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CHAPTER 1

THE PROBLEM AND ITS BACKGROUND

In a world that thrives on diversity, one facet of human existence continually captures our attention: the realm of neurodiversity. Within this convoluted yet alluring field of human complexities, an obstacle can alter the whole world—mental disorders. A mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, and/or behavior. Multiple mental conditions, such as anxiety disorders, depression, bipolar disorder, PTSD (Post-Traumatic Stress Disorder), schizophrenia, neurodevelopmental disorders, and eating disorders affect a person's mental health differently. Under neurodevelopmental disorders, there's ASC or autism spectrum condition. (World Health Organization: WHO, 2022)

Autism Spectrum Condition, commonly known as ASC or autism, refers to a broad range of conditions characterized by social skills, repetitive behavior, speech, and nonverbal communication challenges. It is a common, highly heritable and heterogeneous neurodevelopmental disorder that has underlying cognitive features and commonly co-occurs with other conditions. ASD is a heterogeneous disorder and,



reflecting this heterogeneity, the term autism has been used in various ways to describe both a broader presentation and then a specific diagnosis when it was considered to be one subgroup within the general diagnostic category of 'pervasive developmental disorders' (PDDs), a group of disorders that was introduced in Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM III) in 1980 to convey the idea of a broader spectrum of social communication deficits. (Lord et al. 2020) Families are often the major source of support for people with autism throughout much of life and need to be considered, along with the perspectives of autistic individuals, in both research and practice.

Managing a child with such a condition as an individual is challenging. For parents to manage the challenging behavior of their children caused by this condition, some parents accommodate their child, where the parents are following the child's "unique rules," modify the environment, where they are reported to limit their child's exposure to sensory stimuli, provide structure, routine, and familiarity with everyday tasks, increases their supervision and



monitoring, assists their child with everyday tasks and activities, distracts their child for them to divert to their usual behavior, provides additional sensory activities when sudden extreme distress occurs, and maximizes their efforts to physically contain the child to prevent dangerous behaviors. (O’Nions, E., et al., 2017)

These additional efforts the parents exert are likely to be specific to parents of children with ASC, as opposed to other neuro-developmental profiles. (O’Nions, E. et al., 2017) The researchers will try and verify whether these claims are true by asking their participants whether they also do it to their children.

Based on the study by Papadopoulos D. (2021) stated that the social model of disability supports the idea that disability is a social disadvantage that limits and restricts an individual's skills and talents, while society focuses on the negative implications of the disability. Because of how our society acts towards children with this case, cases of



the parents' social life got affected and was making an impact in their social life.

The most significant indicator of the development of mental health problems among mothers of children with ASC is a lack of perceived social support, which has a negative effect on parental stress and family socialization. (Papadopoulos D., 2021). It truly limits the parents ability to be more confident in taking care of their children and with this causing the parents to have mental distress due to lack of social support.

Most studies show only the experiences of mothers, underrepresenting the father's perspective. This research aims to highlight and present the perspectives of both parents.

With the aforementioned gaps, the researchers conducted this study to highlight the experiences of both the mothers and fathers in taking care of their child. Additionally, this research will try and prove O'Nions' theory in which parents



exert multiple yet specific efforts at their children, proving whether or not it is limited to them only.

Conceptual Framework

The study was anchored to the Dababnah S. and Parish S.' (2013) framework, showing that the experiences of parents raising children with autism are multifaceted and emotionally charged. The framework of the study focuses on understanding the emotional experiences of parents caring for children with autism. It highlights the significant stress, anxiety, and emotional strains parents encounter as they navigate the complex journey of caregiving. According to Nevill A. (2018), autism acknowledges the intricate daily demands and logistical intricacies parents must manage, involving the delicate balance of providing care, therapy, and education for their children.

Additionally, Smith R. (2016), stated that it delves into the coping mechanisms and resilience strategies parents develop to handle the unique challenges they face. It emphasizes the role of social support systems, including family, friends, and support groups, in helping parents



fulfill their caregiving roles effectively. It recognizes the influence of raising a child with autism on family dynamics and the importance of examining relationships with siblings and other family members.

Moreover, the framework draws attention to the critical issue of accessibility to services, therapies, and educational resources for children with autism. It explores how parents navigate these systems and examine the implications of accessibility or its absence. The study expands on this foundational framework by exploring parents' advocacy and empowerment roles in securing suitable services and support for their children, as well as the effects of these challenges on parental mental health and overall well-being.

It incorporates a lifespan perspective, recognizing that the journey of raising a child with autism evolves as the child transitions from childhood to adolescence and adulthood. Lastly, it investigates parents' perceptions of their child's future and the strategies they employ to build resilience in the face of the uncertainties inherent in the



experience of raising a child with autism. This comprehensive framework provides a strong basis for understanding the multifaceted experiences of parents raising children with autism, with the specific findings and research questions of the study adding depth and detail to each aspect of this complex situation.



INPUT

- Experiences of parents of children with ASC
- The parents' ability to cope
- Impact on their health—specifically psychological, physical, and social health



PROCESS

- Interview the participants using open-ended, semi-structured questionnaires
- Transcription of audio recording recorded on the interviewing process
- Analysis of the data collected

OUTPUT

- Raise awareness to the parents' experiences
- Help the parents by trying coping mechanisms and/or efforts by other parents



Figure 1. Research Paradigm



Statement of the Problem

This study aimed to determine the Lived Experiences of Selected Parents in District IV of Nueva Ecija with Children diagnosed with Autism.

Moreover, it specifically sought to answer the following:

1. How may the profile of the participants be described in terms of their:
 - a. sex, and
 - b. marital status?
2. What are the experiences of these parents of children with autism?
3. How do they cope in these situations?
4. What additional efforts do they employ in order to manage their child?

Significance of the Study

This study is expected to benefit not only the parents of children with autism, but it can also benefit psychologists who have clients with the same condition. Moreover, the



findings that this research reveals can and will greatly benefit the following:

Parents of Children with Autism. The findings of this study can significantly benefit the parents of children with autism, as they are the focus of this study. With this study, they can learn other coping mechanisms that the parents share and apply them to themselves. They can also learn what other parents do to manage their child with this condition.

Psychologists and Therapists. With the same reason stated to the Parents of Children with Autism, they can also benefit from this study to further improve their performance at work by treating their clients in the same way as the child's parents do.

Children with Autism. The findings' outcome will benefit the children with autism after realizing that it impacts everyone in his/her surroundings. With that understanding, the children with autism will receive care from the community as a normal child with aspirations of being accepted by the



community. Now, children with autism will enjoy their normal lives without being bullied and/or judged.

Community. This research is not limited to the family; it is also for the people in the community who are capable of interacting with a child with autism. They can identify with the aid of this study the circumstances the family faces. They will be aware of how the family endured giving the child a good and normal life. With that knowledge, they will be aware that criticizing a child is inappropriate merely because of having ASD. Rather than bullying or making judgments, they can make a favorable impression if they encounter a child with autism.

Researchers. The data collected in this research will be extremely useful to the researchers, as they will be able to validate whether other studies are reliable, and to also answer and create their own study.

Future Researchers. It will help future researchers, particularly those who wish to carry out research on the family's experiences in life with a person/child with autism.



Utilizing the study's findings will act as their blueprints and background knowledge for their topic. Additionally, they might utilize it as a helpful source to make it a guide or foundation to help it become more effective and efficient in research.

Scope and Delimitation

The general intent of this study is to find out what the experiences of these parents face on having a child with ASC, as well as to find their coping mechanisms. However, due to geographical, social, and financial limitations, this research's scope is limited.

Geographical Scope: Due to some limitations, this study's geographical scope was in select districts in the 4th Congressional District of Nueva Ecija, primarily in Gapan, Cabiao, San Isidro, and/or Jaen.

Societal Scope: Due to the topic's sensitive nature, the participants were difficult to find, therefore limiting the number of participants. The target number of participants is 5-8, which can increase and/or decrease when the surveys are



conducted due to several factors such as saturation, population specificity, et cetera, as further explained in Population and Samples.

Definition of Terms

The following terminologies used in this study are defined conventionally and operationally in order to easily and fully understand the context of the study.

ABA-based Interventions. ABA interventions are services that use applied behavior analysis (ABA) to help individuals with autism spectrum condition or other developmental/intellectual disabilities. ABA is a systematic way of observing, identifying, and changing behavior using evidence-based strategies. (ABA Interventions, n.d.)

Anxiety. Anxiety is an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure. People with anxiety disorders usually have recurring intrusive thoughts or concerns. They may avoid certain situations out of worry.



Autism Spectrum Condition (ASC). ASC is a much more preferred term than ASD. According to a study conducted by Dudás et al. (2017), states that they prefer the term ASC rather than ASD (autism spectrum disorder) because it is less stigmatizing. ASC is more consistent with the fact that these individuals have not only disabilities requiring a medical diagnosis but also areas of cognitive strength.

Autism Spectrum Disorder (ASD). ASD is a developmental disability caused by differences in the brain (Basics About Autism Spectrum Disorder (ASD) | NCBDDD | CDC, 2022). It relates to brain development that impacts how a person perceives and socializes with others, causing problems in social interaction and communication (Autism Spectrum Disorder - Symptoms and Causes - Mayo Clinic, 2018).

Childminder. A childminder is a professional caregiver who looks after children in their own home. They provide quality childcare in a safe and fun environment and support their learning and development. (*What Is a Childminder and What Do They Do?*, 2022)



Coping mechanisms. These are the patterns and behaviors the parents fall back on to try to deal with unusually stressful situations, some conscious strategies used to reduce unpleasant emotions ("Cope." Merriam-Webster.com Dictionary, Merriam-Webster, Accessed 17 Nov. 2023.), and it is a way for the parents to maintain their mental and emotional well-being (2023 UCLA Jane & Terry Semel Institute for Neuroscience & Human Behavior).

Stress. Stress is a feeling of emotional or physical tension. It can come from any event or thought that makes you feel frustrated, angry, or nervous. Stress is your body's reaction to a challenge or demand. (*Stress and Your Health: MedlinePlus Medical Encyclopedia*, n.d.)

Neurodiversity. Neurodiversity is the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population (used especially in the context of autistic spectrum disorders) (Polain, 2022)



Neurodevelopmental Disorders. Neurodevelopmental

disorders are a group of conditions in which the growth and development of the brain are affected. This can impact an individual's language, emotions, behavior, self-control, learning, and memory. (Lesnik, P. n.d.)

Types of Autism. Autism has three major types, which are: Autistic Disorder, also termed as "classic autism;" Asperger's Syndrome, also termed as "high-functioning autism;" and Pervasive developmental disorder, also termed as "atypical autism." (Bhat, et al., 2014)



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CHAPTER 2

REVIEW OF RELATED LITERATURE AND STUDIES

This section is crucial in academic research because it provides existing knowledge and findings relevant to the research topic. It serves as the basis for researchers on which the current study is set up. This section also helps the researchers to find gaps, develop a conceptual framework, and establish context. After carefully reviewing related literature and studies, this provides the researchers an enhanced comprehension of the topic and might even contribute to the existing knowledge about the topic.

Related Literature

Parents' Lived Experiences on having a child with ASC

Parents' experiences of using ABA-based interventions for their child/children with ASC were reported. Results showed that ABA-based interventions had a significant positive impact not only on the lives of the child, in particular in areas of communication, challenging behaviours and independence, but also on the family as a whole and their overall quality of life. (McPhilemy & Dillenburg, 2013)



Having a child who has special needs has a compelling influence on the parents' daily lives. A statement given by a mother when asked to describe her parenting experience states that they think they are like a seedling and it grows and withstands storms, rains, and heatwaves. Today they can see the joy and enriching experiences that this seedling went through while growing, despite the hardships. They have also described their growth experience; some see themselves as "better" people today, saying that they are viewing their process of change in a positive light. The growth in the couple's relationship is also recurrent, it is also supported by the couples' experiencing stronger martial bonds as the parents of a child with ASC. (Waizbard-Bartov, E. 2018)

Furthermore, parents discussed the need of adapting to their child's needs on a daily basis, including additional preparation on tasks and continually monitoring the child's surroundings and behavior. According to one of the parents, they felt like the entire family had autism, not just the child, thus the family had to learn to manage and adjust on a daily basis. As previously said, autism affected the entire



family as well as the parents as a couple. The participants pointed out the difficulties of balancing the needs of the family, such as how the parents had different perspectives about how to parent their children. However, strengths were developed within the family, with some families becoming stronger as a result of overcoming difficulties. It has also strengthened the parents' relationship, as one participant stated that her husband is a safe person to whom they can say or share anything and know that he will not judge her or look at her differently. (Corcoran et al., 2015)

Challenges and Difficulties Parents Faced in Managing Their Child

A study conducted by Dababnah, S. (2013) shows that their participants lacked extensive understanding about ASC but recognized a delay in their child's early development. It also showed the extreme stress the parents faced. Also, most of the parents expressed concern regarding their children's poor behavior.



These challenges are quoted as never-ending, which had a significant impact on the parents' sense of well-being and ability to cope.

Meanwhile, a study conducted by Ludlow, A. (2011) states that sixteen out of twenty parents cited childrens' behaviors as particularly stressful. They stated multiple challenges, such as:

- Dealing with challenging behaviors, tantrums are described as unpredictable, and is extremely difficult to manage, from children to even adults with ASC;
- Changes to routine, the consistency of the routine where the children is used to is important;
- Judgement from others, public tantrums and the reaction of others are the most difficult aspect;
- Sensory and social problems, one example is the use of earmuffs in order to reduce the noise the child is intaking;



- Lack of support, some parents referred to their parenting responsibility as consuming of their time, and finding a child-minder is a difficult task;
- Impact on family, the parents are concerned about the impact of their child on themselves, on their other parent, and their siblings; and
- Coping and support, in which parents manage their emotional and mental health.

A study by Papadopoulos, D (2021) further supports these aspects, as their study shows three major themes, with two and three subordinate themes included, specifically:

- Emotional Burden
 - Reaction to child's diagnosis,
 - Feelings of vulnerability and frustration, and
 - Child's future.
- Family Burden
 - Relationship with spouse,
 - Relationship with siblings, and
 - Family finances.



- Social Burden
 - Stigma of autism, and
 - Social life.

The study of Sabitri Acharya and Kalpana Sharma (2021) revealed that mothers raising children with autism encountered numerous problems in their life. They felt physically exhausted due to the continuous supervision of their child. Emotional problems such as denial, upset/sadness, and worry were also common among them. In addition, all mothers faced social problems such as social blame, social isolation, and ignorance from their relatives and society due to the atypical behavior of their child. Furthermore, the economic problem was also acute among mothers due to job loss, costly medical treatment, and therapies. So, to deal with the stressors they faced, mothers adopted various coping strategies such as respite care, problem-focused strategies, religious coping, and positive coping in their everyday life.



Parents' Efforts to Manage Their Child's Unique Behavior

Parents faced with the unique challenges posed by their child's condition, must have additional efforts in order to effectively manage their child. A study conducted by O'nions, E. et al. (2017) has observed that parents engage in various strategies to fulfill this responsibilities by:

- Accommodating the child, parents adapted to their child's 'unique rules' and have adjusted to that routine.
- Modifying the Environment, parents make needs to make an effort to limit their child's exposure to sensory stimuli they find aversive like noisy appliances and minimizing the child's exposure to problematic food
- Providing Structure, Routine and Familiarity, parents are managing daily routines by sticking to routines such as, mealtimes, bedtimes, bathing, dressing etc.
- Supervision and Monitoring, parents have stated that they need to supervise their child at all times. They described it as needing to stay alert and ready to intervene.
- Managing Non-Compliance with Everyday Tasks, with daily activities such as dressing, parents have said that they



need to intervene to assist, have to do everything for their child, and give repeated cues to do things which includes verbal reminders and physical prompts.

- Responding to Problem Behaviour, with said problem behaviour, parents distract the child that could divert them from these problematic behaviours. They have also stated that they are explicitly teaching the child on what is the appropriate behaviour.
- Managing Distress, By giving the child sensory activities whether asking "what's wrong?" or telling them "it's okay", these are the ways parents use to comfort their child. Physical attention such as hugs, holding, or caressing the child are also included.
- Maintaining safety, to keep their child's safety, parents made efforts to physically contain their child to avoid dangerous and/or destructive behaviour. This includes security features like keeping the doors locked and installing motion-detectors on the house.
- Analysing and Planning, parents have said about thinking on what caused an episode of problem behaviour to make a



better strategic response for the next time their child has another "episode."

Parents' Coping Mechanisms and Strategies in Handling Their Emotions

Based on the study that Lai, W. W. et al. (2014) conducted, there are two 2 main coping strategies that parents of children with ASC adopt in coping with caregiving stress. These were problem-focused coping and social support coping.

However, they stated that their study lacks strong empirical evidence on the structure of coping mechanisms and their efficiency in achieving positive emotional status and well-being.

According to the study of Vernhet et al. (2018, Avoidance is a strategy typically used to cope with a stressful situation, such as the announcement of an illness. Conversely, parents of children with ASC used less social support-seeking strategies than those of typical children. Some parents describe strained relations with some friends or family members following the announcement of the diagnosis of



their child. Thus, it is probably difficult for them to reach out to other people for support.

Additionally, on a study by Miller-Kuhaneck et al. (2010) that examine specific effective coping strategies of mothers of children with ASC, six particular theme emerged such as:

- **Me time.** Mothers stated that their child needed significant attention, supervision and direction. They have also stated that time with their child was intense, emotionally and physically draining, thus, mothers reported the need of a me time and have described various activities such as exercises, time with friends, shopping and going out for the evening as a way to keep up mental and physical energy.
- **Planning.** Mothers have reported that they kept a hectic schedule such as typical tasks of a mother, having to coordinate alternative schooling, school meetings, healthcare and insurance issues. The busy schedule and the frequency of their child with ASC to have outbursts and/or tantrums when routines were altered and required continual



planning. The mothers described that it is effective to keep set routines to make it easier for the child to make the transition from one activity to another. Also, they also felt that it is necessary to warn their child of these transitions to ease anxiety and decrease the likelihood of tantrums.

- **Sharing the load.** All of the married mothers reported that participation of their spouses in activities like the parenting and care coordination associated with raising a child with ASC was critical. They also felt a spouse also played a big role as an emotional support and sharing the experience was a relief. Additionally, mothers who stressed the importance of spousal support also mentioned that support groups were not effective.
- **Knowledge is Power.** Mothers reported that it was important not only to know the facts and information about their child's condition but also to be educated on resources and services that are available. Their own knowledge was the key to their being a successful advocate for their child.



- **Lifting the restraints of labels.** The mothers described that for others, autism may bring to mind a specific set of characteristics or attributes but for them, they did not see their child as "autistic" instead, they saw them as "Steve" or "Charlie". The mothers also said that one of the best ways to reduce the impact of autism was to socialize their child with children who are also typically developing.
- **Recognizing the Joys.** While all of the mothers discussed their stressors with raising their children, the last theme that emerged was the joy of raising a child with ASC. Each of the mothers described it like the joy is when the child is happy there is not a happier kid in the world, and that makes the mothers so happy, it makes them stop and think of every little step.



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CHAPTER 3

RESEARCH METHODOLOGY

This chapter identifies the research design and method as well as the research locale, sample and sampling procedures, and data gathering techniques that are used in the study in order to collect information about the experiences of the families with children diagnosed with autism.

Research Design

The qualitative method was used in this study to address a wide range of academic subjects, with a special emphasis on the human aspects of the social and natural sciences in non-academic settings.

According to Pathak, V. et al. (2013), Qualitative methods are used to gain an understanding of people's beliefs, experiences, attitudes, behavior, and interactions, and it generates non-numerical data. (Pathak, Jena, & Kalra, 2013, p. 1). Qualitative research is not looking for cause and effect. Instead, it looks at meaning, perspectives and motivations. It is looking for the WHY. It typically has a small sample and uses focus groups, interviews, observation,



historical documents, etc. The data it collects are "words" while Quantitative research collects "numbers".

Under the qualitative method is phenomenology. According to Gallagher S. (2012), phenomenology is the study of structures of consciousness as experienced from the first-person point of view. (Smith 2008) These definitions closely reflect the traditional starting point for phenomenology. Husserl, considered the founder of the phenomenological movement, would certainly have accepted these characterizations. He focused on consciousness and thought of phenomenology as a kind of descriptive enterprise that would specify the structures that characterize consciousness and the world as we experience it. The first-person point of view means that the phenomenologist, the investigator of consciousness, studies his or her own experience from the point of view of living through that experience.

Research Locale

Since most of the interviews were conducted through face-to-face interactions, the accessibility of both the researchers and the participants is necessary. This study



was conducted in the town of under selected municipalities in the 4th district of Nueva Ecija, specifically:

Gapan. The City of Gapan is a 4th class component city in the province of Nueva Ecija, Philippines. According to the 2020 census, it has a population of 122,968 people.

Cabiao. The Municipality of Cabiao is a 1st class municipality in the province of Nueva Ecija, Philippines. According to the 2020 census, it has a population of 85,862 people. Cabiao is the 3rd most populous, one of the richest, and fastest growing municipalities in the province, only behind Talavera and Guimba.

San Isidro. The Municipality of San Isidro is a 2nd class municipality in the province of Nueva Ecija, Philippines. According to the 2020 census, it has a population of 54,372 people.

Jaen. The Municipality of Jaen is a 2nd class municipality in the province of Nueva Ecija, Philippines. According to the 2020 census, it has a population of 79,189 people.

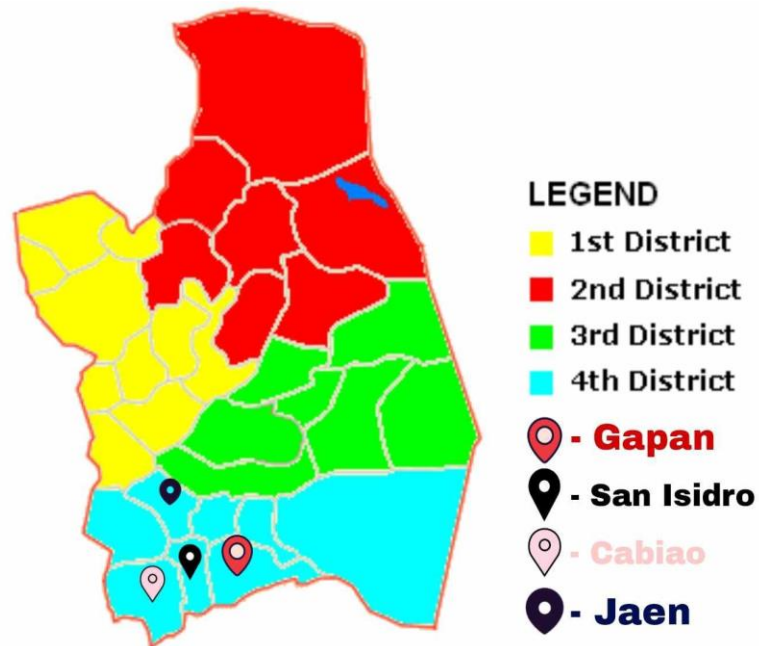


Figure 2: Picture of Nueva Ecija's 4th District map

Population and Samples

The participants that the researchers selected are parents with children diagnosed with autism as it is the focus of their research. As stated in the Research Locale, the researchers chose their participants in selected municipalities in District IV of Nueva Ecija. They interviewed around 5-8 participants, due to multiple factors:

Population Specificity. Specific criteria need to be met in order for the participants to partake in the study. If any



of those criteria are not met, the participant is no longer qualified to participate.

Quality of the Data Collected. Each participant's experiences are given extensive attention, allowing for in-depth exploration and analysis, thus justifying the smaller sample size.

Saturation of the Data Collected. When the researchers collect the data they need, they will identify whether that data is enough to draw a conclusion on its own, where any further data collection will no longer produce value-needed insights.

Sensitive Nature of the Topic. The sensitive nature of the topic can limit the amount of participants that are willing to participate. Every participant has the right to withdraw from partaking in the study, thus further limiting the population of the participants.

The researchers will accept the referral of participants to other parents, but if a parent referred by another participant is out of the geographical scope, the referred



parent will no longer be qualified for the researchers' interviews.

Since the sensitivity of this research's topic is extortionate, the researchers need to carefully select their participants in order to gather their data. The participants must:

- have a child below 18 diagnosed by a professional with ASC; and
- live in District IV of Nueva Ecija, primarily in the selected municipalities shown in Research Locale.

Sampling Procedures

Both judgmental and snowball sampling is used by the researchers as both sampling techniques as it is the most effective approach for them to get the necessary data. Since this study's delicate subject matter will make it difficult to find parents who are receptive to it, the researchers picked snowball sampling as their method to efficiently collect responders without creating too much bother or taking too much time. The researchers chose the judgment sampling



method as the next approach since it requires specific requirements to be satisfied before choosing the participants.

Purposive sampling is a non-probability sampling technique used in qualitative and mixed methods research to select units based on their characteristics. It is best used when focusing on small samples or identifying information-rich cases. (Nikolopoulou, 2023)

On the other hand, snowball sampling is a non-probability sampling method used in qualitative research to recruit new units from other units to form part of a sample. It is particularly useful for studying hard-to-reach populations, such as small, geographically dispersed, or socially stigmatized populations. Snowball sampling can be used to study sensitive topics or those people may prefer not to discuss publicly due to ethical concerns. (Nikolopoulou, 2023)



Data Gathering Procedure

The researchers handed out information sheets to the participants regarding the certain topic, in order for them to have a background for the study being conducted. The information sheet's content is further explained in the Data Gathering Instrument.

To collect data, the researchers prepared a set of open-ended questions for the participants to answer, adding follow-up questions if needed. If permission to record audio while interviewing was allowed by the participants, they manually transcribed and analyzed every answer. When the researchers observed that the participants are starting to feel uncomfortable, the researchers suggested taking a temporary break from the interview, in order to recollect their thoughts. But when the participants showed more signs of uneasiness, the researchers explained that they are free to withdraw without any consequences.

The researchers also asked whether the said participant knows anyone in the same situation, and the researchers then



interviewed the referred parent if their residence is within the geographical scope, as stated in the research locale.

Data Gathering Instrument

Before conducting the interview, the researchers handed out information sheets for the participants to have a background of the study. The information sheet contained:

Study Background. This section contains the study's title, a short yet concise description, and a brief explanation of its purpose.

Researchers' Information. This section contains the researchers' contact details, for when the participants need clarification about the study.

Informed Consent. This section shows that participation is voluntary, and withdrawal in the study is allowed without any consequences.

Confidentiality and Anonymity. This section shows how the researchers will collect, examine, and store the data collected, ensuring the participants' confidentiality. This part assures the participants that their identity is protected and not revealed in the paper.



Potential Risks and Benefits. This section describes the study's potential risks or discomfort that the participants might experience while participating in the study; and the potential benefits, such as contributing to the knowledge in the field, or gaining insights from their experiences.

The researchers conducted a semi-structured interview to elicit the participant's experiences, opinions, and thoughts accurately.

Semi-structured interviews are questions that are open-ended allowing the researchers to follow up with probe questions and dive deeper into the response of the participants. The interview questions that the researchers created, in correspondence to the Statement of the Problem, are:

A. What are your experiences in taking care of him/her?

a. How do these affect you:

- i. physically?
- ii. mentally?
- iii. socially?



b. Does it affect you positively or negatively?

How?

B. Do you have any coping mechanisms?

a. Can you state them?

i. Do you think that it works? How?

b. Why is it your coping mechanism?

C. In taking care of him/her, what additional efforts do you exert in order to accommodate him/her?

a. Do you think that it helps him/her? How?

Audio Recorder

With the use of gadgets such as smartphones, and with the approval from the participants, the researchers could record their conversation, ensuring original, detailed, and accurate statements from them. The researchers then transcribed the voice recording, to use it for, and only for research purposes.



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CHAPTER 4

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

This chapter shows the data gathered by the researchers that are critically and individually analyzed.

The researchers interviewed 10 respondents in total, exceeding the targeted population of 5 - 8. Each recorded interview was manually transcribed and interpreted by them.

With the phenomenological approach, multiple themes arose in accordance with the Statement of the Problem as the researchers' expectations regarding the saturation of the data were met. Unnecessary and invalid inputs are discarded, while redundant inputs are merged together in order to show a clean, organized data.

1. Profile of the Participants

The tables below show the participants' profiles, categorized by their sex and marital status.



Table 1. Participants' Distribution According To Their Sex

Sex	Frequency	Percentage
Female	9	90%
Male	1	10%
Total	10	100%

In total, 10 participants were interviewed by the researchers. It can be gleaned from Table 1 that 9 or 90% of the participants are female, while only 1 or 10% of the participants is male. It can be seen that the majority of the participants are mothers.

This aligns with the study by Öztürk et al., (2014), showing that mothers spend more time with their children, and the interactions are characterized by the mother's caregiving and managerial role, whereas fathers spend more of their time with their children in play activities and employment.



**Table 2. Participants' Distribution According to their
Marital Status**

Marital Status	Frequency	Percentage
Married	7	70%
Single Parent	3	30%
Total	10	100%

It can be seen from the table that seven or 70% of the participants that the researchers interviewed are married, while only 3 or 30% are single parents. As the table suggests, the majority of the parents are married. This closely aligns with the PSA's 2020 census in which they show that 21% of people in the Philippines are single, whether they are widowed, divorced, separated or annulled. (Philippine Statistics Authority, 2023). This increases the challenges they face as they need to provide for their child as well as to either take care of their child themselves or find a childminder for their child.



2. Experiences of Parents of Children with Autism

The table below displays the predominant themes that surfaced the most on parent's experiences of caring for their child, alongside some indicators that show which participant indicated it. **They showed signs of stress, difficulty in handling tantrums, acceptance of their child's condition, signs of exhaustion, misunderstanding from other people, their families became closer, they treat their child as if they didn't have the condition, challenges in managing time and focus, and they lacked prior knowledge about the condition.**

Table 3: Parents' Experiences and Challenges They Faced in Managing their Child and its Effect on Their Health

Themes	Indicators
NEGATIVE EXPERIENCES/CHALLENGES	
Signs of Distress	"It's difficult since he's not normal, and at first I couldn't accept it because there was never a problem in my pregnancy. It's difficult and requires significant adjustments, and you can't



	simply say that "it's okay" since one could never know the challenges I face. I was depressed at those times, and sometimes I just cry because he's difficult to take care of, and thinking that his future is uncertain just adds salt to the wound." - P3, P4, P5, P6, P7, P8, P9, P10
Difficulty in Handling Tantrums	"He's so hyper that he can't be stopped, he'll end crying in public places and he will sometimes hurt us so I couldn't handle his behavior. There are times that he will get upset if he doesn't get what he wants, and he'll end up crying." - P1, P3, P4, P5, P7, P9
Signs of Exhaustion	"It's really exhausting, draining, and challenging especially if they aren't listening to your instructions. They're so hyper that you have to keep up with them, making your body and mental health feel drained especially when they don't listen to my instructions." - P2, P3, P5, P6, P9



<p>Misunderstanding from Other People</p>	<p>"The most painful part is when we are socializing and they have a tantrum, people will not understand their behaviour and will tend to think that you're not raising them right. Also, he is prone to bullying." - P5, P6, P7, P9</p>
<p>Managing Time and Attention Became a Challenge</p>	<p>"Since the focus has shifted to solely taking care of them, there's no time for anything unless they're asleep and that's the only time for yourself. Making it hard to manage my time" - P2, P9</p>
<p>Lack of Prior Knowledge Regarding their Child's Condition</p>	<p>"Because at first, we didn't understand he was autistic so he couldn't be controlled and we had a hard time understanding his behavior " - P2, P6</p>
<p>POSITIVE EXPERIENCES</p>	
<p>Acceptance of their Child's Condition</p>	<p>"I have accepted this a long time ago. It's like a blessing to us, and I always think that "there must be a reason why the Lord gave him to me." Once I accepted it, I realized that</p>



	he can take care of himself, and I believe that he'd have a future even if he has this condition. Here in our area they are welcome, even the kids in the neighborhood don't bully them." - P1, P3, P4, P6, P7
Closer Familiar Relations	"We, as a family, are closer together, and when we have arguments, you can't really be mad at him. When he wasn't here and we had an argument, we didn't talk to each other for a week but when it comes to him, we reconnect to each other." - P1, P5, P10
Treats their child as if they didn't have this condition	"Despite having almost no experience in taking care of him due to my work commitments, I find it not too difficult now that he's mature. This is because there are different kinds of autism, each with unique challenges" - P1, P2, P4



Negative Experiences/Challenges

Signs of Stress

While most of the parents emphasized signs of stress as an overarching issue, one respondent described how it felt like their mind was going to explode due to how fast their child's mood changes. This finding corresponds to the study by Dababnah (2013), as parents are stressed regarding their children's behavior demonstrated the highest levels of stress. Another parent expressed mental symptoms stating that they almost had a breakdown a couple of times or had some kind of mental sickness. Iadarola et al. (2017) found various stressors including misconceptions of the condition, ethnic contributions to parental recognition, and the more comprehensive dimensions of parents' experiences. In addition, one parent expressed difficulty getting support after their child's diagnosis, which corresponded to Vernhet et al. 's (2018) findings which say that some parents describe strained relations with some friends or family members following the announcement of the diagnosis of their child.



Overall, stress is a significant challenge for parents, affecting their ability to cope and overall health.

Difficulty in Handling Tantrums

The feedback regarding parents' challenges in managing their child's tantrums emphasizes the difficult nature of having such episodes of tantrums. Parents argued that the child's behavior presented difficult concerns, including public outbursts and physical harm to the parents. Parental response due to the struggle of experience with the child's tantrums suggests that the outbursts are difficult to manage. A mother also explains that the problem is more than one; parents could make corrections while at the same time noting that it overwhelms them daily. This finding resonates with Dababnah, S. (2013), which implies that such struggles continue for the parents.

Signs of Exhaustion

Exhaustion due to countless nights without sleep, managing the non-stop hyperactivity of their child, and possibly from other emotional factors can greatly affect a



parent's health. With little to no rest, as time passes, they are getting more drained than before as one parent stated. This aligns with Seymour et al., study, in which it said that fatigue and exhaustion are not easily relieved by rest, and can interfere with daily functioning and cognition, and that parenting was extremely exhausting and fatiguing due to their child's serious sleep and behavioural problems (e.g., hyperactivity.) (Seymour et al., 2012)

Misunderstanding from Other People

Stigma among parents of children with autism is also a prevalent theme in the interview, as multiple parents expressed how other people are judging them by their child's behavior, and how other people think that the parents are not raising their child right. This is aligned with a study conducted by Gona et al. (2016) which shows that other people often blame the parent for their child's behavior, thinking that they are raising their child in a bad way, where they are seen as irresponsible, and oftentimes getting banned from a service they belonged to where the child made a scene. Another parent stated that their child faced the challenges



of bullying, which also affects the parent's emotion adversely. This collimates to Papadopoulos' study, indicating that reasons for stigma included negative social stereotypes regarding mental illness and disability. It also aligned with the fact that their children were treated differently by typically developing children in school, as well as by teachers and other parents. (Papadopoulos, 2021)

Managing Time and Attention Became a Challenge

Taking care of their children became a day-to-day chore, sometimes going to the extent of dedicating their full day to just taking care of them. Time management became a challenge to them, where they didn't have any time for anything else, as they are extremely focused solely on their child with ASC. This aligns to a study conducted by Sawyer (2010) that their participants spend a substantial amount of time for their child, and that time pressure also became a burden to them. (Sawyer, M., et al. 2010)



Lack of Prior Knowledge Regarding Their Child's Condition

Inadequate knowledge prior to this condition became a challenge for these parents. Because certain features are only apparent when children reach a certain age and are sometimes subtle, a lack of knowledge and awareness among these parents about ASC often contributes to delays in identifying their child's symptoms. The challenges of autism were something new for some parents, some aren't even sure how to control their behavior. This aligns with Yaacob et al. (2021) study, which shows that inadequate knowledge about the condition is the most prominent theme in their study.

Positive Experiences

Treats their Child As If They Didn't Have The Condition

Mothers in a study expressed a distinctive insight saying that they chose not to label their children as "autistic" but rather as children with names such as "Steve" or "Charlie". This observation from Miller-Kuhaneck et al. (2010) study, suggests that treating their children as if they didn't have autism is proven to be effective for some



mothers. With the response of the participants, some mentioned that as their children have matured, the challenges had significantly declined, and they now perceive them beyond the label of autism. Another mother added a unique insight, saying that due to the complexity of autism, it let them have a more adaptable and unrestricted approach in parenting. While a father, despite limited time with the child due to work, emphasizes his commitment to treating his child as normal. These shared insights highlight a common concept among parents that not every instance of autism should be seen in a negative light and they can also be treated as normal children.

Acceptance to their Child

A positive theme that rises within the interviews is that they are open and willing to accept their child, even with this condition. The parents state that their child is a "blessing," and that even before their child was even diagnosed with ASC where warnings were only given first, they



already prepared themselves for the possible result. This supports the study by Poslawsky et al. (2013), in which it states that their participants showed high levels of acceptance and active adaptation to the recent diagnosis of their child.

Closer Familiar Relations

When taking care of their children diagnosed with ASC, teamwork from the different family members must be consistent. In this case, parents state that their family, in an effort to take care of the child with ASC, is brought closer together. This aligns with the findings of Gau et al (2022) study that, while their findings don't align with current studies back then, it still showed that their participants' families are also brought closer together by this means. (Gau et al., 2012)



3. Parents' Coping Mechanisms

This section of the study shows the coping mechanisms of parents on handling the physical and emotional exhaustion they experience. **The parents mentioned that they need "me time," as well as to have a strong faith in God.**

Table 4: Parents' Coping Mechanisms

Theme	Indicators
"Me Time"	"I do a lot of things in order for me to distract myself. Sometimes I collect dolls and crochet, eat, and use my phone just to take my mind off of things. Sometimes, I go out of the house to chat, but I ignore them (the kids)." - P2, P5, P8, P3
Faith in God	"By praying and putting everything in God's hand." - P10, P7



"Me time"

The predominant theme that stood out among others is parents needing time for themselves. While having to spend most of their time taking care of their child, when there is free time, they always allocate it for themselves. A parent stated that when possible, they leave their child in order to take a break for themselves. This aligns perfectly with Miller-Kuhaneck et al. (2010) study that shows while children with ASC need significant attention, supervision, and attention, they need time for themselves in what they coined as "me time." While their study shows that they spend these extra times on physical activities such as exercising, this study finds that they also do their hobbies such as eating, crochet, gaming, and using phones to take their mind off of things.

Faith in God

Multiple parents stated the involvement of religious and spiritual practices in their coping mechanisms. In the interview, they stated prayer as their daily coping mechanism in which they "put everything into God's hands." This aligns



with Jors et al. (2015) study that positive results in praying are present. Assurance-centered prayers are present in the study, in which they are provided with the confidence and comfort that their God does and will continue to take care of them even in the face of disease or wrongdoings. This approach suggests that parents find strengths through praying and trusting their faith in God in helping them manage their stress. This disproves Davis, R. F., & Kiang, L. (2020) study which is saying that religious coping strategies are not relevant to parents' tools to manage stress.

4. Additional Efforts the Parents Do

This part shows to prove O'nions, E. et al. (2017) study to see if parents do such additional efforts that parents put into managing their child. **As additional efforts, the parents sometimes instruct their child to eat, create a routine for them to follow, and fulfil their sensory interaction.**

Table 5: Additional Efforts the Parents Do

Theme	Indicator/s
Fulfil sensory interactions	"I allow them (to use their



	<p>gadgets) since it's advised by their therapist but in school, we limit them. They also limit themselves because every hour, they want something different. Sometimes, we let them play with our faucet and it runs continuously for 3 hours." - P5, P8, P10</p>
<p>Providing Routines for their child to follow</p>	<p>"He needs to have a routine. I smile at him every night; showing them that I love them and I know that he knows and feels it, we go to the mall then Jollibee. There should always be a routine but we use what we are used to" - P6, P4, P8, P10</p>
<p>Commands the child to eat and/or drink</p>	<p>"Distracting them with food, there should always be food and it can't run out of food, their grandfather still buys food for them. But sometimes, it's difficult when they used to only drinking milk, so making them eat needs extra effort" - P4, P9, P3</p>

Fulfil sensory interactions

This part shows how parents of children with ASC must often use sensory interactions to engage and stimulate their



child as well as control screen usage to improve the wellbeing of their children. It also shows that there is a balance in managing the use of gadgets at home, with the advice of the therapist, but with limitations in the school. Notably, a parent presented activities such as: playing with the faucet for an extended period of time, adding a distinctive element to their routine. However, a parent's difficulties in adjusting to their child's frequent changes in interests and activities shows how they exert extra effort because of the dynamic and unpredictable nature of children with ASC. O'Nions, E., et al., (2017) study further supports this claim as it states that they need to give the child activities that fulfills their sensory stimulation.

Providing Routines for their child to follow

Due to their child's condition, parents have stated the need of structure, familiarity or a routine to manage their child and stick to said routine, this routine helps both the parent and the child to make daily tasks easier, O'nions, E. et al. (2017) asserting that parents are managing daily routines by adhering to them. A parent stated that due to the



lack of knowledge about autism, multiple parents also said that setting a routine had significantly helped them. However, if this routine is not adhered to, the child experiences tantrums. Additionally, for some parents, the consistent need for a routine is emphasized in this specific theme, demonstrated by nightly expressions of the parent showing love through smiles. Overall, parents' collaborative perception shares a common subject matter that having a routine for their child is necessary to avoid having tantrums.

Commanding the child to eat and/or drink

Even with a simple task such as eating, parents need to exert extra effort to encourage their child to eat and drink water. Otherwise, the child might experience an episode of a tantrum. This directly correlates with Ausderau et al. (2019) study, which says that families in their study used multiple strategies within and across mealtimes, highlighting the individualistic nature of feeding challenges. Understanding parent mealtime strategies allows for further investigation into the efficacy and development of intervention strategies to promote mealtime participation of children with ASC. This



also correlates with Stough et al. (2015) study which says that direct commands and parents physically feeding their child during mealtime were related to increased bite acceptance. Additionally, A parent highlighted the difficulty in a continuous food supply to be available at all times for their child to eat; it also has an effect in the family as their grandfather still needs to be the one who buys food for them. Overall, these contributions from the participants bring a better understanding and a new perspective in the complexity of the parents caring for a child with ASC.



CHAPTER 5

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATION

The summary, results, conclusions, and suggestions derived from the in-depth data analysis study are provided in this chapter.

Summary

This study's main objective was to determine the lived experiences of selected parents in selected municipalities of Nueva Ecija with children diagnosed with autism.

This study made use of a snowball sampling method to efficiently collect responders without creating too much bother or taking too much time and judgment sampling method as the next approach since it requires specific requirements to be satisfied before choosing the participants.

Due to the topic's sensitive nature, the participants were difficult to find, therefore limiting the number of participants the researchers interviewed to 10.



This research is undertaken to answer the following questions regarding the lived experiences of selected parents in selected municipalities of Nueva Ecija with children diagnosed with autism's experiences, coping mechanisms, challenges and additional efforts they exert that they encountered while taking care of their child to better understand people with ASC and to help future parents on how to deal with them.

The findings offer valuable insights into the lived experiences of parents raising children with ASC. The predominant role of mothers in caregiving aligns with existing literature, emphasizing the need for equitable distribution of caregiving responsibilities. Moreover, the pervasive challenges faced by parents, including stress, tantrums, exhaustion, and societal judgment, highlight the need for comprehensive support systems encompassing emotional, social, and practical assistance. The data gathering tools that were used in this study are semi-structured interviews, manual transcription of data, and



audio recordings of the said interviews to identify and make use of the data that the participants provided.

Major Findings

The findings of this study are summarized as follows:

1. Profile of the respondents

a. Sex

There were ten respondents, nine or 90% of the respondents are women, while one or 10% of the respondents is a man. It can be concluded that the majority of the participants primarily consists of mothers who assume the responsibility of caring for the child on a daily basis, while fathers typically fulfill their role by working and employment.

b. Marital Status

Seven of the respondents were married, while three were single parents. This shows that families come from different familial backgrounds and can highlight the importance of providing support suited and depending on their situations.



2. Experiences of Parents with Children

Most of the parents had no problem or an issue before or during their pregnancy, therefore the majority of parents initially found it difficult to accept that their children had autism. Due to the numerous adjustments needed, the majority of them found it challenging. Most of them were sad because raising their children is challenging, and they were also sad by the idea of an uncertain future for their children.

3. Effects of these Experiences to the Parents of the Child with Autism

a. Experiences that Affect the Parents Physically

It is indeed hard to keep up with children diagnosed with autism's hyper activities. According to the data collected, it stated that most of the parents are physically exhausted because of their child's hyper activities. It is also stated that it was really exhausting, draining, and challenging especially when they don't listen to instructions.



b. Experiences that Affect the Parents Mentally

Majority of the parents experienced stress in raising a child diagnosed with autism. They said that it's challenging, and sometimes they felt like their mind was going to explode because of their child's sudden switch or change in behavior. On the contrary, other parents have a positive aspect in order to pull themselves together even though they are in a difficult situation.

c. Experiences that Affect the Parents Socially

Majority of the parents experienced that when they were socializing with others and their child started throwing tantrums, people will not understand the children's behaviour and tend to think that they're not raising them right. As for their families, they think they have closer family relations because of the children with autism.



4. Parents' Coping Mechanisms

The majority of parents deal with these circumstances by engaging in "me time" activities, or enjoyable activities. These activities can include hobbies like one of our respondents who sometimes collect dolls and crochet to cope up with stress, going out, using a phone, etc. When there is spare time, the majority of parents claim that scheduling "me time" for themselves is the most efficient method to take their mind off of stress.

5. Additional Efforts the Parents Exert to Manage Their Child

Most of the parents said that their children must often use sensory interactions to engage and stimulate their child as well as control screen usage to improve the wellbeing of their children. While one of the respondents said that they gave them something different like things to play with, they let them play with their faucet and sometimes it runs continuously for 3 hours. This shows the parent's difficulties in adjusting to



their child's frequent changes in interests and activities. It shows how they exert extra effort because of the dynamic and unpredictable nature of children with ASC.

Conclusions

In summary, this study uncovers the real-life journeys of parents of children with autism. It uncovers a rich tapestry of struggles, coping mechanisms, and additional efforts undertaken by these families.

Through qualitative exploration, important themes have emerged, shedding light on the intricate dynamics of caregiving and the resilience demonstrated by parents in facing the challenges posed by ASC. The challenges faced by parents, including stress, fatigue, managing behavioral outbursts, and societal scrutiny, underscore the importance of holistic support systems. These should encompass emotional, social, and practical assistance to help parents navigate the multifaceted demands of raising a child with ASC.



The overwhelming majority of respondents, who were primarily mothers, said it was tough to accept the diagnosis of autism in their kid, particularly considering the absence of problems before or during pregnancy.

It was clear that managing hyperactive behaviors hurt parents' physical and mental health; many of them displayed exhaustion and rage. Socially, when a child shows difficult behaviors in public, parents face misunderstandings and judgment from others.

Moreover, the study highlights the additional efforts parents invest to address their child's unique needs, including providing sensory stimulation and establishing consistent routines. These efforts exemplify parents' dedication to supporting their children with ASC and adjusting to their evolving behaviors.

However, to unwind in the face of these challenges, plenty of parents found joy in pursuing their interests and hobbies. Another coping mechanism they mentioned was through religious practices, in which they "put everything into God's



hands.” These coping mechanisms were effective for them, as they found strength through praying and trusting their faith in God.

Recommendations

The next pages to come will contain the suggestions and recommendations based on the study's findings and the conclusions derived from them:

For Parents of Children with Autism

For parents of children with autism, a great deal of tolerance for them is significant as some of these cases are in extreme hyperactivity and lack self-control. Understanding these things can help them prevent any injuries or accidents, and overall protect the child. They must do everything in their power to help their child go to school despite the difficulty in learning. They can teach their child how to be self-sufficient in basic tasks such as eating, dressing, and doing light household chores. Interacting with other people—especially those with the same condition as they are, can also help them as they can find out what experiences they



have, what they face, and how they cope with these negative situations, and overall be proud of the child they have.

For the Community

The community in which the parents reside can provide educational programs to promote greater awareness and acceptance of ASC. This can lower stigma and foster inclusiveness through workshops, seminars, and awareness campaigns. Peer mentoring programs can be provided so that seasoned parents can advise and assist recently diagnosed families as they navigate the difficulties of parenting a child with autism. For parents going through comparable things, this can help them greatly. To better understand the changing needs of families impacted by this condition, continued support for research initiatives and collaboration between scientists, clinicians, and community stakeholders are recommended. This can assist the guide in the creation of focused interventions and supportive services that will help people with autism and their families achieve better results. Encouragement of the implementation of programs designed to improve the employment prospects for people with autism in



the community is needed. This could entail collaborating with nearby companies to offer assistance and training for hiring people with autism, promoting increased inclusion and diversity in the workforce.

For Future Researchers

Future researchers may consider examining the ways in which parents of the children with autism can benefit from additional assistance and resources offered by technology, such as online support groups or mobile applications. They may conduct research examining how parenting experiences affect the relationship between parents and children as well as the social, emotional, and behavioral development of the latter. They can also consider examining the father and siblings' experiences of children with autism, as their viewpoints might offer important information about support requirements and family dynamics.



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BIBLIOGRAPHY



ABA Interventions. (n.d.). *About Us*. ABA Interventions.

<https://aba-interventions.com/about-us/>

Acharya, S., & Sharma, K. (2021). Lived Experiences of Mothers Raising Children with Autism in Chitwan District, Nepal.

Autism Research and Treatment, 2021, 1-12.

<https://doi.org/10.1155/2021/6614490>

Anxiety. (n.d.). <https://www.apa.org>.

<https://www.apa.org/topics/anxiety/>

Ausderau, K., St John, B., Kwaterski, K. N., Nieuwenhuis, B., & Bradley, E. L. P. (2019). Parents' strategies to support mealtime participation of their children with autism spectrum Disorder. *American Journal of Occupational Therapy*, 73(1), 7301205070p1-7301205070p10. <https://doi.org/10.5014/ajot.2019.024612>

Autism Speaks. (n.d.) *What is Autism?* Autism Speaks.

<https://www.autismspeaks.org/what-autism>

Autism spectrum disorder - Symptoms and causes - Mayo Clinic.

(2018, January 6). *Mayo Clinic*.

<https://www.mayoclinic.org/diseases-conditions/autism-spectrum-disorder/symptoms-causes/syc-20352928>



Basics about Autism Spectrum Disorder (ASD) | NCBDDD | CDC.

(2022, December 9). Centers for Disease Control and Prevention.

<https://www.cdc.gov/ncbddd/autism/facts.html>

Bhat, S., Acharya, U. R., Adeli, H., Bairy, G. M., & Adeli, A. (2014). *Autism: cause factors, early diagnosis and therapies. Reviews in the Neurosciences*, 25(6).

<https://doi.org/10.1515/revneuro-2014-0056>

Corcoran, J., Berry, A., & Hill, S. (2015). *The lived experience of US parents of children with autism spectrum disorders. Journal of Intellectual Disabilities*, 19(4), 356-366.

<https://doi.org/10.1177/1744629515577876>

Dababnah, S., & Parish, S. L. (2013). "At a moment, you could collapse": *Raising children with autism in the West Bank. Children and Youth Services Review*, 35(10), 1670-

1678. <https://doi.org/10.1016/j.childyouth.2013.07.007>

Davis, R. F., & Kiang, L. (n.d.). Parental stress and religious coping by mothers of children with autism.



Psychology of Religion and Spirituality, 12(2), 137-148.

<https://doi.org/10.1037/rel0000183>

Dudás, R. B., Lovejoy, C. A., Cassidy, S., Allison, C., Smith, P., & Baron-Cohen, S. (2017). *The overlap between autistic spectrum conditions and borderline personality disorder.* PLOS ONE, 12(9), e0184447.
<https://doi.org/10.1371/journal.pone.0184447>

Gau, S. S., Chou, M. C., Chiang, H., Lee, J. C., Wong, C. C., Chou, W. J., & Wu, Y. Y. (2012). Parental adjustment, marital relationship, and family function in families of children with autism. *Research in Autism Spectrum Disorders*, 6(1), 263-270.
<https://doi.org/10.1016/j.rasd.2011.05.007>

Gona, J., Newton, C., Rimba, K., Mapenzi, R., Kihara, M., Vijver, F., & Abubakar, A. (2016, June 1). *Challenges and coping strategies of parents of children with autism on the Kenyan coast.* PubMed Central (PMC).
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5593098>

Iadarola, S., Pérez-Ramos, J. G., Smith, T., & Dozier, A. (2017). Understanding stress in parents of children with



autism spectrum disorder: a focus on under-represented families. *International Journal of Developmental Disabilities*, 65(1), 20-30.
<https://doi.org/10.1080/20473869.2017.1347228>

Jors, K., Büssing, A., Hvidt, N. C., & Baumann, K. (2015). Personal Prayer in Patients Dealing with Chronic Illness: A Review of the Research Literature. *Evidence-based Complementary and Alternative Medicine*, 2015, 1-12. <https://doi.org/10.1155/2015/927973>

Lesnik, P. (n.d.). *Overview of DSM 5 Neurodevelopmental Disorders*.
<https://www.unm.edu/~lesnik/PSY%20324%20Online%20-%20Week%2014/01%20Overview%20of%20DSM%205%20Neurodevelopmental%20Disorders.pdf>

Lord, C., Brugha, T., Charman, T., Cusack, J., Dumas, G., Frazier, T., Jones, E. J., Jones, R. M., Pickles, A., State, M. W., Taylor, J. L., & Veenstra-VanderWeele, J. (2020). *Autism spectrum disorder*. *Nature Reviews Disease Primers*, 6(1). [https://doi.org/10.1038/s41572-019-0138-](https://doi.org/10.1038/s41572-019-0138-4)



- Ludlow, A., Skelly, C., & Rohleder, P. (2012). *Challenges faced by parents of children diagnosed with autism spectrum disorder. Journal of Health Psychology, 17(5), 702-711.*
- McPhilemy, C. & Dillenburg, K. (2013) *Parents' experiences of applied behaviour analysis (ABA)-based interventions for children diagnosed with autistic spectrum disorder. British Journal of Special Education · Volume 40 · Number 4. <https://doi.org/10.1111/1467-8578.12038>*
- Miller-Kuhaneck, H., Burroughs, T., Wright, J. A., Lemanczyk, T., & Darragh, A. (2010). *A Qualitative Study of Coping in Mothers of Children with an Autism Spectrum Disorder. Physical & Occupational Therapy in Pediatrics, 30(4), 340-350. <https://doi.org/10.3109/01942638.2010.481662>*
- Nevill, R. E. A., Lecavalier, L., & Stratis, E. A. (2016). *Meta-analysis of parent-mediated interventions for young children with autism spectrum disorder. Autism, 22(2), 84-98. <https://doi.org/10.1177/1362361316677838>*



Nikolopoulou, K. (2023, June 22). *What is purposive sampling?*

| *Definition & Examples.* Scribbr.

<https://www.scribbr.com/methodology/purposive-sampling>

Nikolopoulou, K. (2023, June 22). *What is snowball sampling?*

| *Definition & Examples.* Scribbr.

<https://www.scribbr.com/methodology/snowball-sampling/>

O'Nions, E., Happé, F., Evers, K., Boonen, H., & Noens, I.

(2018). *How do parents manage irritability, challenging behavior, non-compliance, and anxiety in children with autism spectrum disorders? A meta-synthesis. Journal of autism and developmental disorders*, 48, 1272-1286.

Öztürk, Y., Riccadonna, S., & Venuti, P. (2014). Parenting

dimensions in mothers and fathers of children with Autism Spectrum Disorders. *Research in Autism Spectrum Disorders*, 8(10), 1295-1306.

<https://doi.org/10.1016/j.rasd.2014.07.001>

Papadopoulos D. (2021). *Mothers' Experiences and Challenges*

Raising a Child with Autism Spectrum Disorder: A Qualitative Study. Brain sciences, 11(3), 309.

<https://doi.org/10.3390/brainsci11030309>



- Philippine Statistics Authority. (2023, February 14). *Four out of Ten Persons Were Never Married (2020 Census of Population and Housing)* [Press release].
https://psa.gov.ph/system/files/phcd/Press%20Release%20on%20Marital%20Status_14Feb2023.pdf
- Polain, M. (2022, May 2). *Understanding neurodiversity. Therapy Focus.* <https://therapyfocus.org.au/on-the-blog/understanding-neurodiversity/>
- Poslawsky, I. E., Naber, F. B. A., Van Daalen, E., & Van Engeland, H. (2013). Parental reaction to early diagnosis of their children's autism spectrum disorder: an exploratory study. *Child Psychiatry & Human Development*, 45(3), 294-305.
<https://doi.org/10.1007/s10578-013-0400-z>
- Sawyer, M. G., Bittman, M., La Greca, A. M., Crettenden, A. D., Harchak, T. F., & Martin, J. (2010). Time demands of caring for children with autism: What are the implications for maternal mental health?. *Journal of Autism and Developmental Disorders*, 40, 620-628.



- Seymour, M., Wood, C., Giallo, R., & Jellet, R. (2012). Fatigue, Stress and Coping in Mothers of Children with an Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, 43(7), 1547-1554. <https://doi.org/10.1007/s10803-012-1701-y>
- Stough, C. O., Gillette, M. L. D., Roberts, M. C., Jorgensen, T. D., & Patton, S. R. (2015). Mealtime behaviors associated with consumption of unfamiliar foods by young children with autism spectrum disorder. *Appetite*, 95, 324-333. <https://doi.org/10.1016/j.appet.2015.07.019>
- Stress and your health*: MedlinePlus Medical Encyclopedia. (n.d.). <https://medlineplus.gov/ency/article/003211.htm>
- Vernhet, C., Dellapiazza, F., Blanc, N., Cousson-Gélie, F., Miot, S., Roeyers, H., & Baghdadli, A. (2018). Coping strategies of parents of children with autism spectrum disorder: a systematic review. *European Child & Adolescent Psychiatry*, 28(6), 747-758. <https://doi.org/10.1007/s00787-018-1183-3>
- Waizbard-Bartov, E., Yehonatan-Schori, M., & Golan, O. (2018). *Personal Growth Experiences of Parents to*



Children with Autism Spectrum Disorder. Journal of Autism and Developmental Disorders, 49(4), 1330-1341.
<https://doi.org/10.1007/s10803-018-3784-6>

What is a childminder and what do they do? (2022, February 7). BBC Tiny Happy People. <https://www.bbc.co.uk/tiny-happy-people/what-is-a-childminder/z6drcmn>

World Health Organization: WHO. (2022). *Mental disorders*.
[www.who.int. https://www.who.int/news-room/fact-sheets/detail/mental-disorders](https://www.who.int/news-room/fact-sheets/detail/mental-disorders)

Yaacob, W. N. W., Yaacob, L. H., Muhamad, R., & Zulkifli, M. (2021). Behind the Scenes of Parents Nurturing a Child with Autism: A Qualitative Study in Malaysia. *International Journal of Environmental Research and Public Health, 18(16), 8532.*
<https://doi.org/10.3390/ijerph18168532>



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APPENDIX A

SAMPLE LETTER FOR THE PARTICIPANTS



General de Jesus College
VALLARTA ST., POBLACION, SAN ISIDRO, NUEVA ECIJA
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February 8, 2024

Dear Ma'am/Sir:

Good day!

We are Grade 11- STEM students from General de Jesus College. Presently, we are conducting a qualitative research entitled "**Lived Experienced of Selected Parents in Selected Municipalities of Nueva Ecija with Children Diagnosed With Autism**" in partial fulfillment of our requirements in PRACTICAL RESEARCH 1.


In line with this, we would like to ask if you could be one of our participants. We would like to assure you that your identity and anything you will share with us will be kept confidential to protect your privacy.

The main data gathering instrument we shall be using is the interview. Should you grant us our request to be one of our respondents, we would like to schedule an interview with you during your most convenient time.


We shall appreciate very much the support you could extend us.


Sincerely,


Berioso, Jhal Albert J.


Otsubo, Teruaki A. Jr.



Dela Peña, Allen Gabriel B.


Palon, Axel Kendric B.


Frango, Thomas James V.


Zeineldin, Sami Andre Alexandre B.

Noted by:


Ms. Aizer Marie B. Castro
Research Adviser

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General de Jesus College

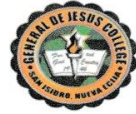
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APPENDIX B

SAMPLE LETTER FOR SCHOOLS WITH SPED/SNED



General de Jesus College

VALLARTA ST., POBLACION, SAN ISIDRO, NUEVA ECIJA

☎ 044(940-6181) ✉ gendejesus@gmail.com 🌐 gendejesus.edu.ph

February 12, 2024

Dear Ma'am/Sir:

Good day!

We are Grade 11- STEM students from General de Jesus College. Presently, we are conducting a qualitative research entitled "**Lived Experiences of Selected Parents in Selected Municipalities of Nueva Ecija with Children Diagnosed With Autism**" in partial fulfillment of our requirements in PRACTICAL RESEARCH I.

As this research seeks to understand the experiences of those parents with children with autism, we would kindly request for your support and entrust us with their data, such as their address in order for us to engage with aforesaid parents for interviews, as their insights will significantly enhance the depth of our study.

We assure you that the information that you provide will be treated with the utmost confidentiality to protect your privacy. The data collected within this collaboration will be exclusively used for the sole purpose of our research and will not be shared or disclosed to any third parties.

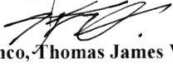
Attached is an information sheet regarding the study, in which copies of the sheet will be handed to the participants before conducting the interview.

We shall appreciate very much the support you could extend us.

Sincerely,



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Franco, Thomas James V.

Noted by:


Ms. Aizer Marie B. Castro
Research Adviser


Otsubo, Teruaki A. Jr.


Palon, Axel Kendric B.


Zeineldin, Sami Andre Alexandre B.

Approved by:

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APPENDIX C

SAMPLE OF INFORMATION SHEET

Lived Experiences of Selected Parents
In Selected Municipalities of Nueva Ecija
With Children Diagnosed with Autism

Information Sheet
February 12, 2024

Understanding Your Experience

We are conducting a research study to gain a deeper understanding of the experiences of parents of children with autism. We believe that your perspective is invaluable, and by sharing your story, you can contribute to improving support and services for families like yours. This study is focused on **exploring your own experiences on the following:**

- Daily life-to-life experience with your child;
- Positive and negative impacts on yourself;
- What challenges have you faced, if any; and
- Your coping mechanisms in these situations.

Your participation is entirely voluntary and confidential. Your responses will be anonymized and be used only for research purposes. If approved, the audio recording will be transcribed manually by us. It will be then manually analyzed, ensuring detailed yet anonymous data. The interview will last approximately 30 minutes to 1 hour and will be conducted in a comfortable and safe space, at your most convenient time.

Note that during the interview, you may experience slight to severe discomfort when discussing these topics. Don't worry though, you may ask for breaks when the interview is ongoing, and you may withdraw anytime.

Should you have any questions or clarifications, please contact the following.

0992 648 1430

dwnppoalt@outlook.com

DITO

0961 596 2304

Smart

Thank you for considering to be a part of this important research!



APPENDIX D

INTERVIEW QUESTIONS

1. What are your experiences in taking care of him/her?

a. How do these affect you:

i. physically?

ii. mentally?

iii. socially?

b. Does it affect you positively or negatively? How?

2. Do you have any coping mechanisms?

a. Can you state them?

i. Do you think that it works? How?

b. Why is it your coping mechanism?

3. In taking care of him/her, what additional efforts do you exert in order to accommodate him/her?

a. Do you think that it helps him/her? How?



TRANSCRIPT OF THE INTERVIEWS

The following paragraphs are the transcripts of the interview, conducted in the month of February of 2024. The texts in italics are the statements from the researchers, with questions in accordance with the interview questionnaires. Statements labeled with "PRE" are the statements by the researchers as disclosure to the sensitivity of the data they need. Statements labeled with "AQ" stands for "Additional Questionnaires," which, as the name suggests, are the statements of the researchers to either clarify the data they need or ask additional information from the respondents. Each participants' statements are labeled as P1, P2, P3, and so on.

Participant 1

PRE: *...information lang po tungkol sa study na gagawin po namin. Yung participation niyo po is entirely voluntary and confidential po. Pwede po kayong mag-withdraw anytime po. And during this interview po, pwede kayong makaranas ng discomfort po when discussing about this topics po. So anytime po, pwede po kayong manghingi ng break, ng ano po, and anytime po, pwede po kayong mag-withdraw.*

PRE: *Start na po tayo?*

P1: *Sige.*

PRE: *Pwede po ba na i-record yung [interview]?*



P1: Oo, okay lang. Edi sinapak ako ng mama mo kapag hindi ako pumayag.

Q1: *Um, first po. Ano po 'yung mga experiences niyo po sa pagaalaga po sa anak niyo-sa kaniya?*

P1: Sa kaniya? Kasi halos wala naman din ako kasi nga pumapasok din ako eh. Nagtatrabaho ako. Naiiwan lang din sa kaniya na yung nagbabantay. Halos gabi ko lang siya nakakasama. Sa experience naman, ayon. Kapag ganiyan, makulit din. Sa natural na bata, makulit pa din. Yun lang. Yun lang halos ang kuwan sa kaniya.

Q1.a.i: *Yun pong experiences niyo na kasama po siya, paano po nito naapektuhan yung sarili niyo po physically?*

P1: Wala naman, natural lang din. Kasi halos nasa ano rin ako eh, medical field. Kaya wala naman.

Normal lang din po?

P1: Normal lang din. Yon, kapag nasa mall or nasa labas to, ganyan din siya. Hyper din siya sa labas na hindi mo siya mababawal. Kumbaga, kapag binawal mo, magi-iyakan na lang kayo doon sa mall, or sa isang lugar.

Q1.a.ii: *Paano naman po mentally?*

P1: Mental health ko? Okay lang, wala akong [problema]. Kasi matagal ko na 'tong [tanggap]. 'Di ba mga bata pa kayo, kasi hindi sakín normal na 1 year old, wala siyang sinasabi. Kumbaga, bago pa siya mag 2 years old gusto ko na siya mapa-check up sa kuwan talaga, sa doktor na neurodevelopmental doctor yata tawag doon, parang ganun. Eh napunta lang siya (nung) 2 years old na mahigit kaya (gano'n).

Q1.b: *Um, yun pong mga experiences po na 'yon, meron o ba siyang positive side and negative side po?*

P1: Positive side? Tungkol saan?

Sa mga experiences niyo po, kunyari po, mas nagiging close po ba kayo as a family?

P1: Kumbaga, close naman kami [pamilya]. Eto, ang nakatira dito [ay] apat-kapatid ko tsaka mag-ina niya tsaka tatay niya.



Wala naman kaming [problema]. Minsan sila nagbabantay dito.
[Wala] naman kaming (inaudible) tao.

Sa negative naman po, wala naman po?

P1: Wala naman akong (naranasan). Kasi pinagbibigyan nila eh. Kapag gano'n, pinagbibigyan lalo na't siya 'yung bata dito. Kasi yung mga ate niya (ay) mga 10 (or) 11 (years old) na. Kaya, syempre, siya rin ang nasusunod. Yun ang totoo noon. Kahit naman tayo, kahit sa ibang (tao), kahit wala siyang ibang-sabihin na nating sakit, kumbaga siya pa rin masusunod. *Siya po ba bunso niyo po?*

P1: Hindi, siya lang anak ko.

Q2: *Uh, nabanggit niyo po na kapag nasa mall siya is nagiging hyper po siya. Paano niyo po 'yon nahahandle?*

P1: Wala lang. Kapag ganon lang, ilalabas ko na lang muna siya sa isang lugar para dadalhin ko sa isang sasakyan para matahimik lang siya.

Para pong nililibang niyo po muna, kumbaga po?

P1: Oo, lilibangin mo rin siya. Kasi, kamukha niyan kaya may mga nakakalat na sapatos, may nakahilerang ganyan, huwag na huwag gagalawin yan, magagalit siya. Kumbaga ba, iiyak siya. 'Yung (problem) sa kaniya. Malinis pa nga niyan 'yan. Kasi lahat nito nakababa lahat [ng] yan, lahat ng mga sapatos na yan.

Q2.a.i: *Pag po ba nilibang po siya, nagiging mas hindi po siya hyper?*

P1: Oo, naiku-kuwan naman siya.

Q3: *Sa paga-alaga po sa kaniya, meron po ba kayong additional na efforts na binibigay po para sa-*

P1: Wala naman, yung natural lang din.

Hindi po kayo nag-aano po na kunyari po, iniwas po siya sa malalakas na tunog, sa flashing lights, gan'yan po?

P1: Hindi rin.

Yun lang po muna po. Konti lang po yung mga katanungan namin. Mabilis lang po.

P1: Yun lang? Akala ko naman sobrang dami.



Participant 2

PRE: Nakalagay po d'yan na yung sasabihin niyo po tsaka po yung interview na 'to ay para lang po sa research lang po, and hindi po siya makakalabas and confidential din po 'yung pangalan niyo po sa magiging results.

P2: Ah, okay.

PRE: Tsaka anytime po, sa interview po, pwede po kayong kumuha ng mga breaks and pause po muna sa interview para po-

PRE: In case po na magkaroon ng discomfort when discussing about these topics po.

PRE: Simula na po tayo.

P2: Sige po.

Q1: Pwede po bang i-share niyo sa'min yung experiences niyo po sa pagaalaga po sa kaniya?

P2: Uh, yung sa pagnanay ko, medyo challenging kasi unang-una, hindi ko alam na may autism siya. Dalawa kasi anak ko-both may autism. Isang boy, and isang girl. Una talaga isip ko, hindi ko siya ma-control. Mahirap talaga siya (inaudible). Pero nung na-diagnose na siya, and may understanding na ako sa case niya, medyo mas naging madali. Ilang taon na po siya ngayon?

P2: 12 na siya ngayon. Yung girl is 10.

Q1.a.i: Paano po 'to naaapektuhan po yung physical niyo po?

P2: Physical? Nakakapagod. Nakakapagod siya physically and mentally. Challenging talaga siya.

Q1.a.iii: Paano po yung sa socially po? Like, sa mga tao po, mahirap po ba siyang-

P2: Hindi, actually. Kasi, sa autism kasi, iba-iba 'yung case nila eh. Sa case ng mga anak ko, kapag may nakita silang mga bata, ia-approach nila. Gusto nila makipag-laro, (inaudible) Tapos sa ibang tao, okay naman sila, sweet naman sila, hindi naman sila 'yung naiilang. Ang problema lang sa kanila is yung eye contact. Yun ang wala sa kanila.



Q1.b: *Yun pong mga nasabi niyo na 'yon sa pang-araw-araw po, ano po 'yung mga positive and negative sides po?*

P2: Positive, medyo wala kang time para sa iba. Unless tulog sila, doon ka lang makakagawa on your own. (inaudible) Kasi, as they said, special needs, and they need special attention.

Q2: *Dito po sa experiences niyo po na 'to, meron po ba kayong parang mga coping mechanisms para po maka-cope?*

P2: Marami. Coping mechanisms ko, uh, gaming. Meron akong BJD hobby. Tatal, collector ako. Nagc-crochet ako, ayan. Kung hindi, oh my god, baka ma-buang ako.

Q2.a.i: *Yung mga paggawa po ng mga coping mechanisms niyo na 'yon, sa tingin niyo po ba effective po-gumagana po?*

P2: Uh-naiiyak ako. Sorry!

Anytime po pwede po kayong mag-withdraw dito sa-

P2: Hindi, okay lang.

Sige lang po.

P2: Sa parents kasi (sisi) eh.

P2: Teka lang, wait lang.

P2: Sorry!

Sige lang po, okay lang po.

P2: Tuloy na tayo.

Q2.b: *Um, nabanggit niyo po na, gaming, pagc-crochet, and pagcollect po 'yung coping mechanism niyo. Bakit po? Bakit po gaming yung naisip niyo?*

P2: Kasi dahil, gaming, kasi hindi ako masyadong lumalabas ng bahay because of them. Hindi ko sila pwedeng basta iwan. Nakaka-meet ako ng iba't-ibang tao, ganyan. Parang nakakarating na rin ako sa ibang lugar.

Pag magkakalaro po kayo-

P2: Oo, masaya rin na may kausap na iba.

Yun naman pong sa crochet and pagko-collect?

P2: To get my mind off of things.



Q3: *Um, sa pagalaga po sa kaniya po, meron po ba kayong additional efforts na kailangang gawin?*

P2: Sa kanila, dahil wala akong- nalate yung diagnosis nila, wala akong na-set na routine. Yun yung dapat sa kanila kasi. Dapat meron silang routine, yung everyday (inaudible) no? Kunyari, 7:00 [AM] nakakain na, 7:30 [AM] ganito na dapat yung (ginagawa) nila. Yon, wala akong na-set na ganon. Pero dapat kasi sa kanila meron. Para mas manageable sila. So far naman, nagwork naman sakin kahit wala silang routine.

Hanggang ngayon po, nagw-work naman po ba?

P2: Oo, nagw-work naman.

Q3.a: *Nakakatulong naman po?*

P2: Oo. Kasi minsan kasi, kunyari may na-set na na routine, pag once na mawala sila sa oras, nagt-tantrums na sila kapag ganon. Since wala akong na-establish na routine sa kanila, hindi sila affected sa ganon.

Parang normal na lang po?

P2: Oo, normal na lang.

AQ: *Kapag po, kunyari po, lumalabas po kayo sa mga mall po, ganon po, para po bang nagiging hyper po ba sila, or hindi naman po?*

P2: Sa mga anak ko, hindi.

Normal lang din po?

P2: Oo, kasi isa sa therapy nila, exposure sa maraming tao, para masanay sila, mapractice. Ganon sila. Since, kaya pinupush ng mga therapists na ilagay sila sa malaking class, ganon. Hindi naman na sila parang nao-overwhelm kapag maraming tao.

Yun na lang po muna siguro po. Uh, thank you po nang marami po, sa [participation].

P2: Thank you rin! Maganda rin yung ganyan kasi makakatulong rin talaga sa ibang parents.

Yes po, yun po yung isa as goal namin.



Participant 3:

Q1: *Ano-ano po yung experiences niyo sa pag-aalaga sa kanila?*

P3: Hindi sila kayang pag awatin, lalo na kapag tatlo silang nag-aaway. Para maawat sila, kumukuha ako ng panungkit ng damit, pinapanakot ko sa kanila. Sumusunod naman sila kaya lang hindi mo p'wedeng patulan kasi nga yung ano (case nila which is autism) nila. Mahirap, buti sana kung isa lang eh kaso tatlo sila, "palala nang palala". Nung una kain lang sila nang kain, ngayon nakaka isip na sila ng hindi maganda. Minsan eh kapag pinapagalitan nagwawala, pinupunit yung mga damit. Nag aaral siya (middle child) inihinto namin kasi naninira ng gamit sa eskwelahan, at tumatakas. Nung una takot sa tao yung bunso, hindi mapagupitan ng buhok kasi takot sa tibabal, kaya ang ginagawa ko pinapahawak ko siya ng pagkain para kumalma tsaka magupitan. Ang kahirapan din ay pakikiramdaman mo lang kung saan sa kanila yung sumasakit kasi hindi sila nagsasalita, huhulaan mo lang kung saan yung sumasakit sa kanila. Habang tumatanda sila, tumatanda rin kami, hirap na hirap kami sa pag-aalaga, nauubos na pasensiya namin. Nung una, mahaba ang pasensiya namin, pero dahil nga tumatanda kaya paiksi nang paiksi. Habang tumatagal kasi naiiba style nila, ng ugali, ng kilos.

Q1.a.i: *May mga epekto po ba ito sa inyo physically?*

P3: Syempre naman, pagka hindi sila mapigil, naninikip ang dibdib ko, sumasakit ang ulo ko.

Q1.a.ii: *Eh mentally po?*

P3: Stress, stress na stress kasi hindi mo sila maturuan.

Q1.a.iii: *Last po is, may apekto po ba ito sa inyo socially or kapag nakikihalubilo po kayo?*

P3: Dito sa lugar namin tanggap sila, kahit nga yung mga bata sa kapitbahay hindi sila binubully eh. Kasi yung mga nanay nung mga bata na yon ay ang mga kakwentuhan ko kapag ako ay lumalabas.

Q1.b: *May negative effects po ba yung pag-aalaga niyo sa kanila?*



P3: Marami, baka hindi nga ako umabot ng sitenta (70) mamatay ako eh

Q1.b: *Eh positive effects po?*

P3: Edi napalaki ko na sila, nakakatuwa, nakakataba rin ng puso kahit papano. Nakakatulong yung isa sa mga gawaing bahay (middle child) minsan kapag nakalimutan ko magsampay, siya nagsasampay. Nagwawalis siya tapos naglalaba.

Q2: *May coping mechanisms po ba kayo or ginagawa niyo po para malampasan stress niyo po?*

P3: Lumalabas ng bahay nakikipag kwentuhan, hindi ko sila pinapansin.

Q2.a.i: *Sa tingin niyo po gumagana yung mga ginagawa niyo?*

P3: Oo pero panandalian lang kasi hindi mo sila p'wedeng iwanan nang matagal, nag aaway-away sila.

Q2.b: *Bakit po 'yan ang napili niyong coping mechanisms?*

P3: Yan pinaka madali eh, hindi ka naman p'wede lumayo nang husto dahil nga baka magbabag sila.

Q3: *May additional efforts po ba kayong ginagawa kapag po inaalagaan niyo sila?*

P3: Kailangan palaging may pagkain, Hindi p'wedeng mawalan ng pagkain. Hindi rin p'wedeng mawalan ng laman 'yung rice cooker. Luto ako nang luto ng ulam, tapos yung lolo nila, panay ang bili ng tinapay, sa hapon, sa tanghali.

Q3.a: *Sa tingin niyo po gumagana po ba mga ginagawa niyo?*

P3: Oo, dahil kapag may pagkain kumakalma sila, kapag wala kasi nagagalit sila eh.

AQ: *May mga instances po ba na nagiging hyper sila, tsaka po kapag in public?*

P3: Oo, lalo na kapag pinapagalitan sila, nagwawala sila at nagagalit. Tsaka kapag nakakakain ng chocolate. Pero publicly, bihira sila palabasin. Minsan magjo-Jollibee kami, tigi-tigisa humahawak sa kanila.



Partexpeicipant 4:

P4: Mag-umpisa na ba tayo?

PRE: Opo. Ready na po ba kayo?

P4: Okay na, okay na. Hindi naman ba gaanong maingay?

PRE: Hindi naman po.

P4: Sige. Katabing bahay lang kasi namin yung deep well, eh.

PRE: *First of all po, yung participation niyo po is confidential and pwede po kayo mag withdraw anytime po during this interview. Pwede po kayong makaranas ng discomfort when discussing about the topic po, so anytime po, pwede po kayong manghingi ng break.*

P4: Pwede 'kong hindi na sumagot ta's aalis na'ko dito, gano'n?

PRE: Opo.

P4: Ah, sige.

Q1: *Kung okay lang po sa inyo, p'wede po ba kayong mag-share ng experiences niyo po in taking care of yung kay anak niyo po na diagnosed ng autism po?*

P4: Kay (name), ano, magsisimula ba tayo sa una, nu'ng baby pa siya, gano'n? Sa ngayon kasi, si (name), nagbi-binata na siya, eh. 16 years old na eh. Hindi na siya gano'n kahirap alagaan compare nu'ng mga nakararaang taon.

Q1: *Pero po nu'ng mga bata po siya-around 6-10 years old po, paano po 'yung experiences niyo sa kaniya?*

P4: (inaudible) Hyper siya eh.

Q1.a.i: *Naa-affect po ba kayo no'n sa physical po?*

P4: Sa physical na ano, minsan nagt-tantrum siya. Minsan nasasaktan na niya kami, gano'n.

Q1.a.ii: *How about po sa mental health niyo po?*

P4: Minsan naiiyak na lang ako, gano'n, sa sobrang hirap alagaan. Ayaw niya ng nababawal, eh. Gusto niya, gagawin niyo yung gusto niya. Pag may gusto, kapag hindi mo naibigay, syempre, parang pangkaraniwang bata lang din, iniiyakan gano'n.



Q1.a.iii: *How about po socially po? Naa-apektuhan po ba kayo nito socially?*

P4: Parang lahat meron ah. Kapag ano kasi 'to, kapag may pinapabili, gan'yan, pag hindi napagbilan, syempre magdaramdam, iiyak. Tapos kapag sasamba kami sa kapilya, malikot. Makulit. Kinakalabit yung katabi. Kaya minsan hindi ko na naisasamba eh, Ano naman siya, yung ugali niya, friendly naman eh. Kapag nakasama mo 'tong bata na 'to, malambing. Malambing na makulit. Dati, nu'ng maliit pa siya no'n, 'pag nagagalit, inu-untog niya yung ulo niya sa pader! Lagi siyang nasasaktan. Pero nung nagkakaedad na naman siya, parang nagma-mature na rin yung isip niya. Nakakita pa siya nung mga lola, gan'yan. Kahit hindi naman lola, 'pag natabi ka sa kaniya, magb-bless na lang kaagad. Magb-bless tapos nanga-akap, nangha-halik sa pisngi, gano'n.

AQ: *So malambing po talaga siya?*

P4: Oo, malambing naman siya. 'Yun nga lang, talagang makulit. Kapag [nagti-tingi-tingi] siya, 'yung laruan niya, 'yun bang pinagkalas-kalas niya. Tapos kapag hindi maibalik sa dati, eh umiiyak.

P4: Kailangan ba natin siyang - ipapakita ko sa inyo, gano'n? *Hindi na po.*

Q1.b: *Naaapektuhan po ba kayo nito positively, or negatively?*

P4: Ano nga ulit? Hindi ko gaanong narinig.

Q1.b: *Naaapektuhan po ba kayo ng ano, positively or negatively?*

P4: Oo, may positive, may negative. Kasi naman-saan ba tayo magsisimula, sa positive?

Sige po.

P4: Uh, positive naman siya sa'min kasi nga hindi mo naman mapipili 'yung gusto mong maging anak, 'di ba? Tatanggapin mo na lang. Blessing din, kasi nga sabi nila, blessing daw 'yung may ganitong anak. Syempre, hindi mo naman maku-kuwan na, sana, iba na lang naging anak. Doon naman tayo sa negative, 'yun nga, habang pinapaliwanag sa'min ng doktor niya, ng pedia, syempre parang hindi namin matanggap. Tapos naisip ko, (inaudible) nga pala 'yung nanay at tatay, meron din. Gano'n



pala sa side namin, tsaka sa tatay. 'Yung isa naman, babae, mahirap kasi kapag babae, nagkaka-mensturation 'yon, 'diba? Mas (inaudible). Tapos 'yung isa naman, halos katapat lang ng bahay dito sa amin, eh-sa side ng tatay ko. Binata na din eh.

Q3: *Meron po ba kayong mga coping mechanisms po, mga ginagamit niyo po pang-cope?*

P4: Pang?

Pang-cope po.

P4: Kay (name)?

Yes po.

P4: 'Di ko gaanong na-gets.

Q2: *'Yung mga experiences niyo po na negative na ganito, paano niyo po siya naha-handle?*

P4: Ayan, pag nag-tantrum siya, pag napagalitan, kailangan hindi pagalitan nang ano eh, tumatakbo kasi siya kaya kailangan, ikalma mo muna. Hangga't maaari, kapag kayang ibigay sa kaniya, ibigay na lang namin 'yon. Tumatakbo eh, kapag nakasumpong.

Q3.a: *Gumagana po ba 'yung ginagamit niyo pong pang-handle sa kaniya?*

P4: Nako, dati, kuwan, hindi naman sa paga-ano eh 'yung hanger, nako eh inaagaw niya tapos tiantapon niya. Kasi alam niyang masakit 'yon eh. Ngayon hindi ko na kayang gamitin sa kaniya, [mas] malaki pa sa'kin, eh! Hindi na namin natatakot na gaano. Basta ang panakot lang namin sa kaniya, kunyari yung hindi siya isasama sa gano'n, kunyari eh may pupuntahan kami, hindi namin siya isasama, minsan nakikinig. Pero 'yung papalutin mo, eh hindi na tatalab sa kanya't malaki pa sa'kin.

Q2: *Nabanggit niyo po na naaapektuhan po kayo nito physically and mentally po. 'Yon po - 'yun pong sa inyo mismo, paano niyo po nahahandle yung emotions niyo; 'yung pagod po sa physical, sa ganiyan po?*

P4: 'Yun namang sa'kin eh ipinapahinga ko na lang kasi nga (inaudible) kumbaga sa kaniya, hindi ako pwedeng magalit nang todo kasi may high blood [at] diabetic na'ko eh. Tumataas-(cut off) (inaudible) Mahirap kasi kung papatulan mo 'yung



anak mo, syempre, sino ba'ng magti-tiyaga dito kundi kami lang. Minsan 'yung ilalagak ko siya sa nanay ko gano'n, kaso saglitan lang, hindi pu-pwedeng matagal, at gano'n din 'yung nanay ko. Kung ano 'yung sakit niya, namana ko na. Siguro 'yung sa'kin, nakuha ko yung sakit ko na 'to, nung bata ako nagkasakit. Siguro dahil hindi ko naman maano na kay (name) galing din kasi nga, 'yun bang iritable. Kapag nga sinusumpong siya, parang sinusumpong na rin ako, gano'n. Minsan kasi, kapag nag-tantrums 'yan, tatakbo. Eh (inaudible) 'yung sa amin na 'to eh, minsan may nagdadaan rin na mga truc, gan'yan kasi nga 'yung mga (roller). Nakakatakot naman na hayaan mo lang. Ayun kaya hangga't maaari eh hinahabaan na lang 'yung pasensiya.

Q3: *Sa paga-alaga po sa kaniya, meron po ba kayong additional na efforts para po ma-accomodate po siya?*

P4: Yun nga. Yung effort naman, kunyari, kapag papasok kami, lagi niyang- Nung minsan naumpisahan namin kasi nung nagbukas 'yung Jollibee d'yan sa San Isidro. Ginagamit naming pang-uto sa kaniya para lang pumasok, gano'n. Pagkatapos ng school niya, 8:00 to 9:30 [AM] lang naman 'yon, pag-uwi niya, doon naman kami didiretso, nakikisama naman minsan kapag papasok. Sumusunod naman sa teacher niya-si Ma'am (Tess). Dapat lagi kayong may pang-uto sa kaniya.

AQ: *Meron po ba kayong sinusunod na routine po para sa kaniya-para kay (name)?*

P4: Uh, sinusunod na routine? Oo, kasi nga kailangan yon eh para yung pang-araw-araw niya sa bahay tsaka sa school, hindi dapat mawawala kasi (inaudible) sa isip niya. Katulad ng bago pumasok, pinagwa-walis ko rin dito sa loob ng- dito sa sala namin. Kahit 'yun bang maliit na bagay lang may matutunan siya, hindi yung puro cellphone, ganyan. Tapos, marunong naman siyang maligo nang mag-isa, kaya lang, hindi naman gano'n kalinis maligo kaya pinapaliguan ko pa, or kaya ng Daddy niya. Ano pa ba, sinusunod na rules? Yung pagce-cellphone niya, yung gadget, kailangan may oras lang. Kasi hindi naman pwedeng hangga't gusto niya. Kasi naa-adik sa cellphone eh. Ang hilig niya mangalutkot. Ano pa ba? Yung



pagtulog sa gabi, kailangan hindi naman ganon ka-late. Rules din 'yon, hindi ba?

Opo.

P4: Ino-orasan namin. [Nilalagyan] ko 'yung cellphone n'yan, 'yung parent [control]. Basta may oras siya sa gabi. Nalalock na yung cellphone niya para hindi niya magamit.

Q3.a: *Sa tingin niyo po, nakakatulong po ba ito sa kaniya?*

P4: Oo naman. Nakakatulong naman sa kaniya. Kaya lang, alam mo naman, mga batang ganito, hindi laging nakakaintindi ng bawal, ng hindi dapat. Kasi nga may mga sarili silang mundo, eh. Minsan naiintindihan niya kami, minsan hindi, gano'n. Ayan katulad niyan, nando'n siya sa duyan, dito lang sa loob ng bahay, doon sa terrace. Kapag walang signal, magagalit 'yan. Akala niya kasi ano, ayaw sa'kin magpabayad ng Wi-Fi, nagagalit. Baliktad.

AQ: *Minsan po ba, in public places po such as malls, ganyan po, nagt-tantrums din po siya?*

P4: Nung maliit pa siya no'n, nagta-tantrums siyang gano'n, yung di mo mabawal. Pero ngayong malaki na, hindi na naman na siya ganon. Kapag nasa labas, ha. Kunyari, pupunta kami ng Wal-Mart, ganyan. Basta't ibili mo lang siya ng isang ano lang, yung kunyari may nakitang laruan, ibili mo. Tapos kapag nakakain na, hindi na siya ganong namimilit hangga't may nakikita. Kasi [dati] hangga't may nakikitang laruan eh nagwawala eh. Ngayon naman hindi na kasi nagma-mature na rin kasi yung isip niya. So ayon.

AQ: *Pag po ba hindi nasusunod 'yung routine niyo po, ano po'ng ginagawa niyo?*

P4: Pag hindi nasusunod yung routine, kay (name)?

Opo.

P4: Ade, tulad nyan, dapat nagm-module eh, kapag hindi kami nakapasok. Itong (name), ayaw namang iuwi yung module niya. Gusto niya, kay Ma'am (Tess). Gano'n, kapag nagpapauwi ng module si Ma'am Tess, minsan ayaw niya sa'king sumunod, gusto sa teacher. Minsan susunod sa'kin, pilit na pilit pa.



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P4: Madami pa ba tayong question?

Ah, okay na po. Wala na po. Thank you po!

P4: Yun lang ba?

Yes po.

P4: Ah sige. Salamat!

Okay po, thank you rin po nang marami!



Participant 5:

PRE: *Siya po 'yung magl-lead ng interview po.*

P5: *Anong year mo na ba, Thomas?*

PRE: *11 po. Grade 11 po. Sa General po.*

P5: *Ah sa general na!*

PRE: *Okay lang po ba if irecord po yung voice?*

P5: *Oo.*

PRE: *Ang purpose po ng study namin is gusto po naming malaman yung experiences niyo po as a parent po yung experience po in taking care of your child that is diagnosed with ASC po. Yung sa confidentiality naman po, gagamitin lang po namin yon for our research po. Hindi po siya lalabas yon sa kahit ano po. Sa amin lang po yon, private lang po. Kaya ayon lang po. About naman po sa-*

P5: *Huwag kang kabahan.*

PRE: *Pasensiya na po. Ayon po, so yung interview po na 'to is voluntary naman po, so nasa sa inyo naman po kung gusto niyo po makitapg interview or ayaw niyo po. Pero po as a researcher po, gusto po namin na maging successful po 'yung interview natin and makagather po kami ng data in order to support po yung experience niyo po as a parent. in taking care of your child that is diagnosed with ASC.*

PRE: *Sorry po. Ayon po, since yung topic po natin is sensitive po, if nafe-feel niyo po na meron pong discomfort po regarding po sa mga questions po na maitatanong po namin, valid po yung feelings niyo po, and hindi po namin kayo gusto pong piliting sagutin lahat ng tanong. Gusto po namin na comfortable po yung participant po namin.*

P5: *Parang ikaw yung hindi comfortable. Joke lang! Pinatawa lang kita.*

PRE: *Sorry po. Ayon nga po, ready na po kayo sa questions?*

P5: *Oo, sige.*

Q1: *What are your experiences in taking care of your child po?*



P5: Pwedeng tagalog?

Opo.

P5: Honestly, mahirap, at malaking adjustments. Everyday adjustments kasi everyday, iba-iba yung mood niya. Tapos regarding pa nga sa trabaho ko, di lang double eh. Parang quadruple adjustments everyday.

Q1.a.i: *So, how do these affect you po physically?*

P5: Sobrang nakakadrain. Sobrang nakakadrain kasi hyper siya, syempre sasabayan mo. hindi mo pwedeng iwanan kahit kanino—although naiiwanan ko siya, pero kasi halimbawa nasa trabaho ako, parang (inaudible) maiwan sa bahay namin. Tapos syempre paguwi mo, hindi mo naman sasabihing hindi ka napagod sa trabaho kasi hindi ka man napagod sa trabaho—napagod ka sa (travel time). Tapos syempre paguwi mo, hindi mo pwedeng iexpect kung ano yung makikita mo, kung naglalaro lang ba siya o natutulog. Pero kasi, kung datnan mo siyang natutulog, syempre uunahin mo kung ano yung naging feedback ng school, ng therapy niya, babasahin mo, ligpit ng kalat. Syempre paggising, start nanaman, hyper nanaman siya, kaya ikaw, kahit sobrang pagod, hindi mo pwedeng sabihin na “napapagod na ako” o gano’n.

Q1.a.ii: *So, how about mentally po?*

P5: Mentally? Minsan para akong nasa cloud 9 kapag nakikita ko ‘yung progress niya. Yung nagkakaroon siya ng stepping stone na, may nadedevelop siya na bagong traits, or minsan may naoovercome siya na (problems). Kasi diba yung ASD ano yan eh, parang, hindi nila mareach or hindi nila macontrol yung sarili kahit sensory nila. Mentally, minsan, parang, paano ko ba sasabihin? Parang mental blocked na ako. Para kasing yung pagka-mental block ko, yung parang pipiliting ko kasing i-adapt. Pipilitin kong i-adapt yung kung ano yung mood niya, kunyari ganyan. Ngayon okay siya, mamaya 10 minutes, magbabago yan eh. Magta-tantrums kapag merong hindi nakuha. Yung isip mo, parang sasabog ka na, parang gusto mo na mag nervous breakdown kasi ang bilis ng switching ng mood niya. ‘Yung katawan mo drain, mentally—mas drain na drain na drain. Kasi iba yung [sa physical], ihiga mo lang, [okay na].



Pero kapag mentally kasi, kahit natutulog ka, alam mo na kapag paggising mo, yun nanaman yung sitwasyon mo. Kasi yung sitwasyon ng ASD, happy or not siya, same lang. Basta don't expect na, huwag kang mag-expect na "ito 'yon." Halimbawa, mamaya happy siya, kailangan happy ka. Tapos syempre kapag bad mood yan, pag may tantrums yan, yung mind setting mo parang nandoon ka pa rin sa galit portion pero okay na siya, ikaw nasa galit portion ka pa rin, yung parang inis ka pa rin kasi, hindi ka pa naka-overcome sa ganon. Hindi mo siya ma-explain mentally kasi sobra yung [hirap]. Sabi nga, wala kang walang pwedeng i-set na ano sa mental mo na, paano ko ba sasabihin? Kapag kasi mentally, sa totoo lang, minsan black out na ako. Nakakablack out kasi yun nga yung sinasabi ko. 10 minutes okay siya tapos iiyak siya for 1 hour kaya ikaw yung lilibangin mo eh, lilibangin mo, tapos exhausted ka na. Kapag tumigil siya, exhausted ka na tapos happy na siya, eh ikaw kapag exhausted ka, parang naiwan ako dito. Parang "exhausted pa ako anak, tapos ikaw masaya ka na." Yun, yun yung problema namin dyan. Sobrang [hirap]. Pero in 2 years naman na na-diagnose siya, okay naman, nagiging flexible na lang ako, parang "sige, masaya ka na," kahit sa loob loob ko, "naiinis pa rin ako anak." Kasi, nagkakaroon ka kasi ng regrets. Lagi kang may regrets na "sana pala, pinagbigyan ko siya." Pero kasi minsan, talagang kailangang kontrolin mo siya, yun yung lagi, mentally. Ang hirap. Yung marami kang "sana." Gano'n. Yun lang.

Q1.a.iii: *So, how about naman po socially?*

P5: Sa socialization, ganon din. So, ako talaga, pinipilit ko yan. Kaya morning ko kayo pinili kasi inaano ko siya, na malibot ko siya everytime na uuwi ako. Siya naman, socially, pag parang ganito, konti lang tayo, nakikita pa niyang may maluwag na space, okay yan. Pag may bata, makikigulo rin yan. Makikigulo na siya unlike before na wala siyang [ia-approach], kahit maraming bata, wala siyang pakialam. Sa socialization naamn niya, nakikita ko sa kaniya na kapag may nagustuhan siyang isang tao, syempre natutuwa ako, pero ang pinakamasakit, pag nakikipag-socialize kami, nasa ibang lugar kami, may mga kasama kaming tao, at nagtantrum siya, alam mo



yung feeling na ang sakit na akala nila eh hindi mo napapalaki nang tama kasi kung titingnan mo siya, normal siya eh. Pero di nila alam, mentally may problema siya. Parang masakit na pag nasasabihan ng "ay, hindi man lang pinipigilan yung anak." Yun ang masakit. Medyo nami-misinterpret ng tao kapag nakikipag-socialize kami. Minsan kasi sa sobrang saya naman niya, ang gulo niya. Alam mo yung hindi mo na siya mapigil, kasi ganon yung [condition] nila eh, sobra-sobra kapag sumaya. Kapag naman nag-tantrum or umiyak, sobra-sobra rin.

P5: Oo, yun nga raw ang hiras sa kanila, yung pag adapt nila sa [environment]. Minsan nga, one time may nangyari sa amin na dinala ko siya sa SkyRanch. Syempre kasi, nanibago nga siya kasi may mga rides, nakikita niya kasi na may mga bata kasi nakikipag-socialize na siya sa mga bata, pag sumakay yung mga bata, sasakay siya, so naexperience niya. Nung nagtagal-tagal namin, noon na dumating yung problema ko. Kasi, gusto niya pagbaba ng rides, lipat sa isang ride [agad], hindi na siya magf-fall in line. Eh diba may line, ayon, nagwawala siya.

Q1.b: *So ano po, how does it affect you positively- does it affect you posiively or negatively po? And how?*

P5: Pareho. Positively kasi parang nap-prove ko sa sarili ko na napakalaking challenge pero nao-overcome ko. Negatively, minsan yun nga, exhausted ako sa kaniya, sa mga moods niya, ang nangyayari, nadadamay yung ibang tao, parang yung pagbaling ko, yung parang nagiging submissive ako, tapos dina-divert ko sa ibang bagay yung [nangyari]. Yung pagka-frustrate ko kung bakit siya nagkagano'n, diba dapat nga kasi mine-maintain ko yung good mood niya, kaso hindi mo talaga mame-maintain. Yun yung nakakaffect sakin negatively talaga. Minsan, instead na matutulog ako, eh nainis ako sa gusto niyang mangyari, hindi na ako matutulog. The whole night. Kasi meron siyang disturbed sleeping pattern, which is switching. Halimbawa, lately nagkakasakit siya, diba hiras sa sipon, hiras siyang matulog, ang nangyayari sa kaniya, kapag nakita ka niyang natutulog, bubuligligin ka niya. Syempre, ikaw naman, sa una tatiyagain mo. pero pag 1 hour na eh



ginaganon ka pa rin niya, parang nainis na ako, hindi na ako matutulog. Tapos, the next morning, dahil di ako nakatulog, di ako kakain, mainit yung ulo ko, ganon. Pero kapag naman positively, ayon. Pero kapag naman positively, talagang nachallenge ako.

AQ: *Mas nagiging close rin po ba kayong pamilya sa pagaalaga po sa kaniya?*

P5: Oo. Katulad ko kasi, nagtatrabaho ako, ang layo, tapos hindi ako araw-araw na niyang kasama, doon ko natry yung closeness namin kasi parang before, parang kanya-kanya kami ng buhay eh, parang may pumapasok, may nagtatrabaho, ako papasok ako, magtatrabaho ako, aalagaan ko lang yung kuya niya, parang may kanya-kanyang mundo. Pero nung dumating siya, yon, naprove ko yung closeness. Yung parang kahit magkakagalit, pero pag regarding sa kaniya walang magkakagalit. Kasi kailangan namin mag-usap kung ano ba yung kinain niya, ano yung ginawa niya, ano yung therapy niya, ganon.

Kailangan po, meron po kayong teamwork po sa isang pamilya.

P5: Oo. Kaya kahit may tampuhan o nagkakagalit-galit, pagdating talaga sa kaniya, hindi pwedeng magkakagalit. Nung wala siya kasi, kapag magkakagalit kami, talaga 1 week wala kaming usap eh. Pero siya parang kanina magkakagalit kami, pero kapag regarding sa kaniya, halimbawa, hindi tayo naguusap, "ay kanina dumedede na yan," "kanina, kumain na yan," ganon. Tsaka sobrang ano kasi yung mga bata na yan, sobrang clingy. Alam mo yung gusto niya lahat iki-kiss niya, lahat iha-hug niya, kapag kaya minsan pagod na pagod ka na, drain na drain na yung utak mo, puyat ka, ewan ko ha, kasi dati naniniwala ako sa mga (babies?) na to eh. Pero sa ganito palang mga bata, never-ending talaga yung (inaudible). Mga ganitong bata talaga yung nagp-prove na sila yung magiging inspiration mo sa lahat ng bagay. Tapos syempre ang laki gastos kasi 2-3 times a week magt-therapy kami, parang balewala. Kasi, kahit sabihin mo na malaki yung nagastos mo, kasi kapag tinuwid mo, parang "ay, yun pala yung nagastos ko



for one month sa kaniya, compare sa regular school sa kaniya” pero wala, wala naman.

AQ: Nagaaral na po ba siya?

P5: Naka-(OT) pa siya eh, kaya 2-3 times a week, nagte-therapy siya. Which is parang ano kasi, pag nagte-therapy, sila ang nagsasabi kung pwede na siyang ipasok sa school. Although sinasabi na pwedeng ipasok sa school, ako na yung may ayaw. Kasi nakita ko sa kaniya nung pinasok ko siya ng daycare, parang hindi na siya naiintindihan pag may tantrums. Hindi na siya maintindihan ng ibang parents kung bakit minsan nagdadabog siya, minsan yung nagsusulat dapat pero lalaruin niya yung bata. Ayun, itinigil ko siya sa regular school. Ni-maintain ko na lang siya sa therapy.

Q2: *Sa ano po, nabanggit niyo po na physically and mentally draining po siya. Paano po kayo nakaka-cope sa ano po na 'to, sa mga experiences?*

P5: Paano ako?

Paano niyo po nai-ibsan yung pagod?

P5: Pag ganon, ikinakain ko na lang. Although hindi halata sa katawan ko. Kasi nga ang nangyayari sakín, parang intermittent diet. Kasi nga ang nangyayari kapag physically drained ako, tapos ayon nga pag nainis ako, kahit gaano ako kapuyat, hindi ako matutulog. Ang gagawin ko, kakain ako.

Para pong stress eating, 'no?

P5: Oo, stress eater ako. Tapos ang mangyayari, edi okay nanaman ako, kumakain ako ganon. Pag nainis nanaman ako ng isang bagay, kahit mainis ako nang konti, kahit nagugutom ako, hindi na ako kakain. Kasi ibabaling ko na lang yung sarili ko sa iba. Ayokong kumakain nang naiinis ako. Hindi ko naf-feel yung pagkain.

Para pong ang ano ng sikmura niyo po, no? Parang ang sama.

P5: Oo, talaga, diba? Hindi mo mailululon ng (diretso). Kaya ang ginagawa ko, kapag drained na ako, physically and mentally, doon lang ako kakain. Pero kapag mga inis inis lang, hindi na lang ako kakain kasi iinis din niya ako sa pagkain.



Q2.a.i: *Yung coping mechanisms niyo po, do you think niyo po na gumagana po siya?*

P5: Oo, sakin, yung coping mechanism ko. Kasi ang ginagawa ko, kapag coping mechanism ko, kasi ang ginagawa ko, kapag coping mechanism ko, halimbawa nastress ako sa kaniya; Ako naman kasi, kahit mentally o physically drained, kapag hindi ako makakakain ng (pagkaing) gusto ko, ang coping mechanism ko rin, ilalabas ko rin siya. Ililibot ko rin siya. Sa kung ano yung alam kong masaya siya, ganon. Kasi kapag nakikita ko siyang tuwang-tuwa, parang naiibsan nga rin ako eh. Parang masaya na rin ako. Kaya nga nagiging double pagod. Double drain. Sabi ko nga sayo, hindi lang double, kundi quadruple na pagddrain yung utak ko tsaka yung katawan ko. Kasi, diba dapat yon magpapahinga na, ako hindi ako magpapahinga. Kasi hangga't hindi ko naman siya nakikitang okay na talaga siya. Ano kasi siya eh, para siyang checker. Para siyang may checkbook sa pag nandito ako. Kailangan aalis, kailangan may bibilhin kami, kailangan may kakainin kami na certain food na paborito niya, ganon siya eh. Kapag umalis kami tapos umuwi kami, okay na okay siya, ayon, parang washed out ako lahat. Na wash out na lahat. Tapos noon na ako magiging stress eater.

Q2.b: *Bakit yun yung coping mechanism niyo po?*

P5: Kasi nga, ang gusto nga niya, akap siya nang akap, kiss siya nang kiss, ganon. Parang ngayon, pang 24 hours ko nang hindi natutulog kasi galing ako duty. Kanina kasi sabi ko nung nasa bus pa ako, feeling ko talaga sobrang pagod ako. Pero nung habang hinihintay ko kayo tapos nahiga ako, magkatabi nga kami, kiss talaga siya nang kiss, alam mo yung para ka niyang inuuto, kasi sabi ko sa kaniya "oh sige magpapahinga lang ako, after lunch ililibot kita." Ayon ganon lang siya, kiss siya nang kiss, akap nang akap, ganon. Tapos sa coping mechanism ko talaga, ang isang bagay na natutunan ko, yung sine-set ko na yung sarili ko na "ay after 1 hour iba na yung mood nito. Titiisin na lang kita." Ganon ako. Ganon na yung inaano ko na yung sa sarili ko. Tinuruan ko na yung sarili ko na ganon. Tapos kapag naman, minsan sinasabi ng therapist niya na "kapag umiiyak siya sa isang bagay na



gusto niya, hayaan mo lang, huwag mo pansinin," ganon. Yung kahit na durog na durog ka na kasi ayaw mo sana siyang makitang umiiyak, kailangan mo rin tiisin kasi hindi nga sa lahat ng bagay, susundin ko siya. After non, ang magiging coping mechanism naman namin, diba inuuto uto ko siya, kapag inuuto uto ko na siya, minsan kinakausap ko siya. Yung parang gusto ko sanang ipagsigawan kaninang naiinis ako, sasabihin ko naman sa kaniya. "Anak, alam mo ba, naiinis na ako sayo kanina." "Anak, sumakit yung ulo ko" ganon, ganon lang ako. Yung hindi naman masyado sa pamilya ko, alam ko hindi naman niya ako naiintindihan, sa kaniya ko na lang sinasabi. Ayan pag ganyan, kandong ko siya, sasabihin ko sa kaniya, "anak, (inaudible)" ganon. Kasi ikaw din yung tutulong sa sarili mo. Ayoko kasi na nakikita nila na nahihirapan ako, ayokong makita nila na "ay ang rupok," so parang ganon. Kasi sila, kung tutusin, mas matagal nilang nakakasama yung anak ko, kasi tulad n'yan, 2 days akong wala tapos 2 days akong nandito. After 2 days na nandito ako, 3 days akong wala. So sinasabi talaga nila sa akin na "ikaw nga eh, ganiyan mo lang araw na kasama" kasi last last week 4 days ko talaga siyang kasama. Halos umiyak na ako sa inis, sa galit, kasi makulit siya pag nandito ako. Parang nage-express siya na nami-miss na niya ako, ganon.

AQ: *Nabanggit niyo po sa routine na meron po kayong sinusunod na checklist sa kaniya. Paano po kung hindi po masunod yung checklist na 'yon?*

P5: Kapag hindi nasunod yung checklist; halimbawa, diba paggising kailangang paihiin ko siya. Pag hindi, kusa na lang siyang maihi ganon kasi busy siya maglaro. Ang gagawin ko don, pabalik-balik [siya.] Halimbawa, "ay eto umihi kanina kung saan," so pagkakain niya, ang ginagawa ko don: babantayan ko na siya. Tapos kahit alam kong hindi siya naihi, dadalhin ko siya sa CR, ganon. Pabalik-balik kami. Tapos sa pagkain, ang ginagawa ko sa kaniya, ginugutom ko siya. Kasi before alam niya kung saan nakalagay yung pagkain nila. So ang nangyayari sa kaniya, instead na kakain siya ng cookies, minsan nauuna yung chips. Kaya ang ginawa namin, tinanggal namin sa cabinet, nilagay namin sa kahon para wala siyang



nakikita. Yon, kakain siya ng cereal, cookies binukod namin. Pag naman sa ibang routine niya, halimbawa maliligo kasi dapat siya, after maligo, mag-toothbrush. Pag hindi siya nag toothbrush after niyang maligo, gagawin ko sa kaniya na "sige, kumain ka muna." pero im-make sure ko [sa kanya na] after 1 hour, magt-toothbrush na siya. Sa gabi naman, ang ginagawa namin, before kasi 7:00 [PM] pa lang natutulog na siya, so since nagkaroon siya ng disturbed sleeping pattern, ang ginagawa ko naman sa kaniya ngayon, pinapagod ko na siya. So imbis na nagpapahinga ako, lalaruin ko siya nang lalaruin para mapagod siya agad. Kasi minsan parang "ay 9:00 [PM] na, (inaudible) nakahiga," kasi usually routine na namin yon, kailangan 9:00 [PM] nakahiga na siya. Hindi man siya antok, doon lang siya sa kama naglalaro. Nung makita ko, naglalaro lang siya. Kasi kapag hindi mo sinunod yon, kahit hanggang 1 [AM] maglalaro siya. May routine talaga siya.

Q3: *In taking care of him po, what additional efforts do you exert in order to accompany him po?*

P5: Ayon nga, yung kahit galing kang duty, kahit galing ka ng byahe, kain ka lang, syempre kukuhanin mo na siya sa nagaalaga sa kaniya. Tapos kahit naaantok ka na, kapag alam mong nawala sa tabi mo, sa ayaw at sa gusto mo, babangon ka. ganon, at susundan mo siya. Tapos, minsan kasi nauutusan ko yan eh. Parang "Iko (name ng bata?), mag-sleep lang ako sandali, dito ka lang sa tabi ko." ganon. Ang ginagawa ko (inaudible), bibigyan ko muna siya ng kahit anong pwede niyang (gawin). (Halimbawa), crayon na pwede niyang isulat sa floor namin, bibigyan ko na lang siya ng kalendaryo na alam kong lagi niyang tinitingnan yung mga numbers, ganon. Kailangan iprovide mo na agad yung mga [bagay] na alam mong pinaglilibangan niya, para magkaroon ka ng peace of mind.

Q3: *Other than para po makatulog siya is nilalaro niyo po siya, ano pa po yung ibang ginagawa niyo para po sa kaniya? In terms po of pagaalaga sa kaniya.*

P5: Sa kaniya, minsan kapag mangungulit na, isa pa naming ginagawa d'yan, may batsa kaming malaki. Pagbababarin namin siya sa tubig, umaandar yung gripo namin for 3 hours.



Continuous yon, opened. Meron sila kasing tinatawag na mga sensory na ganon eh. Pag nareach nila kasi, or na stimuli ng utak nila na "ay eto pala yung experience na ganon," mahilig siya. Makikita mo pag nagawa na niya yung gusto niya, wala lang, nagduduyan lang yan, naglalaro. Tapos kahit simpleng bagay na "Iko, huwag kang lalabas." Hindi na siya lalabas. Kasi nagawa na niya yung gusto niya, eh. Nakuha niya yung gusto niyang ma-experience. Tapos kapag "Iko, matutulog ka na," kasi napagod na rin siya, naglaro siya ng tubig. Tapos ang gagawin ko sa kaniya, oorasan ko yung tulog niya. Kailangan kung matulog siya ng 9:00 [PM], pwede siya matulog hanggang 5:00 [AM]. Pero pag natulog siya ng 4:00 [AM], sa ayaw at sa gusto niya, gigisingin ko siya ng 5:00 [AM]. Kailangan hanggang 5:00 lang siya natutulog kapag ganon.

AQ: *Ano po yung initial na reaction niyo nung nareceive niyo yung diagnosis?*

P5: Yung sa diagnosis niya, ready na ako. Kasi, way back nung pinanganak ko siya, binigyan lang siya ng 3 days para mabuhay, tapos parang nagalit ako kasi sabi ko "kung ganon yung diagnosis mo sa anak ko, dapat sinunod pa rin nila ako doon sa gusto kong pediatrician," kasi may nakaready ako sa kaniyang pediatrician. Pero nung nagnanak kasi ako, hindi na ako umabot sa ospital tsaka sa mismong doktor ko. Dito na lang ako umabot sa Cabilao General Hospital sa sobrang traffic. Syempre nakapag normal ako sa kaniya. Nung hinahanap ko na siya, ang sabi sa akin, "nasa NICU (Neonatal Intensive Care Unit)." Sabi ko, "bakit nasa NICU pa?" tapos, sinabi nga sa akin na "Mommy, hindi siya umiyak agad paglabas sayo," tapos "binibigyan na lang namin ikaw ng 3 days. Hanggang 3 days lang siyang mabubuhay." kasi yung sakin parang "ha? Wala man lang kayong naisip na bagay na gawin para madiagnose kung bakit hindi siya agad umiyak?" Tapos nung tanghali ako nanganak, tanghali no'n eh-mga 1:30 - 2:30 [PM] din siguro ako nanganak, parang hinanap ko kasi siya mga around 6:00 - 7:00 [PM]. Tapos nung mga around 9 [PM], dahil syempre hindi kami agad makakalabas, nagtanong tanong na ako. Sabi ko, "bakit hindi niyo tinawagan yung doktor kong gusto?" ganon ganon. "Eh mommy kasi, yung case ng anak mo, possible na



hanggang 3 days lang siyang mabuhay." kasi parang sabi ko, "ha? Oo nandon tayo, pero sana binigyan niyo rin ako ng chance na gawin yung karapatan ko na kuhanin yung gusto kong doktor." Tapos, ito. Noong tiningnan ko siya, sabi ko "ano ba'ng meron sa anak ko?" Sabi nila pangit daw yung chest x-ray. Oh sige, pangit yung chest x-ray. Pero kung ganon lang rin pala na sinabihan mo akong 3 days, parang in-underestimate nila ako na paano ko mababayaran yung gusto kong pediatrician. Kasi yung kinuha kong pediatrician [ay] crit care. Parang sabi nila, per order nasa P3000. Ako kasi parang naging aral sakín yung panganay ko. Yung panganay ko kasi nung pinanganak ko yon, akala ko blue baby siya-yung may sakit sa puso, pero nasakal lang pala siya ng pusod. Ayon, tapos may nakakabit sa kaniyang oxygen, at wala akong naf-feel na hangin. Hindi kasi nila alam na nurse ako. Sabi ko, "bakit ganyan yung oxygen ng anak ko?" Dapat kasi [oxygen] hood kasi baby. Tapos nagulat sila. Tapos nung nagtatanong na ako, noon nila tinawagan yung doktor na gusto ko. Sabi ng doktor na gusto ko, nung dumating na siya't na-assess na niya [for the] first time. Sinabihan niya ako [ng] "Mommy, mabubuhay yung anak mo pero huwag mong iexpect na magiging normal siya. Kasi tingin ko nagkaroon na siya ng lack of oxygen sa utak sa haba ng time na hinintay mo." Syempre inexplain ko na "Doc, kasi hindi ko alam na ganon." tsaka kasi hindi rin alam ng nanay ko. Ayon, tapos yun nga, 1 week siya sa hospital, nakakita kami ng tatlong episode ng seizure. Kaya sinabihan na ako ng doktor na i-ready ko ang sarili ko na hindi siya magiging normal. Although kasi yan, nung nagpunta kami kila Thomas, na 2 years old siya, nagsasalita yan, eh. Pero nung nagka-CoVID, yung humigpit talaga, walang lumalabas, hindi ko na rin napansin dala ng trabaho ko. Dati kasi tumatawag siya ng "mama," "nanay," "Ian," natatawag niya kami. Bigla kong hindi ko na pala napansin, hindi na pala siya tumatawag ng ganon. Yun nga, tapos new year ng 2022, nagulat kami na, 2 years old siya no'n-magt-three na siya, bigla niyang ayaw na niya ng paputok [sa] bagong taon. Eh kung tutuusin, pang apat na sana niyang new year yon. Noon lang namin siya nakita na akala ko may something sa tenga kasi nagtatakip siya ng tenga. Ayon, yun yung first red flag niya. Tapos next non, nag hand clapping.



Nandoon kami sa kanila. Noon ko siya unang nakita na nag hand clapping sa sobrang saya niya. Ayon, nagdire-diretso na. Unti-unti nang lumabas. Nag tiptoe, tapos yun nga, noon ko na siya napansin na "ay, hindi na siya tumatawag ng 'nanay,' tsaka ng 'mama.'" Tapos nahilig na siya doon sa mga wheels ng kotse. Ayon na, sunod-sunod na yon. Doon ko na (na-accept) na "ito na 'yon." sabi kong ganon.

Q3.a: *Do you think po na nakakatulong po sa kaniya yon? Yung mga additional efforts niyo po na yon?*

P5: Oo, sobra. Kasi feeling ko, kasi nga kaya ko nap-prove na nakakatulong sa kaniya kasi nga, diba hindi siya nagsasalita, pero kasi minsan kahit hindi siya nagsasalita, through video call, sasabihin ko sa kaniya [na] "oh, uuwi na si mama, lilibot ka." Once na alam na niya akong umuwi, alam na niya yon. Alam niya kung saan niya ilalagay yung bag ko, kung saan niya ilalagay yung shoes ko, tapos kukuha siya ng gamit magpapapaligo siya, yon, alam niya na aalis kami. Kaya nga ang sinasabi sakín [na] pag nandito ako makulit siya, kasi nga alam niya na may extra kaming gagawin na meron siyang nae-experience na ibang bagay sa araw na to, ganon. Kasi kapag yung mga nanay ko, pag sinabi nila nanay ko or ng kapatid ko na "Iko, dito ka lang." "Iko, upo ka lang." Umuupo lang. Eh ako kasi hindi. Alam niya na bibili dapat kami ng chocolate para behave siya, bibili kami ng ice cream para maging behave siya, alam niya yon. So yun yung nakikita kong malaking bagay talaga, yung factor na (inaudible). Ako lang kasi yung nakakapaglibot sa kaniya nang malayo. Ayoko siyang ipagkatiwala sa iba. Kasi nga, yung bigla siyang tumatakbo. Ako kasi kapag ako kasi ang kasama niya, tumakbo man yan, babalik at babalik sa akin. Pero kapag sila ang naglibot, kapag tumakbo 'yan, parang "abay bahala na kayo," hindi nila kayang kontrolin. Yun din yung pinagkaiba namin. Sila, kaya nila siyang kontrolin sa loob ng bahay. Ako, kaya ko siyang kontrolin outside.

Syempre po, kayo po yung mother.

P5: Oo, kaso malaki ring bagay yung sila kasi nga araw-araw sila kasama.



Gumagamit po ba siya ng cellphone, gadget, tablets?

P5: Oo. Before, madalas yan. Yung TV namin, naka-maintain yon sa YouTube, kasi wala nga siyang kausap dahil pandemic. Pero ito lately, tulad ganyan, magc-cellphone lang yan ngayon sandali-mga half hour to 1 hour na lang siya. Tapos alam na niyang may iba na siyang lalaruin. Unlike before, talagang hindi mo mababakbak nung kasalukuyan ng CoVID. Doon na nga namin napansing hindi na pala siya nagma-“mama” tsaka “nanay.”

Yun lang po, sobrang thank you po.



Participant 6:

Q1: *Ano po 'yung experiences niyo sa pagaalaga sa kaniya?*

P6: Mahirap kasi hindi maintindihan yung pinapakita niya. Simula nung na-diagnosed siya, may mga binibigay na activities yung therapist.

Q1.a.i: *Paano po nito kayo naaapektuhan physically?*

P6: Nakakapagod, sobrang nakakapagod. Hindi ko maintindihan kung paano ko ihahandle yung pinapakita niya. Hindi ko maintindihan yung mga tantrums. Pero nung katagalan nung na-advise-an ako ng therapist niya, ayon na-hahandle ko na yung tantrums niya.

Q1.a.iii: *How about socially po?*

P6: Wala lang, hindi ko sila pinapansin. Minsan, may time na sila mismo yung nakakaintindi sa sitwasyon ko. Minsan may ibang pag-unawa na nagsasabi na "dapat ganito anak mo, dapat ganon anak mo". Pero ako, iniisip ko ako yung may alam kung paano i-hahandle yung anak ko, "Ba't ko sila pakikialaman?" "Mas marami naman yung may tanggap (sa anak ko), kaysa sa hindi tanggap".

Q1.b: *Paano po nito kayo naaapektuhan positively or negatively?*

P6: Una hindi ko matanggap, kasi wala namang problema sa pagbubuntis ko, wala naman siyang naging sakit simula nung baby. Kaya natatanong ko "Bakit naging ganoon yung anak ko?". Nung una hindi ko tanggap, pero tumagal at tumagal, naisip ko "May reason si Lord kung bakit siya sa'kin binigay". Madaming nabago nung dumating siya, especially nung na-diagnosed siya. Pero nung na-diagnosed siya, everyday kong iniisip paano 'yung future niya?" Minsan naiiyak nalang ako dahil yung future niya hindi sigurado, "baka hindi niya kayanin", "baka hindi niya kayang alagaan yung sarili niya". Pero nung natanggap ko na, naisip ko na p'wede niya namang alagaan yung sarili niya. So yon natanggap ko na, "may future siya kahit gano'n siya."



Q2.a: *Meron po ba kayong coping mechanisms? Kung meron po, ano-ano po 'yon?*

P6: Iniisip ko lang yung goals ko sa kaniya. Tinatanggap ko na lang yung stress ko (para sa kaniya). Iniisip ko na lang na "Kaya ko 'to." Depende kasi sa progress niya, kasi nakikita ko sa progress niya kaya naman na niyang pumasok sa school, 'di man ganon kalaki yung chance pero mayroon, kaya ang ginawa ko lahat ng p'wede kong subukan, sinubukan ko. Pinasok ko siya sa daycare tas ayon pinasok ko siya sa SPED. So ayon mas nagiging maayos yung behaviour niya. Tapos pagdating sa bahay binibigyan ko rin siya ng activities na galing sa therapist niya or SPED teacher niya.

Q2.a.i: *Gumagana po ba 'yung coping mechanisms niyo?*

P6: Nung una nga iniisip ko parang useless kasi baka hindi naman natutulungan yung anak ko tapos na realize ko kapag meron siyang ginawa na bagay na hindi ko alam, kaya niya palang gawin, kaya naisip ko kahit maliit na bagay meron siyang natutunan sa mga ginagawa ko, sa therapy, tiyaka sa school.

Q3: *Meron po ba kayong extrang efforts na binibigay para sa kaniya?*

P6: Yung oras namin tuwing gabi, ngini-ngitian ko siya. Pinaparamdam ko, pinapakita ko sa kaniya na mahal namin siya. Bukod sa extra activities, nakikita ko naman na alam niya, nararamdaman niya.

Q3.a: *Sa tingin niyo po, nakakatulong po ba siya sa inyo?*

P6: Oo, nakakatulong sa kaniya kasi the more na pinapakita mo sa kaniya yung love, yung time, mabait siya. "Kasi minsan kapag hindi siya nabibigyan ng time, nagagalit siya." Hindi ako perfect, nauubusan din ako ng oras, napapagod din ako kaya nakikita ko yung diperensya kapag wala kang oras sa kaniya.



Participant 7:

This participant is interviewed through online messages. The following statements are their own messages, verbatim.

Q1: *What are the experiences in taking care of him/her?*

P7: The experiences of taking care my son with autism is like a roller coaster ride. There are good days and there are bad days. Sometimes it's a bit overwhelming especially when he is having tantrums. But all in all taking care of him is such a privilege. My son usually goes to school on a weekdays and he have one on one tutor in the afternoon. Sometimes there is challenge on consuming his food because he is picky eater. And there are times also that it's hard for him to sleep at night and he will be cranky the whole day after not having enough sleep.

Q1.a.i: *How does it affect you physically?*

P7: Physically it's not challenging anymore because my son is independent and his mobility is good. And you can ask him to do some task

Q1.a.ii: *How does it affect you mentally?*

P7: Mentally it's a bit challenging because it always give you reason to overthink and always worry about his future and what will happen if we are not around with him

Q1.a.iii: *How does it affect you socially?*

P7: Socially it's a bit challenging as well because not all people will understand his behavior outside.

Q1.b: *Does it affect you positively or negatively? How?*

P7: Affect me positively and negatively will always be there. Positively of course he is my son and he will always be my blessing. Negatively because of different challenges it can impact you sometimes

Q2.a: *Do you have any coping mechanisms? If so, can you state them?*



P7: Coping mechanism is prayer and always giving everything in Gods hand.

Q3: *In taking care of him/her, what additional efforts do you exert in order to accommodate him/her?*

P7: In taking care of him we always make sure he gets the therapy he needs and quality education and comfortable and healthy lifestyle



Participant 8:

PRE: *Kino-conduct po 'yung study namin na 'to para po malaman 'yung experiences ng parents po sa pag-aalaga po ng anak na diagnosed po ng autism, and 'yung participation po na 'to is entirely voluntary po and confidential. Rest assured po na 'yung ibibigay niyong data samin is gagamitin lang po namin para sa research purposes only, and during this interview, possible po na makaramdam kayo ng slight to severe discomfort po when discussing about the topic. So anytime po pwede kayo manghingi ng breaks. And if masyado na po ma-ano 'yung discomfort na nararamdaman, pwede po kayo mag withdraw.*

Q1: *Pwede po kayo mag share ng experiences sa pag aalaga po sa kanya?*

P8: Mahirap kasi hindi siya normal, na, aalagaan mo lang siya ng madali.

P8: Hindi siya katulad ng normal na bata na pag isang saway mo lang okay na, maiintindihan ka nila kasi hindi nila maiintindihan na mali 'yung ginagawa nila, 'yung parang isang saway lang sa kanila hindi nila maiintindihan / hindi nila mage-gets.

P8: mahirap bilang parent. Sa lahat, pati sa pagkain, pag-aalaga, lahat. Ang dami naming experience bilang nanay na may autism(na anak) kase hindi talaga siya madali. Unlike sa mga magulang ng normal na anak.

Ay ganun po?

P8: okay na siguro 'yon

Q.a: *'Yung mga experiences po na'yon, paano po siya nakakaffect sa inyo physically?*

P8: Paano nakaka affect?

Opo, sa physical niyo po.

P8: Actually physically, mentally, socially napaka hirap. Parang 'yung (inaudible) mahirap na 'yan pag samasamahin mo, kasi talagang mahirap samin na bilang parents talaga na may autism(na anak), ang hirap. Lalo na diba pag socially: lalabas kayo, hindi katulad ng ibang bata na pag dinala mo siya sa isang mall okay lang. Kasi 'yung iba kasi saamin, 'yung anak ko kasi kapag pumupunta kami sa mall, may takot siya. May takot sa escalator, elevator, dun palang mahihirapan na kami.



Unlike sa ibang normal na bata na pag pumasok sa mall talagang excited siya, masaya siya.

P8: Tapos mentally, parang hindi ko matanggap, or ang hirap tanggapin na 'yung anak ko nagkaroon ng autism. 'Yon, parang isang word lang, mahirap. Mahirap na anohan, physically, mentally, socially.

Q1.b: *Meron po ba 'dun sa experiences po na 'yon na positive po sainyo? Kunwari po mas napapalambing po ba niya 'yung family niyo po?*

P8: Sa family ko-Kasi malayo kami eh, kumbaga kami kase ng anak ko, naka apartment kami, so ibig sabihin, hindi namin nakakasama 'yung family ko, parang ako lang talaga lahat. Yung anak ko lang talaga ang kasama ko sa araw araw, ako lang talaga ang nag aalaga sakanya.

AQ: *Wala po kayong katulong? Like 'yung father po?*

P8: Actually wala, separated.

Q2: *Sa mga negatives po na experiences po, paano niyo po siya na cocope? Ano po 'yung ginagawa niyo para maibsan 'yung mga stress?*

P8: Pano po maano? Pa-pano 'yung ano
Paano niyo po-parang-

(one of the parents beside P8): *Pano niyo natatanggap, ganon? Hindi po.*

(one of the parents beside P8): *ay*

P8: Pano ko nahahandle?

Yes po. Pano niyo po nahahandle

P8: Minsan kasi-pag kunwari, pinag-usapan natin kanina nung kunwari nasa isang lugar/nasa isang playground, tapos 'yung anak mo naglalaro, tapos parang-hindi nila naiintindihan kasi kahit ipaliwanag mo kung ano 'yung ginagawa ng anak mo. Kunwari: nakapag ano siya sa playground na'yon, gusto niya kasi mag slide or mag laro pero merong bata doon, tapos ang ginawa ng anak ko is tinulak niya. So parang 'yung nanay nung anak-nanay nung normal na bata is nagalit doon sa anak ko, so parang-saakin, mabigat sa loob or hindi mo mapapaliwanag sa



magulang na yung anak ko is may autism. Kasi hindi naman lahat ng tao is maiintindihan diba?

Yes po.

Katulad po ng nangyari na'yon, paano niyo po siya nahandle?

Uhm ganito po, ano po 'yung ginagawa niyo para po maalis po 'yung isip niyo sa stress? (inaudible) pang paalis po ng stress niyo

P8: Pag ganon na naiistress ako, cellphone. Kaysa isip isipin ko siya, cellphone nalang or may gagawin akong bagay na kailangan maalis sa isip ko

Q.a.i: *Sa tingin niyo po 'yung pag cellphone po na 'yon is nakakatulong po para po madistract kayo?*

P8: saakin, para sa akin oo, kasi pag nag cellphone ka, diba andon 'yung attention mo? Social media. Imbis na don sa stress mo na 'yon/iniisip mo na 'yon ito nalang or sa ibang bagay.

Q3: *Sa pag hahandle po sa kanya, ano po-meron po ba kayong additional na ginagawa po para saknya? Para po mahandle yung ano-for example po is-*

P8: kung may ibang ginagawa ka pa para sa kanya, ganon?
Yes po

For example po is nililimitahan niyo po ba 'yung sensory activities niya?

P8: Ano lang, ni-lilimit ko lang naman sa kanya is 'yung pag cellphone/gadget kasi laging advised ng therapist nila.

'Yung pag lilimit po sa cellphone, nakakatulong po ba sa kanya?

P8: yes oo, sobrang laki.

AQ: *Follow-up questions lang po: 'yung anak niyo po ba is hyper din po ba? Hyperactive*

(one of the parents beside P8): *hindi, ano siya, iba 'yung case niya*

P8: oo, iba-iba kasi case nila dito eh. Yung sakin mild lang, hindi siya yung super hyper talaga.

(one of the parents beside P8): *oo, parang medyo late lang siya*

P8: oo



(one of the parents beside P8): delay

P8: delay

AQ: *How about tantrums po?*

P8: pag nasa bahay na. Kasi ngayon pag nag mamall na kami medyo na ha-handle ko na siya ng mas okay. Saka yung tantrums niya, hindi naman totally nagwawala. 'Yung iyak lang siya, ganon.

AQ: *Yung ano po, may sinusunod po ba kayo na routine para sakaniya?*

P8: meron dapat, pero kumbaga kung ano 'yung nakasanayan namin, 'yun na 'yon

AQ: *So may inaano po kayo na routine or wala po?*

P8: may?

AQ: *May sinusunod po kayo or wala po?*

P8: wala naman routine, pero may limit pag cellphone niya

AQ: *Doon naman pong araw, noong na recieve niyo po diagnosis? Ano po 'yung naramdaman niyo?*

P8: hindi nag sink in sa isip ko, sabi ko normal lang siya. nong sabi ng doktor na yung anak niyo is may level 2 autism, parang sinabi ko hindi, normal lang siya. Parang ang hirap. Mahirap
tanggapin.

Okay na po ba kayo? Sige lang po, pwede po kayo mag take ng break if gusto niyo po.

P8: hindi, okay lang.

AQ: *'Yun naman pong ano-before and after niyo po ma recieve 'yung diagnosis tsaka po 'yung after diagnosis, meron po ba pinagkaiba sa experience?*

P8: parang halos same lang din. Kasi bagong ano pa lang eh
Okay na po

P8: thank you, pasensya na

Okay lang po, thank you din po nang marami



Participant 9:

PRE: 'Yung pangalan niyo po, data niyo po, is confidential po. And kagaya din po ng kanina, if you need to take a break po, pwede naman po. (inaudible)

AQ: Married po kayo?

P9: hindi pa (inaudible)

AQ: Pero po kasama niyo po 'yung father?

P9: 'yung father niya nasa UAE, nag wowork siya doon

Q1: Pwede niyo po ba i-share samin 'yung experiences niyo po? Sa pag alaga niyo sa kanya

P9: 'yung experience po kasi sa kanya, iba. Iba kasi siya eh. Hyper siya, so 'yung likot niya triple. Ayun, malikot lang siya. 'Yun lang 'yung problema sa kaniya eh. Malikot siya, nung una di pa nagsasalita. 'Yun lang naman problema ko sa kanya. Tapos, parang nakikita ko na may something sa kanya. Signs po?

P9: 'yun lang naman, 'yun yung (inaudible) sa kanya eh kasi-

AQ: Pwede po ba magtanong kung ilang taon na po siya?

P9: mag se-seven na siya

Q1.a.i, Q1.a.ii: Paano po kapag (inaudible) physically po, physical.

P9: na-depress kasi ako noon sa kanya eh. Pero hindi naman 'yung depress na malala. Tapos.. Physically, syempre sa time. Time management naiba, Focus lang sa pag aalaga.

q2.a.iii: How about naman po sa socially, pakikipag interact niyo po sa iba?

P9: 'yun ang mahirap, 'yung sa social kasi prone to bullying, may mga tao na hindi sila tanggap, may time na nag-wawala kapag nilalabas mo siya, tapos kailangan ibigay mo 'yung gustong niyang bilhin, hindi siya 'yung katulad ng ibang bata na isang suway lang titigl na. So 'yun 'yung epekto niya sa social, sa labas.

AQ: Pwede po ba magtanong kung nag-aaral na po siya?



P9: hindi pa. Ngayong year papasok na siya.

Q1.b: *Ano po 'yung mga positive effects po ng experiences niyo po (inaudible)*

P9: 'yun naman, 'yung sa positive effect naman niya, malambing siya and matalino. Matatalino mga ganyan.

Q1.b: *How about sa negative po?*

P9: sa negative? Negative effects sa kanya?

Opo.

P9: mahirap siya alagaan. Kailangan laging tinuturuan, tapos 'yung late siya sa school.

Nakakapagod po? Nakakadrain?

P9: oo, paulit ulit mong gagawin kasi hindi naman siya nakikinig sa'yo, kas ngai hindi naman niya naiintindihan.

AQ: *Nagt-throw po ba siya ng mga tantrums po?*

P9: hindi, hindi naman siya nag aano (tantrums). Meron naman siyang time na-ngayon kapag hindi mo naibigay ang gusto niya, ayun, saka lang siya mag tatanturms. Pero, pag kinausap mo siya na hindi pwede, andon na siya sa part na hindi pwede, ok na.

Kahit publicly?

P9: oo kahit publicly.

Q2.a: *Ano po 'yung mga coping mechanisms niyo po kagaya po ng kanina, para po maibsan po 'yung-*

P9: 'yung sakin, ano, libot.

Libot po?

P9: libot, gumagala, ganon

Kasama mo po ba siya?

P9: Oo, kasama siya. Kasi parang pinapasok ko sa sarili ko na magiging normal din siya katulad ng ibang bata.

Q2.b: *Gumagana naman po sa inyo?*

P9: oo. Umookay naman, may times lang talaga na, jusko, ang hirap kasama kasi hindi siya katulad natin na, makikita mo na 'yung ibang mga parents na "sigi sama natin to sa wedding" or "sama natin to sa libutan". Tapos 'yung naka steady lang siya.



AQ: *Meron po ba siyang routine po?*

P9: wala eh, wala naman

Parang ano lang din po?

P9: oo, parang normal lang (inaudible)

AQ: *Inaallow niyo na rin po ba siya mag cellphone? Like screen time po, ganon.*

P9: oo, inaallow ko siya, kasi hindi ko naman binabawal sa kanya. Pero nung nag school binawal na, kailangan 2 hours nalang

Q3: *Sa pag aalaga po sa kanya, meron po ba kayong additional efforts po na kailangang gawin?*

P9: oo meron, kasi ano-late na siyang kumain. Dati milk lang siya, so ang effort ko doon, pagtyatyagaan ko siyang pakainin kung ano gusto niyang kainin. Tapos sa pag-inom ng tubig, 'yon, required 'yon. Kasi sakanila, 'yun ang isang nakikita ko, hiram uminom ng tubig.

Hirap po sila?

P9: oo, hirap sila

Q3.a: *'Yung mga additional efforts niyo po, sa tingin niyo po, nakakatulong ito sa kanila?*

P9: oo, sakanya? Oo naman. Oo, nakakatulong ng malaki sa kanya kasi kahit naman na ganyan siya, ngayon nakakaintindi na siya ng mga bagay-bagay. (inaudible) 'yun din kinagandahan niya, naipapasok niyo siya sa therapy

AQ: *Ask ko lang din po ulit, 'yung mga routine if meron po ba siyang sinusunod?*

P9: sa routine?

Opo.

P9: wala naman.

AQ: *'Yun po sa araw po na nareceive niyo diagnosis, ano po 'yung nararamdaman niyo po noon?*

P9: nung na receive ko diagnosis, nalungkot ako syempre. Nalungkot ako kasi hindi ko inexpect na magiging ganon siya



dahil wala naman sa history namin 'yung ganon, wala rin naman sa father side niya ng ganon. So dumating din sa point na sinisisi ko rin 'yung sarili ko, siguro (inaudible) ng pag aalaga sa kanya, nung nasa loob palang siya, yoon. Pero, nalungkot lang ako kasi, bago ko siya ipa-check sa doctor, alam ko na sa sarili ko na may sign din, kasi nakita ko eh. Nakita ko na may iba sa kanya. So parang onti-onti, natatanggap ko na sa sarili ko na ganon. So parang 'yung question mo na bago at pagkatapos, parang same lang din. Kasi bago ko siya i-ano, parang natanggap ko na, ganon. *Pwede po ba matanong, clingy po ba siya sainyo?*

P9: oo, clingy siya.



Participant 10:

PRE: *Good morning po*

P10: *good morning*

PRE: *Before po mag-start, gusto ko lang po ipaalam sainyo na lahat po ng mga infos and data na maco-collect namin ay gagamitin lang namin for research purposes. Tapos ang name niyo po ay confidential pati po 'yung mga datas and infos po na ibibigay niyo.*

PRE: *Okay na po?*

PRE: *Start na po tayo?*

PRE: *During this interview po pwede po kayo makaranas ng discomfort when discussing about this topics po, so anytime po pwede po kayong manghingi po ng break and mga short breaks po.*

PRE: *And if masyado na po ano 'yung discomfort, pwede na po kayo mag withdraw.*

P10: *oh sige.*

Q1: *Can you share us some experiences po of taking care of your child?*

P10: *hindi ko kasi masasabi sainyo kung-kung ano experience ng ano, dahil ang sakin kase, kumbaga parang sa salitang "mahirap" talagang-alam m 'yung nasa mahirap talaga, hindi masasabi na "ok lang ba?" "mahirap ba?" kasi hindi ko ma-explain kung gaano kahirap
Ah sige po.*

Q1.a.i: *Meron po ba sainyong epekto physically? Ano po 'yung mga kakaiba sainyo physically?*

P10: *sobra, sobra. Hindi nga lang siya physically eh. Overall na siya lahat lahat eh. Kumbaga, dati na parang nakakaalis ka ng bahay, hindi na pala siya pwedeng ilabas ng bahay.*

Pwede po ba matanong kung ilang taon na po ba anak niyo?

P10: *3 years old.*

Babae po ba?

P10: *lalaki.*



AQ: *May time pa bo ba na nag ta-tantrums po siya?*

P10: hindi times bunso eh, everyday. Everyday may tantrums kasi if hindi mo nabibigay yung gusto nila, hindi na mapipigil. So ang gagawin mo nalang, i-huhug mo nalang siya tapos sasabihin mo na lang sakanya "it's ok" sabay sasabihin mo na lang sa kanya na "maybe next time". Iba-iba kasi tantrums nila eh.

Q1.b: *Meron po bang positive effects po sainyo ng pag-aalaga ng baby po?*

P10: Positive? Meron naman din. Pero ewan ko kung masasabi kong positive ba 'yon? Meron naman din sa akin kasi as a mother, diba, mas ok na ako mag alaga sa anak ko kaysa sa iba, kasi ako kaya ko ibigay lahat, hindi katulad ng ibang tao na 'pag-halimbawa: nasaktan sila, may times kasi na nananakit din sila. So, kung ako kasi ang mag-aalaga, kaya ko siyang intindihin hangga't sa makakaya ko. Pero kung iba kasing tao, halimbawa: sinaktan. Meron kasing-'di ko naman sinasabing lahat, meron din kasi baka mamaya saktan din nila 'yung anak ko, na akala nila, okay lang. (inaudible) kasing autism, kumabaga kasi hindi more on disiplina ng isang magulang (inaudible). Sila kasi anak, hindi mo pwedeng paluin ng paluin. Pag pinalo mo kasi sila-once na paluin mo sila, nakatitig lang sila sayo, tapos, gagawin parin nila. Hindi nila naiintindihan 'yung sinabi mo "oh don't do that", "don't do that again" ang sasabihin lang nila sayo, "oh don't do that again" pero hindi nila naintindihan, nakatulala lang sila sayo, parang nakatulala lang, nakangiti, wala lang.

AQ: *'Yung mga positive po na'yon, mas napapalapit po ba niya 'yung family niyo sa pag-aalaga po sakanya?*

P10: kaming dalawa?

AQ: *'Yung family niyo po. 'Yung father niya, yung-*

P10: iba-iba kasi anak ang ano eh-sinabi ko nga sainyo 'yung positive ang sinasabi niyo. Hindi-iba-iba kasi ang sitwasyon ng ibang pamilya eh, more on-alam niyo 'yung-

(parent na katabi ni p10): 'yung iba tanggap yung iba hindi

P10: oo, 'yung ganon



(parent na katabi ni p10): okay lang yan ate

Okay lang po.

P10: sakin kasi, 'yung relatives ko, 'di tanggap. Kumbaga, ako lahat. Okay na sakin kahit (inaudible) sila sa anak ko. Parang ang tingin nila sa anak ko abnormal. Ine-explain ko naman ng paulit-ulit na late lang siya, ganyan lang siya, madedevelop din natin siya basta ganyan-ganyan lang. Sabi niya-sabi nung relatives ko "hihintayin pa natin pambili ng lupa, ang mahal ng therapist niyo". Sabi talagang pag nandyan ang (inaudible). Sabi niya "late lang 'yan. Hindi dapat 'yan sinasama sa ibang-" tingin kasi nila sila (inaapprove) (inaudible)

Okay lang po? Baka gusto niyo po mag take ng break?

If gusto niyo po, pwede po kayo muna mag take ng break. Pwede po kayo mag take ng break?

P10: sige okay lang para matapos na rin kayo

Q2.a: *Kunwari po: nag-iistress na po kayo, ano po 'yung ginagawa niyong coping mechanisms po?*

P10: nag p-pray nalang. Nag p-pray palagi. Tapos sa labas kasi ng house namin-sa likod, maganda naman 'yung ambiance 'don. Doon na lang ako humihiga, tapos nag i-inhale-exhale ako. Sasabihin ko nalang sa taas "nasa inyo lahat 'yung ano ko, alam kong magiging okay din sila" kumbaga may (inaudible) kung 'yung ibang tao wala, ako meron. Kasi nakikita ko din ang anak ko na, (nakakasarili?) (inaudible) ko sa iba

Q2.a.i: *Sa tingin niyo po, gumagana po ba ang mga coping mechanisms niyo?*

P10: oo. Kasi nakikita ko siya araw-araw. Dati hindi siya nagsasalita, ngayon nagsasalita siya. Dati 'di siya nakikinig sa command call. Halimbawa: nag shower ako, kasama ko siya sa room, nag-hihintay siya. Dati kasi na hindi niya naiintindihan, ngayon naiintindihan na niya.

Q3: *In taking care of him po, ano po 'yung mga extra efforts na binibigay niyo para po alagaan siya?*

P10: lahat-lahat eh. Kumbaga 'di ko masabing extra 'yun eh. Kasi daily-daily routine na namin siya eh. Kumbaga, lahat



talaga ibibigay mo sa anak mo kasi once na nanghina ka o kaya napagod ka, mas malaking impact 'yon sakanila. Kaya kailangan, lagi kang malakas.

AQ: *Nabanggit niyo po ba kung nag tatantum po ba siya public? In public places po?*

P10: oo, meron. Sa robinson, first time ko 'yung nag-wala siya. Hanggang waistline ko 'yung buhok ko, pinaikot niya ng pinaikot tapos sinabunutan ako, pinalo ako sa mukha, nag tinginan mga tao sakín, 'yun 'yung pinaka-pinaka-ewan ko.

AQ: *Meron po ba siyang sinusunod na routine?*

P10: ha?

AQ: *Meron po siyang sinusunod na routine?*

P10: meron.

AQ: *Pano po pag hindi niya nasunod?*

P10: ganun din, ganun nga anak. Halimbawa: meron kasi siya, papasok siya dito, sasabihin niya sakín "mommy rcs teacher alex and then jollibee" pag naiba 'yung routine na 'yon, na ginawa ko munang jollibee tapos rcs, tapos teacher alex, nag-wawala na siya.

Kahit na maliit na pagbabago lang po sa routine?

P10: oo, meron

AQ: *How about po sa paggamit po niya ng gadgets? Gumagamit po siya ng gadgets?*

P10: 'yun 'yung parang iniisip ng iba na kasi napabayaán ko naman talaga siya sa gadget. 1 year old palang siya kase nag ttv na siya. 2 years old, pinahawak ko siya ng cellphone. 'Yun. 'yun 'yung parang mas nabago nga siguro sa gadget.

AQ: *Nililimitahan niyo po ba 'yung screen time niya? Sa gadgets po?*

P10: kusa na siya anak umaayaw eh, hindi na siya yung bata na kailangan whole day na mag gadget, hindi siya ganon. Ang gagawin niya kase, diba sasabihin niya "let's go labas" may iniisip sila eh, iba 'yung-basta every hour, nagbabago 'yung isip nila, nag iiba ng gusto.

AQ: *Clingy po ba siya sa inyo?*

P10: saan?



Sa inyo po

P10: *sakin? Oo. mas parang ano siya sakin eh, kumbaga 'yung.. Siguro 'yung strength niya sakin. Kumabaga 'pag ako umiyak, iiyak na din siya siguro? Ganon siya, 'tas sobrang lambing niya talaga. Hindi ata siya mabubuhay ng wala ako, parang ganon 'yung ramdam ko sa kaniya.*

AQ: *Eto po, 'yung question po na ito is medyo sensitive na po, ano po 'yung reaction niyo 'nung nakuha niyo po diagnosis?*

P10: *isa lang naman ginawa ko anak eh, humagulgol. 'Yun lang naman 'yung sakin. Ako lang kasi naniniwala na 'nung pinadiagnose ko sa doktor, solo ko lang anak eh. Kumabaga 'di ko sinabi na sakanila.*

AQ: *Before niyo po siya pinadiagnose, then 'yung after po, 'yung pong experiences niyo is magkaiba po ba? Before and after niyo po makuha 'yung diagnosis?*

P10: *pwedeng mag kaiba, pero kasi noong 'di ko pa siya pinapadiagnose-sasabihin mong magkaiba kasi parang may doubt ka pa eh, "baka kasi hindi talaga" "baka nga paranoid lang ako" "baka nga nadadala lang ako sa social media". Kasi nga may mga sign na-halimbawa: nag titip-toe siya, "so nag titip-toe ba autism na?" ganon kaagad. Pero noong nakausap ko na 'yung doktor, 'dun na 'yung 100% na "ah, dapat pala pinacheck up ko ng mas maaga pa" yon.*

AQ: *Ok lang po ba if ask namin kung nasaan po father niya?*

P10: *nasa U.S*

AQ: *Pwede po matanong kung ano po trabaho niya?*

P10: *waiter, bunso. Waiter at bartender.*

'Yun lang po.

P10: *ok na?*

Opo.

P10: *thank you*

Thank you po.



CURRICULUM VITAE

Name: Jhal Albert Berioso

Address: Bagong Silang, Cabiao,
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Birthday: February 19, 2007

Age: 17 years old



Father: Alberto Berioso

Occupation: Senior Technician

Mother: Maricel Berioso

Occupation: Housewife

Educational Background:

Elementary: Bagong Silang Elementary School

Junior High School: Little Child Jesus Christian
Academy



CURRICULUM VITAE

Name: Thomas James V. Franco

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Age: 16 years old



Father: Herman Franco

Occupation: I.T.

Mother: Dra. Helen V. Franco

Occupation: Physician

Educational Background:

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Junior High School: Holy Rosary Colleges
Foundation



CURRICULUM VITAE

Name: Axel Kendric B. Palon

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Age: 17 years old



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Occupation: CCTV Operator

Mother: Miaida B. Palon

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Educational Background:

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Junior High School: General de Jesus College



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Name: Allen Gabriel B. Dela Peña

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Occupation: N/A

Mother: Jasmine Dela Peña

Occupation: Teacher

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Junior High School: General de Jesus College



CURRICULUM VITAE

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Age: 17 years old



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Mother: Maribeth Zeineldin

Occupation: Nurse

Educational Background:

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CURRICULUM VITAE

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Birthday: October 12, 2005

Age: 18 years old



Father: Teruaki Otsubo

Occupation: N/A

Mother: Lorna S. Agaton

Occupation: Housewife

Educational Background:

Elementary: St. Paul School of San Antonio Nueva Ecija

Junior High School: San Mariano National High School