research practice* (pp. 110-148). T Thousand Oaks, CA: SAGE: Publications. doi: 10.4135/9781412984270

Heywood, L., & Drake, J. (Eds.) (1997). *Third wave agenda: Being feminist, doing feminism.* Minneapolis, MN: University of Minnesota Press.

Hogg, M. A. (2006). Social Identity Theory. In P. J. Burke (Ed.), *Contemporary social psychological theories* (pp. 111-136). Stanford University Press.

Hoover, S. M. (2016). A critical feminist phenomenological study of social justice identity among professional psychologists and trainees from a feminist multicultural practicum. *Professional Psychology: Research and Practice, 47*(6), 383–390. doi: https://doi-org.uri.idm.oclc.org/10.1037/pro0000110

Hurtado, A. (1996). *The color of privilege: Three blasphemies on race and feminism.* Ann Arbor, MI: University of Michigan Press.

Husserl, E. (1931). *Ideas: General introduction to pure phenomenology* (Gilson W. R. B., Trans.). New York: Humanities Press, Original work published 1913.

Hequembourg, A. &, Farrell, M. (1990). Lesbian motherhood: Negotiating marginal-mainstream identities. *Gender and Society, 13*(4), 540-557.

Institute of Medicine (2003). *Unequal treatment: confronting racial and ethnic disparities in health care*. Washington, DC: National Academies Press.

Ishiyama, J. (2007). Expectations and perceptions of undergraduate research mentoring: Comparing first generation, low-income white/Caucasian and African American students. *College Student Journal, 41*(3), 540-549.

Jensen, D. H. & Jetten, J. (2016). The Importance of developing students' academic and professional identities in higher education. *Journal of College Student Development 57*(8), 1027-1042.

Johnson, K.A. (2017). *A postpartum guide to healing your body, balancing your emotions, and restoring your vitality*. Denver, CO: Shambhala Publications.

Jones, S. R. & Abes, E. S. (2013). *Identity development of college students: Advanced frameworks for multiple dimensions of identity*. San Francisco, CA: Jossey-Bass.

Jones, S. R., Torres, V., & Arminio, J. (2014). *Negotiating the complexities of qualitative research in higher education: Fundamental elements and issues (2nd ed.)*. New York, NY: Routledge.

Kruks, S. (2014). Women's 'lived experience': feminism and phenomenology from Simone de Beauvoir to the present. In M. EvansC. Hemmings & M. Henry. *The SAGE handbook of feminist theory* (pp. 75-92). London: SAGE Publications Ltd doi: 10.4135/9781473909502.n

Krupp, E. (2017). *Birth justice is social justice*. Retrieved from http://fourteeneastmag.com/index.php/2017/04/28/birth-justice-is-social-justice/

Krusemark, S. (2012). The campus as stage: A qualitative study of the hypervisibility
and invisibility of African American female identity in the built campus
environment. *Journal of Research on Women and Gender, 4*, 25–51.

Kruvelis, M., Cruse, L. R., & Gault, B. (2017). *Single mothers in college: Growing
enrollment, financial challenges, and the benefits of attainment.* Washington,
DC: Institute for Women's Policy Research.

Langellier, K. M. (1994). Appreciating phenomenology and feminism: Researching
quiltmaking and communication. *Human Studies, 17*, 65-80.

Larkin, M., & Thompson, A. R. (2011). Interpretative phenomenological analysis in
mental health and psychotherapy research. In D. Harper & A. R. Thompson
(Eds.), *Qualitative research methods in mental health and psychotherapy: A
guide for students and practitioners* (pp. 101–116). Hoboken, NJ: Wiley-
Blackwell.

Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A
comparison of historical and methodological considerations. *Journal of
Qualitative Methods, 2*(3), 21-35.

Ledesma M. C. & Calderón D. (2015). Critical race theory in education: A review of
past literature and a look to the future. *Qualitative Inquiry, 21*, 206–222.

LeVasseur, J. (2003). The problem of bracketing in phenomenology. *Qualitative
Health Research 13*(3), 408–420.

Lincoln, Y., & Guba, E. (1986). But is it rigorous? Trustworthiness and authenticity
in naturalistic inquiry. In D. Williams (Ed.), *Naturalistic evaluation* (pp. 73-
84). San Francisco, CA: Jossey-Bass.

Lorde, A. (2007). *Sister Outsider: Essays and Speeches*, Freedom, CA: The Crossing Press.

Mason, Q. M. (2018). Intersectional ambiguity and the phenomenology of #Blackgirljoy. In S. C. Shabot & C. Landry (Eds). *Rethinking feminist phenomenology.* (51-68). Lanham, MD: Rowman & Littlefield International.

McCall, L. (2005). The complexity of intersectionality. *Signs, 30(*3), 1771-1800.

McGee, E. O. & Stovall, D. (2015). Reimagining critical race theory in education: Mental health, healing, and the pathway to liberatory praxis. *Educational Theory, 65*(5), 491-511.

McNee, E. (2013). Pregnancy discrimination in higher education: accommodating student pregnant. *Cardozo Journal of Law and Gender, 20*(63), 63-88.

Mendez-Figeuroa, H., Dahlke, J. D., Vrees, R. A., & Rouse, D. J. (2013). Trauma in pregnancy: an updated systematic review. *American Journal of Obstetrics and Gynecology, 209*(1), 1-10. doi: 10.1016/j.ajog.2013.01.021.

Merleau-Ponty, M. (1962). *Phenomenology of perception* (C. Smith, Trans.). London: Routledge & Kegan Paul Ltd.

Millett, K. (1970). *Sexual Politics*. Garden City, NY: Doubleday.

Moraga, C. (1983). *Loving in the War Years: Lo Que Nunca Paso Por Sus Labios*. Boston, MA: South End Press.

Moraga, C., & Anzaldúa, G. (2015). *This bridge called my back: Writings by radical women of color*. Watertown, Mass: Persephone Press. (Original work published 1981).

Moriates, C., Arora, V., & Shah, N. (2015). *Understanding value-based healthcare.* New York, NY: McGraw-Hill Education.

Moustakas, C. (1994). *Phenomenological research methods.* Thousand Oaks, CA: Sage.

Mountian, I. (2017). Borders and margins: Debates on intersectionality for critical research. *Qualitative Research Journal, 17*(3), 155-163.

Mowatt, R. (2013). Black/female/body hypervisibility and invisibility: A Black feminist augmentation of feminist leisure research. *Journal of Leisure Research, 45*(5), 644–660.

Museus, S. D. & Griffin, K. A. (2011). Mapping the margins in higher education: On the promise of intersectionality frameworks in research and discourse. *New Directions for Institutional Research, 151*, 5–13.

Nash, M. (2012). *Making 'postmodern' mothers: Pregnant embodiment, baby bumps and body image.* New York, NY: Palgrave Macmillan.

National College Athletic Association (2008). *Pregnant and parenting student athletes: Resources and model policies.* Retrieved from http://www.ncaa.org/sites/default/files/ PregnancyToolkit.pdf

National Women's Law Center (2016). *Pregnant and parenting students' rights: FAQs for college and graduate students.* Washington, DC. Retrieved from https://nwlc.org/resources/pregnant-and-parenting-students-rights-2/

Nichols, F. H. (1992). The psychological effects of prepared childbirth on single adolescent mothers. *The Journal of Perinatal Education,1*(1), 41–49.

Nichols, T. R., Biederman, D. J., & Gringle, M. R. (2017). Organizational culture and

    university responses to parenting students: A case study. *Journal of Student*

    Affairs and Practice, 54(1), 69-81.

Noble, S. (2013). Google search: Hyper☐visibility as a means of rendering black

    women and girls invisible. *InVisible Culture: An Electronic Journal of Visual*

    Culture, 19. Retrieved from: http://ivc.lib.rochester.edu/google-search-hyper-

    visibility-as-a-means-of-rendering-black-women-and-girls-invisible/

Office for Civil Rights (2013). *Supporting the academic success of pregnant and*

    parenting students. Washington, DC.

Olesker, E. & Walsh, L. (1984). Childbearing among lesbians: Are we meeting their

    needs? *Journal of Nurse-Midwifery, 29*(5), 322-329).

Padilla-Díaz, M. (2015). Phenomenology in educational qualitative research:

    Philosophy as science or philosophical science? I*nternational Journal of*

    Educational Excellence, 1(2), 101-110.

Paterson, M., & Higgs, J. (2005). Using hermeneutics as a qualitative research

    approach in professional practice. *The Qualitative Report, 10*(2), 339-357.

Patton, L. D., Renn, K. A., Guido, F. M., & Quaye, S. J. (2016). *Student development*

    in college: Theory, research, and practice. San Francisco, CA: Jossey-Bass.

Patton, M. D. (2015). *Qualitative research and evaluation methods: Integrating*

    theory and practice. Thousand Oaks, CA: Sage Publications.

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretive

    phenomenological analysis in qualitative research psychology. *Psychological*

    Journal, 20, 7-14. doi:10.14691/CPPJ.20.1.7

Polkinghorne D. E. (1989). Phenomenological research methods. In Valle R.S., Halling S. (Eds.). *Existential-phenomenological perspectives in psychology* (pp. 41–60). New York, NY: Plenum.

Purdie-Vaughns, V., & Eibach, R. P. (2008). Intersectional invisibility: The distinctive advantages and disadvantages of multiple subordinate group identities. *Sex Roles, 59*, 377–391.

Quinn, F., Muldoon, R., & Hollingworth, A. (2002). Formal academic mentoring: A pilot scheme for first year science students at a regional university. *Mentoring & Tutoring, 10*(1), 21-33.

Raley, R. K., Kim, Y., & Daniels, K. (2012). Young adults' fertility expectations and events: Associations with college enrollment and persistence. *Journal of Marriage and Family, 74*, 866–879. doi:10.1111/j.1741☐3737.2012.00990.

Ravitch, S. M. & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual, theoretical, and methodological*. Thousand Oaks, CA: Sage.

Reading, A. (2014). Making memory work for feminist theory. In M. Evans, C. Hemmings, M. Henry, H. Johnstone, S. Madhok, A. Plomien, & S. Wearing (Eds), *SAGE handbook of feminist theory*. London: SAGE Publications.

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

Renaud, M. (2007). *We are mothers too: Childbearing experiences of lesbian families*. Journal of Obstetrics & Neonatal Nursing, 36(2), 190-199).

Research Institution Enrollment File, 2018.

Rich, A. (1976). *Of woman born: Motherhood as experience and institution*. New

York, NY: W. W. Norton & Company.

Ricoeur, P. (1976). *Interpretation theory: Discourse and the surplus of meaning.* Fort

Worth, TX: Texas Christian University Press.

Ropers-Huilman, R., & Winters, K. T. (2011). Feminist perspectives in higher

education. *The Journal of Higher Education, 82*(6), 667-690.

Rosenthal, L. & Lobel, M. (2016). Stereotypes of Black American women related to

sexuality and motherhood. *Psychology of Women Quarterly, 40*(3), 414-427.

doi: 10.1177/0361684315627459

Rothman, B. K. (1989). Women as fathers: Motherhood and childcare under a

modified patriarchy. *Gender & society, 3*(1), 89–104. doi: https://doi.

org/10.1177/089124389003001006

Rubin, M., Denson, N., Kilpatrick, S., Matthews, K. E., Stehlik, T., & Zyngier, D.

(2014). "I am working-class": Subjective self-definition as a missing measure

of social class and socioeconomic status in higher education research.

Educational Researcher, 43(4), 196–200. doi: https://doi.org/10.3102

/0013189X14528373

Rubin, R. (1984). *Maternal identity and the maternal experience*. New York, NY:

Springer Publishing.

Ruddick S. (1995). *Maternal thinking: Toward a politics of peace*. Boston, MA:

Beacon Press.

Sakala, C. & Corry, M. P. (2008). *Evidenced-based maternity care: What it is and what it can achieve.* New York, NY: Millbank Memorial Fund. Retrieved from http://www.nationalpartnership.org/our-work/resources/health-care/maternity /evidence-based-maternity-care.pdf

Santos, S. J., & Reigadas, E. T. (2005). Understanding the student-faculty mentoring process: Its effects on at-risk university students. *Journal of College Student Retention, 6*(3), 337-35.

Sauls, D. J. (2004). Adolescents' perception of support during labor. *The Journal of Perinatal Education*, *13*(4), 36–42.

Schoen C., Collins S. R., Kriss, J. L., Doty M. M. (2008). How many are underinsured? Trends among U.S. adults, 2003 and 2007. *Health Affairs, 27*(4), 298-309.

Shabot, S. C., & Landry, C. (2018). Rethinking feminist phenomenology. Lanham, MD: Rowman & Littlefield International.

Simkin P. (1991). Just another day in a woman's life? Part I. Women's long-term perceptions of their first birth experience. *Birth, 18*, 203–210.

Simkin P. (1992). Just another day in a woman's life? Part II. Nature and consistency of women's long-term memories of their first birth experience. *Birth, 19*, 64–81.

Simkin, P. (2011). Pain, suffering, and trauma in labor and prevention of subsequent posttraumatic stress disorder. *The Journal of Perinatal Education, 20* (3), 166-176.

Simms, E. & Stawarska, B. (2013). Introduction: Concepts and methods in

interdisciplinary feminist phenomenology. In J. Heard (Ed.), *Feminist Research Practice* (pp. 6-16). Pittsburgh, PA: Trivium Publications.

Smith, J. A. (1999). Identity development during the transition to motherhood: An interpretative phenomenological analysis. *Journal of Reproductive and Infant Psychology, 17*(3), 281–299.

Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology, 1*, 39-54.

Smith, J. A. & Osborne, M. (2008). Interpretative phenomenological analysis. In J.A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods, 2nd edition* (pp. 53–80). London: SAGE Publications.

Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review, 5*, 9–27. doi:10.1080/17437199.2010. 510659

Spelman, E. (1988). *Inessential woman: Problems of exclusion in feminist thought*. Boston, MA: Beacon Press.

Springer, K. W., Parker, B. K. & Leviten-Reid, C. (2009). Making space for graduate student parents: Practice and politics. *Journal of Family Issues, 30*(4), 435-457.

State College Enrollment File (2018).

Stern, A. M. (2005). Sterilized in the name of public health: race, immigration, and reproductive control in modern California. *American Journal of Public Health, 95*, 1128–1138.

Strange, C. C., & Banning, J. H. (2015). *Designing for learning: Creating campus environments for student success* (2nd ed.). San Francisco, CA: Jossey-Bass.

Students for Life (2016). *Top 12 public colleges and universities for pregnant and parenting students.* Retrieved from http://studentsforlife.org/2016/11/02/toppublicschools/

Tajfel, H. (1982). Social psychology of intergroup relations. *Annual Review of Psychology, 33*(1), 1-39.

Tajfel, H., & Turner, J. C. (1979). An integrative theory of inter-group conflict. In W. G. Austin & S. Worchel (Eds.), *The social psychology of inter-group relations* (pp. 33–47). Monterey, CA: Brooks/Cole.

Taylor, U. Y. (2001). Making waves: The theory and practice of Black feminism. *The Black Scholar, 28*(2), 18–28.

Thompson, D. (2016). Midwives and pregnant women of color: Why we need to understand intersectional changes in midwifery to reclaim home birth. *Columbia Journal of Race and Law, 6* (1), 27-46. doi: https://doi.org/10.7916/D8V69JX0

Tidd, U. (2004). *Simone de Beauvoir: Gender and Testimony*. Cambridge, UK: Cambridge University Press.

Tong, R. (2009). *Feminist thought: A more comprehensive introduction*. Boulder, CO: Westview Press.

Truven Health Analytics (2013). *The cost of having a baby in the United States*. Retrieved from http://transform.childbirthconnection.org/wp-content/uploads/2013/01/Cost-of-Having-a-Baby1.pdf

U.S. Centers for Medicare & Medicaid Services (2019). Retrieved from
https://www.medicaid.gov/medicaid-and-you/index.html

U.S. Department of Education (2015). *Demographic and enrollment characteristics of nontraditional undergraduates: 2011–12*. Washington, DC.

U.S. Department of Justice (2015). *Overview of Title IX of the Education Amendments of 1972, 20 U.S.C. A§ 1681 ET. SEQ*. Retrieved from
https://www.justice.gov/crt/overview-title-ix-education-amendments-1972-20-usc-1681-et-seq

van Manen, M. (2014). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Walnut Creek, CA: Left Coast Press.

Ward, K. & Wolf-Wendel, L. (2012). *Academic motherhood: How faculty manage work and family*. New Brunswick, NJ: Rutgers University Press.

Weber, L., & Parra-Medina, D. M. (2003). Intersectionality and women's health: charting a path to eliminating health disparities. *Advances in Gender Research, 7,* 181-230. https://doi.org/10.1016/S1529-2126(03)07006-1

Weitzman, A., Barber, J. S., Kusunoki, Y., & England, P. (2017). Desire for and to avoid pregnancy during the transition to adulthood. *Journal of Marriage and Family Therapy, 79* (4), 1060–1075.

Wilson, V. W., Andrews, M., & Leners, D. W. (2006). Mentoring as a strategy for retaining racial and ethnically diverse students. *Journal of Multicultural Nursing & Health, 12*(3), 17-23.

Winker, G. & Degele, N. (2011). Intersectionality as multi-level analysis: Dealing with social inequality. *European Journal of Women's Studies, 18*(1), 51-66.

Yakaboski, T. (2010). Going at it alone: Single-mother undergraduate's experiences, Journal of Student Affairs Research and Practice, 47(4), 463-481.

Young, I. M. (2005). On female body experience: "Throwing like a girl" and other essays. Oxford: Oxford University Press.

Yuval-Davis, N. (2006). Intersectionality and feminist politics. European Journal of Women's Studies, 3(3), 193–209. doi: https://doi.org/10.1177/1350506806065752

Zalaquett, C. P., & Lopez, A. D. (2006). Learning from the stories of successful undergraduate Latina/Latino students: The importance of mentoring. Mentoring & Tutoring: Partnership in Learning, 14(3), 337-353.

Zeiler, K. & Käll, L. F. (2014). Feminist phenomenology and medicine. Albany, NY: SUNY Press.