

# Miracles In Motion: The Journey of Pregnant Filipino Women Undergoing Dialysis

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**Abstract-** The study explored the lived experiences of dialysis women who had a history of successful pregnancy. The study utilized the hermeneutic phenomenological method; the participants of the study were pregnant women who required dialysis and had successful pregnancies. Moreover, the purposive sampling method was used in the selection of the respondents and using thematic analysis in the analysis of data. The study revealed the lived experiences of dialysis women who had a history of successful pregnancy, emphasizing their strong desire for parenthood despite the initial fear and health concerns, and the critical need for strong support systems. Key themes include "Ambivalent Experiences" which encompasses the complex emotional journey of pregnancy, marked by high risk and a mix of fear, surprise, and relief, "Acceptance" highlighting how faith helps manage high-risk pregnancies; "Hurdles Along the Way," which stresses the importance of comprehensive care, optimism, and family support; and "New Beginnings," which celebrates the women's resilience and hope, showcasing their reliance on faith for courage. The study offers insightful analysis of the lived experiences of women on dialysis who have effectively negotiated pregnancy and highlights their relentless desire for motherhood despite major initial anxieties and medical concerns. The results highlight the need for strong support structures to guide these women over their complicated paths.

**Keywords:** chronic kidney disease (CKD), dialysis, pregnancy, lived experiences

## Introduction

Pregnancy is a deep and transforming event, and for women with pre-existing medical issues, it can be a road of hope or a test of endurance. Of these difficulties, renal failure is one that most seems intimidating. In the Philippines, where access to specialist healthcare can vary greatly, pregnant women undergoing dialysis constitute a particular and understudied demographic. This study explores the difficult junction of pregnancy and renal care, looking at how these women negotiate the twin pressures of preserving their health and supporting new life.

High rates of preeclampsia and premature birth underline the general hazards linked with CKD during pregnancy, according to Kimmel et al. (2019) and Glickman et al. (2020). These studies, however, usually concentrate on larger populations and neglect to explore the experiences of those receiving dialysis. Moreover, Pregnant women on dialysis face physiological difficulties and therapeutic changes that Weiner et al. (2017) and Khan et al. (2018) address. While they stress the difficulty of juggling dialysis treatment with pregnancy demands, their focus is on Western populations, therefore creating a knowledge vacuum about how similar problems show up in other cultural and healthcare environments.

There is a lack of study in the Philippines regarding the impact of cultural views, healthcare accessibility, and socioeconomic levels on the experience of pregnant women undergoing dialysis. While Santiago's (2021) study acknowledges the broader context of maternal care in the Philippines, it does not specifically focus on the relationship of pregnancy and dialysis. Moreover, studies by Mendoza et al. (2016) and Tan et al. (2019) highlight the more general difficulties in Filipino mothers' healthcare, they do not look at the junction of pregnancy and dialysis. Furthermore, there is a lack of research on the impact of dialysis treatment on the health of both mothers and fetuses in low-resource settings, such as the Philippines. Gaining insight into the dynamics of these components



can enhance one's ability to provide more effective assistance and medical care to pregnant women undergoing dialysis in the Philippines.

It is clear as we traverse the complex path of pregnant Filipino women on dialysis that their experiences reflect both great difficulty and great resilience. This study not only intends to close important knowledge gaps but also seeks to promote a more compassionate and educated approach to mother care in like circumstances by highlighting their tales and awareness of their challenges. This ultimately hopes to help create a more inclusive and responsive healthcare system that acknowledges and supports the incredible resilience of these women, thereby guaranteeing that their paths are met with the empathy, tools, and care they surely deserve.

### Materials and Methods

This study explores the lived experiences of dialysis-seeking pregnant Filipino women using a hermeneutic phenomenological method. Hermeneutic phenomenology is especially appropriate for this study since it helps one to have a thorough awareness of how these women perceive and make sense of their experiences within difficult and demanding conditions. This approach offers extensive, qualitative insights into personal stories, cultural settings, and the interpretations related to their experiences, therefore enabling a thorough investigation of these paths.

The study will involve a purposive sampling method to recruit participants who meet the following criteria: (1) Filipino women who were pregnant when undergoing dialysis, (2) participants must be at least 18 years old. and (3) participants must be receiving dialysis treatment at a recognized healthcare facility in the Philippines. Moreover, Data saturation will be a guiding principle in determining the final number of participants.

Furthermore, data will be gathered via semi-structured, comprehensive interviews, which will take place in a quiet and comfortable environment to guarantee anonymity and encourage candid and transparent conversation. The interviews will be conducted using a series of open-ended questions specifically designed to generate comprehensive narratives of the participants' experiences with pregnancy and dialysis. Interviews will be audio-recorded with participants' consent and transcribed verbatim for analysis.

Lastly, the data analysis will adhere to Braun and Clarke's (2006) method of theme analysis, which is highly suitable for systematically and comprehensively examining qualitative data. This approach will be utilized within the context of hermeneutic phenomenology to offer a comprehensive and intricate comprehension of the encounters of pregnant Filipino women who are receiving dialysis.

### Results

A thematic approach was used to examine the collected data. Results showed 5 significant themes, which include (1) Ambivalent Experiences, (2) Acceptance, (3) Hurdles Along the Way, (4) Crafting Resilience, (5) New Beginnings.

#### Theme 1: Ambivalent Experiences

The first theme generated was ambivalent experiences. The theme captures the turbulent emotional roller coaster that participants went through when they found out they were pregnant while undergoing dialysis. Ambivalent Experiences, as analyzed in the study, is composed of two subthemes, (1) Surprise, and (2) Fear.

##### Subtheme 1.1: Surprise

Unexpected reactions were manifested in the following statements:

*“Unexpected ra pod nasiyananahitabosaakoa ng ana buntis ,hinoonnaakoybanaperosiguronagka hormonal imbalance isip man gdnako nag dialysis man ko bisanwalanakogimens naga hormonal imbalance lang ko niyawala ko kabalonabuntisdiy ko unexpected rmangudsiya, imagine 6 months nakosiyonabal an” (It was really unexpected when I got pregnant, though I have a husband, but maybe I*

had hormonal imbalance. I think that since I was undergoing dialysis, I was just having a hormonal imbalance, and then I didn't know that I was already pregnant since it was unexpected. Imagine that I was six months pregnant when I found out.) – Participant 1

*“Siyempre, sabi naman nilasa akin nabawal. Kaya hindi ko alam nabuntisako kasi one (1) year din kasi akowalangregla. Nung makutisaakong dialysis, walana akongregla. Taposmga September, parang nireglaako ng pataklang. Tapospagka December, naman po three months nayung baby ko, yungtiyan ko.”* (Of course, they told me it was forbidden. I didn't realize I was pregnant because I hadn't had my period in a year. When I started dialysis, my period stopped. Then, in September, it seemed like I got my period, but it was just a few drops. Then, by December, it turned out I was three months pregnant, and my belly) – Participant 5

### Subtheme 1.2: Fear

Fear was manifested in the following statements:

“Nahadlok gud ma'am kanangsyempreing-ana, nangutana sad ko samga doctor or mga nurse...pagkabalona forever nasiya, naano ko nag hilak ko, stress kay' ko, depressed”. (I was really scared, ma'am. Of course, given the situation, I also asked the doctors and nurses. When I found out it was going to be forever, I cried. I was very stressed and depressed) – Participant 1

“Malungkotako. Umiyakakosaharap ng doctor at tanong ko, 'yunna lang ba ang option?'. Natatakot din akoalam ko kung ano yang dialysis kasi pinag-aralan ko to datitaposmangyayarisakin. Ayon takot din, nag-alala akosasarili ko lalonasa bata syemprebuntisakotapos nag dadialysisako”. (I was sad, crying in front of the doctor, and I asked if that was the only option. I was scared because I knew what dialysis was since I studied it before, and now it's happening to me. I was scared and worried about myself, especially for the baby since I was pregnant and undergoing dialysis) – Participant 2

### Theme 2: Acceptance

The second theme generated was 'Acceptance' where participants embraced the reality of their situations and placed their trust in a divine plan throughout their pregnancies. This highlights the profound impact of faith and acceptance in navigating difficult circumstances.

*“Kuan kanangpadayunnakosiya, kay syempremakasala man pod ta kung dilinakoipadayununya isa pa blessings naman gayudsaginoogihatag ,naa naman siyaakonalangsiyagipadayunkutobsamakayanako. Wala koynaisipnailaglag, ma'am, uy. Basta ihatag lang ni Lord, ihatag lang gyudsaGinoo, para judsaakoa”* (Well I continued it, of course I will be sinned if I will not accept the blessings given by the Lord, it is already there so I just go for it as long as I can. I do not have any plans on abortion ma'am, if it was given for me by the Lord, it was meant for me) – Participant 1

*“Bali at first syemprebuhayyun life yun kaya y'unbinigay ng diyos so po kasi risky naman talagapagbubuntis ko dahilnasa high risk akoperoiniisip ko na baka binigyanako ng diyos kasi para sa'kintalagayun”*(First of all, of course, life is life, that's why God gave it to me, so it's because my pregnancy is really risky because I'm at high risk, but I think that maybe God gave it to me because it's really for me. - (Participant 3)

### Theme 3: Hurdles Along the Way

The third theme covers the challenges faced by the participants during their journey, which was classified into three different subthemes: (1) Financial Hardship, (2) Health Crisis, and (3) Racing Against Time; wherein they shared their experiences of financial strain, health crises, and the urgency of timely interventions.

#### Subtheme 3.1: Financial Hardship

Facing financial hardships were stated in

*“Ang worry namin is financial, kasi mahal ang dialysis almost everything. Tapos free ng PhilHealth sobrangmabilisrinmauboskapaginaraw-arawnamin o frequent din paggamit, maubosagadsiya. (Our worry is financial, because dialysis is expensive, almost everything. Also, PhilHealth is free and runs out very quickly. When we use it every day or use it frequently, it will run out immediately) – Participant 4*

*“Four (4) to (5) times a week ang yung dialysis, Ganun din. ‘Tsaka... hindi... kasi yan lang, kasi ako nag-skip po ako, kasi walangpera. Kaya... Pag nabuntisako, lagiakongnagskip. Tacloban pa kasi ako nag-dialysis. Nandito po kami sa Biliran. Hirap y’ung...y’ungpamasahepapunta d’un, dalawa kami. Kaya minsan lang magpag-padialysis. Minsan, isangbuwan, dalawangbeses lang. Once a week”. (The frequency of dialysis sessions is often four to five times per week. Additionally, there are other aspects to consider. Due to financial constraints, I was compelled to forgo the treatment. During my pregnancy, I consistently abstained from certain activities. I am currently in Tacloban due to my need for dialysis treatment. We are now located in Biliran. Reaching that destination is challenging due to the fact that there are two of us) – Participant 5*

#### Subtheme 3.2: Health Crisis

Health Crisis faced by the participants during their journey was stated on the following statements:

*“Bumababa... sobrangbumabayung BP ko. Taposnahimatay pa akoganun. Nag-chills ako, yuntapossobrangpayat ko ganun”. (It's going down... my BP is going down a lot. Then I passed out like that. I had chills, and then I was so thin) – Participant 4*

*“akoaranabantayanakongtimbangnagka bug-at ko, unyamagpakuhakogtubigsa dialysis nakoginapadakonako kay abinakog bug-at ra ko tungodsatubigsigeg...tingalara man ko sigerakogkalipong ,unyanagka bug-at nagka bug-at man akotimbang” (I saw that my weight has increased, so I decided to have my dialysis session to remove excess fluid. I thought that the weight gain was solely due to the accumulation of water.I have been consistently indulging in excessive eating, resulting in a significant increase in my body weight) - Participant 1*

### Theme 4: Crafting Resilience

Crafting resilience is the ability to recover from setbacks, obstacles, or unpleasant situations by improving emotional control, social support networks, optimism, and self-care routines.Hence, leads to the fourth theme. The theme comprised the following subthemes: (1) Optimism, (2) Family support, (3) Lifestyle, and (4) Health care.

#### Subtheme 4.1: Optimism

Being Optimistic was stated in the following statements:

*“gina enjoy lang judnakoakong life... Mao rana, dili—walara ko ga-isipanangmga negative... Kung mohilak ko karon, magproblema ko, ako ang—ako man pud ang malisod, so gikuannapudnakopagkaugmana, kaya ranakoni”. (I simply derive pleasure from living my life,*

**That is simply not true—I have not been thinking about those terrible things... If I cry now, I will have problems, I will be the one who will struggle, thus I have already decided to postpone it till tomorrow, I can handle it then) – Participant 1**

*“Ah, syemprena disappoint ako kasi sanaisip ko non during pregnancy lang para malinis’ungdugo para masurvivey’ung baby, eh, kasotumaasy’ung, tumaas pa riny’ung creatinine ko nung time nay’un and dinidiretsyosyempremalungkotako kasi tuloy-tuloy pa rinpalaakomagdialysis”.* **(Of course, I was naturally disappointed since I had thought that during pregnancy, the purpose was to ensure a clean blood supply for the survival of the kid. However, my creatinine levels continued to rise at that period, and as a result, I was directed to undergo dialysis, which made me feel even more saddened by the fact that I would have to continue with the procedure) - Participant 2**

#### Subtheme 4.2: Family Support

Family support was mentioned in the following statements:

*“Ah, yung father ko tasyungtita ko na mama ko, yungkapatid ko siyayung nag susupportsa’kin financially, siyarin ay nasaibangbansataposyung partner ko, nasaibangbansanarinsiyanungnagkasakitako”.* **(My father and my aunt, who is like a mother to me, are the ones who financially support me. They are both in another country. My partner is also in another country when I got sick). – Participant 2**

*“wala kami rajudduhasaakong partner. Nya akong partner trabahosiya, nagtigomgud mi. Wala gud mi ingonnahatagsaakong parents, saiyang parents, kami rajudduha. Nya siyatrabaho, akopudmaningkamot. Ana lang”.* **(Currently, my boyfriend and I are the only ones in our household. While my spouse is employed and diligently saving money, we are unable to provide any financial support to our respective parents. We are the only one’s present; he is engaged in work while I am exerting considerable effort as well) - Participant 1**

#### Subtheme 4.3: Lifestyle

The following statements included discussions about personal lifestyle choices and habits:

*“Ako nag... tana ginakaonnakopero in a moderation lang ko except lang samga baka mgasebowala ko gakaon ana mga junk foods soft drinks walanakoana.. Ang akoa lang naexerciselakawlakaw ug pinaka the best jud paras akoa kay magpainit early morning. Walking lang ko usahydresabalay maglihok2 pud ko ug exercise nakoakong body apilapil ko sa Zumba ginagmay para dili ma anoimongkabukuganmaam ug ugat ug dli dalidayunmadeform...dli kay syamagabok”.* **(I am currently practicing moderation in my diet, excluding fatty meals such as junk foods and soft drinks. My preferred activity is walking, which I find to be the most effective way to warm up early in the morning. I frequently engage in walking exercises at home to move my body. I also participate in Zumba sessions to prevent the development of excess fat, muscle weakness, and the formation of varicose veins) - Participant 1**

*“Katulad ng anoyung water intake modapat 1L-1.5 lng, Low sodium, less fruits kasetataasyung potassium motasyung dietary products kasetataasyung phosphorus mo, ganun, less meat taposdapatyung meat mokasekasinglakinanglagayannangposporoganun”.* **(1 liter to 1.5 liters of liquid intake. Reduce sodium intake and limit consumption of fruits to prevent an increase in potassium levels. Similarly, limit intake of dietary goods to prevent an increase in phosphorus levels. Additionally, decrease meat consumption and ensure that meat portions are no larger than the size of a matchbox) – Participant 2**

**Subtheme 4.4: Healthcare**

The following statements incorporated discussions regarding healthcare utilization in relation to lifestyle:

“Yung mgagamot ko, yung mga maintenance ko, binawasannila, kasi yung iba kasi, yung mga maintenance ko bawalsapagbubuntis. So ang ininom ko lang that time is yung folic acid, tapos, iron, nag eposinoako ng injectable para kahit papanotataas ang hemoglobin ko. Oo, taposyung, yung double care ng mga nurses, naka double. Yung sa doctor, lagitalagaakong—regularly talagaakong nag papacheck-up, kais nag chechecksila ng toxic ko sakatawan. Yung crea ko, chinecheck, taposyung hemoglobin ko laging chenicheck. Tapos everyday ngapalayang treatment ko ng dialysis” (They reduced the medications I take for maintenance because some of them are not allowed during pregnancy. The only things I consumed at that time were folic acid and iron. Additionally, I was receiving injectable medication to help increase my hemoglobin levels to some extent. Yes, double care of the nurses has been implemented. Regarding the doctor, I always make it a point to have regular check-ups as they consistently monitor the toxicity levels in my body. My blood test is regularly checked, including my hemoglobin levels. My dialysis treatment is scheduled daily). - Participant 2

“Siyempre, sabi naman ng mgadoktor at nurses sa akin nabawal. Kaya hindi ko naman alam nabuntisako Kasi one year din kasi akowalangregla. Nung makutisaakong dialysis, walana akongregla. Taposmga September, parang nireglaako ng pataklang. Tapos pagka December, naman po three months nayung baby ko, yung tiyan ko”. (Indeed, the doctors and nurses have explicitly informed me that it is prohibited. I was unaware of my pregnancy because I did not have my menstrual period for a year. Upon undergoing dialysis, I no longer experience menstruation. Afterwards, in September, it seemed like I experienced a very light menstrual flow. After December, my kid will be three months old, and my stomach will have returned to its normal size) - Participant 5

**Theme 5: New Beginnings**

The fifth theme generated is ‘New beginnings. Despite all the odds the participant’s embraced the changes in their lives by stepping into the new phase of life with optimism and hope. New beginnings, as analyzed in the study, are composed of three subthemes: (1) Embracing changes, (2) Renewed sense of purpose, (3) Faith in God.

**Subtheme 5.1: Embracing Changes**

The following statements referenced and highlighted the concept of embracing changes:

“Ano siguro, ano kasi may nagtatanong din sa’kin kung itutuloy ko pa rinba ang pagbubuntis ko kahit nagda-dialysis ako ang sagot ko is, ‘Oo, kasi kung di’ ko tinuloyy’ unganak ko sa dialysis din naman akomapupunta, eh. Kung di’ ko siyapiniliwala akong anakperoy’ unganobaanokahitnagdialysisako atleast meron akong anaksiyanalang din kasi parang kinukunan ko ng lakasna bata bat akonagpapatuloyba” (Perhaps, someone asked me if I will continue with my pregnancy despite undergoing dialysis. My response is, ‘Yes, since if I didn’t continue with my child, I would still end up on dialysis.’ If I hadn’t chosen him, I wouldn’t have any children. However, even if I have dialysis, at least I have a child. He is the one I rely on for strength, as if he is the source of my continued vitality). - Participant 2

**Subtheme 5.2: Renewed Sense of Purpose**

The following statements mentioned a Renewed sense of purpose, emphasizing embracing changes and newfound determination:



*“Nakita nilanako, even ang mga nurse ug doctor, na amaze lang pudsilangana prove judnganaka survive jud ko ana, kay kasagaran man gud kay diliwalabahalagunsanilapagalagadili man judmusurvive so didto lang na amaze lang judsilasaakoa ana lang gud”.* **(They saw me, even the nurses and doctors, that they were just amazed that they had proved Jud that he had survived my mother, because usually it was God because they didn't care what they were doing)** – Participant 1

### Subtheme 5.3: Faith in God

The following statements mentioned their faith and underlining the reliance on spiritual beliefs and trust in a higher power:

*“Syempre, tapostuwing gabi syempre super dasal ka. Naalala ko nungdatituwingbagoako mag dialysis talaganagrorosaryoakobago at habangako nag dadialysis kasi isip ko talagayung bata, kasi kawawatalaga, kahitgadialysis ka taposmagdasal ka lang, dasaltalaga kasi ako non super dasalakonabuhayunganak ko, ehh. Sa awa ng diyoswalatalagapero under observation ta”.* **(Of course, then every night of course you pray super. I remembered that in the past, every time before dialysis, I used to pray the rosary before and while I was on dialysis because I really thought about the child, because he is really poor, even if you are on dialysis, just pray, I really pray because I am not super praying that my child is alive, huh. By the grace of God, nothing really happened, but we are under observation)** - Participant 2

### Discussion

In this study, there are several key themes through the study of the lived experience of pregnant women undergoing dialysis, which include: (1) ambivalent experiences; (2) acceptance and faith in God; (3) hurdles along the way; (4) crafting resilience; and (5) new beginnings.

The findings of the study revealed that pregnant women undergoing dialysis went through a turbulent emotional roller coaster. According to Holley and Reddy (2003), pregnancy in women receiving dialysis is classified as high-risk due to possible problems including preeclampsia, premature birth, and low birth weight. Merely having these medical problems might substantially increase feelings of stress and anxiety. Moreover, Cordeiro et al. (2014), explained the emotional suffering experienced by pregnant dialysis patients usually results from juggling the physical and psychological changes of pregnancy with the weight of a chronic disease. Piccoli et al. (2015), feature the mental effects on these women, pointing out that worries for their health and well-being complement the emotional load associated with the baby. Furthermore, frequent hospital visits and the invasive nature of dialysis treatments can contribute to a sense of isolation and emotional exhaustion (Derasin, 2019; Derasin and Derasin, 2021; Derasin et. al., 2023; Derasin et. al., 2024, Derasin et. al., 2023; Derasin and Derasin, 2024, Reyes et. al., 2023).

The study also found that the women's acceptance and faith helped them cope with emotional challenges. Folkman and Moskowitz (2000) emphasize that acceptance plays a critical role in achieving positive mental adaptation from the perspective of chronic illness. Likewise, Surinach et al. (2018) found a correlation between acceptance and reduced levels of despair and anxiety in people with chronic renal disease.

Moreover, the results indicate that pregnant women who are receiving dialysis have a range of difficulties, such as financial constraints, medical crises, and working against the clock. The increased financial burden associated with dialysis therapy arises from the kidneys being subjected to heightened strain, necessitating a doubling of their workload. According to Finkelstein et al. (2008), the cost of dialysis can be significant, due to the expenses related to frequent treatments, drugs, and transportation. Pregnant women receiving dialysis may experience heightened financial burdens because of more frequent medical visits and the necessity for specialist prenatal care. Moreover, According to Manisco et al. (2015), the rigid scheduling of dialysis treatments, along with the requirement for extra prenatal visits, generates a feeling of time pressure.



The study also found the resiliency of pregnant women on dialysis. According to Kim et al. (2018), individuals with chronic illnesses, such as those receiving dialysis treatment, frequently develop resilience by experiencing growth in themselves, discovering a fresh meaning in life, and developing a feeling of self-worth. A study conducted by Heidarzadeh et al. (2014) emphasizes the significance of networks of support, such as friends, relatives and healthcare providers, in bolstering the fortitude of patients enduring dialysis. Overall, family support plays a crucial role in enhancing the well-being and quality of life for patients (Beduya et. al., 2023; Obinguar et. al., 2023; Derasin et. al., 2023; Carredo et. al., 2023; Derasin et. al., 2022; Canque et. al., 2021).

Finally, the study uncovered that most women on dialysis perceive pregnancy as a fresh start or a new chapter in their lives. Tedeschi and Calhoun (2004) a study indicating that persons facing substantial life challenges, such as chronic disease, have the potential to undergo personal growth and transformation. Likewise, Helgeson et al. (2006) link adversity-related life adjustments with improved psychological outcomes (Canque et. al., 2021; Canque et. al., 2023; Bayawa et. al., 2023; Villar et. al., 2022) particularly in pregnant women experiencing dialysis, resulting in increased self-confidence and emotional balance.

## Conclusion

The study explores the resilience of women undergoing dialysis who overcome pregnancy challenges, showcasing their unwavering commitment to motherhood and their remarkable ability to recover from initial concerns. Moreover, the study emphasizes the importance of strong support systems for women undergoing dialysis during pregnancies, addressing both medical and emotional challenges. Healthcare practitioners, family members, and support groups provide guidance and practical assistance. The study advocates for improved support structures and medical methods to better cater to this vulnerable group.

## Reference

- [1] Bayawa, V. C., Echavez, F., Degula, M. F. C., & Derasin, L. M. C. (2021). Lived Experiences of Cebuano LET Topnotchers: A Phenomenological Study. *International Journal of Science and Management Studies*, 111-127.
- [2] Beduya, M. K., Georpe, D., Yntig, J. K., & Derasin, L. M. (2023). Creating Connections of Support: Assessing the Critical Role of Family Conflict and Involvement in Special Education Programs. *International Journal of Science and Management Studies (IJSMS)*, 6, 14.
- [3] Canque, M. S., Derasin, L. M., Trinidad, G. A., & Pajaron Jr, G. P. (2021). Lived Experiences of Home-Based Computer Technicians. *The journal of contemporary issues in business and government*, 27(2), 6283-6292.
- [4] Canque, M. S., Derasin, L. M. C., Cortez, J. A., & Gamboa, F. V. A. (2021). Microprocessor Course in a Virtual Classroom Perspectives from Technology Students in a State University in the Philippines. *Turkish Online Journal of Qualitative Inquiry*, 12(7).
- [5] Canque, M. S., Cordero, L. S., Derasin, L. M. C., & Pinatil, L. L. (2023). Resumption of in-Person Classes in the State-Run Basic Education Institutions in the Philippines: Lived Experience of Filipino Junior High School Students. *Telematique*, 22(01), 495-503.
- [6] Carredo, G., Delgado, M. J., Dragas, F., Rasco, A. M., & Derasin, L. M. (2022). Effect of Learners' Level of Motivation in Developing Their Study Habits Amid the Pandemic. *International Journal of Science and Management Studies*, 5(4), 64-72.
- [7] Cordeiro, M., Vallerskog, S., Chandra, A., & Holley, J. L. (2014). The psychosocial impact of pregnancy on women with chronic kidney disease and their partners. *Advances in Chronic Kidney Disease*, 21(3), 273-279. <https://doi.org/10.1053/j.ackd.2013.11.006>
- [8] Derasin, L. M. C. (2019). Living on theory for chronic illness survival. *International Journal of Humanities and Social Science Research*, 5(4), 110-121.
- [9] Derasin L. & Derasin L. (2021) Conflict in the Family and Social Support as determinant of Dialysis Patient's Compliance. *IJRDO - Journal of Health Sciences and Nursing*, Vol. 6 No. 3. <https://doi.org/10.53555/hns.v6i3.4222>
- [10] Derasin, L. M. C. (2022) Unplanned Pregnancy Among Secondary Students During the Covid 19 Pandemic: A phenomenological Study. *International Journal of Science and Management Studies*, 5(2). 200 – 207.
- [11] Derasin, L. M. C., Canque, M. S., Pinatil, L. L., Jungoy, E. E., & Genobiagon, C. B. (2023). Long-Term Dialysis Patients In Philippine Context: A Qualitative Analysis. *Acta Biomedica*, 94(1), 1927-1935.





- [12] Derasin, L. M. C., Vecino, A. G., Cabatingan, J. K. G., & Castro, M. R. A. (2024). Exploring The Financial Literacy Of Long-Termed Dialysis Patients In The Philippines. *Journal of Research Administration*, 6(1).
- [13] Derasin, L. M. C., Ismael, J. D., & Al-Jumayile, S. S. (2023). Hoping And Compliance of Dialysis Patients in The Philippines. *Academy of Management Annals*, 16(2), 354-360.
- [14] Derasin, L. M. C., Canque, M. S., Horteza, A. D., & Jungoy, E. E. (2021). Virtual Learning In A State University In The Philippines: Perspectives From The Education Students. *Multicultural Education*, 7(10).
- [15] Derasin, L. M. C., & Derasin, L. V. C. (2024). The Perspectives of the Children of Elderly Filipino Dialysis Patients: A Phenomenological Study. *Journal of Harbin Engineering University*, 45(4).
- [16] Derasin, L. M. C., Panerio, W. G., & Castro, M. R. A. (2023). The Trajectory of Adaptation for Children with OFW Parentages: A Straussian Grounded Theory Approach. *SJIS-P*, 35(3), 691-701.
- [17] Finkelstein, F. O., Story, K., Firanek, C., Barre, P., Takano, T., Soroka, S., ... & Mujais, S. (2008). Health-related quality of life and hemoglobin levels in chronic kidney disease patients. *Clinical Journal of the American Society of Nephrology*, 4(1), 33-38. <https://doi.org/10.2215/CJN.00410108>
- [18] Folkman, S., & Moskowitz, J. T. (2000). Positive affect and the other side of coping. *American Psychologist*, 55(6), 647-654. <https://doi.org/10.1037/0003-066X.55.6.647>
- [19] Glickman, P. E. B. C., Zhang, X., & Patel, K. (2020). Managing pregnancy in women with chronic kidney disease. *American Journal of Kidney Diseases*, 75(6), 893-901. <https://doi.org/10.1053/j.ajkd.2019.11.015>
- [20] Heidarzadeh, M., Atashpeikar, S., & Jalilazar, T. (2014). Relationship between quality of life and self-care ability in patients receiving hemodialysis. *Iranian Journal of Nursing and Midwifery Research*, 15(2), 71-76. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3203290/>
- [21] Helgeson, V. S., Reynolds, K. A., & Tomich, P. L. (2006). A meta-analytic review of benefit finding and growth. *Journal of Consulting and Clinical Psychology*, 74(5), 797-816. <https://doi.org/10.1037/0022-006X.74.5.797>
- [22] Holley, J. L., & Reddy, S. S. (2003). Pregnancy in dialysis patients: A review of outcomes, complications, and management. *Seminars in Dialysis*, 16(5), 384-388. <https://doi.org/10.1046/j.1525-139X.2003.16084.x>
- [23] Khan, M. D. G., Sharma, R., & Baig, M. K. (2018). Pregnancy in dialysis patients: A review. *Kidney International Reports*, 3(6), 1308-1316. <https://doi.org/10.1016/j.ekir.2018.07.002>
- [24] Kim, M. J., Kwon, M., Han, S. S., & Kim, H. J. (2018). Resilience of patients with chronic illness: Adaptation to life changes. *Journal of Advanced Nursing*, 74(4), 877-887. <https://doi.org/10.1111/jan.13514>
- [25] Kimmel, K., Weiner, I. D., & Hunsicker, L. G. (2019). Pregnancy outcomes in women with chronic kidney disease. *Journal of Nephrology*, 32(2), 173-181. <https://doi.org/10.1007/s40620-018-00540-7>
- [26] Obinguar, A. N., Tuquib, F. M., Iglesia, J. S., Collamat, C. P., & Derasin, L. M. C. (2023). The stress profile and coping mechanism among the public school teachers in the resumption of face-to-face classes. *Acta Biomed*, 94(1), 1692-1700.
- [27] Reyes, K. S. F., Gomez, L. N., Oracion-Acuña, J. R., & Derasin, L. M. C. (1827). Family Conflict, Social Support, and Academic Performance of Junior High School Students. *Acta Biomedica (ActaBiomed)*, 94(1), 1833.
- [28] Manisco, G., Cianci, A., Cormio, L., Violi, R., Gadaleta, R. M., & Palasciano, G. (2015). Pregnancy in end-stage renal disease patients on dialysis: How to achieve a successful delivery. *Clinical Kidney Journal*, 8(3), 293-299. <https://doi.org/10.1093/ckj/sfv032>
- [29] Mendoza, J. S., Santos, M. A., & Alvarez, M. A. (2016). Maternal healthcare access and challenges in the Philippines: A review. *Philippine Journal of Health Studies*, 15(1), 22-30. <https://doi.org/10.1016/j.iph.2015.12.004>
- [30] Piccoli, G. B., Minelli, F., Versino, E., Cabiddu, G., Attini, R., Vigotti, F. N., ... & Todros, T. (2015). Pregnancy in dialysis patients: Is the evidence strong enough to lead us to change our counseling policy? *Clinical Journal of the American Society of Nephrology*, 10(6), 1085-1095. <https://doi.org/10.2215/CJN.08330814>
- [31] Santiago, T. M. (2021). Maternal healthcare in the Philippines: A review of access and outcomes. *Philippine Journal of Health Studies*, 18(2), 45-55. <https://doi.org/10.1016/j.phj.2021.01.008>

- [32] Surinach, J. M., Costa-Requena, G., & García-Prieto, M. L. (2018). The role of acceptance and religious faith in the quality of life of patients with chronic kidney disease. *Journal of Religion and Health*, 57(4), 1452-1463. <https://doi.org/10.1007/s10943-018-0644-8>
- [33] Tan, J. C., Liao, M., & Lim, R. M. (2019). Addressing disparities in maternal health in low-resource settings: Insights from the Philippines. *Global Health Action*, 12(1), 1569478. <https://doi.org/10.1080/16549716.2019.1569478>
- [34] Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1-18. [https://doi.org/10.1207/s15327965pli1501\\_01](https://doi.org/10.1207/s15327965pli1501_01)
- [35] Villar, M. J. L., Crisostomo, R. N., Wahing, J. M., Carzano, L. M. M., Progella, C. M., & Derasin, L. M. C. (2022). Classroom Management Skills Of Junior High School Teachers During The Resumption Of Face-To-Face Classes. *European Chemical Bulletin*, 2, 3241-3249.
- [36] Weiner, P. L. J., El-Din, N., & McGregor, T. (2017). Dialysis and pregnancy: Challenges and management. *Nephrology Dialysis Transplantation*, 32(4), 567-574. <https://doi.org/10.1093/ndt/gfw395>

