

Capstone Project

TITLE: Understanding the Lived Experiences of Health-Related Students who were Pregnant During their Studies: An Interpretative Phenomenological Analysis

Student: Aigerim Beisenbekova

Program: Bachelor of Science in Nursing

PI: Paolo Colet

Co-PI: Jonas Cruz

A THESIS SUBMITTED
FOR PARTIAL FULFILLMENT OF THE DEGREE OF BACHELOR OF SCIENCE IN
NURSING
NAZARBAYEV UNIVERSITY, SCHOOL OF MEDICINE

2026

DECLARATION

I hereby declare that the thesis is an original work, and I was supervised by Dr. Paolo Colet and Dr. Jonas Cruz in the conduct of the study. I have duly acknowledged all the sources of information which have been used in the thesis. This thesis has also not been submitted for any degree in any university previously.

Student name: Aigerim Beisenbekova

Signature:

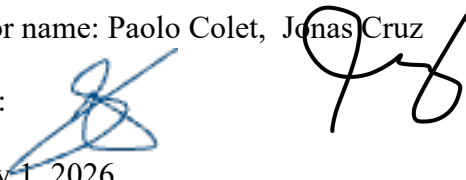


Date: May 1, 2026

Noted by:

Supervisor name: Paolo Colet, Jonas Cruz

Signature:



Date: May 1, 2026

ABSTRACT

Introduction: Female education is widely recognized as a key factor affecting fertility and child well-being. An increasing number of students combine parenthood and higher education, including those who study while pregnant. Health-related students confront dual challenges. In addition to the high academic responsibilities, they also have clinical and practical placements. There is limited literature regarding the experiences of students who were pregnant during their studies and even more limited literature regarding health-related students.

Aim: To understand the lived experiences of health-related students who were pregnant during their studies.

Methods: Twelve female students who were pregnant during their studies undertaking health-related programs at a public university in Astana participated in semi-structured, face-to-face interviews, which were then analyzed in accordance with principles of Interpretative phenomenological analysis (IPA).

Results: The study reveals five major themes: “the body taking over: experiencing pregnancy as a loss of control,” “emotional overwhelm within academic life,” “living between roles: negotiating identity as both a student and a mother,” “studying under pressure: trying to keep up in an inflexible system,” “continuing despite everything: adapting and persisting.”

Conclusions: The findings show that this experience was not separate, but was unfolding over time, where physical changes gradually influenced emotions and how participants understood themselves. This suggests that studying during pregnancy is not only an academic challenge, but a changing experience shaped by both personal and institutional factors.

Keywords: Kazakhstan, pregnant students, medical students, nursing students, female education.

INTRODUCTION

Globally, the number of women continuing higher education has witnessed a dramatic increase in recent years ([UNESCO, 2024](#)). Female education is widely recognized as a key factor affecting fertility and child well-being, since it can impact reproductive behavior through different channels and leads to greater utilization of healthcare services ([Bellés-Obrero et al., 2023](#)). Furthermore, there is a growing tendency towards combining higher education and parenthood ([Glick et al., 2024](#)). While both male and female students may start having children during their studies, female students experience more physical, emotional, and psychological challenges during pregnancy ([Zhang, 2021](#)). Along with this, it becomes more difficult to pursue higher education for married female students, since apart from the societal pressures, pregnancy, and motherhood challenges arise ([Salam et al., 2022](#)).

Through a literature review, it was found that female students experience several unique stressors during pregnancy due to their age and social context ([Msipu et al., 2023](#)). As a result, it might lead to a prolonged impact on their learning performance and career development. Several studies have indicated that pregnant students experience numerous negative psychological experiences, including maternal stress, difficulties in coping, problems in concentration and anxiety ([Thabethe et al., 2020](#)). Furthermore, pregnant students do not have an opportunity to experience a positive experience and have difficulties in completing their education due to institutional environments and poor academic planning ([Jain et al., 2023](#)). One of the primary barriers that affect experiences of pregnant women that are documented internationally were influenced by students' social and cultural backgrounds. In addition, time pressures to complete their studies due to family and financial obligations, contributed to the perception of stigma and negative experiences related to pregnancy ([Lokmic-Tomkins et al., 2022](#)). This situation is

exacerbated in Kazakhstan, since many higher education institutions do not have pregnancy friendly policies and resources that support pregnant students pursuing advanced degrees. [Simon et al. \(2024\)](#) suggested that it is important to take into account the experiences of students who are studying while pregnant to reduce the number of students who leave university being unable to handle such demanding roles.

In addition, over the recent years, increased interest in research examining the experiences of student mothers who are pursuing higher education has been observed. For instance, [Osuman et al. \(2025\)](#) conducted quantitative research using a descriptive study design to explore experiences of student mothers in balancing motherhood and higher education. Semi-structured interviews were carried out by the team of [Nnadi et al. \(2025\)](#) to investigate the challenges of young mothers pursuing higher education, and their coping strategies. Also, [Munyua et al. \(2022\)](#) used the role conflict theory and adopted a mixed-method research design. They tried to explore the challenges that student mothers experience and determine how it impacts their academic performance. Although these studies provide valuable insights into experiences of motherhood during studies, they primarily focus on the postpartum period. However, pregnancy during studies represents a different experience. During that time, academic demands overlap with physical and emotional changes. Also, these students are trying to accomplish their assignments as well as taking care of their and unborn baby's health. It shows that there is a clear gap in literature on the experiences of students who are handling pregnancy alongside their studies. Therefore, it is essential to investigate their unique experiences that may provide valuable insights about how combining pregnancy and higher education affect the well-being of both mother and newborn.

Also, most of the existing research has focused on the general student population, revealing that gap even more noticeable ([McGrath et al., 2022](#)). A little attention was paid to pregnant

students enrolled in health-related programs, who are more exposed to an environment where there are higher academic duties and greater responsibility than in the general population ([Triebner et al., 2024](#)). When it is combined with pregnancy, additional challenges arise and they can make women's experience especially difficult ([Zeb et al., 2022](#)). In addition, it becomes challenging for pregnant students to manage family responsibilities and academic life ([Hillier, 2023](#)). Managing these roles can increase the levels of stress and anxiety, the challenges that they face and cause financial pressures ([Osuman et al., 2025](#)). [Michinov and his colleagues \(2024\)](#) emphasized that health-related students experience higher levels of stress compared to students from other disciplines. Also, they have mandatory clinical placements and often get burdened physically and psychologically ([Langford et al., 2021](#)). Stress during pregnancy may cause different health issues and increase the risk of premature birth and miscarriage ([Bahrami-Samani et al., 2023](#)). It highlights the need for additional research for such a specific population. Apart from stress, health-related students experience more prevalent and intense depression symptoms than students from other fields ([Triebner et al., 2024](#)). [Hu et al. \(2024\)](#) in a research paper highlighted that depression symptoms such as low mood and feeling of hopelessness can lead to negative pregnancy outcomes. It shows that for health-related students who are pregnant during their education, the impact of depression is damaging. According to the [World Health Organization \[WHO\] \(2025\)](#), addressing issues that affect women's health during pregnancy is essential to ensure safe and healthy outcomes. That is why it is important to examine health-related students as a specific population apart from other disciplines to understand their unique lived experiences better.

Results from this study may help to create more pregnancy friendly policies that will be effective for such a specific population ([Mahabir et al., 2023](#)). Also, understanding their lived experiences is important to create a supportive educational environment that aligns with

UNICEF's goals on gender equality in education. Therefore, this study aimed to understand how health-related students who were pregnant during their studies perceived and made sense of their pregnancy at a public university in Kazakhstan.

Research Question

How do health-related students who were pregnant during studies describe their experience?

METHODS

Design

This study employed an interpretative phenomenological analysis (IPA; Smith et al., 2021), which focuses on understanding how individuals perceive and make sense of their lived experiences (Ungvarsky, 2024). The choice of the design was justified by the study's aim to understand the lived experiences of health-related students who were pregnant during their studies. IPA was chosen because it is a flexible and valid way to analyze the lived experiences of research participants. IPA was particularly suitable because the study sought to understand how participants made sense of pregnancy as a significant life experience. Also, it allows participants to describe their experiences freely without any restrictions (Roach et al., 2023). IPA is grounded in phenomenology, hermeneutics, and ideography that provides an opportunity to understand how pregnant women make sense of their experiences of a phenomenon, rather than aiming to make claims about the experience of the phenomenon itself (Smith, 2010). Furthermore, this method allows the researcher to understand how integration of various factors influences students' experiences and helps to fully engage with each individual case. Throughout the research process,

the Standards for Reporting Qualitative Research (SRQR) were followed to ensure rigor and transparency ([O'Brien et al., 2014](#)).

Positionality and Reflexivity

IPA is subjective in nature, and it recognizes that it is impossible for one person to fully understand another person's experience. However, the researchers aim to mitigate any personal biases during the whole research process ([Cordington-Lacerte, 2024](#)). To acknowledge and manage any personal beliefs or judgments that may accidentally impact the study, reflexive journaling was used. It helped to identify the researchers' insights, their role in research to minimize researcher bias and maintain transparency throughout the whole data analysis process. The study was a student-led capstone project supervised by experienced researchers with expertise in nursing, midwifery, public health, qualitative research, and maternal health. Continuous guidance through the entire study process was provided by the supervisors to ensure methodological rigor and reflexivity. All the researchers involved completed the Collaborative Institutional Training Initiative. The student researcher took courses such as "Community and Home Health Nursing" and "Geriatric Nursing: Nursing care of Older Adults" with potential research participants, so it was important to maintain confidentiality and professional boundaries. Additional training was also provided to the students in terms of qualitative research. Regular reflexive debriefing sessions were conducted with the supervisors to ensure data integrity and that the participants' voices were grounded in research.

Setting

The research was conducted at a single public university in Kazakhstan. It offers health-related programs that align with international standards, such as Bachelor of Nursing (BN), Doctor of Medicine (MD), Master of Public Health (MPH), Master of Science in Nursing (MSc), Master

of Science in Biomedicine (MSc), as well as PhD programs in Biomedical Sciences and Global Health. The university has students from different regions of Kazakhstan and creates a diverse academic environment. Health-related programs at the university are demanding and attendance is mandatory for all activities (lectures, presentations, class discussions, clinical placements), which made it an appropriate setting to understand how combining pregnancy with higher education may affect women both mentally and physically. In addition, it provides a wide range of services and support systems that might influence students' educational experiences. Therefore, the university was selected as a relevant setting to explore the lived experiences of health-related students who were pregnant during their studies.

Participants/ Sample

In accordance with IPA ([Smith et al., 2021](#)), a purposive sampling technique was employed to recruit a relatively homogenous sample of female students from the university. Homogeneity increases the credibility and validity of research by ensuring the consistency of study participants and reducing the sampling bias ([Jager et al., 2025](#)). The purposive sampling method allowed to recruit participants, who could provide meaningful data about the lived experiences of health-related students who were pregnant during their studies, which was related to the research topic and aim. While participants were from different health-related programs, they shared a common experience of being pregnant while studying within the same institutional context. Thus, the sample can be considered relatively homogeneous in terms of the phenomenon with some variations in academic background across programs. This approach is consistent with IPA, which focuses on shared experience while acknowledging individual differences in how that experience is understood. There were no specific guidelines on the number of participants in qualitative studies with interpretative phenomenological analysis design. However, in reference to earlier

studies, [Smith et al. \(2021\)](#) described that IPA studies typically involve a small sample size. This is consistent with IPA, where a smaller number of in-depth interviews is considered sufficient to develop meaningful insights that take into account the similarities and differences between participants' lived experiences ([Simpson et al., 2024](#)).

The following eligibility criteria were established for this study: (i) current university students enrolled in health-related programs who were pregnant during their studies in academic year 2024-2025 and those who graduated in June 2025; (ii) being 18 years of age and above; (iii) capable of communicating and comprehending the Russian, English or Kazakh languages; (iv) being able to participate in face-to-face interviews; and (v) willing to share their experience. The recruitment of participants was conducted through the Telegram group, which includes current students taking these programs. An initial screening message was posted in this chat to identify potential participants who meet the inclusion criteria. This message briefly described the aim of the study and invited eligible students to contact the researcher directly via private message. Since nursing students were not present in this chat, an alternative recruitment approach was used. The researcher contacted nursing group representatives to determine whether there were students who meet inclusion criteria. When such students were identified, the representatives were asked to share the study invitation or connect the students with the student researcher directly.

Data saturation was achieved at the ninth participant. An additional three participants were interviewed to confirm that the data had become repetitive and that no new information was obtained. Thus, a total of twelve participants were included in the study.

Measures/ Instruments

Semi-structured and in-depth interviews were carried out to obtain data from the participants. The interview consisted of open-ended questions to capture rich data about the lived

experiences of health-related students who were pregnant during their studies. The interview began by establishing rapport and collecting the demographic information. Initially participants were asked “Can you describe your experience of being pregnant while studying?” As their descriptions evolved, follow-up questions with a probe were asked to capture rich data. The interview questions were reviewed by two faculty members with expertise in qualitative research and maternal health to ensure the questions are aligned with the study. Then, the designated interview questions were pilot tested with two eligible participants (not included in the final sample) to ensure appropriateness and clarity for study participants.

Ethical Consideration

Before proceeding with the interviews, Ethical approval was obtained from the Institutional Review Ethics Committee of Nazarbayev University (reference number 2025 Nov#21). After that, Informed Consent was obtained before data collection. All participants were provided with information about the study and its purpose in a written form, available in Kazakh, Russian and English to ensure understanding before they signed the written informed consent. Participant information was anonymized to maintain confidentiality. Participants' privacy was ensured by removing personal identifiers and using codes such as "P1" (Participant 1) in the transcript and reporting. Fully anonymized interview recordings and transcripts were stored securely before being transferred to electronic format for analysis. The student researcher transcribed all interviews and removed all identifying information, so participants' identities were protected from university administration, faculty or preceptors. Electronic copies of interview recording and transcripts were encrypted with codes, which were accessible only to the researcher and supervisor. The collected information was saved on the student researcher's computer with a secure password. Audio recordings were deleted immediately after the transcripts were confirmed.

Data Collection Procedure

After ethical approval, eligible participants were invited through a Telegram group and nursing students' representatives. After that, students who expressed interest and met the inclusion criteria received an information sheet, where the study's aim and protocols were written. Those who agreed contacted the student researcher. If agreed, the participant and the student researcher scheduled a convenient time and place to conduct the interview. Data was collected using semi-structured and in-depth interviews, which is recommended to use for IPA ([Stolz, 2023](#)). Interviews were conducted face to face to ensure better communication between the student researcher and participant. It ensured a consistent data collection process, helped to interpret and compare participants' responses more effectively. Before each interview, the student researcher informed the participants of the study's aim and obtained informed consent. Then, a permission to audio record the interview was asked. Audio recordings were taken when core questions were asked. Field notes were also taken immediately or right after the interview to capture nonverbal cues and contextual information. Audio recordings were then transferred to a password-protected Dropbox accessible only to the student researcher and the supervisor and transcribed verbatim for analysis. All data were anonymized using participant codes without identifiers. The audio recordings were deleted once the transcripts were confirmed. Interviews lasted approximately 30-45 minutes, in a quiet and private room at the university or at the participants' chosen venue to ensure confidentiality and comfort. Following each interview, the student researcher manually reviewed the transcription against the audio recordings, coded, and analyzed it.

Data Analysis

The study was analyzed according to the principles of IPA using [Smith et al. \(2021\)](#) approach, which includes active engagement with the data. IPA includes several steps such as

reading and initial notation of a transcript, development of themes, looking for connections across themes, moving to the next transcript and repeating previous stages, looking across transcripts, testing coherence and plausibility of theme structures, and developing a narrative of results. Data analysis in this research involved a double hermeneutic, as [Smith and Osborn \(2015\)](#) explained, "the participants are trying to make sense of their world, and the researcher is trying to make sense of the participants trying to make sense of their world" (p. 53).

Data collection and initial analysis were conducted by the student researcher (AB). The initial stages of coding and theme development were carried out by AB, followed by regular debriefing and review with the supervisor (PC). In addition, JC, AK, and KT reviewed the analysis and provided feedback and suggestions to improve the interpretation of the data and support the credibility of the findings.

The first step included listening to the interview recording, reading and re-reading the transcript several times to immerse in the data, maintain accuracy of the information, and engage with the data ([Roach et al., 2023](#)). Exploratory notes were made during exploring the transcript. It included descriptive comments focusing on the specific words spoken by a participant, and linguistic comments, based on the linguistic choices and tone ([Simpson et al., 2024](#)). According to [Smith et al. \(2010\)](#) making linguistic comments help to understand how the content and meaning was presented by participants. After conceptual comments based on the interpretations, interrogations, and imagery were made ([Nizza et al., 2021](#)). Close analytic reading of participants' words was important since it influenced how information was presented, and all interpretative processes became transparent and grounded in the data ([Nizza et al., 2021](#)). The next step was to turn those exploratory notes into the experiential statements, which included short phrases capturing key insights that were in a tight connection to the experience itself. Following this,

experiential statements were examined using techniques presented by [Smith et al. \(2010\)](#) such as abstraction, subsumption, polarization, contextualization and function. Then those statements were clustered into sub-themes and broader themes. These themes were examined by their recurrence, salience, and richness. After, identified emergent themes were organized into a table, summarizing participant's experience and structure narrative. Before moving to the next participant, each transcript was analyzed carefully due to the idiographic nature of the IPA. It preserved IPA's idiographic commitment and decreased the risk of premature generalization ([Upasheva et al., 2025](#)). This step-by-step process was repeated for each participant to build a detailed picture of the lived experiences of each pregnant woman, with attention to convergence and divergence ([Nizza et al., 2021](#)). Finally, a master table of subordinate themes was created, and a cross-case analysis was conducted. This step included nuanced analysis of the interconnections between research participants' experiences at the same time as identifying differences and reporting those inter-relationships. Each quote and its interpretation enhanced the data analysis process by adding new or a different perspective, allowing a dynamic interplay between each part of the analysis and the whole interpretation ([Nizza et al., 2024](#)). Finally, taking into account that IPA is an inductive and iterative process, the student researcher developed a framework that showed how the themes were related, and presented the results in a way that made clear how the interpretation grew from the original transcripts ([Emery & Anderman, 2020](#)).

Translation of Narrative Extracts

The participants' quotes were originally in Kazakh and Russian. Data collection and analysis were performed using original language to preserve the meaning of participants' experiences. For reporting processes, illustrative quotes supportive of the findings were translated into English by an official translator experienced in health-related programs. Then, the translations

were checked by the trilingual research team members (AK, KT), who are fluent in Kazakh, Russian, and English. The translation process focused on preserving meaning rather than translating word-for-word, using a dynamic-equivalence approach ([Aimoldina et al., 2025](#); [Sutrisno et al., 2014](#)). Due to the mixed language used by the participants during the interview, which combined Russian and Kazakh, the translation was conducted only in forward translation. Eventually, the English translation was reviewed by a native English speaker to ensure that it sounds natural.

Methodological Rigor

This study applied strategies such as credibility, transferability, confirmability, and dependability to ensure trustworthiness ([Roach et al., 2023](#)). The researcher's triangulation method helped to achieve credibility. The student researcher, supervisors, and collaborators met regularly and discussed interpretations of the interview until agreement on themes, sub-themes, and broader themes was reached. Themes and sub-themes needed to be grounded in data, not on the researcher's predisposition. Also, the prolonged engagement with each participant's case increased the credibility of the study. The transferability of the research was enhanced by detailed descriptions of the interview transcriptions and by its application to similar contexts, along with its translation for dissemination. Reflective journaling was made, and results were supported with participants' verbatim responses to ensure confirmability of the research findings. Audit trails and inductive coding were used to increase the dependability of research. The research team, at intervals, reflected on and reviewed the data collection process and data analysis methods to assess the study's rigor.

RESULTS

A total of 12 health-related students participated in the study. Their demographic information, including age and gravidity, is presented in Table 1.

Table 1. Characteristics of the participants

Participant ID	Age	Gravidity	Program
P1	33	2	Nursing
P2	32	3	Nursing
P3	32	2	Nursing
P4	24	1	Medicine
P5	23	1	Medicine
P6	26	1	Public Health
P7	36	4	Nursing
P8	30	3	Nursing
P9	27	1	Nursing
P10	28	2	Master's level
P11	24	1	Public Health
P12	30	2	Doctoral level

As shown in Table 1, all participants were married. Their age ranged from 23 to 36 years. The mean age was 28 years, and the majority were from the nursing program. Gravidity ranged from 1 to 4.

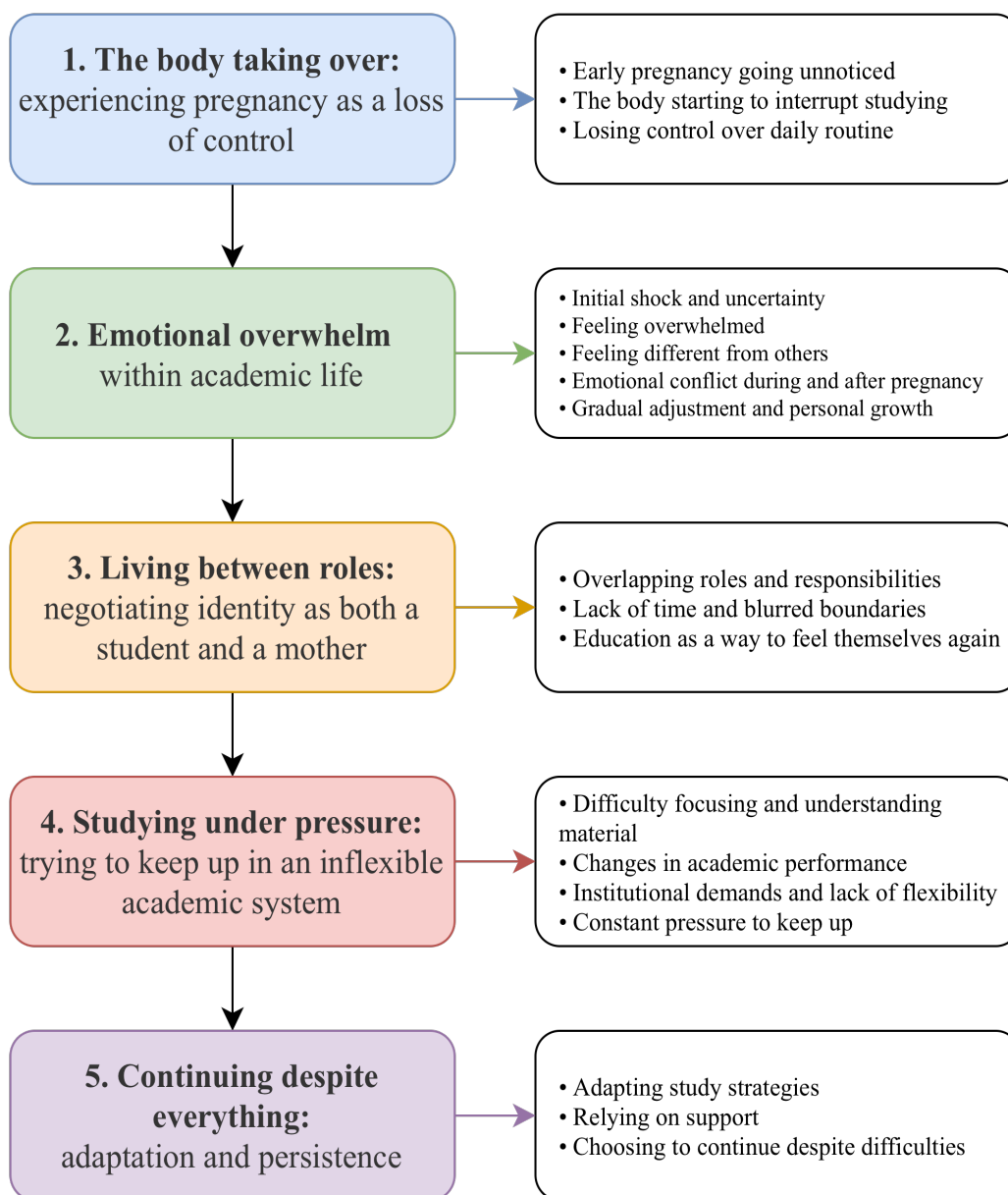


Figure 1. The process of experiencing pregnancy during studies

The analysis resulted in 179 codes that reflected how participants made sense of experiencing pregnancy while studying. These codes were grouped by meaning and context, which resulted in 19 sub-themes. Then, these sub-themes were clustered into five interconnected themes. These themes capture not only what participants experienced, but also how they understood and

interpreted this period. The five major themes are “the body taking over: experiencing pregnancy as a loss of control,” “emotional overwhelm within academic life,” “living between roles: negotiating identity as both a student and a mother,” “studying under pressure: trying to keep up in an inflexible academic system,” and “continuing despite everything: adaptation and persistence” (Figure 1).

Theme 1. The body taking over: experiencing pregnancy as a loss of control.

This theme explores how bodily changes affected health-related students’ experience during pregnancy. Initially, this effect was minimal. It allowed students to continue their education without any disruptions. However, over time, when symptoms started to appear, it became a lot harder to manage pregnancy and studies. Usual activities such as sitting, walking, or staying concentrated were no longer neutral, because physiological changes started to shape how participants moved through academic life. In this way, the body became not just a background condition, but something that shaped how studying itself was experienced.

1.1. *Early pregnancy going unnoticed.* Most participants shared that pregnancy symptoms were so mild in the beginning that they even did not recognize it. In a few cases it was hardly noticed at first due to no symptoms. They were still going to classes, doing assignments, moving through the day as usual without limitations. In the early stage, the body did not affect their daily routine. Because of that, pregnancy was in the background at first.

“I can say that the pregnancy itself went very well. At the beginning, that is, during the first trimester, everything was normal. There were no major difficulties.” Participant 2

“I only found out in December. Can you imagine? I went through the entire first trimester without even knowing that I was carrying my second child.” Participant 1

This suggests that, at this stage, pregnancy had not yet entered how participants understood themselves as students and was not experienced as something that could affect their academic identity.

1.2. *The body starting to interrupt studying.* Over time, physical challenges became more transparent, and it was more difficult to combine pregnancy and education. The same daily routine was still there, but due to pregnancy symptoms carrying it out became harder. The body started to demand attention, making it harder for participants to remain fully engaged in studying. They caused daily struggles and disturbed the flow of studying. So even though the student was physically present, her experience of that class was already different. It was split partially on the lesson and partially on managing the body.

“And I remember how it happened - even during a lecture. I remember sitting there and feeling that it was about to start. I tried to hold it together, ..., but it didn’t help. I just ran out of the classroom, rushed to the bathroom - I could barely make it - and I was standing there, shaking, with tears in my eyes and my nose running.” Participant 6

“The only thing I noticed was closer to the end - around the eighth or ninth month - I started getting really tired. Not exactly exhausted, just... like my battery was draining faster. You walk down the hallway and think, “God, I just want to sit down already...” Participant 1

“Probably the biggest thing is that when you’re pregnant, you face physical fatigue, your energy levels drop, and combined with a constant academic workload, it becomes very difficult.” Participant 5

Despite that, they were still attending lectures, still trying to cope. But the body was no longer neutral. Studying was no longer experienced as a fully focused academic activity, but as something that had to be constantly negotiated alongside the body.

1.3. *Losing control over daily routine.* Most participants described the pregnancy as a period where everything was unpredictable. Their day, mood, and productivity were no longer dependent on them. Instead, it was dependent on the body. A person could prepare a schedule, but whether the schedule happens depended on the body that day. It made their academic life more difficult and at that moment they became fully dependent on their condition, losing control over their body. The body started to take over and shape how they experienced everything.

“From my experience, pregnancy symptoms were unpredictable. You can't always plan how you will feel. You don't have that energy anymore. And I remember one day I was studying and suddenly I felt so tired that I couldn't even sit upright.” Participant 4

“I was very - I've always planned my studies and done everything according to a plan. But during pregnancy, everything started to depend on how I was feeling. For example, I could plan a productive day and then wake up with absolutely no energy...” Participant 5

Control over academic life was no longer experienced as something fully personal but became dependent on the body and its changing condition.

Theme 2. Emotional overwhelm within academic life.

This theme reflects how participants emotionally experienced pregnancy within academic life, including fear, pressure, guilt, overwhelm, and later personal growth. It was not experienced as one stable emotional state. Different feelings emerged and changed over time in response to the

demands of studying rather than pregnancy. For some participants it started with shock, then turned into ongoing tension. They were worrying about their studies and then felt guilty because of the baby. Physical pain led to emotional distress, emotional swings to mood instability making it difficult to manage. For others, there was a strong stress at the beginning, and when they started to adjust it became more manageable and they started to find meaning. In this way, emotional experience was closely tied to how participants were trying to continue their studies, rather than existing separately from it.

2.1. Initial shock and uncertainty. Participants emphasized that the initial reaction to pregnancy was shock, not excitement. They started to think about their studies, future and its timing with academic life. There were no worries about pregnancy itself, it was about the possibility of continuing their studies. Therefore, the main concern was not pregnancy, but how it would be managed with studies. This shows that pregnancy was immediately interpreted through an academic lens.

"...I was sitting in the kitchen, looking at the test... and thinking about the future baby, but about the upcoming exam ..." Participant

"My first reaction was... not so much joy, but shock and anxiety - how am I going to handle all of this and balance everything?" Participant 5

From the very beginning, pregnancy was seen not as a separate important life event, but in relation to academic responsibilities and potential disruption.

2.2. Feeling overwhelmed. Managing both pregnancy and studies was not as smooth as they thought. There were moments when the stress was so high, that they were emotionally overwhelmed. When it was added to emotional swings during pregnancy, this feeling was two-

three times intensified. Participants described that these moments made it difficult to cope with everything at once. It was not some neat process of adjustment.

“I felt truly overwhelmed, not just academically, but also emotionally.” Participant 4

“There were moments when I would just sit there... and start crying. It’s too much for me... it felt like I just wouldn’t be able to handle it all.” Participant 5

Overwhelm was not experienced as a single emotion, but it was a combination of different pressures happening at the same time, which intensified each other.

2.3. *Feeling different from others.* This theme highlights another important aspect of the experience, which is the awareness of difference. Participants involuntarily compared themselves with other students. Knowing that their group-mates have more time, energy, and fewer responsibilities made their situation more complex. They began to understand that they were studying in the same academic environment in a totally different way.

“They came back from classes - and were free... while I was living a completely different life.” Participant 1

“There were moments when I would cry, because, well, most students - some of them work, some don’t, but most of them are single. I don’t know. Or maybe it just looks like that when you are pregnant. Mostly it feels like everyone around you only has studies and a lot of free time. It feels like you are the only person who is struggling at that moment because of pregnancy.” Participant 8

“It felt like I was left alone, like I was left alone on a ship.” Participant 10

In this way, comparison with others became part of how participants understood their own situation, making their difference more visible to themselves.

2.4. *Emotional conflict during and after pregnancy.* Most participants also talked about feelings they experienced when they were apart from their children. During pregnancy the baby was always with them, however, after delivery, they had to leave their newborns to continue studies. These feelings of guilt and sadness made their experience emotionally harder compared to the pregnancy period. The sense of missing important moments in their child's development also had an impact on their attention and emotions during lectures.

"Leaving a baby who hasn't yet had their forty-day ceremony and coming to class, I think that is a real act of courage for any mother. Every mother - these five mothers - all left their babies before the forty-day period was over and came to class. That was a huge act of bravery." Participant 3

"I enjoy the experience, but at the same time I can't spend much time with my child. That part bothers me a bit, and there's basically no time for a small child. ... but mostly the child is growing up with the grandparents, and I didn't even get to see how quickly he grew - like, for example, when he started walking and those early moments. Later I only started seeing it when he was already walking. His grandfather says, "Today he took one or two steps," but I didn't see him start that. The grandparents see it." Participant 7

This suggests that continuing studies was experienced as an emotional trade-off, where being present in one role meant being absent in another.

2.5. *Gradual adjustment and personal growth.* The interviews were not only about pressure, breakdown, and difficulties that they encountered during that period. There was also a quieter shift over time. Participants recognized the significance of this experience. Over time, their perception

changed, and they started to notice how this period gave them strength and confidence. Some participants became less perfectionistic, more flexible, and softer with themselves.

"I found strength within myself." Participant 5

"Before, I used to think: "Oh, I can't do this, it's too hard, it's not for me." But now I know that I can move mountains. If I passed my exams while pregnant and with two children - I can do anything (laughs). It's such an inner feeling of strength." Participant 1

Participants began to make sense of this experience not only as difficult, but also as something that changed how they saw themselves and their abilities.

Theme 3. Living between roles: negotiating identity as both a student and a mother.

Participants described experiencing two roles at the same time every day. Being a wife, student, and mother had an effect on how pregnancy during studies was experienced. Since they had different responsibilities every day, it was not just about taking care of yourself and the baby. It was about taking care of the whole family, while these roles constantly overlapped and created additional pressure. Not only the number of responsibilities shaped the experience. It was also connected with how these roles constantly interacted and overlapped in everyday life.

3.1. Overlapping roles and responsibilities. Participants often described that there was not any free time between these two roles. After lectures at university, they had to immediately go home and do housework. Even during pregnancy, responsibilities stayed the same. It made their day difficult to manage, since they were expected to do everything as they did before pregnancy.

"At home, of course, there are children...cooking meals, cleaning the house. Even during pregnancy, I did everything myself." Participant 2

“The older child has classes and an alphabet book to study. Then I have to go to the kindergarten to pick up the younger child... Besides that, there are meetings - parent meetings both at the kindergarten and school. Then I have to cook, prepare things for children, and there’s so much other things to do. Only around midnight I finally do my own studies.” Participant 8

Pregnancy did not reduce expectations placed on them. It was added on top of already existing responsibilities.

3.2. *Lack of time and blurred boundaries.* Negotiating both roles at the same time resulted in the boundaries between these roles becoming almost invisible. As a result, studying became dependent on whatever time and energy remained after other responsibilities. They had to study not at the time they wanted, but during limited available moments. Therefore, studying was happening not under calm conditions. It had to fit around care work, housework, and motherhood. That made academic work more fragmented from the start.

“The biggest difficulty is time. Time is something that is always in short supply. At night you stay with the baby - either soothing them when they cry, feeding them, or rocking them to sleep. And during the day you have classes. When you come home in the evening, it’s the baby again. It’s the same endless cycle.” Participant 2

“After caring for the baby, I opened my laptop at three in the morning and tried to read something.” Participant 5

“Before, I could dedicate 100% of my time to studying, now it’s more like fifty-fifty.”
Participant 9

Studying became fragmented and dependent on available moments, rather than something structured and fully under participants' control.

3.3. *Education as a way to feel themselves again.* Despite all the challenges they faced, they were delighted to have the opportunity to study. It provided them meaning and emotional relief. Studying allowed them to stay engaged and reconnect with identities beyond motherhood. Education was experienced not as a responsibility, but as a tool that helped them to find a meaning and purpose.

"I missed studying so much. Staying at home with a child is, of course, happiness, but your mind gets dull. For me, it was like a breath of fresh air." Participant 1

"So, for me, on the contrary, studying was actually fun. Talking to people, communicating, being in a social environment. Instead of just sitting at home on maternity leave, it's better to be among people like this. Studying is also interesting - there are so many new things, so many things I don't know. It was interesting, it felt fine for me. I can even say I enjoyed it" Participant 3

This shows a particularly important aspect of the experience. Education was a source of purpose and emotional escape on one hand, and at the same time, it was a source of overwhelm due to added responsibilities and the need to adapt and cope. It was experienced as both supportive and burdensome.

Theme 4. Studying under pressure: trying to keep up in an inflexible academic system.

This theme reflects how academic life was experienced under pressure during pregnancy. Participants continued studies despite their physical and emotional condition. Expectations to them as students did not change as they were required to meet all academic demands. Pregnancy affected how learning, performance, and concentration were experienced by participants. The interviews suggest that studying was not experienced as simply “harder”, but as something that required more time, more effort, and more negotiation than before. In this way, studying was experienced under conditions that did not adjust to their changing situation.

4.1. *Difficulty focusing and understanding material.* Several participants described that during pregnancy it was extremely hard to concentrate and stay alert. Fatigue, and lack of energy affected their learning capabilities. Even though they were interested in their studies, it was physically hard to focus and listen carefully. It affected their academic life and learning process negatively. Making study experience hard to perceive positively.

“It became harder for me to concentrate... I would read the same page several times.”

Participant 5

“I couldn’t focus at all...just stare at the screen” Participant 4

The academic difficulty was experienced less as a lack of motivation and more as the result of physical and mental exhaustion.

4.2. *Changes in academic performance.* Pregnancy affected not only how they perceived studying, but also it had an effect on their grades. Several participants described that during and after pregnancy their GPA was lower than before. It affected their self-esteem and confidence, since they had an expectation that it would not affect their studies.

“I was no longer an A-grade student... and that was very painful for me...” Participant 6

“My grades were very good... my GPA was 3.93–3.94, I made the Dean’s List. After giving birth... my grades dropped.” Participant 2

«Before, I would go to the professor in advance, ask about the assignment, study in the library...I could read around 20 articles, now only 2 or 3.” Participant 11

This reflects a shift not only in academic results, but also in how participants understood themselves as students in relation to who they had been before.

4.3. *Institutional demands and lack of flexibility.* Most participants admitted that institutional policies were not pregnancy friendly. There was a strict attendance system, and any absence was strictly unwelcome. Also, initially, they were asked to take academic leave since they had instances when pregnant students had not managed to continue studies. So, there was a negative perception from the institution about continuing studies while pregnant. Despite increased demands during pregnancy such as going to hospital, and taking care of health, all participants tried not to be absent, since pregnancy demands were not counted as an excuse.

“Still, I kept going to classes... I was afraid of falling behind in my studies, the teachers... there was pressure... They told me to take academic leave.” Participant 2

"There were no concessions... all assignments had to be completed. Attendance was mandatory, the teachers said if you miss three days, that’s it.” Participant 3

In this way, participants experienced adaptation as their own responsibility, while the academic system itself remained unchanged.

4.4. *Constant pressure to keep up.* Participants described a constant feeling of stress that they encountered during studies. Academic responsibilities, home responsibilities, and pregnancy

responsibilities created emotional pressure every day. They were always trying to keep up. Being aware of their condition made them feel that they were falling behind. Even when, in reality, nothing had gone wrong yet. So, their vulnerable condition affected how they felt and acted. There was always a perception that they needed to put more effort into managing the situation even when they were exhausted.

"Being in the MD program already feels like you're constantly trying to keep up. When pregnancy is added to that, I had to put in even more effort." Participant 4

"...There was joy, but it was almost immediately overshadowed by panic... I was thinking more about exams than about the baby..." Participant 6

Pressure was not occasional, but continuous, shaping both what participants did and how they experienced everyday academic life.

Theme 5. Continuing despite everything: adaptation and persistence.

The last theme is about how participants continued their studies when pregnancy was added. Initially, they were emotionally overwhelmed by added responsibilities, and it was difficult for them to study as they did before. However, despite all challenges, they started to adjust to changes. They gradually came to understand this experience as part of their life and started to adapt to new circumstances. In some cases, continuation depended mainly on the participants themselves, while in others it depended strongly on support from those around them. In this way, continuation was not automatic, but something that required ongoing effort, adjustment, and active response to changing conditions.

5.1. *Adapting study strategies.* Some participants were required to adjust their study strategies in reliance with new conditions and responsibilities. Even if institutional demands did not change,

they were required to pass everything on time and meet deadlines. So, they started to adjust to new changes, which decreased their stress level. They did not have the same energy and time as before, so it was important to spend time as effectively and as productive as possible. These adjustments made continuation more possible within the limits created by pregnancy.

"...I started studying early in the morning, when it was easier..." Participant 6

"I had to adjust ... to do at least one hour studying instead of three or four." Participant 5

Studying shifted from ideal conditions to what was realistically possible within limited time and energy.

5.2. *Relying on support.* All participants described the importance of support. It appears throughout the interviews not as something additional, but as the most important. Support from family, peers, and teachers made the experience possible. Therefore, it did two things at once. Support made practical continuation possible, and it also reduced the feeling of being alone inside the experience.

"The five of us in the group were pregnant... we understood each other very well."

Participant 2

"My peers were also very supportive...sharing notes if I missed something" Participant 4

"...without my husband I definitely wouldn't have managed at all... that's for sure..."

Participant 6

"They always reacted warmly, like, "oh, a baby," with kind smiles. When there were classes or presentations, and we came forward, they would happily say things like,

"You're pregnant!" reacting with surprise and positivity when my belly was already quite big. Then, after I came back to class after giving birth, they congratulated me, saying,

"So you've had the baby!" We received a lot of support from them." Participant 3

“Most of my relatives praise me, saying things like I’m studying while also bringing a child into the world, calling me “well done.” Even that alone becomes a source of motivation for me” Participant 7

It shows that continuation was experienced not only as an individual effort, but also as something made possible through relationships and support from others.

5.3. *Choosing to continue despite difficulties.* Most participants described their inner motivation to study as a strength that helped them during all this period. For some participants it was connected to their future and child, for others it was more about themselves and their goals. This motivation supported their persistence and helped them to continue despite difficulties.

“I understood that it was temporary. And that I had chosen this myself - I chose this life, and I love it.” Participant 1

“If before my motivation was more about achievements and grades, later it became more personal. I started thinking not only about myself, but also about my child - that I want to finish my studies and build a stable future in general. And this responsibility added more accountability for me and gave me a greater sense of purpose.” Participant 5

“I praised myself like “well done, you are managing everything”. I imagined myself receiving my diploma together with everyone else.” Participant 12

“And all of this - my studies - I’m doing for my children’s future. I want to earn money in the future and give my children a good life. Right now, staying at home with them and not earning money may be a good moment for them, but what will happen later? At the moment, I study, and even if they experience a bit of hardship now, they are still small and will forget it.” Participant 3

Continuation was connected not only to academic goals, but also to personal meaning, future orientation, and how participants understood their role in their families and lives.

Overall, continuation was not simply about not stopping. It was an active, effortful process that depended on adaptation, support and personal meaning. In this way, participants were not only managing pregnancy and studies, but also actively making sense of their experience and finding ways to remain in both roles.

DISCUSSION

The present study aimed to understand how health-related students who were pregnant during their studies perceived and made sense of their pregnancy at a public university in Kazakhstan. By using interpretative phenomenological analysis (IPA), this research reflected how participants constructed meaning through experience and why it mattered. Five major themes emerged: first, the body taking over: experiencing pregnancy as a loss of control. Second, emotional overwhelm within academic life. Third, the living between roles: negotiating identity as both a student and a mother. Fourth, studying under pressure: trying to keep up in an inflexible academic system. Fifth, continuing despite everything: adaptation and persistence. These themes will be further discussed in this section.

One of the clearest things in this study is how much the body influenced everything. Studying was affected by physical condition, emotional change, and added responsibilities. Pregnancy is often described as a process of recognizing symptoms, interpreting changes, and adapting to new circumstances ([Watson & Angelotta, 2022](#)), and this was also visible here. Participants were constantly adjusting during their journey. Their experience and perception were

changing during the whole process of pregnancy (Kloß & Villinger, 2025). The body and mind worked together to adapt to psychological and physiological changes (Abera et al., 2024), and because of that, studying was not just only about motivation and effort. It depended on bodily condition and fluctuating physical states. This changed not only the way they studied, but also how studying itself was experienced.

Academic identity stayed very important during experience. The first reaction to pregnancy was about studies, not about the future baby. Pregnancy was immediately connected to academic responsibilities, which was similar to what other studies have shown (Mirick & Wladkowski, 2023). Also, many participants chose to hide their pregnancy. That was mostly because of fear (for example, fear of being treated differently or not being accepted). At the same time, participants mentioned situations where they were told that other students were not able to continue. Such examples stayed with them, creating negative expectations about the pregnancy period. That significantly influenced how participants expected their own situation to go. However, in other studies pregnant students stayed resistant to external negativity (Chinkondenji, 2026). So, their experience was shaped not only by what they encountered, but also by what they heard and how this situation was interpreted by others.

Being both a student and a mother was not something they could separate. There were no clear boundaries between these roles, which made it difficult to focus on each responsibility (Sirgebayeva, 2025). Participants were not switching roles, but they were living them at the same time. Other studies show that people usually expect these roles to be separate at university (Mirick & Wladkowski, 2023). Also, Espiritu et al. (2023) described that students had to handle academic and family responsibilities at the same time, which significantly affected their focus and how they

managed their time. In that study the similar kind of role conflict can be seen, however here it was already happening during pregnancy.

Cultural expectations made the experience more complicated. Participants described the role of a “daughter-in-law”, where a woman is expected to take care of the husband’s family and manage the household. Also, in Kazakh cultural norms, women should stay at home, while the role of breadwinner is assigned to men. These expectations did not decrease during pregnancy. Therefore, participants were not only managing studies and pregnancy, but also such responsibilities, which added more pressure. The role conflict created by culture had a negative influence on participants’ physical, emotional, intellectual wellness in other studies too ([Koo & Nyunt, 2022](#)).

Studying itself also dramatically changed. It did not just become harder, it felt different. The tasks, and assignments that used to be relatively easy before felt more difficult and required more effort. This can be explained by physical condition, increased stress, physiological changes, and emotional responses ([Cai et al., 2022](#)). At the same time, nothing really changed from the university side. Because of that, participants had to adjust themselves, while the system remained the same. They perceived studying during pregnancy as their own choice and they saw themselves as only people who were responsible for it. In addition, there was less energy during the pregnancy period, so this limited energy should be directed only to those things that were important. That is why, studying for participants became top priority and more selective. They described it as something meaningful for them personally, and not just something required by the university. It also helped them to maintain a sense of identity beyond motherhood.

The experience was also different across programs. Students at undergraduate and master’s levels described more flexibility and fewer study hours, while doctoral students also

reported relatively flexible structures. In contrast, medical students faced stricter structure and heavier workload. For them, this experience felt harder, especially when concentration and memory were affected. The same challenges handling rigorous programs and pressure connected to degree were also found in previous studies ([Tram et al., 2025](#)). It shows that the system and program demand also played a significant role.

Another point is that the difficulty was not always about real problems. Some participants felt like they were falling behind even when everything was okay. Therefore, the pressure was not only external. It was also internal, which came from their own expectations.

However, despite everything, they still continued their studies. Not because it was easy to handle, but because it mattered a lot to them. Studying at the university was seen as a rare and highly valued opportunity that might not come again. Because of that, stopping felt very risky. Moreover, studying was not only helpful. It also felt heavy. It gave meaning, but it required effort when they already had little energy. Thus, it was experienced as both supportive and burdensome at the same time. It was also connected to their future, passion for learning, and in some cases to their children. Continuing became something they chose, even when it was difficult. Another aspect was financial responsibility. Having a child requires financial stability, so continuing education was also connected to the future ability to provide for the child. Participants also did not see themselves only as mothers. As health-related students they had expectations toward themselves as future professionals, which was also highlighted in research by [Cronshaw et al. \(2024\)](#). Because of that, they wanted to continue their studies and not reduce their role only to motherhood.

The environment also mattered a lot. Having other pregnant students nearby made the situation less isolating and reduced fear. However, being surrounded by non-pregnant students had

the opposite effect. Participants compared themselves with others. Even when things were going fine, that constant comparison increased pressure.

Following childbirth, the experience changed but not in a simple way. Physical difficulties became less central, and emotional ones increased. They felt that they were not good mothers and not good students. Participants started to feel guilty because they left their newborn babies. This can be linked to expectations of what a “good” mother should be ([Ashipala & Natanael, 2022](#)). In addition, lower academic performance made this feeling even stronger. But, after some time, participants looked at this situation differently. They understood that the quality of time spent with children is more important than just the amount. So, even if they spend less time with their children, that time together was still significant. The feeling of guilt partially disappeared, as they understood that they could still be present in a meaningful way. Similar patterns were described in other studies too ([Cuming et al., 2023](#)). So, the difficulty did not disappear but changed its form. This made it more difficult for students to adjust to motherhood and influenced how they saw their role as mothers during studies.

Finally, this experience changed the way they perceived themselves. Managing both roles, continuing despite everything, adapting to internal and external pressures, showed them that they were capable of more than they had thought. However, this understanding did not appear suddenly, but it was developed over time through their experience. It also changed their perception about people who surrounded them, education, attitude to career, and perception of things such as time and challenges. It mattered a lot to them since they started to value the things that were unnoticeable before pregnancy. This experience made them more empathetic to others and more importantly to their future patients. Over time, participants were not only coping with the situation but also changing their thoughts about what it meant to study, to be a mother, and to continue.

Therefore, this major life event was seen as something that contributed to their future, and they acknowledged that it was possible to understand only after having such experience.

Implications of the Study

The findings of this study have a number of implications for education, practice, and maternal support. The research showed that continuing education was not only about personal motivation. It depended a lot on the conditions around them. This means that continuation cannot rely only on individual effort, but also on the support and flexibility of the academic environment.

An important point is that studying during pregnancy was experienced differently, not just as harder. It depended on physical condition, energy, and emotional state. Because of that, fixed academic structures may not fully match students' needs during pregnancy.

Another point is that students often had to adapt themselves, while the system largely stayed the same. This created additional pressure. The fact that participants accepted pregnancy as their own responsibility shows that institutional expectations may not always be questioned, even when they create difficulty. It shows that educational systems may need to recognize and respond to this overlap more efficiently.

The study also shows that this experience can influence future health practice. Participants described becoming more aware of patients' situations and more empathetic. This suggests that such experiences may contribute to more patient-centered care.

Based on these lived experiences of health-related students who were pregnant during their studies, following **recommendations** could be considered.

Firstly, more flexibility in learning and educational processes. Participants mentioned that attending all classes physically was not possible. Because of that, online lectures or recorded materials could make continuation easier.

Secondly, more practical support in the university could be particularly useful. All participants described that having a child room at university could make a significant difference. Having a space where students could leave their children during lectures was described as something that could substantially improve their experience.

Thirdly, institutional policies could be more flexible. Strict attendance rules and lack of understanding made the experience more stressful than it actually was. Even small adjustments such as allowing justified absences due to pregnancy or showing more flexibility, could reduce pressure.

Another important point is support from people around. Encouraging supportive attitudes from faculty members, teachers, and group-mates could significantly influence how students experience this significant life event.

Finally, more research is needed to understand and support pregnant students who are continuing their education. This topic is still not well explored, especially in Kazakhstan and in Central Asia. Other universities could provide another kind of experience and increase understanding of pregnant students' needs.

Limitations of the Study

The study has several limitations. First, participants were recruited from one academic setting. Because of that, the results are connected to this specific environment. In other universities, the experience may be different depending on expectations and support. Secondly, while all

participants were from health-related fields, their programs were not the same. So, the sample is homogeneous in terms of experience, but not fully in terms of academic background. Another limitation is related to the language of the interview. Most of the interviews were conducted in Kazakh and Russian. Because of that, during translation and interpretation, some meaning may not have been transferred exactly in the same way. Furthermore, all participants were pregnant during the 2024-2025 academic year, which means that some time has already passed since pregnancy. Because of that, participants may not remember everything in the same detail. Some moments could be forgotten or remembered differently. Another limitation is related to the researcher - participant relationship. As mentioned earlier, the student researcher had prior academic interaction with some participants, which could have influenced how experiences were shared. Although, confidentiality and professional boundaries were maintained throughout the study.

Despite these limitations, this study is the country's first qualitative research on this topic, which makes a meaningful contribution to Kazakhstan's public health system. For a broader perspective and more comprehensive understanding, future research should consider including participants from various institutions across Kazakhstan.

CONCLUSION

What came across in the findings was that this experience was not lived in separate parts. Although the themes in this study are presented separately, participants did not experience them in that way. Physical changes gradually moved into emotional responses, then into identity, and finally into how they understood themselves.

The key contribution of this study is to show that this experience is not fixed, it is changing all the time, where understanding develops through these connected changes. To understand their whole experiences it is necessary to look at these themes not one by one, but rather as something that flows from each other. The body became the main force in daily life, which then affected emotions. These emotions were fluctuating and were shaped by both inner changes and external pressures. Because of that, identity was negotiated across multiple roles, and education at that time offered a sense of self. However, because the academic system remained rigid, it created continuous pressure. It showed that education was both supportive and burdensome at the same time. Then, through adaptation, support and personal motivation, they found ways to move forward. If these five themes were not interconnected, their experience would be so transformative. Combination of these themes allowed them to see the importance of such experience and make a sense of it. So, pregnancy during studies is not only a challenge, but also a meaningful experience that shapes both personal and professional identity.

REFERENCES

- Abera, M., Hanlon, C., Daniel, B., Tesfaye, M., Workicho, A., Girma, T., Wibaek, R., Andersen, G. S., Fewtrell, M., Filteau, S., & Wells, J. C. K. (2024). Effects of relaxation interventions during pregnancy on maternal mental health, and pregnancy and newborn outcomes: A systematic review and meta-analysis. *PLOS ONE*, *19*(1), e0278432. <https://doi.org/10.1371/journal.pone.0278432>
- Aimoldina, K., Salpynov, Z., Kaliyev, M., Yessenova, A., Aimagambetova, G., & Colet, P. C. (2026). Nurses' and midwives' experiences of the sustainability of evidence-based inpatient postnatal care: an Interpretative description. *JB I Evidence Implementation*, *24*(2), 431-440. <https://doi.org/10.1097/XEB.0000000000000540>
- Ashipala, D. O., & Natanael, S. (2022). Experiences of nursing students who are mothers in balancing their dual roles in undergraduate nursing and midwifery education: A phenomenological study. *International Journal of Africa Nursing Sciences*, *17*, 100447. <https://doi.org/10.1016/j.ijans.2022.100447>
- Bahrami-Samani, S., Omidvar, S., Mohsenzadeh-Ledari, F., Azizi, A., Ashrafpour, M., & Kordbagheri, M. (2023). The relationship between perceived stress and pregnancy distress with self-care of pregnant women: The mediating role of social support—A cross-sectional study. *Health Science Reports*, *6*(11), e1730. <https://doi.org/10.1002/hsr2.1730>
- Bellés-Obrero, C., Cabrales, A., Jiménez-Martín, S., & Vall-Castelló, J. (2023). Women's education, fertility and children's health during a gender equalization process: Evidence from a child labor reform in Spain. *European Economic Review*, *154*, 104411. <https://doi.org/10.1016/j.eurocorev.2023.104411>

- Cai, C., Busch, S., Wang, R., Sivak, A., & Davenport, M. H. (2022). Physical activity before and during pregnancy and maternal mental health: A systematic review and meta-analysis of observational studies. *Journal of Affective Disorders*, 309, 393–403. <https://doi.org/10.1016/j.jad.2022.04.143>
- Chinkondenji, P. (2026). “Having a child is not a barrier”: An African-feminist perspective in (un)making schooling for pregnant learners and re-integration of student mothers. *Compare: A Journal of Comparative and International Education*, 56(1), 106–124. <https://doi.org/10.1080/03057925.2025.2452472>
- Codington-Lacerte, J. (2024). Experimenter’s bias. *EBSCO Research Starters*. <https://www.ebsco.com/research-starters/social-sciences-and-humanities/experimenters-bias>
- Cronshaw, S., Stokes, P., & McCulloch, A. (2024). Outside looking in: Gendered roles and the wellbeing of working student mothers studying for a part-time PhD. *Higher Education Quarterly*, 78(3), 608–624. <https://doi.org/10.1111/hequ.12471>
- Cuming, T., Verdon, S., Hoffman, L., Hopf, S. C., & Brown, L. (2023). Mothers’ experiences of engaging in blended online learning in higher education. *International Journal of Lifelong Education*, 42(2), 177–194. <https://doi.org/10.1080/02601370.2023.2173815>
- Espiritu, E. J. P., Auguis, J. J. M., Gedaro, P. M. C., Kimilat, M. S., Lucas, C. E. T., & Niog, S. P. C. (2023). Dual roles: Bearing the academic and parental responsibilities of being a student mother. *International Journal of Arts and Social Science*, 6(4), 82–90. <https://doi.org/10.5281/zenodo.7945502>

- Emery, A., & Anderman, L. H. (2020). Using Interpretative phenomenological analysis to advance theory and research in educational psychology. *Educational Psychologist*, 55(4), 220–231. <https://doi.org/10.1080/00461520.2020.1787170>
- Glick, L., Heifetz, E. M., & Finkelstein, A. (2024). Nourishing two hearts: The journey of nursing student mothers during academic studies and clinical rotations: A qualitative study. *Nurse Education in Practice*, 79, 104068. <https://doi.org/10.1016/j.nepr.2024.104068>
- Hillier, K. M. (2023). Academia and motherhood: A narrative inquiry of Ontario academic mothers' experiences in university graduate programs. *Journal of Family Issues*, 44(6). <https://doi.org/10.1177/0192513X211064864>
- Hu, M., Wang, Y., Zhu, W., & Chen, X. (2024). Investigating the interplay between depression and pregnancy loss: A cross-sectional analysis using NHANES data. *Journal of Psychosomatic Obstetrics and Gynaecology*, 45(1), 2431814. <https://doi.org/10.1080/0167482X.2024.2431814>
- Jager, J., Xia, Y., Putnick, D. L., & Bornstein, M. H. (2025). Improving generalizability of developmental research through increased use of homogeneous convenience samples: A Monte Carlo simulation. *Developmental Psychology*, 61(10), 1991–2007. <https://doi.org/10.1037/dev0001890>
- Jain, K., Nikolajuk, K., Tully, J., Britten, J., DeClemente, T. K., & Johnson, A. K. (2023). Title IX experiences of pregnant and parenting youth in Chicago: A qualitative study. *The Journal of School Health*, 93(4), 289–296. <https://doi.org/10.1111/josh.13272>
- Roach, E. J., Al Omari, O., John, S. E., Francis, F., Arulappan, J., Shakman, L., Al Hashmi, A., Al Sabei, S., & Khalaf, A. (2023). Challenges experienced by nurses in providing pediatric

- palliative care: An Interpretative phenomenological analysis. *Journal of Palliative Care*, 38(3), 355–363. <https://doi.org/10.1177/08258597231173313>
- Kloß, S. T., & Villinger, A. (2025). Pregnant Bodies – embodied pregnancy: An introduction. *Body & Society*, 31(1–2), 3–37. <https://doi.org/10.1177/1357034X251322120>
- Koo, K. K., & Nyunt, G. (2022). Mom, Asian international student, doctoral student, and in-between: Exploring Asian international doctoral student mothers’ mental well-being. *Journal of College Student Development*, 63(4), 414–431. <https://doi.org/10.1353/csd.2022.0035>
- Langford, C., Gowan, M., & Haj, M. (2021). Breastfeeding experiences of baccalaureate nursing students: A qualitative study. *Journal of Human Lactation*, 37(4). <https://doi.org/10.1177/0890334420979981>
- Lokmic-Tomkins, Z., Tanner, C., & Warren, N. (2022). Supporting pregnant nursing students in graduate entry-to-practice nursing programs: A case study. *Nurse Education Today*, 116, 105445. <https://doi.org/10.1016/j.nedt.2022.105445>
- Mahabir, B., Swain, S., Hernandez, J., & Cheung, H. K. (2023). Changing times, changing resources: Starting a family as a graduate student. *Industrial and Organizational Psychology*, 16(2), 242–247. <https://doi.org/10.1017/iop.2023.2>
- McGrath, C., Szabo, R. A., & Bilszta, J. L. (2022). Pregnancy and parental leave policies at Australian and New Zealand medical schools. *Women’s Health*, 18, 17455057221142698. <https://doi.org/10.1177/17455057221142698>
- Michinov, E., Robin, G., Hémon, B., Béranger, R., & Boissart, M. (2024). Protective resources against stress among student nurses: Influences of self-efficacy, emotional intelligence and

- conflict management styles. *Nurse Education in Practice*, 74, 103849.
<https://doi.org/10.1016/j.nepr.2023.103849>
- Mirick, R. G., & Wladkowski, S. P. (2023). Retaining respect as a scholar while pregnant: Experiences of pregnant doctoral students. *Journal of Women and Gender in Higher Education*, 16(4), 239–260. <https://doi.org/10.1080/26379112.2023.2266540>
- Msipu Phiri, T., Nyamaruze, P., & Akintola, O. (2023). Perspectives about social support among unmarried pregnant university students in South Africa. *PLOS ONE*, 18(4), e0284906. <https://doi.org/10.1371/journal.pone.0284906>
- Munyua, M. J., Were, D., & Amunga, J. (2022). Influence of student motherhood on academic performance in public universities in Western Kenya. *East African Journal of Arts and Social Sciences*, 5(2), 108–117. <https://doi.org/10.37284/eajass.5.2.914>
- Nizza, I. E., Farr, J., & Smith, J. A. (2021). Achieving excellence in interpretative phenomenological analysis (IPA): Four markers of high quality. *Qualitative Research in Psychology*, 18(3), 369–386. <https://doi.org/10.1080/14780887.2020.1854404>
- Nnadi, I. L., & Özada Nazım, A. (2025). Student mothers: Experiences of young mothers studying at university. *Kadin/Woman 2000*, 25(2). <https://doi.org/10.33831/jws.v25i2.506>
- O'Brien, B. C., Harris, I. B., Beckman, T. J., Reed, D. A., & Cook, D. A. (2014). Standards for reporting qualitative research: A synthesis of recommendations. *Academic Medicine*, 89(9), 1245–1251. <https://doi.org/10.1097/ACM.0000000000000388>
- Osuman, R., Quansah, J. Y. D., & Aboagye, D. (2025). Motherhood and higher education: Experiences of student-mothers at the University for Development Studies, Institute of Distance and Continuing Learning, Sawla Study Centre, Ghana. *Journal of Education and Learning Technology*, 6(4), 134–150. <https://doi.org/10.38159/jelt.2025641>

- Salam, A., Shahid, S., Bint-e-Khalid, T., Qureshi, S. W., Rana, M., & Ahmed, M. (2022). Pregnancy and motherhood challenges during postgraduate training in Pakistan. *Journal of the College of Physicians and Surgeons–Pakistan*, 32(11), 1503. <https://doi.org/10.29271/jcpsp.202211.1503>
- Simpson, O., Bennett, C. L., & Whitcombe, S. W. (2024). Student nurse retention. Lived experience of mature female students on a UK Bachelor of Nursing (Adult) programme: An interpretative phenomenological analysis. *Journal of Advanced Nursing*, 80(10), 4244–4258. <https://doi.org/10.1111/jan.16082>
- Simon, M., & Swindle, J. (2024). Daring to be a mother: A case study on being Black, being pregnant, and being a STEM doctoral student. *Educational Studies*, 60(5), 551–573. <https://doi.org/10.1080/00131946.2024.2403993>
- Sirgebayeva, A. (2025). Experiences of international doctoral student mothers at a US Research University. *Journal of College Student Development*, 66(1), 66–84. <https://doi.org/10.1353/csd.2025.a951529>
- Smith, J. A. (2010). Interpretative phenomenological analysis: A reply to Amedeo Giorgi. *Existential Analysis*, 21(2), 186. <https://doi.org/10.65828/xww98b88>
- Smith, J. A., Larkin, M., & Flowers, P. (2021). *Interpretative phenomenological analysis: Theory, method and research* (2nd ed.).
- Smith, J. A., & Osborn, M. (2015). Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British Journal of Pain*, 9(1), 41–42. <https://doi.org/10.1177/2049463714541642>
- Stolz, S. A. (2023). The practice of phenomenology in educational research. *Educational Philosophy and Theory*, 55(7), 822–834. <https://doi.org/10.1080/00131857.2022.2138745>

- Sutrisno, A., Nguyen, N. T., & Tangen, D. (2014). Incorporating translation in qualitative studies: two case studies in education. *International Journal of Qualitative Studies in Education*, 27(10), 1337–1353. <https://doi.org/10.1080/09518398.2013.837211>
- Thabethe, L. R., Mulondo, S. A., & Tugli, A. K. (2020). Psychological experiences of pregnant students at the University of Venda, Limpopo Province, South Africa. *African Journal of Reproductive Health*, 24(3), 18–23. <https://doi.org/10.29063/ajrh2020/v24i3.2>
- Tram, J. M., Lopez, J., Mastrud, M. C., & Camarena, K. (2025). Challenge of graduate student mothers. *The Family Journal*, 33(4), 500–508. <https://doi.org/10.1177/10664807251343892>
- Triebner, N., Sonnauer, F., Rauch, M., Kersten, G.-M., Rauch, C., Mestermann, S., Bailer, M., Kornhuber, J., Utz, J., & Spitzer, P. (2024). Promoting motivation and reducing stress in medical students by utilizing self-determination theory: A randomized controlled trial in practical psychiatry courses. *BMC Medical Education*, 24(1), 1177. <https://doi.org/10.1186/s12909-024-06181-9>
- Ungvarsky, J. (2024). Interpretative phenomenological analysis. *EBSCO Research Starters*. <https://www.ebsco.com/research-starters/religion-and-philosophy/interpretative-phenomenological-analysis>
- UNESCO. (2024, July 2). Record number of higher education students highlights global need for recognition of qualifications. <https://www.unesco.org>
- Upasheva, A., Colet, P. C., Cruz, J. P., & Balay-odao, E. M. (2025). Clinical lived experience of nursing students in a mother and child center: An Interpretative phenomenological analysis. *Nursing Forum*. <https://doi.org/10.1155/nuf/9975322>

- Watson, K., & Angelotta, C. (2022). The frequency of pregnancy recognition across the gestational spectrum and its consequences in the United States. *Perspectives on Sexual and Reproductive Health*, 54(2), 32–37. <https://doi.org/10.1363/psrh.12192>
- World Health Organization. (2025). Maternal health. <https://www.who.int>
- Zeb, H., Arif, I., & Younas, A. (2022). Nurse educators’ experiences of fostering undergraduate students’ ability to manage stress and demanding situations: A phenomenological inquiry. *Nurse Education in Practice*, 65, 103501. <https://doi.org/10.1016/j.nepr.2022.103501>
- Zhang, K. (2021). “Finally, I told my professor I was pregnant.” Becoming new mothers as international graduate students. *Linguistics and Education*, 63, 100922. <https://doi.org/10.1016/j.linged.2021.100922>

APPENDIX A

Recruitment script

Hello, my name is Aigerim Beisenbekova. I am a graduating nursing student at Nazarbayev University, School of Medicine, and together with my professor Paolo Colet, we are conducting a research entitled Understanding the lived experiences of health-related students who were pregnant during their studies: An Interpretative Phenomenological Analysis.

The purpose of this study is to understand the lived experiences of pregnant female students undertaking health-related programs at NUSOM using an Interpretative phenomenological analysis.

It will be a face-to-face informal conversational interview in Russian, Kazakh or English languages, which will last for 40-60 minutes. The time and place will be adjusted for your convenience.

If you are interested in participation, please, check your eligibility for the following criteria:

- 1) Current NUSOM students enrolled in health-related programs who were pregnant during their studies in academic year 2024-2025 and those who graduated in June 2025;
- 2) Being 18 years of age and above;
- 3) Capable of communicating and comprehending the Russian, English, or Kazakh languages;
- 4) Being able to participate in face-to-face interviews;
- 5) Willing to share their experience and provide the consent.

If you have spare time I can share more about our study, your participation, and the consent process.

If yes, I will show the consent form and continue explaining about the study.

If not, I will thank the person for their time.

Сценарий набора участников интервью

Здравствуйте, меня зовут Бейсенбекова Айгерим. Я студентка 4 курса факультета сестринского дела медицинской школы Назарбаев Университета. Вместе с моим профессором Паоло Колет мы проводим исследование под названием «Понимание жизненного опыта студентов медицинских и смежных направлений, которые были беременны во время учебы: Интерпретативный Феноменологический Анализ».

Целью данного исследования является изучение и понимание жизненного опыта студентов медицинских и смежных направлений Назарбаев Университета, которые были беременны во время учебы, с использованием интерпретативного феноменологического анализа.

Это будет неформальное личное интервью на английском языке продолжительностью 40-60 минут. Время и место будет согласовано по вашему усмотрению.

Если вы заинтересованы в участии, пожалуйста, проверьте подходите ли Вы под нижеперечисленные критерии:

- 1) Возраст 18 лет и старше;
- 2) Текущие студенты «Школы медицины Назарбаев Университета» или выпускившиеся в июне 2025 года, которые были беременны во время учебы и родили в течении учебного года 2024-2025;
- 3) Способность общаться и понимать русский, английский или казахский языки;
- 4) Возможность участия в интервью оффлайн;
- 5) Готовность поделиться своим опытом и дать согласие на участие.

Если у вас есть время, я могу рассказать больше о нашем исследовании, Вашем участии и процессе получения согласия.

Если да, я покажу форму согласия и продолжу рассказывать об исследовании.

Если нет, я поблагодарю человека за уделенное время.

Зерттеу жұмысына шақыру қабылдау

Сәлеметсіз бе, менің есімім Бейсенбекова Айгерим. Мен Назарбаев Университетінің Медицина мектебінің медбике ісі факультетінің 4 курс студентімін. Профессор Паоло Колетпен бірге біз «Оқу барысында жүкті болған денсаулық саласындағы студенттердің өмірлік тәжірибесін түсіну: Интерпретативті Феноменологиялық Талдау» атты зерттеу жұмысын жүргізіп жатырмыз.

Бұл зерттеудің мақсаты – оқу барысында жүкті болған медицина және байланысты салалардағы студенттердің өмірлік тәжірибесін интерпретативті феноменологиялық талдау арқылы зерттеу және түсіну.

Бұл 40-60 минутқа созылатын қазақ, ағылшын немесе орыс тіліндегі бетпе-бет бейресми сұхбат болады. Уақыт пен орын сізге ыңғайлы болу мақсатында талқыланады.

Қатысуға қызығушылық танытсаңыз, төмендегі критерийлерге сәйкестігіңізді тексеріңіз:

- 1) Назарбаев Университетінің Медицина мектебінің қазіргі немесе 2025 жылдың маусым айында оқу бітірген 2024-2025 оқу жылында жүкті болған студенттер;
- 2) Жасы 18 және одан жоғары;
- 4) Қазақ, ағылшын немесе орыс тілінде қарым-қатынасқа түсе алу және түсіну;
- 5) Жеке бетпе-бет сұхбатқа қатысу мүмкіндігі болуы;
- 6) Өз тәжірибесімен бөлісуге және келісім беруге дайын болуы.

Егер сізде бос уақыт болса, мен біздің зерттеуіміз, қатысуыңыз және келісім беру процесі туралы көбірек бөлісе аламын.

Егер жауабы “иә” болса, мен келісімді көрсетіп, зерттеу туралы түсіндіруді жалғастырамын.

Егер жауабы “жоқ” болса, мен адамға уақыт бөлгені үшін алғыс айтамын.

Informed Consent Form

Introduction. You are invited to participate in a research study entitled *Understanding the lived experiences of health-related students who were pregnant during their studies: An Interpretative Phenomenological Analysis*.

Procedures. The purpose of this study is to understand the lived experiences of pregnant female students undertaking health-related programs at NUSOM using an Interpretative phenomenological analysis. The interview site will be dependent on the agreed location that is convenient for you and the researcher, private, and without distraction. During the interview, you will be asked to share your thoughts and lived experiences regarding being pregnant during studies. The interview will be a face-to-face informal conversational interview in English, Kazakh or Russian language, which will last for 40-60 minutes. It will be recorded using external devices to assist the researcher in documenting your responses. After the completion of the interview, researchers will transcribe and analyze the data. After transcription, the audio-recordings will be deleted. At some point, the initial findings of the data will be shown to you to check if the researchers interpreted your words correctly.

Risks. The potential risks of participating in this study are:

- Confidentiality risks include collecting your personal information such as age, gender, name, program on the consent form, and audio-recording of the interviews.
- Psychological risk includes emotional discomfort as you try to reminisce about your experience.
- Physical risks include eye strain and discomfort due to prolonged sitting during the interview.

Benefits. There is no direct benefit to the participants, however, understanding the lived experiences of health-related students who were pregnant during their studies, may help universities and faculties to adapt more pregnancy-friendly policies and support systems.

Compensation. No tangible compensation will be given. A copy of the research results will be available at the conclusion of the study. If requested, a copy may be provided to you electronically.

Confidentiality & Privacy. Any information obtained during this study will be kept confidential to the full extent possible. The data will be saved in a password-protected Dropbox, accessible only to the researchers. Each of the collected data will be given a unique code and anonymized. Audio recordings will be deleted immediately after transcription of the data.

Voluntary Nature of the Study. Your participation in this study is strictly voluntary, and if an agreement to participate is given, it can be withdrawn at any time without prejudice.

Points of Contact. It is understood that should any questions or comments arise regarding this project, or a research related injury is received, the researchers, Aigerim Beisenbekova, +77472200803, aigerim.beisenbekova@nu.edu.kz, Paolo Colet, +639669528102, paolo.colet@nu.edu.kz should be contacted. Any other questions or concerns may be addressed to NUSOM-REC, nusom-rec@nu.edu.kz.

Statement of Consent.

I, _____,

Give my voluntary consent to participate in this study.

The researchers clearly explained to me the background information and objectives of the study and what my participation in this study involves.

I understand that my participation in this study is voluntary. I can at any time and without giving any reasons withdraw my consent, and this will not have any negative consequences for myself.

I understand that an audio-recording will be used during the interview.

I understand that the information collected during this study will be treated confidentially.

Signature: _____ Date: _____

Researcher:

Signed _____ Date _____

Форма информированного согласия

Введение. Приглашаем Вас принять участие в научном исследовании под названием *Понимание жизненного опыта студентов медицинских и смежных направлений, которые были беременны во время учебы: Интерпретативный Феноменологический Анализ.*

Процедуры. Целью данного исследования является изучение и понимание жизненного опыта студентов медицинских и смежных направлений Назарбаев Университета, которые были беременны во время учебы, с использованием интерпретативного феноменологического анализа. Место проведения интервью будет зависеть от согласованного места, удобного для вас и исследователя, конфиденциального и не отвлекающего внимания. Во время беседы вас попросят поделиться своими мыслями и опытом, связанными с беременностью во время учебы. Беседа будет проходить в форме неформального разговорного интервью на русском, казахском или английском языке, ориентировочно 40-60 минут. Интервью будет записано с помощью внешних устройств, чтобы помочь исследователю задокументировать ваши ответы. После завершения интервью исследователь расшифровывает и анализирует данные. Аудиозаписи после транскрибирования будут удалены. В какой-то момент вам будут показаны первоначальные результаты данных, чтобы проверить, правильно ли исследователи интерпретировали ваши слова.

Риски. Потенциальные риски участия в этом исследовании:

- Риск конфиденциальности – включает сбор вашей личной информации, такой как возраст, пол, имя, программа в форме согласия, а также аудиозапись интервью.
- Психологический риск – включает в себя эмоциональный дискомфорт при попытке вспомнить пережитое.
- Физические риски – включают напряжение глаз и дискомфорт из-за длительного сидения во время интервью.

Преимущества. Это не приносит прямой пользы участникам, однако, понимание жизненного опыта студентов медицинских и смежных направлений, которые были беременны во время учебы, может помочь университету и преподавателям адаптировать образовательные программы и учебный процесс для лучшей поддержки студентов.

Компенсация. Никакой ощутимой компенсации не будет. Копия результатов исследования будет доступна по завершению исследования. По запросу копия может быть предоставлена Вам в электронном виде.

Конфиденциальность. Любая информация, полученная в ходе данного исследования, будет храниться при максимальной степени конфиденциальности. Данные будут сохранены в защищенном паролем Dropbox, доступном только исследователям. Каждому из собранных данных будет присвоен уникальный код. Все будет анонимно. Аудиозаписи будут удалены сразу после расшифровки данных.

Добровольный характер исследования. Ваше участие в этом исследовании является строго добровольным, и если дано согласие на участие, оно может быть отозвано в любое время без каких-либо ограничений.

Контактные данные. В случае возникновения каких-либо вопросов или комментариев относительно этого проекта или получения травмы, связанной с исследованием, общайтесь к исследователям, Айгерим Бейсенбекова, +77472200803, aigerim.beisenbekova@nu.edu.kz, Паоло Колет, +639669528102, paolo.colet@nu.edu.kz. Любые другие вопросы или проблемы можно адресовать в NUSOM-REC, nusom-rec@nu.edu.kz.

Заявление о согласии.

Я, _____,

Даю свое добровольное согласие на участие в данном исследовании.

Исследователи четко объяснили мне исходную информацию и цели исследования, а также то, что предполагает мое участие в этом исследовании.

Я понимаю, что мое участие в этом исследовании является добровольным. Я могу в любой момент и без объяснения причин отозвать свое согласие, и это не будет иметь для меня никаких негативных последствий.

Я понимаю, что во время собеседования будет использоваться аудиозапись.

Я понимаю, что информация, собранная в ходе этого исследования, будет конфиденциальной.

Подпись: _____ Дата: _____

Исследователь:

Подписано _____ Дата _____

Ақпараттандырылған келісім нысаны

Кіріспе. Сіздерді *Оқу барысында жүкті болған денсаулық саласындағы студенттердің өмірлік тәжірибесін түсіну: Интерпретативті Феноменологиялық Талдау* атты ғылыми зерттеуге қатысуға шақырамыз.

Процедуралар. Бұл зерттеудің мақсаты – оқу барысында жүкті болған медицина және байланысты салалардағы студенттердің өмірлік тәжірибесін интерпретативті феноменологиялық талдау арқылы зерттеу және түсіну. Зерттеу NUSOM студенттерінің арасында жүргізіледі. Сұхбат орны алдын ала талқыланып, сізге және зерттеушіге ыңғайлы, құпия және алаңдатпайтын жерде болады. Сұхбат барысында сізден оқу барысында жүкті болу туралы ойларыңыз бен тәжірибелеріңізбен бөлісу сұралады. Өңгіме қазақ, ағылшын немесе орыс тіліндегі бейресми сұхбаттық түрде өтеді, шамамен 40-60 минут алады. Зерттеушіге жауаптарыңызды құжаттауға көмектесу үшін сұхбат сыртқы құрылғы арқылы жазылады. Сұхбат аяқталғаннан кейін зерттеуші деректерді транскрипциялайды және анализ жасайды. Аудио жазбалар транскрипциядан кейін жойылады. Зерттеушілер сіздің айтқаныңызды дұрыс түсінгенін тексеру мақсатында сізге бастапқы деректер нәтижелері көрсетіледі.

Тәуекелдер. Осы зерттеуге қатысудың ықтимал тәуекелдері:

- Құпиялық тәуекел – жас, жыныс, оқу программасы, келісім парағындағы аты-жөніңіз және сұхбаттың аудио жазбасы сияқты жеке ақпаратыңызды жинауды қамтиды.
- Психологиялық тәуекел – тәжірибені еске түсіруге тырысқанда эмоционалдық ыңғайсыздықты қамтиды.
- Физикалық тәуекелдер – сұхбат кезінде ұзақ уақыт отырудан көздің шаршауы мен ыңғайсыздықты қамтиды.

Пайдасы. Бұл қатысушыларға тікелей пайда әкелмейді, дегенмен оқу барысында жүкті болған медицина және байланысты салалардағы студенттердің өмірлік тәжірибесін түсіну университет пен оқытушыларға оқу бағдарламаларын және оқу процесін студенттерді тиімді қолдау үшін бейімдеуге көмектесуі мүмкін.

Өтемақы. Нақты өтемақы болмайды. Зерттеу нәтижелерінің көшірмесі зерттеу аяқталғаннан кейін қол жетімді болады. Сұраныс бойынша көшірме электронды түрде берілуі мүмкін.

Құпиялылық. Осы зерттеу барысында алынған кез келген ақпарат барынша құпиялылықпен сақталады. Деректер құпия сөзбен қорғалған Dropbox ішінде тек зерттеушілерге қолжетімді болады. Жиналған деректердің әрқайсысына бірегей код тағайындалады. Барлығы анонимді болады. Транскрипция жасалғаннан соң, аудио жазбалар дереу жойылады.

Зерттеудің ерікті сипаты. Сіздің осы зерттеуге қатысуыңыз ерікті. Егер қатысу туралы келісім берілсе, ол кез келген уақытта зиянсыз кері қайтарып алынуы мүмкін.

Байланыс мәліметтері. Егер сізде осы жобаға қатысты сұрақтарыңыз, ескертулеріңіз болса немесе зерттеуге байланысты жарақаттарыңыз болса, зерттеушілерге хабарласыңыз: Айгерим Бейсенбекова, +77472200803, aigerim.beisenbekova@nu.edu.kz, Паоло Колет, +639669528102, paolo.colet@nu.edu.kz. Кез келген басқа сұрақтар немесе мәселелер бойынша NUSOM-REC, nusom-rec@nu.edu.kz хабарласуға болады.

Келісім туралы мәлімдеме.

Мен, _____,

осы зерттеуге қатысуға өз еркіммен келісім беремін.

Зерттеушілер маған зерттеудің негізі мен мақсатын, сондай-ақ менің осы зерттеуге қатысуым нені қажет ететінін нақты түсіндірді.

Бұл зерттеуге қатысуым ерікті екенін түсінемін. Мен өз келісімімнен кез келген уақытта және себепсіз бас тарта аламын, бұл мен үшін ешқандай теріс салдар тудырмайды.

Әңгімелесу кезінде аудиожазба қолданылатынын түсінемін.

Осы зерттеу барысында жиналған ақпарат құпия болатынын түсінемін.

Қолы: _____ Күні: _____

Зерттеуші:

Қол қойылған _____ Күні _____

Understanding the lived experiences of health-related students who were pregnant during their studies: An Interpretative Phenomenological Analysis

Semi-structured Interview Protocol

Date:

Time/Place:

Interviewee (code):

Interviewer:

Pre-interview

- Introduce yourself and establish rapport throughout the process.
- Briefly explain about the study and consent
- Address participant's concern or questions

Introductory questions

- Demographic characteristics
 - Age:
 - Gravidity:
 - Program:

Core interview questions (for currently pregnant)

1. Can you tell me about your overall experience of being pregnant while studying at NUSOM?
2. How are you combining pregnancy with your studies?
3. How is pregnancy affecting your study routine?
4. How is pregnancy affecting your academic performance?
5. What kind of support are you receiving from university, teachers or peers? How is it helping you?

6. Can you describe any challenges or difficulties that you are facing?
7. Can you tell me about any coping strategies that are helping you to manage these challenges?
8. How does this experience mean to you personally?

Core interview questions (for those who were pregnant during the 2024-2025 academic year)

1. Can you tell me about your overall experience of being pregnant while studying at NUSOM?
2. How did you combine pregnancy with your studies?
3. How did pregnancy affect your study routine?
4. How did pregnancy affect your academic performance?
5. What kind of support did you receive from university, teachers or peers? Did it help you?
6. Can you describe any challenges or difficulties that you faced?
7. Can you tell me about any coping strategies that helped you to manage these challenges?
8. How did this experience mean to you personally?

Closing

- Now that our interview is finished, is there anything else you would like to share regarding our topic?
- Also, at some point I will reach out to you for clarification and confirmation of the transcript or check my notes.
- Thank you for your time and insights.

**Понимание жизненного опыта студентов медицинских и смежных направлений,
которые были беременны во время учебы: Интерпретативный Феноменологический**

Анализ

Полуструктурированный протокол интервью

Дата:

Время/Место:

Опрашиваемый собеседник (код):

Интервьюер:

Перед интервью

- Представляюсь и устанавливаю взаимопонимание на протяжении всего процесса
- Кратко рассказываю об исследовании и согласии
- Отвечу на беспокойство или вопросы опрашиваемого

Вводные вопросы

- Демографические характеристики
 - Возраст:
 - Беременность:
 - Программа обучения:

**Основные вопросы на собеседовании (для участниц, которые беременны в
настоящий момент)**

1. Можете ли Вы описать свой общий опыт беременности во время учебы в НУСOM?
2. Как Вы совмещаете беременность с учебой?
3. Как беременность влияет на Ваш учебный распорядок?
4. Как беременность отражается на Вашей академической успеваемости?
5. Какую поддержку Вы получаете от университета, преподавателей или одногруппников? Как это Вам помогает?
6. Можете ли Вы описать какие-либо трудности или проблемы, с которыми Вы сталкиваетесь?
7. Можете ли Вы рассказать о стратегиях, которые помогают вам справляться с этими трудностями?
8. Что лично для вас означает этот опыт беременности во время учебы?

Основные вопросы на собеседовании (для участниц, которые были беременны в течение 2024-2025 учебного года)

1. Можете ли Вы описать свой общий опыт беременности во время учебы в НУСOM?
2. Как Вы совмещали беременность с учебой?
3. Как беременность повлияла на Ваш учебный распорядок?
4. Как беременность отразилась на Вашей академической успеваемости?
5. Какую поддержку Вы получали от университета, преподавателей или одногруппников? Как это Вам помогало?
6. Можете ли Вы описать какие-либо трудности или проблемы, с которыми Вы сталкивались?

7. Можете ли Вы рассказать о стратегиях, которые помогли вам справляться с этими трудностями?
8. Что лично для вас значил этот опыт беременности во время учебы?

К концу интервью

- Теперь, когда наше интервью подошло к концу, есть ли что-нибудь, чем Вы хотели бы поделиться по нашей теме?
- Кроме того, в какой-то момент я свяжусь с вами для разъяснений и подтверждения стенограммы или проверки моих записей.
- Спасибо за Ваше время и рассказанную информацию.

Оқу барысында жүкті болған денсаулық саласындағы студенттердің өмірлік тәжірибесін түсіну: Интерпретативті Феноменологиялық Талдау

Жартылай құрылымдалған сұхбат хаттамасы

Күні:

Уақыт/Орын:

Сұхбат беруші (код):

Сұхбат алушы:

Сұхбатты бастамас бұрын

- Өзімді таныстырамын және бүкіл процесте қарым-қатынас орнатамын
- Зерттеу және келісім туралы қысқаша түсіндіремін
- Қатысушының алаңдаушылығын немесе сұрақтарын шешемін

Кіріспе сұрақтар

- Демографиялық сипаттамалар
 - o Жасы:
 - o Жүктілік:
 - o Бағдарлама:

Сұхбаттың негізгі сұрақтары (қазіргі таңда жүкті студенттер үшін)

1. НУСОМ-да оқи жүріп жүкті болу тәжірибеңіз туралы айтып бере аласыз ба?
2. Жүктілік пен оқу процесін қалай үйлестіріп жүрсіз?
3. Жүктілік сіздің күнделікті оқу тәртібіңізге қалай әсер етіп жатыр?
4. Жүктілік сіздің оқу үлгеріміңізге қалай әсер етіп жатыр?
5. Университеттен, оқытушылардан немесе курстастарыңыздан қандай қолдау алып жүрсіз? Бұл қолдау сізге қалай көмектесіп жатыр?
6. Қазіргі таңда қандай қиындықтар мен мәселелерге тап болып жүрсіз?
7. Осы қиындықтармен күресуге көмектесетін қандай амалдарыңыз бар? Олар сізге қалай көмектесуде?
8. Сіз үшін жеке тұрғыда жүктілік кезінде оқу нені білдіреді?

Сұхбаттың негізгі сұрақтары (қазіргі таңда жүкті студенттер үшін)

1. НУСОМ-да оқи жүріп жүкті болу тәжірибеңіз туралы айтып бере аласыз ба?
2. Жүктілік пен оқу процесін қалай үйлестіріп жүрдіңіз?
3. Жүктілік сіздің күнделікті оқу тәртібіңізге қалай әсер етті?
4. Жүктілік сіздің оқу үлгеріміңізге қалай әсер етті?

5. Университеттен, оқытушылардан немесе курстастарыңыздан қандай қолдау алдыңыз? Бұл қолдау сізге қалай көмектесті?
6. Сол кезде қандай қиындықтар мен мәселелерге тап болдыңыз?
7. Сол қиындықтармен күресуге көмектесетін қандай амалдарыңыз болды? Олар сізге қалай көмектесті?
8. Сіз үшін жеке тұрғыда жүктілік кезінде оқу нені білдірді?

Бітіру процесі

- Сұхбатымыз аяқталды, тақырыбымызға қатысты бөліскіңіз келетін нәрсе бар ма?
- Сондай-ақ, бір сәтте транскриптті нақтылау және растау үшін сізге хабарласамын немесе жазбаларымды тексеремін.
- Уақытыңыз бен бөліскеніңізге рахмет.

APPENDIX B

Approval from NU-IREC

Subject: Re: 1169_Paolo Colet_01122025 Expedited review_Approved
To: Paolo Colet <paolo.colet@nu.edu.kz>

Dear Paolo,

On 17/12/2025, following an expedited review of your application, and supporting documents, the Nazarbayev University Institutional Research Ethics Committee (NU-IREC) approved your submission, 1169/01122025, titled "Understanding the lived experiences of health-related students who were pregnant during their studies: An Interpretive Phenomenological Analysis".

Please note that this approval is valid until **16/12/2026**. After this date, the protocol will automatically expire unless an extension is requested and approved in advance.

This approval is based on the information provided in your submitted documents. Any deviations from the approved protocol or the occurrence of an adverse/unanticipated event must be reported to NU-IREC immediately.

Principal Investigator Responsibilities:

1. Submit a Signed Hard Copy of the Application
A signed hard copy of the approved application must be submitted within three weeks of the approval date*. Failure to submit the documents within this period will result in the automatic suspension of the project by NU-IREC.

2. Request an Extension (if needed):
If data collection needs to continue beyond the approval expiry date, please submit the "Appendix F: Request for Continuing IREC Approval" 4 to 6 weeks prior to expiration.

3. Request Amendments (if needed):
For any changes to the approved protocol, complete the "Appendix G: IREC Protocol Amendment Form."

4. Report Adverse/Unanticipated Events:
If such events occur, they must be reported using the "Appendix H: Adverse/Unanticipated Event Reporting Form."

5. Maintain CITI Training Compliance:
Ensure that all research team members have valid CITI training certifications throughout the study period. Updated certificates must be submitted before the approval expiration date.

Forms and Resources:

All required forms are available at: <https://orci.nu.edu.kz/irec>

Please retain this email as official documentation of NU-IREC approval for your study.

*Bring your signed application/amendment/extension form to Room C4/650 within three weeks of approval.

Should you have any questions or require assistance, do not hesitate to contact the NU IREC office.

Kind regards,
Dilara



Office of Research Compliance and Integrity/NU

Phone: +7 (7172) 70-9105

Email: resethics@nu.edu.kz

Website: <https://orci.nu.edu.kz/irec>

Address: 53 Kabanbay Batyr Avenue, Astana, Kazakhstan

Office: Block C4, room 650

Follow NU: 

CONFIDENTIALITY NOTICE

This e-mail message and all attached files are intended only for the person to whom it is addressed and may contain information protected by law, and any confidential information. If this e-mail message was sent to the wrong person we warn that any unauthorized use of this e-mail message and attached files is strictly prohibited. If you are not the intended recipient, please destroy all copies of the original message from your computer.

On Mon, 1 Dec 2025 at 12:54, resethics@nu.edu.kz wrote:

CITI Certificates




Completion Date 31-Mar-2022

Expiration Date 30-Mar-2026

Record ID 46988546

This is to certify that:

Paolo Colet

Has completed the following CITI Program course:

Responsible Research Training
(Curriculum Group)

Biomedical Researchers (RCR)
(Course Learner Group)

1 - Basic Course
(Stage)

Under requirements set by:

Nazarbayev University

CITI
Collaborative Institutional Training Initiative

Not valid for renewal of certification through CME.

Verify at www.citiprogram.org/verify/?wa25ac0eb-9920-4bde-b35a-da1ef6e27a2c-46988546




Completion Date 20-Nov-2024

Expiration Date 20-Nov-2027

Record ID 66142988

This is to certify that:

Aigerim Beisenbekova

Has completed the following CITI Program course:

Biomedical Research - Basic/Refresher
(Curriculum Group)

Biomedical Research - Basic/Refresher
(Course Learner Group)

1 - Basic Course
(Stage)

Under requirements set by:

Nazarbayev University

CITI
Collaborative Institutional Training Initiative

Not valid for renewal of certification through CME.

101 NE 3rd Avenue, Suite 320
Fort Lauderdale, FL 33301 US
www.citiprogram.org

Generated on 20-Nov-2024. Verify at www.citiprogram.org/verify/?w894b389b-9540-45e4-a5f1-44f881fe5890-66142988

  Completion Date 04-Nov-2025
Expiration Date 04-Nov-2028
Record ID 58217634

This is to certify that:

Jonas Cruz

Has completed the following CITI Program course:

Biomedical Research - Basic/Refresher
(Curriculum Group)
Biomedical Research - Basic/Refresher
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

Nazarbayev University

CITI
Collaborative Institutional Training Initiative
101 NE 3rd Avenue, Suite 320
Fort Lauderdale, FL 33301 US
www.citiprogram.org

Generated on 04-Nov-2025. Verify at www.citiprogram.org/verify/?w4bff58c-cc74-4447-9dca-51a546a03248-58217634

  Completion Date 27-Mar-2026
Expiration Date 27-Mar-2030
Record ID 36917321

This is to certify that:

Akbota Tolegenova

Has completed the following CITI Program course:

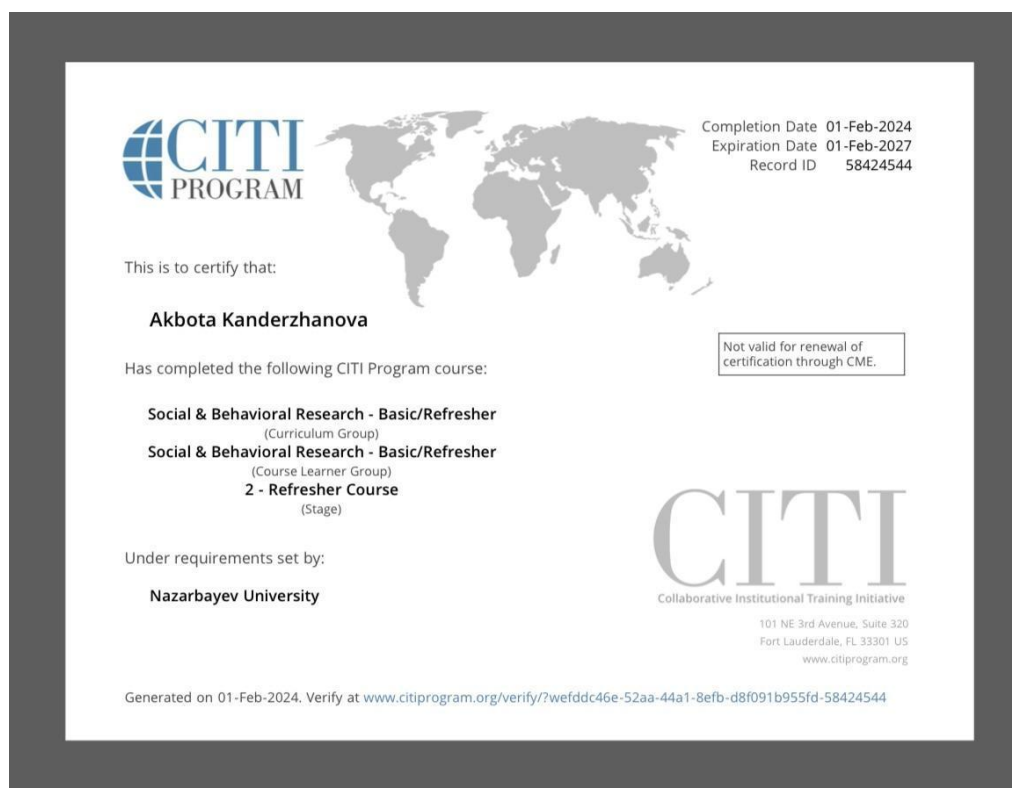
Responsible Research Training
(Curriculum Group)
Social, Behav, Edu, Etc
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

Nazarbayev University

CITI
Collaborative Institutional Training Initiative
101 NE 3rd Avenue, Suite 320
Fort Lauderdale, FL 33301 US
www.citiprogram.org

Generated on 27-Mar-2026. Verify at www.citiprogram.org/verify/?wf54246e2-ba9b-4b01-80ae-dcc3967d391c-36917321



The table of the sample analysis and translation of the participants quotes

Participant	Original quote	Translated quote	Initial interpretation	Subtheme	Theme
P1	“Первый триместр я просто отходила, даже не зная, что ношу под сердцем второго ребёнка.»	“I went through the entire first trimester without even knowing that I was carrying my second child.”	Pregnancy not recognized at first (in early stage)	Early pregnancy going unnoticed	The body taking over
P6	“я вспоминаю, как это было даже на лекции, я помню, как я сидела и чувствовала всё, то, что это сейчас начнётся...я просто вылетела из аудитории, побежала в туалет, даже еле добежала, и я стояла, меня трясло...”	“And I remember how it happened - even during a lecture. I remember sitting there and feeling that it was about to start.... I just ran out of the classroom, rushed to the bathroom - I could barely make it - and I was standing there, shaking...”	Loss of bodily control during lectures (physical symptoms starting to appear)	The body starting to interrupt studying	The body taking over
P8	“Көбінесе бәрі тек сабақ пен бос уақыттары көп болатын сияқты көрінеді.Өзің ғана андай жүкті болып,	“Mostly it feels like everyone around you only has studies and a lot of free time. It feels like you are the only person who is struggling at that	Comparison with others and feeling alone	Feeling different from others	Emotional overwhelm within academic life

	өзің ғана қиналып жүрген сияқты көрінесің, сол кезде именно.”	moment because of pregnancy.”			
P5	“были моменты, когда я сидела... и просто расплакалась это слишком много для меня... я как будто это всё не вывезу”	“There were moments when I would just sit there... and start crying. It’s too much for me... it felt like I just wouldn’t be able to handle it all.”	Feeling unable to cope when pregnancy was added to studies	Feeling overwhelmed	Emotional overwhelm within academic life
P9	“Бұрын сто процентов сабаққа уақыт бөлінсе, қазір менде, елуде елу алып жүремін.”	“Before, I could dedicate 100% of my time to studying, now for me it’s like fifty-fifty.”	Divided attention between study and family roles	Lack of time and blurred boundaries	Living between roles
P11	“жиырма шақты статья қарайтынмын, босанғаннан кейін деген екі үш-ақ статья ғана қарап үлгеретін болдым.”	“I could read around 20 articles, now only 2 or 3.”	Reduced ability to engage with academic work	Changes in academic performance	Studying under pressure
P2	"топта бесеуміз жүкті болдық... бір-бірімізді жақсы түсіндік"	"The five of us in the group were pregnant... we understood each other very well."	Shared understanding through similar experience, less fear	Relying on support	Continuing despite everything

SRQR guidelines (O'Brien et al., 2014)

Item	Description	Location in Manuscript
Title	Clear and concise title	Title page
Abstract	Summary of study	Abstract
Research problem	Research problem and context described	Introduction
Purpose / Research question	Study aim clearly described	Introduction
Qualitative approach	IPA described and justified	Methods
Researcher characteristics and reflexivity	Reflexivity addressed	Methods
Context	Study setting described	Methods
Sampling strategy	Purposive sampling explained	Methods
Ethical considerations	Ethical approval and consent described	Methods
Data collection methods	Semi-structured interviews	Methods
Data collection instruments	Interview guide used	Methods
Units of study	Participants characteristics described	Results / Table 1
Data processing	Transcription and data handling described	Methods
Data analysis	IPA process explained	Methods
Techniques to enhance trustworthiness	Reflexivity, supervision, use of quotes	Methods
Synthesis and interpretation	Themes developed and interpreted	Results
Links to empirical data	Quotes included	Results
Integration with prior work	Compared with literature	Discussion
Limitations	Limitations described	Discussion