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**NAVIGATING PARENTHOOD: STORIES FROM PARENTS
RAISING CHILDREN WITH SPECIAL NEEDS**

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NAVIGATING PARENTHOOD: STORIES FROM PARENTS RAISING CHILDREN WITH SPECIAL NEEDS

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APPROVAL SHEET

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ABSTRACT

The life of a parent raising a child with special needs is not easy, particularly for children with Down syndrome, where they face various difficulties such as financial crises, health crises, and unfair treatment. This qualitative study explores the experiences of parents raising children with Down syndrome. The researchers utilized a phenomenological approach to delve into their different experiences. Ten participants identified through snowball sampling and they were interviewed at their most convenient time. Researchers employed the Colaizzi method for thematic analysis to analyze the data and derive themes. Three themes emerged from the experiences of parents with special needs: Child Development, Physical and Health Condition, and Appreciation and Gratitude. Additionally, three themes emerged from the coping mechanisms of parents: Give Time and Attention, Providing Education and Exposing the Child, and Unconditional Love and Acceptance. Moreover, from the insights and advice of the parents, three themes emerged: Nurturing Growth Through Learning, Fostering an Empathetic Atmosphere, and Embracing the Situation. From the findings, researchers highlighted that discrimination was the biggest challenge experienced by parents, and the best approach to address this issue is to expose their children to people so they can understand the situation better. However, despite the challenges parents face, they cannot deny that their children are their major sources of happiness.

Keywords: Special Needs, Down Syndrome, Experiences, Coping Mechanisms, Parents' Struggles, Parents' Insights

TABLE OF CONTENTS

	Page
TITLE PAGE	i
APPROVAL SHEET	ii
ACKNOWLEDGMENT	iii
ABSTRACT	v
LIST OF TABLES	x
LIST OF FIGURES	xi
Chapter 1. INTRODUCTION	
Background of the Study	1
Purpose of the Study	4
Statement of the Problem	4
Theoretical Framework	5
Significance of the Study	6
Scope and Delimitation	8
Definition of Terms	9
Chapter 2. REVIEW OF RELATED LITERATURE	
Parenting Experiences of Parents with Children with Down Syndrome	10

	Page
Parenting Challenges of Parents with Children with Down Syndrome	12
Coping Strategies and Mechanisms of Parents	14
Insights, Sentiments and Advices of Parents	16
Chapter 3. METHODOLOGY	
Research Design	18
Research Participants	19
Research Locale	19
Research Instruments	20
Data Gathering Procedure	21
Ethical Considerations	21
Trustworthiness	23
Data Analysis	25
Chapter 4. RESULTS	
Statement of the Problem 1	26
Statement of the Problem 2	33
Statement of the Problem 3	39

	Page
Chapter 5. DISCUSSION	
Discussion of the Results	47
Chapter 6. IMPLICATIONS AND CONCLUDING REMARKS	
Implications	53
Concluding Remarks	54
REFERENCES	56
APPENDICES	
Appendix 1a: Letter of Permission	63
Appendix 1b: Letter of Permission	65
Appendix 1c: Letter of Permission	67
Appendix 1d: Letter of Permission	69
Appendix 2a: Letter to the Validator	71
Appendix 2b: Letter to the Validator	73
Appendix 3a: Validation Sheet	75
Appendix 3b: Validation Sheet	76
Appendix 4: Interview Protocol	77
Appendix 5a: Participant Information Consent	79

	Page
Appendix 5b: Participant Information Consent	81
Appendix 5c: Participant Information Consent	83
Appendix 5d: Participant Information Consent	85
Appendix 5e: Participant Information Consent	87
Appendix 5f: Participant Information Consent	89
Appendix 5g: Participant Information Consent	91
Appendix 5h: Participant Information Consent	93
Appendix 5i: Participant Information Consent	95
Appendix 5j: Participant Information Consent	97
Appendix 6: Transcripts of Responses	99
Appendix 7: Translates of Responses	128
Appendix 8: Researchers Parent Consent	147
Appendix 9: Documentation	148
Appendix 10: Editor's Certificate	153
CURRICULUM VITAE	154

LIST OF TABLES

Table		Page
1	The Parenting Experiences and Challenges of Parents with Children with Down Syndrome	26
2	The Coping Strategies and Mechanisms of Parents with Children with Down Syndrome	33
3	The Insights, Sentiments, and Advices of Parents	39

LIST OF FIGURES

Figure		Page
1	Map of Calinan District	20

Chapter 1

INTRODUCTION

Background of the Study

In a diverse world, embracing and supporting individual differences paves the way for a more inclusive and compassionate society. The term special needs refers to individuals who require additional support, accommodations, or services due to physical, cognitive, or developmental challenges that may impact their daily functioning. According to the American Academy of Pediatrics (2022), these challenges can be present at birth or develop later in life. The most frequent chromosomal condition nowadays is still down syndrome (DS). A chromosomal condition called DS is brought on by a mistake in cell division that results in the existence of an extra copy of chromosome 21 (trisomy 21) or extrachromosomal 21 material (National Institute of Child Health and Human Development, 2018). Raising a child with down syndrome can be challenging, but it can also be very fulfilling. Understanding the difficulties and rewards of parenting a child with down syndrome is critical for parents, caregivers, and the larger society (Uttam, 2023). It is essential for parents, carers, and the larger society to understand the difficulties and rewards of raising a child with Down syndrome (Stefferud, Einang & Klingenberg, 2021).

Having a typical child comes with its own set of challenges, including the constant demands of parenting and childcare. However, caring for a child with special needs greatly compounds these challenges because they have unique and often more complex care needs (SmartParenting Staff, 2021). The life management of parents of children with down syndrome, with a focus on three specific domains: parental stress, parenting techniques, and transformative results. There have been studies that look at the difficulties that parents

face while parenting their children with Down syndrome, the various solutions that parents adopt, and how their self-perception is modified as a result of their experiences (Arceo, Chavez, Novera & Ramos, 2016).

Globally, down syndrome is the most common factor in congenital birth abnormalities and intellectual disability with a genetic basis (Chen, et al., 2022). Sofia Sanchez had a challenging early life. Her parents abandoned her at birth in Ukraine, where she was born with Down syndrome. But once one American couple saw a picture of the cute infant, she quickly found a family that loved her and her voice (Dowling, 2023). Parenting children with Down syndrome (DS) has unique challenges, including dealing with a variety of issues. Parents can experience stress, anxiety, sadness, and other psychological issues. As well as the parents' availability for leisure time and other social activities (Wayne & Krishnagiri, 2016).

In the Philippines, a qualitative study examined the experiences of 15 Filipino parents raising children with down syndrome through in-depth interviews. The findings revealed five key aspects of their journey: the significant lifestyle adjustments made by families to meet the needs of their child, the emotional journey from shock to acceptance of the diagnosis, the various parenting styles and strategies employed, the wide range of emotions experienced by parents, and the coping mechanisms and support networks utilized to navigate challenges. These insights provide a rich understanding of the complexities parents face in raising a child with Down syndrome, capturing both the challenges and the moments of resilience and joy within their journey (Abesamis, et al., 2012).

The Down Syndrome Association of the Philippines, Inc. (DSAPI) recently hosted an event in Davao City to highlight the fact that children with down syndrome should be treated equally with other children and that they too have rights. The manager of DSAPI-Davao, Ms. Lanie Vergara, claims that people should avoid discrimination, violence, and abuse against children with down syndrome. Vergara said that while interacting with kids who have down syndrome, adults should consider their "ability" rather than their "disability." She added that some still use the derogatory word "mongoloid," which she described as "the stigma is still there." Vergara explained, *Down Syndrome is not preventable and there's no cure; but we can do something about it. We can (help them) maximize their potentials.* The DSAPI-Davao also recognizes the hard work and sacrifices of parents who are continuously taking care their child despite all the circumstances and challenges they encounter in daily life (Fuentes, 2015).

There have been few studies focusing on the stories of parents of children with down syndrome. Some studies show what society and the government do to protect the rights of these children, but there was a lack of information on the subjects that the researchers wanted to know about. It is hard for a parent to have a child with down syndrome. Because of that, the researchers found it necessary to share with the people the challenges and struggles that they encounter while taking care of their children. Therefore, this research study will show the story of the parents in the Calinan District of Davao City, in which they have sacrificed a lot in order to give their child a normal life despite many discriminations towards children with down syndrome.

Purpose of the Study

The purpose of this study was to explore the experiences of parents of children with down syndrome. The parents had their own experiences that are worth sharing which could help other parents who are also struggling to rear children with similar condition. Through in-depth interviews with the parents, this study aimed to gain a deeper understanding of raising children with down syndrome and the challenges and struggles they experienced while raising them. Additionally, the study sought to explore the coping strategies and mechanisms of parents in raising their children and how they managed them, to gain insights and perspectives from the parents, and to raise awareness among people who do not know how to handle a child with down syndrome. Moreover, this study could be an eye-opener for the readers and for the government and non-government organizations for them to become more aware of the struggles that parents experience in raising children with down syndrome.

Statement of the Problem

This study aimed to assess the different stories that the parents of children with down syndrome want to share and to gather pieces of information on how they face challenges while raising their children. Specifically, it sought to answer the following questions:

1. What are the experiences of parents who have a child/children with down syndrome?
2. How did the parents cope with the situations of their children?
3. What are their insights with regard to raising their children with down syndrome?

Theoretical Framework

The Social Support Theory was proposed by Sheldon Cohen and Thomas A. Wills in their influential 1985 paper titled "Stress, Social Support, and the Buffering Hypothesis." In the paper of Cohen and Wills, they introduced the concept of social support and discussed how it can act as a buffer against the negative effects of stress on an individual's health and well-being. This theory is highly relevant for children with special needs as it emphasizes the critical role of social networks in their well-being and development. Children with special needs often encounter unique challenges that can impact their emotional, cognitive, and social development. The theory underscores how the presence of strong and positive social connections, including family, friends, educators, and peers, can act as a buffer against the potential negative effects of these challenges. These supportive relationships provide emotional comfort, information, and practical assistance, contributing to the child's overall resilience and adaptive coping strategies (Cohen & Wills, 1985).

Additionally, attachment theory, proposed by John Bowlby, is a psychological framework that examines the formation and influence of emotional bonds between individuals, particularly in parent-child relationships. According to Bowlby (1969), attachment develops as a result of infants' innate need for proximity and security, leading them to seek a consistent caregiver who provides comfort and reassurance. The theory suggests that the quality of early attachments influences an individual's socioemotional development and shapes their future relationships and behaviors (Ainsworth, et al., 1978). Attachment theory provides valuable insights into the parent-child relationships involving children with Down syndrome. Parents of children with Down syndrome may experience

unique challenges in the attachment process due to the specific needs and developmental differences associated with the condition. The theory highlights the importance of a secure and responsive caregiver-child bond, which is equally relevant in the context of Down syndrome.

Significance of the Study

The study focuses on the challenges and experiences faced by parents of children with down syndrome holds great significance in several key areas. By examining the impact of down syndrome on parents, their families, and the well-being of the children themselves, this research aims to shed light on various aspects of this condition and contribute to the improvement of support systems and interventions for affected families.

The significance of the study can be understood in the following contexts:

For parents of children with down syndrome, understanding the challenges faced by parents of children with down syndrome is crucial for providing appropriate support and resources. This study will explore the emotional, social, and psychological experiences of these parents, including their coping mechanisms, stress levels, and overall well-being.

For families of children with down syndrome, this study recognizes that the challenges faced by parents of children with down syndrome extend beyond individual experiences, impacting the entire family unit. By investigating family dynamics, relationships, and interactions within the context of down syndrome, this research aims to identify the specific challenges faced by siblings, grandparents, and other family members. The outcomes of the study will facilitate the development of comprehensive family-centered support programs, fostering an inclusive environment that promotes the well-being of all family members.

For children with down syndrome, this study can provide them more understanding on to the development and needs of the children. By exploring the challenges faced by parents, the study indirectly sheds light on the factors that affect the social, emotional, and cognitive development of children. The findings will contribute to the development of early intervention strategies, specialized educational programs, and therapies that optimize the potential of children with down syndrome, promoting their overall well-being and integration into society.

For government agencies and Non-Governmental Organizations, this study can provide new insights and solutions into how they help parents and their children with DS. The findings of this study will help the Department of Health (DOH) develop policies and programs that address the needs of children with Down syndrome and their families. It will also help DOH provide better services to families and ensure that they have access to the resources they need. Moreover, this study will also help the Department of Social Welfare and Development (DSWD) develop programs and services that support families of children with down syndrome. Lastly, this study will also help the Down Syndrome Association of the Philippines, Inc. (DSAPI) identify the needs of families of children with down syndrome and develop programs and services that address those needs. It will also help DSAPI provide support to families and connect them with other families in similar situations.

For future researchers, this study lays a foundation for future research into the challenges parents face when raising children with down syndrome, suggesting areas like educational approaches, health, and support services for exploration. For upcoming researchers, especially those in grades 9 and 10, there is an opportunity to delve into

assessing different teaching methods and curriculum changes to improve learning and social inclusion for these kids. Additionally, studying the physical health and well-being of children with down syndrome, covering topics like nutrition and healthcare access, can guide efforts to enhance their overall quality of life. Furthermore, investigating the availability and accessibility of support services for families can reveal gaps and lead to suggestions for more inclusive support networks. By building on these findings, future researchers can play a crucial role in making life better for individuals with down syndrome and their families, fostering a more inclusive society where everyone has equal opportunities.

Scope and Delimitation

The scope of this research focused on exploring the experiences and challenges faced by parents who had children with special needs, particularly with down syndrome. It aimed to investigate the emotional, psychological, social, and practical aspects of parenting a child with special needs. The study delved into various stages of the development of the child, from the day that the child was born up until now that they were taking care of their child, and considered how the experiences and challenges might have varied based on factors such as the age of the child, the severity of their condition, and the socio-economic background of the parents.

This research did not cover other types of children with special needs beyond down syndrome. It also did not extend to examining the medical or clinical aspects of down syndrome, nor did it focus on interventions or therapies for children with the condition. The research primarily relied on the perspectives of parents, without directly involving individuals with down syndrome or professionals in the field.

This study made use of the qualitative type of research. The geographical scope of the study was limited to Calinan District in Davao City. The data used in the study came from but were not limited to 10 parents, and the findings might not have been generalized to a broader population. Additionally, while the study might have touched upon the experiences of extended family members and support networks, the main focus was on the parents' point of view.

Definition of Terms

This section presents some of the terms used in the study. The following are operationally defined based on how these terms are used.

Children with Special Needs - refers to children who are diagnosed with physical, intellectual, or developmental conditions, such as down syndrome.

Parenthood - often forms a community of support with other parents who are going through similar experiences, sharing resources, advice, and encouragement.

Parents - are responsible for providing for the basic needs of their children, especially if they have a genetic condition like down syndrome.

Experiences - shows how parents face challenges, struggles, and problems and how they manage the behavior of their children with down syndrome.

Insights - refers to the valuable understandings and perspectives gained from the experiences of parents raising children diagnosed with down syndrome.

Coping Mechanisms - refers to the strategies that the parents use to navigate challenges and stressors, especially in raising a child with down syndrome.

Emotional Support - refers to coping with the emotional aspects of parenting a child with special needs and seeking support.

Chapter 2

REVIEW OF RELATED LITERATURE

This chapter contains a discussion of facts about past and present studies that are related to this research. This chapter aims to provide an overview of existing literature relevant to the research topic. Specifically, it delves into past and present studies related to the experiences of parents raising children with down syndrome. By reviewing this literature, the chapter aims to highlight the wealth of evidence available to support the current study, offering insights, theories, and explanations that will aid readers in understanding the research problem more comprehensively.

Parenting Experiences of Parents with Children with Down Syndrome

Parents of children with Down Syndrome (DS) often confront challenges related to sleep issues. Despite recognizing the negative impact of sleep disturbances on family relations, many parents struggle to view it as a health concern. They acknowledge that raising a child with a disability entails daily sleep challenges. Moreover, some parents reported dissatisfaction with healthcare providers' responses to their child's sleep issues, including a failure to refer them to appropriate services (Chawla, et al., 2022). In another study, the difficulties faced by parents of children with DS were explored, highlighting the need for tailored medical and educational interventions. Raising awareness about DS within the community was deemed essential for fostering understanding and positive social interactions (Rahimi & Khazir, 2019).

Moreover, fathers' reactions to the birth of a child with DS were initially marked by outrage but evolved into acceptance through collaborative parenting efforts. Their experiences offer practical insights into caring for families with DS children (Takataya, et

al., 2016). A subsequent study aimed to enrich existing literature by examining both positive and negative experiences reported by parents of DS children. Themes of positive experiences included the child's achievements and social acceptance, while negative experiences encompassed medical challenges and lack of social support (Farkas, Cless, et al., 2018). Seeking support from other parents or healthcare professionals is recommended for coping with the emotional turmoil following a DS diagnosis (FamilyDoctor.org, 2022).

The impact of raising a child with DS extends beyond emotional challenges to lifestyle adjustments for the entire family. Recognizing and accepting learning disabilities are crucial but daunting tasks (Sujatha & Mool, 2013). Experienced mothers of DS children navigate various emotional and practical aspects of caregiving, highlighting the need for comprehensive support from healthcare professionals (Zulfia, 2020). Implementing ongoing health education initiatives for mothers of DS children is suggested to enhance their caregiving skills (Hegazy & Baraka, 2021).

In addition, parents of infants with DS often grapple with feelings of surprise and apprehension due to uncertainties about their child's future. Health visitors play a vital role in supporting these families and monitoring the well-being of DS children (Mengoni & Redman, 2018). Communication of the DS diagnosis significantly influences parental acceptance and coping mechanisms (Nejad, et al., 2020). While existing research predominantly focuses on the challenges faced by parents in Western countries, there is a need to explore the experiences of parents in low- and middle-income countries, particularly in Africa (Tekola, et al., 2022).

Understanding the impact of DS on families requires acknowledging the unique needs and challenges they face. While existing studies shed light on the psychological,

financial, and caregiving burdens, a holistic approach is necessary to address these challenges effectively (Gomez, 2013). Positive coping strategies, such as seeking support and maintaining familial bonds, play a crucial role in managing stress associated with raising DS children (Heiman, 2023).

Parenting Challenges of Parents with Children with Down Syndrome

Raising a child with Down syndrome (DS) presents unique challenges that can exert considerable strain on marital relationships and impact parental mental health. Research by Norton et al. (2016) underscores the importance of access to respite care in alleviating stress and preserving marital quality amidst the demands of caring for a child with DS. The constant care needs and potential behavioral challenges associated with DS can create significant stressors within the family unit, making regular breaks and support systems essential for parental well-being. Additionally, Swanepoel and Haw (2023) highlight the increased risk of depression among mothers of children with DS, emphasizing the need for targeted support and intervention strategies.

Moreover, mothers of children with DS face an increased risk of depression, as highlighted by Swanepoel and Haw (2023). This necessitates targeted support and intervention strategies to mitigate the mental health toll of caregiving. Providing mothers with resources for self-care and emotional support can help buffer against the psychological impact of navigating the unique needs of a child with DS. Suza, et al. (2020) further emphasize the financial burdens and concerns about the future that compound these anxieties, contributing to parental stress and mental health challenges.

Acceptance of the limitations imposed by DS on a child's academic and daily functioning can be a profound struggle for parents. Suza, et al. (2020) emphasize the

financial burdens and concerns about the future that compound these anxieties. Parents often grapple with feelings of uncertainty and worry about their child's prospects, which can take a toll on their mental well-being and family dynamics. Norton et al. (2016) also discuss the importance of access to respite care in alleviating stress and preserving marital quality amidst the demands of caring for a child with DS.

However, amidst these challenges, there is also potential for profound growth and fulfillment. Smyth (2016) suggests that despite initial apprehensions, many parents find joy and purpose in the journey of raising a child with DS. Witnessing their child's milestones and unique personality traits can bring immeasurable joy and satisfaction, counterbalancing some of the difficulties associated with caregiving. Additionally, Marshak, et al. (2019) discuss how fathers undergo a transformative process of adjustment and personal growth when raising a child with DS, challenging preconceived notions and redefining their roles within the family.

Furthermore, fathers undergo a transformative process of adjustment and personal growth when raising a child with DS. Marshak, et al. (2019) discuss how fathers challenge preconceived notions about DS and redefine their roles within the family. This shift often leads to deeper connections with their children and a newfound appreciation for the strengths and abilities of individuals with DS. Bohnstedt, et al. (2023), Alyahya, et al. (2022), and Uttam (2023) emphasize the importance of support from healthcare professionals and community resources in addressing practical hurdles related to healthcare access, dental care, and societal prejudice.

In addition to emotional challenges, parents of children with DS must navigate practical hurdles related to healthcare access, dental care, and societal prejudice. Bohnstedt

et al. (2023), Alyahya et al. (2022), and Uttam (2023) emphasize the importance of support from healthcare professionals and community resources in addressing these barriers. Collaborative efforts are needed to ensure that families receive comprehensive support in managing the unique needs and challenges associated with DS. Norton et al. (2016) underscore the importance of access to respite care in alleviating stress and preserving marital quality amidst the demands of caring for a child with DS.

Coping Strategies and Mechanisms of Parents

Effective coping mechanisms are vital for managing stress and addressing the needs of DS children. Seeking support, accessing information, and maintaining a positive outlook are common strategies employed by parents (Lee, et al., 2021). Despite the adversities encountered, parents in non-Western contexts exhibit resilience through spiritual beliefs and support networks (Celik & Uzun, 2023).

Parents demonstrate adaptability and resourcefulness in navigating the challenges of raising DS children during the COVID-19 pandemic (Ceballo, 2023). Strategies such as fostering familial closeness and maintaining a positive bond with their child aid parents in managing stress (Arif, et al., 2021). Employing diverse coping mechanisms, such as acceptance and outdoor activities, contributes to parental well-being and child development (Saputri, 2019).

The study by Dunst, et al. (2019) delved into parental advocacy and empowerment among families of children with disabilities, emphasizing the critical role of empowering parents to advocate effectively within healthcare and educational systems. Empowered parents possess comprehensive knowledge about their child's disability, available services, and rights, enabling them to make informed decisions and articulate their child's needs to

professionals (Dunst et al., 2019). These parents also demonstrate strong communication skills, collaborate actively with professionals to develop individualized plans, and assertively advocate for their child's best interests. Additionally, participation in support networks provides emotional reinforcement and practical guidance, further bolstering parents' advocacy efforts (Dunst et al., 2019). Overall, empowering parents facilitates meaningful partnerships between parents and professionals, enhancing outcomes for children with disabilities by ensuring that they receive the necessary support and services tailored to their needs.

The study conducted by Dabrowska and Pisula (2013) aimed to investigate parenting stress and coping styles among mothers and fathers of preschool-aged children diagnosed with autism and Down syndrome. Autism and Down syndrome are among the most prevalent developmental disabilities, each presenting unique challenges for families. Parents of children with these conditions often experience elevated levels of stress due to the demands associated with caregiving, behavioral challenges, and navigating complex healthcare and educational systems (Hayes & Watson, 2013). Understanding how mothers and fathers of children with autism and Down syndrome cope with the stressors they encounter is crucial for developing targeted interventions and support programs to enhance parental well-being and family functioning. Previous research has highlighted differences in coping strategies utilized by mothers and fathers in response to parenting stress (Kersh & Hedvat, 2016), suggesting the importance of examining coping mechanisms within the context of specific disabilities to inform tailored support approaches.

Insights, Sentiments, and Advices of Parents

More importantly, down syndrome parents confront several obstacles and have a variety of requirements because of their children's issues. This qualitative study aims to identify the mother of a female kid with Down syndrome's experiences. The study primarily intends to investigate the mother's sentiments, her engagement in the child's development, and her ties with the family and societal milieu using semi-structured interviews. The findings indicated that the mother has a substantial impact on her kid's development and has everyday challenges (such as acceptance of the child and providing intense care for her) that she manages with the help of the intra-family network. Important issues regarding diagnosis and early intervention, school integration of a child with Down syndrome, the role of family members in her education and therapy, as well as worries about her future, can be understood by understanding the experiences of the specific mother, which are examined in the current qualitative study (Markodimitraki & Kyriatiki, 2021).

In addition, parents were surveyed about the satisfaction of services their teenagers received in various areas. According to the parents' reports, the care provided for vision was satisfactory for 92% of them, while for hearing it was 90%, for medical care it was 86%, for dietetics it was 55%, and for speech and language therapy it was 39%. Dissatisfaction primarily stemmed from issues related to accessing services rather than the quality of care received. In fact, 79% of the adolescents were unaware of the transition to adult services and were not bothered by it. Parents believed that the transition process could be improved through additional information, which is 61%, better preparation which is

51%, and increased planning and discussion involving the adolescents which is 63% (McGrane & Roche, 2019).

The study conducted by Hastings and Taunt (2014) delves into the exploration of positive perceptions within families of children with developmental disabilities, an area relatively underexplored in existing literature. Families raising children with developmental disabilities often face numerous challenges, including navigating healthcare systems, accessing appropriate education, and managing daily caregiving tasks (Saloviita, et al., 2016). While existing research predominantly focuses on the stressors and difficulties experienced by these families, there is a growing recognition of the importance of understanding positive aspects within this context. Positive perceptions, such as feelings of resilience, satisfaction, and personal growth, may play a crucial role in buffering against the negative impact of stressors and fostering family well-being (Montes & Halterman, 2015).

These related works of literature contain related information and that will support this research. The related literature that is found is categorized and arranged. The first 3 pages contain the experiences of parents in parenting a child with down syndrome, then the next pages are the challenges they encounter, coping strategies and mechanisms, and lastly, the insights and sentiments of parents. Some of the related literature has also shown how parents endure parenting their children. The overall content of this chapter is related literature that contains information about the experiences and challenges of parents in taking care of their child with down syndrome.

Chapter 3

METHODOLOGY

In this chapter, the research methods are discussed. This explains the research design, participants, locale, instruments, and data analysis, including ethical considerations and trustworthiness.

Research Design

This study applied a qualitative-descriptive research design. According to Yilmaz (2013), qualitative research emerges as an inductive, interpretive, and naturalistic approach to studying people, cases, phenomena, social situations, and processes in their natural settings, aiming to reveal descriptive meanings that people attach to their experiences of the world. Qualitative research is defined as the study of Colaizzi's method, a useful methodological approach in qualitative research, enabling researchers to set aside their perceptions of a phenomenon and give meaning to a participant's experiences. The use of Colaizzi's method of data analysis revealed new knowledge and provided insights into the experiences of parents of children with down syndrome.

Exploring the experiences of others enabled previously unavailable insights to be discovered. This study focused on the experiences of parents who had children with down syndrome. Researchers discovered that parents faced a variety of different experiences. This design was chosen by researchers to gain a better understanding and knowledge of the challenges and experiences faced by parents of children with down syndrome. This qualitative-descriptive study explored the attitudes of Filipino parents of children with down syndrome using thematic analysis of in-depth interviews.

Research Participants

The study on the experiences of parents with a down syndrome child recruited a total of 10 participants. Participants were selected based on specific inclusion and exclusion criteria. The inclusion criteria included parents who had experience caring for a down syndrome child and who had taken care of the child since birth. Additionally, the child had to have been diagnosed with down syndrome before the age of 2 years. These criteria were selected to ensure that participants had enough experience and knowledge of the condition of their child to provide valuable insights into their experiences.

On the other hand, several exclusion criteria were applied to the participant selection process. Solo parents were not eligible to participate, as the study wanted to capture the experiences of parents in a familial setting. Down syndrome children who were in an orphanage were excluded, as they may have different experiences compared to children who are cared for by their own parents. Parents who had a maid to assist in caring for the child were also not eligible for participation, as the study focused on the experiences of parents who were the primary caregivers. Lastly, grandparents who were the primary caregivers of the down syndrome child were also excluded from the study, as they may have different experiences compared to parents who were the primary caregivers. Overall, the selected participants provided a range of experiences and perspectives on caring for a down syndrome child while ensuring that the sample represented the goals and objectives of the study.

Research Locale

This study took place within the Calinan District of Davao City, Philippines. Interviews with participants were conducted either in their homes or at locations of their

choice. The researchers collected responses from residents living in barangays surrounding Calinan District through one-on-one interview. The selection of this location was based on its suitability for acquiring pertinent information regarding individuals with down syndrome. The study was carried out during the first semester of the academic year 2023-2024.



Figure 1. Map of Calinan District

Research Instruments

It was crucial to define the research instrument in this study. In order to facilitate the study, a research instrument was chosen as an assisting tool to collect the data. Madondo (2021) stated that the most common research instruments used in qualitative research are observation, focus group discussion, and interviews. In this study, the researcher used observation and interviews to collect the data. The researchers prepared an interview guide which they used in interviewing the participants. Moreover, after the interview with the participants, the researchers then translated and transcribed the said data,

after which, there was a validation process in which the transcript of the interview was given back to the participants to verify the data.

Data Gathering Procedure

Qualitative research is a study that investigates and offers a more in-depth understanding of issues present in the real world. The experiences, viewpoints, and actions of participants were gathered (Tenny, et al., 2022). The participants were allowed to choose the location for their interviews at any time during the study procedure, but especially during the data collection stage. As a result, each participant chose the location of the interview according to their preference and comfort. Hence, questions were answered by the participants at either their homes or places of employment.

As part of the process for conducting the study, the researchers wrote a letter of permission to the school president and principal of the school, informing them about the study and requesting permission to perform it outside the campus. Following approval from the school president and principal, the researchers identified prospective participants for the study and sent them an invitation letter. Following their acceptance of the invitation, they were provided with informed consent to explain the objectives of this study. The researchers made it clear that they would not be forced to answer questions about which they felt uncomfortable. The interview was recorded, and the process was followed. Furthermore, the researchers ensured the confidentiality of the data acquired.

Ethical Considerations

Ethical considerations in qualitative research encompass the principles and guidelines that ensure the protection of participants' rights, privacy, confidentiality, and well-being throughout the research process (Creswell & Poth, 2017). These considerations

involve obtaining informed consent, maintaining confidentiality, and demonstrating respect for participants' autonomy and dignity (Willig, 2013). Ethical considerations in research involving parents of children with Down syndrome emphasize the importance of obtaining informed consent and ensuring voluntary participation. Researchers must provide clear and understandable information about the study purpose, procedures, risks, and benefits. Informed consent should be obtained from parents, respecting their autonomy and right to make an informed decision about participating.

Protecting the confidentiality and privacy of participants is of utmost importance in research involving parents of children with Down syndrome. Researchers must take appropriate measures to safeguard the personal information and data collected during the study. This includes securely storing and anonymizing data, using unique identifiers instead of personal identifying information, and ensuring that only authorized personnel have access to the data. Researchers should also obtain informed consent regarding the use and dissemination of collected data, ensuring that the identities and personal information of the participants are adequately protected.

Additionally, conducting research about parents who have a child with Down syndrome requires a high degree of sensitivity and respect. Researchers should be aware of the potential emotional and psychological challenges that parents may face, and they should create a supportive and empathetic environment throughout the research process. It is important to maintain a non-judgmental stance and refrain from stigmatizing language or attitudes. Researchers should also consider the potential power dynamics and ensure that the voices and perspectives of parents are genuinely heard and valued, fostering a collaborative and inclusive research approach.

By adhering to these ethical considerations, researchers can ensure that studies involving parents of children with down syndrome are conducted ethically and with the utmost respect for the participants' rights, dignity, and well-being. These considerations contribute to the trustworthiness of the research and help foster positive relationships between researchers and participants.

Trustworthiness

The degree of confidence in data, interpretation, and techniques employed to assure the quality of a research is referred to as the trustworthiness of the study. Researchers should set the protocols and methods required for a study to be regarded worthy of consideration by readers in each study. Although most experts believe that trustworthiness is essential, there has been discussion in the literature about what defines trustworthy (Connelly, 2016).

Dependability involves participants' evaluation of the findings, interpretation and recommendations of the study such that all are supported by the data as received from participants of the study (Korstjens & Moser, 2017). Dependability entails participants' judgment of the study's findings, interpretation, and suggestions, all of which are supported by data obtained from study participants. Dependability should not be based on your personal likes or beliefs, but rather on the data. The emphasis here is on the interpretation process as it is integrated in the analysis process. An audit trail is a mechanism used to ensure reliability and confirmability. You are responsible for supplying a thorough set of notes on research team meetings, reflective thoughts, sampling, research materials used, emergence of findings, and data management information.

The confidence that can be placed in the truth of the research findings (Korstjens & Moser, 2017). The degree of trust that can be placed in the accuracy of the research findings. We the researchers will use prolonged engagement, triangulation, persistent observation, and lastly the member check. To study the data from their raw interview material until a theory emerged to provide them with the scope of the phenomenon under study.

The degree to which the results of qualitative research can be transferred to other contexts or settings with other respondents. The researcher facilitates the transferability judgment by a potential user through thick description (Korstjens & Moser, 2017). The extent to which qualitative research findings can be translated to other contexts or settings with different respondents. The researcher promotes a possible user's transferability judgment by a detailed description. As researchers, we demonstrated to readers that the research study's conclusions could be applied to different locations, situations, times, and populations.

The degree to which the findings of the research study could be confirmed by other researchers. Confirmability is concerned with establishing that data and interpretations of the findings are not figments of the inquirer's imagination, but clearly derived from the data (Korstjens & Moser, 2017). Confirmability is concerned with demonstrating that the data and interpretations of the findings are not only figments of the inquirer's imagination, but are clearly drawn from the data. Ensure the confirmability in our qualitative study by demonstrating that the facts and interpretations of the findings are not figments of the inquirer's imagination, but are clearly drawn from the data.

Data Analysis

The process of gathering, modeling, and analyzing data using various statistical and logical methodologies and procedures is known as data analysis. According to Calzon (2023), qualitative data analysis methods are described as the observation of non-numerical data that was obtained and created by observational methods such as interviews, focus groups, questionnaires, and more. In comparison to quantitative approaches, qualitative data was more subjective and useful in assessing client retention and product development. Thematic analysis was an appropriate technique for examining the data in this study. Creswell (2014) described a systematic data-coding process in which specific statements were examined and classified into themes that represented the phenomenon of interest.

In analyzing the data, the researchers used thematic analysis utilizing Collaizzi's method of data analysis. The Colaizzi method highlighted the importance of researchers diving into the data, setting aside any preconceived ideas, and drawing out detailed, real-life accounts of the experiences of the participants (Shosha, 2012). Utilizing Colaizzi's method of data analysis uncovered new knowledge and offered insights into the experiences of the parents. Analyzing and interpreting data gave it significance and could be used to build themes that reflected all of the data acquired during the data collection process. This helped us categorize the data. Researchers obtained a better knowledge of the qualities, trends, and linkages in the data by becoming familiar with it to develop transcripts and interact with the data we had gathered. The researchers were able to see the connection between many topics related to the problems of the study.

Chapter 4

RESULTS

This chapter presents the comprehensive analysis and interpretation of the data collected in this study about the main subjects that were produced. The data were presented, analyzed, and interpreted according to the order of the research questions stipulated in Chapter 1. This chapter aims to provide insights and answers to the research questions and contribute to the existing knowledge in the field.

Research Question #1: What are the experiences of parents who have children with down syndrome?

Table 1. The Parenting Experiences and Challenges of Parents with Children with Down Syndrome

Significant Statements	Formulated Meanings	Themes
He needs guidance or light that you are with him – <i>DSP1</i>	Someone needs reassurance and guidance, seeking the presence and support of another individual.	
Second, it is also very painful in the feelings to see that in people, there is already discrimination so you shouldn't expect it, and in the eyes of the people, my child's teacher is gossiping, I feel that the bully is number 1 that I can also feel, my emotions in our community that I can say that the bully is normal and I will still accept it. – <i>DSP1</i>	It expresses the emotional pain of witnessing discrimination and gossip, acknowledging the challenge of fairness while the feeling of normalizing the bullying in the community.	Intricacies of Rearing and Nurturing a Special Soul
It's quite challenging. My child is not typical. She has Down syndrome, making it difficult to care for her. – <i>DSP2</i>	Difficult to take care of the child because her child is not typical like other children.	
She looked small, almost like a newborn, and needed special care. – <i>DSP2</i>	They noticed that the baby needed special care.	

I'm afraid because she often spends weeks in the hospital due to her condition. – DSP2	She frequently spends weeks in the hospital because of her condition.	Intricacies of Rearing and Nurturing a Special Soul
It's hard for others to grasp the techniques for handling a child, but as a parent, you have to do everything to understand them, to adapt to their needs, and to handle them properly because in their case, they're not warriors they don't throw tantrums. – DSP3	As a parent, they have to adapt to and properly handle children's needs.	
We don't show him that as he grows up, he'll be a hurtful child, what's being done with him. – DSP3	We have to be careful not to unintentionally encourage harmful behavior in our child as he develops.	
I've been through a lot of difficulties since the beginning when my child was born because of his condition. – DSP4	From the very start, I encountered numerous obstacles and hardships.	
At first, I couldn't accept it because I wondered why it happened to him. – DSP4	Initially, I struggled to come to terms with the situation, questioning why it had to happen to him.	
I've been the one taking care of all my children since their father is no longer here. – DSP5	She has been the sole caregiver of all of the children since their father passed away.	
I really make an effort. I will do my best and don't lose hope. I can't afford to give up. I need to keep going, offering hope that's my determination. – DSP5	Determined to give what is best, never lose hope. I can't afford to quit, must keep going, offering hope along the way.	
As a first-time mother, I didn't know what kind of person he would turn out to be. He was born prematurely. – DSP6	As a first-time mom I have no idea how to take care of my child.	
When it comes to finances, it's really difficult, but we've never regretted it. – DSP6	Even though there are lack of finance she didn't regret it.	
My situation is challenging because it's difficult to leave her alone. – DSP8	It's hard because I can't leave her alone since she needs constant attention and care.	
I'm not employed and used to have a food stall, but I had to stop that because of her needs. – DSP8	I had to quit my job and close my food stall to focus on taking care of her instead of making money.	

It was hard to adjust because handling her situation while she was growing up was daunting. – <i>DSP8</i>	It was tough to adapt because taking care of her while she was growing up with her condition was really hard and uncertain.	
I had to work in a plant. I used to come home late at night, and it was really hard. I had to stand all day, and it was God's mercy that my children finished their studies and took care of my child with special needs. – <i>DSP9</i>	She needs to work hard on the plantation to provide for the needs of her family.	Intricacies of Rearing and Nurturing a Special Soul
I stopped working after having a child with down syndrome. – <i>DSP9</i>	She quit working after her child was diagnosed with Down syndrome.	
It was hard because she needed a lot of medications, like dextrose. – <i>DSP9</i>	She has required various medications, including dextrose.	
Right from birth, she wasn't normal. – <i>DSP2</i>	When she gave birth to her baby, the baby's findings were not normal.	
We were shocked to see her not being typical, especially with her yellowish skin. – <i>DSP2</i>	They are all shocked because of the situation of the child.	
We just hope she can endure her situation since she's small, and constantly visiting doctors, and it's frightening to think we might lose her. – <i>DSP2</i>	Since she is small, the physician sees frequently, and it scares them because they think that she might lose her child.	
Even if you lose your patience, you have to be patient with them, to understand their needs, especially since they're very sensitive. – <i>DSP3</i>	It's important to exercise patience. despite your own impatience, since you recognize their sensitivity and needs	Supporting a Child with Complex Medical Needs
Even though he has his issues, I learned to be patient because I know he can't be scolded harshly. After all, it stresses him out. – <i>DSP6</i>	Fear for his weak health, which is tough for him. Still, they need to be strong for him; unfamiliar challenges along the way create new ideas.	
Just the fear that her heart or health might be weak and it's true. It's really hard for me but I need to be strong for him. I experienced different things that were new to me. – <i>DSP7</i>	Have patience, but you need to be careful with your words towards him.	

I became depressed when she started hitting her head, and I couldn't control her behavior no matter how much I scolded her. – DSP8	I felt really sad when she started acting out, and I got depressed because I couldn't control her behavior even though I tried to discipline her.	Supporting a Child with Complex Medical Needs
I felt sorry for him that while I was raising him, he had down syndrome, I felt sorry for her but we couldn't do anything about it. – DSP10	It expresses empathy towards their child who has Down syndrome, acknowledging the challenges associated with raising a child with this condition. Despite feeling sorry, they recognize the limitations in their ability to change the situation.	
This had come to our family, it wouldn't have come to handling it, maybe if it hadn't come to love seeing the child in him, the child would have grown up that way, that's just how it is, it needs patience and love, not in spoiling but in other things. – DSP3	If we hadn't embraced and loved the child within him, perhaps we wouldn't need to address these challenges. It underscores the importance of patience and love in raising a child, not through indulgence, but through other means.	
I was also happy because I got pregnant after 12 years. – DSP4	Despite the challenges, I found joy in the fact that I became pregnant after 12 years of waiting.	
When he arrived, I could say that it's a blessing that we were given the opportunity to have him. – DSP6	Upon his arrival, I felt blessed to have been given the opportunity to welcome him into our lives.	
I accepted him because he is my child, I need to accept him because no one does but only myself and my family. – DSP7	The value of unconditional love and acceptance is important for your child's well-being.	Profound Appreciation
I treated him like any normal child, nothing different because he is the most precious one in our family that we will give our 100% love to. It's hard, you really need to adjust but it's ok. – DSP7	He is so important to the family and deserves to be loved without conditions, treating him just like any other normal child. It's difficult but it's okay.	
I didn't worry because I accepted it. – DSP9	Didn't feel any concerns since we already accepted my child in the first place.	
If you have a child with the same behavior or special needs, it's a sacrifice to be more patient. Careful and caring for children with down syndrome. – DSP10	You need to be more understanding and patient when you have a down syndrome child.	

This section presents the experiences of parents raising children with special needs specifically in Down Syndrome. Parents expressed their difficulty in taking care of their children and shared their situations on how they face the situation. Specifically, these parenting problems are related to moral development and motivating children. On the other hand, the participants also expressed that their children are the source of their happiness in their lives despite the challenges they have encountered. Accordingly, three themes emerged from the answers of the participants, which include: *intricacies of rearing and nurturing a special soul, supporting a child with complex special needs, and profound appreciation*. These themes were formulated based on the identified core ideas of every statement.

One of the experiences of parents raising children with special needs is the **Intricacies of Rearing and Nurturing a Special Soul.** Parents are helpless as they navigate their way through the overwhelming demands of being a parent considering the intricate needs of their children. Parents inevitably become exhausted with these unfamiliar struggles entrusted to their shoulders. The primary struggles faced by the parents were brought by the demand for parental care, encouragement, and understanding in their child that they need to willingly provide to fulfill their role as parents to their children. Among the said difficulties, parental care is considered the most laborious role they need to consider for their children not to suffer lack of attention. They need to render excellent attention to their children creating lasting memories for them to cherish every moment of their lives. It adds more difficulties for them since they have to manage their time for the sake that they can give the extra attention and care their child needs.

Dili man gud nila makuha gud kung unsa ang techniques sa bata pero kami man gud kung parents mag gud ka buhaton man gud nimo ang tanan para

masabtan nimo siya ma adapt nimo kung unsa unsa siya kung unsaon nimo siya pag atiman ug unsaon nimo pag kanang pag handle kay sa ila man gud case dili sila warrior wala silay tantrums. – DSP3

(It's hard for others to grasp the techniques for handling a child, but as a parent, you have to do everything to understand them, to adapt to their needs, and to handle them properly because in their case, they're not warriors they don't throw tantrums.)

Ni agi gyud ko ug kalisod gikan sa pag-anak nako sa akong anak, lisod tungod sa iyang kahimtang. – DSP4

(I've been through a lot of difficulties since the beginning when my child was born because of his condition.)

Pag abot gyud niya financially, lisod man tuod pero wala gyud mi nag mahay ug na wad-an. – DSP6

(When it comes to finances, it's really difficult, but we've never regretted it.)

Sa pagka karon lisod jud akong sitwasyon kay pareha ani lisod pud kaayo siya biyaan. – DSP8

(My situation is challenging because it's difficult to leave her alone.)

If the parents face difficulties associated with their children, they also experience personal struggles that affect their **Supporting a Child with Complex Medical Needs**. As parents expressed their struggles, most of them were crying. They could not help but cry and all they could do was wipe their tears away. The trials and challenges will always be present to them since they are the only ones who are working to raise their children. As a parent, one of their concerns is their well-being. The parents were shocked when they found out their newborn had health issues, which affected them emotionally and physically. Despite their fears, they knew they had to stay strong and patient for their child and themselves. But through it all, their love for their child kept them going, and they were determined to face whatever came their way with empathy and understanding, always remembering to be patient and caring in their journey of nurturing their child. They

describe that sometimes their thoughts and minds are in haywire which they expressed that they have experienced on the verge of feeling crazy. Lastly, the parent's physical well-being is not an exception. They experience emotional breakdowns in which they tend to cry and feel heart pain due to the difficulty in raising their children.

Na shock mi sa among nakita nga dili siya jud ka-typical, labi na sa iyang color sa iyang skin nga yellowish. – DSP2

(We were shocked to see her not being typical, especially with her yellowish skin.)

Bisan pa'g mawala imong pasensya, kinahanglan nga patient ka kanila, aron masabtan ilang mga panginahanglan, labi na kay sila ka sensitive. – DSP3

(Even if you lose your patience, you have to be patient with them, to understand their needs, especially since they're very sensitive.)

Na depressed kay kanang time najud na I pakog niya iyang ulo di na nako ma control ba bisan unsaon nakog badlong naa juy time di siya mag patuo. – DSP8

(I became depressed when she started hitting her head, and I couldn't control her behavior no matter how much I scolded her.)

Despite the arduous experiences of parents who have children with special needs, one cannot deny the fact that there are some joyful situations in the life of the parents. This is the last major theme called, **Profound Appreciation**. When they were questioned about their happiness, the sadness, and tiredness written in their eyes automatically faded away. Happiness was evidently plastered on their faces. They eventually and slowly stopped crying and a genuine smile was slowly forming on their lips. As they described their children as the source of their happiness, their faces lighted up with delight. They are happy of their children even though they have special conditions and when it is always in a good state. Seeing their children happy and in good health every day makes them happy too and this is the most important thing they would always ask for. It is also very fulfilling on their

part that their children encourage them to face positively the challenges and struggles that they are experiencing in raising their children.

Napadulong pud to sa amoang family dili sa paghandle kung siguro kung dili pud siguro love ang makit an sa bata sa iyaha mag dako siguro ang bata nga kanang dili pud maayo ana lang gyud kanang kailangan jud pasensiya nya love ipakita jud nimobsa ilaha dili man sa pag spoil pero sa uabng butang. – DSP3

(This had come to our family, it wouldn't have come to handling it, maybe if it hadn't come to love seeing the child in him, the child would have grown up that way, that's just how it is, it needs patience and love, not in spoiling but in other things.)

Sa iyang pag-abot, masulti nako nga usa siya ka blessing nga gihatag ang kahigayunan nga atong nadawat namo siya. – DSP6

(When he arrived, I could say that it's a blessing that we were given the opportunity to have him.)

Research Question #2: How did the parents cope with the situations of their children?

Table 2. The Coping Strategies and Mechanisms of Parents with Children with Down Syndrome

Significant Statements	Formulated Meanings	Themes
I picture him or make him a daily routine. Taking care of my child is like taking care of a plant that needs to be taken care of. – DSP1	Caring for my child is like nurturing a plant; he's part of my daily routine, emphasizing the importance of consistent attention and care in his upbringing.	
I faced the trials in my life. First of all, I gave him time, especially when I give him time, especially when I can tell him what he wants. I will give him attention and especially in the efforts. – DSP1	Faced life's trials, prioritizing giving him time, understanding his needs, and dedicating attention, particularly in my efforts to support him.	Give Time and Attention
We took care of him since he was little, we changed his food until now, but there's a slight difference now because he a little independent. – DSP4	We've cared for him since he was young, adapting his food as he grows, and now he's slightly more independent.	

I'm crying because I'm hurt, he come to comfort me, and if I say there's nothing, he won't leave until I stop. – DSP4	When I'm upset, he comes to console me, staying by my side until I feel better, showing his care and empathy.	
His routine, it's ordinary because I teach him to do so. From the moment he wakes up, what to do, he has his vitamins to take, his maintenance, he knows what he's doing, then he eats, then he drinks milk, that's the routine. – DSP6	He knows what to do when he wakes up in the morning because that is his routine.	
Whatever struggles we face in life, especially with my child who has Down syndrome, I manage to handle it all. – DSP8	Despite facing various challenges in life, particularly related to caring for their child with Down syndrome, is capable of managing and coping with everything that comes their way.	Give Time and Attention
I volunteered to take care of my grandchildren while their parents were working. We took turns taking care of the three of them including my child with down syndrome. – DSP9	Volunteered to care for my grandchildren while their parents worked, rotating responsibilities for all three, including my child with Down syndrome.	
Then that's it I eat with him. It's a sacrifice because you will give time to him, it's just acceptance. – DSP10	Sharing meals with her is a sacrifice that requires time and acceptance.	
I'm going to have time to take care of him. – DSP10	I will make time to care for him.	
But we're going to budget for the time, the time is going to be budgeted that's important. – DSP10	We will prioritize and allocate time carefully, recognizing its importance.	
The strategy that I have done is that I have trained that my son is just like a normal child, I have exposed him to the community. – DSP1	My strategy involved treating my son as a typical child and integrating him into the community through exposure and inclusion.	Providing Education and Exposing the Child
I am still including him in his activities in disciplining and giving it's time to mingle with other children. – DSP1	I continue to involve him in various activities, providing discipline and ample opportunities to interact with other children.	
I'm also doing research. I have conducted research, read about his case, and talked to others with	Conducting research for her child and being knowledgeable to take care of his child.	

similar cases and impacts, and I'm also a member of the Down Syndrome Association of the Philippines. – DSP2		
We don't confine him we bring him out. – DSP4	Instead of confining him, we take him out to experience the world.	
He's okay at the front because he's not hyper. – DSP4	He behaves well in public because he's not overly energetic.	
I expose him to normal people and he can still catch up with them. – DSP5	I expose him to regular people, and he can still keep pace with them.	
I let him interact with normal children, teaching him in a special education school. – DSP7	It is important to expose the child to the children around her and enroll him in the SPED program of the school.	
I always encouraged my child to interact with other children so she could get used to being around them. – DSP8	Regularly motivated their child to engage with other children to help them become accustomed to socializing with peers.	Providing Education and Exposing the Child
So my strategy was to let her play with other children and not just with me. – DSP8	Allow their child to play with other children, rather than exclusively with them, as a strategy to foster social interaction and development.	
That's the strategy I made because if only I could do what Sir Cocoy did in teaching everything except how to sweep and wash dishes, I'm already teaching, and I'm thankful that there is therapy like Sir Cocoy. – DSP10	I devised a strategy similar to Sir Cocoy's teaching methods, utilizing therapy and being grateful for it.	
I didn't worry about where he'd end up; I just accepted it. I never regretted anything because we accepted him wherever he went, our love for him. – DSP3	Unconditional love and acceptance. There are no regrets because the love for him remains faithful, providing a constant source of support and acceptance.	
I accepted it. I couldn't say anything because I accepted him for what he is. – DSP3	Accept your loved one just as they are. You didn't feel the need to express anything because you accepted them as lovable.	Unconditional Love and Acceptance
In terms of love, we won't show him that we're like this because he trusts us, he's smart because when you talk to him, he understands. – DSP4	We show our love by accepting him as he is because he trusts us, and he's intelligent as he understands when we speak to him.	

Prayers, because without them, there's nothing, it's the relationship with the Lord, I don't know where else you'll draw your strength and courage from, you just have to be thankful for him. – <i>DSP6</i>	Hope gives her strength and courage she's so thankful to God.	
Praying was my number one activity because it always gave me strength. Secondly, I had to find ways to meet my child's needs. – <i>DSP8</i>	Relied heavily on prayer as their primary source of strength, and as a secondary priority, they focused on finding ways to fulfill their child's requirements or necessities.	

This section talks about how the parents cope with raising their child who has Down syndrome. They share some of the coping mechanisms that they use to overcome the situation of their child, most notably the exposure of the child to the people and to enroll them in schools. The parents feel shocked and sad but as time goes by, they learn to adapt and love their child. On the other hand, the participants also expressed that their children are the source of their happiness in their lives despite the challenges they have encountered. Even though sometimes it's not easy for their parents they show their incredible love and dedication for their child. Accordingly, three themes emerged from the sharing of the participants, which include: *Give Time and Attention, Providing Education and Exposing the Child, and Unconditional Love and Acceptance*. These themes were formulated based on the identified core ideas of every statement.

One of the coping mechanisms employed by parents with special needs is to **Give Time and Attention** to their children. Most of the participants pointed out that they needed to encompass all actions taken by parents to provide for their children. Parents offer guidance and support to help their children navigate the complexities of life. This includes imparting values, teaching life skills, and offering advice in various situations. Parents

dedicate their time and attention to their children, so they give their children continuous care. Their parents display genuine care and affection for their children and express their love through words, actions, and gestures. One of the most profound aspects of parental care is the willingness to make sacrifices for the sake of their children. The parents sacrifice their personal time, career opportunities, and even one's own desires and ambitions. Parental care and sacrifice are fundamental to all well-being and development of their children, the parents ensconce the foundation for the better future of their children. They need to have dedication, patience, and unconditional love for their child.

Giatubang nako ang mga pagsulay sa akong kinabuhi. Una sa tanan, ako naghatag og panahon niya, labi na kon masayod na ko unsa ang iyang gipangita. Nakahatag ko ug atensyon sa uban ug labi na sa akong mga paningkamot. – DSP1

(I faced the trials in my life. First of all, I gave him time, especially when I give him time, especially when I can tell him what he wants. I will give him attention and especially in the efforts.)

Ginaubanan nako siya nga mukaon, sakripisyo jud kay kinahanglan mugahin ka ug oras sa iyaha tapos kailangan jud nimo dawaton to. – DSP10

(Then that's it I eat with him. It's a sacrifice because you will give time to him, it's just acceptance.)

Dapat jud nga tagaan nakog oras akong anak para maka atiman ko niya. – DSP10

(I'm going to have time to take care of him.)

On the other hand, **Providing Education and Exposing the Child** goes in hand with research and teaching strategies, especially for parents caring for their children. Parents learn the condition of their child through research, seeking out information and advice to better understand their child's needs and struggles. Exploration comes into play as parents navigate new experiences and situations, trying different approaches to meet

their children's needs, as well as letting their children interact with other people. In the context of learning, their parents acquire knowledge and understanding about the particular condition of their child. Also, they let their child go to school, especially that the government is offering special education programs, where children with special needs are given an avenue to learn freely without discrimination. Their parents explore possibilities by investigating, discovering, and experiencing new ideas, environments, and concepts.

Ang strategy nga akong gihimo mao ang pagtudlo nga ang akong anak parehas ra sa usa ka normal nga bata, ug gi expose nako siya sa komunidad. – DSP1

(The strategy that I have done is that I have trained that my son is just like a normal child, I have exposed him to the community.)

Nag ano pud ko ug research, naa sad kuy gihimo na research nag basa ko ug mga kuan sa about sa iyang ano sa iyang case makig storya pud makig ano pud sa uban na parehas sa iyaha na cases and impacts, then member mi sa Down Syndrome Association of the Philippines. – DSP2

(I'm also doing research. I have conducted research, read about his case, and talked to others with similar cases and impacts, and I'm also a member of the Down Syndrome Association of the Philippines.)

Kanang dili namo siya gina kulon sa balay, ginadala jud namo siya gawas. – DSP4

(We don't confine him we bring him out.)

Aw kanang always nako gina ano akong anak na maki pag halo bilo sa uban bata para ma anad siya nga daghan siyag makita. – DSP8

(I always encouraged my child to interact with other children so she could get used to being around them.)

Lastly, **Unconditional Love and Acceptance** is one of the techniques of parents in building healthy and fulfilling relationship with their children. By doing this technique, parents can have more deeper connection with their child. Parents show acceptance by respecting the strengths, weaknesses, and the unique status of their child. One of the aspects

of acceptance and patience is unconditional love by parents to their children, they give the love to their child without strings attached, where acceptance and support are given freely, regardless of circumstances and behaviors of their child, this means that the parents will love their child regardless of their actions, and always being there for their child's arms and has a compassionate heart. The parents have an ability to remain calm and understanding in the face of difficulties and challenges.

Wala ko nabalaka kung ma unsa sya, amo ra siyang gidawat ug walay pag mahay kay love namo siya. – DSP3

(I didn't worry about where he'd end up; I just accepted it. I never regretted anything because we accepted him wherever he went, our love for him.)

Bahin sa gugma, dili nato ipakita sa iyaha nga ing-anan ta kay motuo siya nato, maalam or bright siya kung makig istorya ka sa iyaha, mosabot siya. – DSP4

(In terms of love, and we won't show him that we're like this because he trusts us, he's smart because when you talk to him, he understands.)

Pag ampo, kay kung walay pag ampo wala gyd tanan, importante gyd ang relasyon sa gino para mahatagan ug kakusog ug courage gikan saiyaha, mapasalamaton kaayo mi sa Gino. – DSP6

(Prayers, because without them, there's nothing, it's the relationship with the Lord, I don't know where else you'll draw your strength and courage from, you just have to be thankful for Him.)

Research Question #3: What are their insights with regard to raising their children with down syndrome?

Table 3. The Insights, Sentiments, and Advice of Parents

Significant Statements	Formulated Meanings	Themes
As a parent, as advice to the parents who have a child with down syndrome, first of all, I encourage them to go to school. – DSP1	Advise parents of children with Down syndrome to prioritize sending them to school for their development and well-being.	Nurturing Growth Through Learning
Well, they shouldn't hide it, they should expose it, expose the child	Expose them to learn outside for them to be better.	

<p>so at least they can understand what life is like outside because when it comes to hiding it, they can't really be helped much. – DSP6</p>		
<p>His development was fast because he was with his peers. – DSP6</p>	<p>Peers help him develop.</p>	
<p>My advice is they should expose their child, and they should see a developmental health physician to monitor their child's milestones and to know the child's health status, to really help the child, not just surrender because that's how it is with the child. – DSP6</p>	<p>Shouldn't be ashamed about it, also go to your health physician to monitor your child and don't surrender to the challenges</p>	
<p>I let him interact with normal children, bring him in the special education school. – DSP7</p>	<p>Let the child be exposed with the children with a normal state and send him to the school.</p>	
<p>You need to expose them to normal kids to teach some lessons because he can adopt it, he can get some lesson by interacting to others so he can act like normal. – DSP7</p>	<p>The child should be exposed and let him interact with others.</p>	<p>Nurturing Growth Through Learning</p>
<p>Send him to school and go to church every Sunday because we go to church every Sunday and it is also an important lesson that I learned. because through education I sent my children to school, that's the important lesson I learned from him. – DSP10</p>	<p>Sending him to school and attending church regularly are important lessons learned, emphasizing the value of education.</p>	
<p>Go to places where there is no such thing. I will expose the special children to the outside and we should not be ashamed of it because it is acceptance of the parents and it is not a shame that we have children. – DSP10</p>	<p>I will take him to places without feeling ashamed, promoting acceptance of children with special needs.</p>	
<p>Special needs should go to school because it's a big help, and I'm also thankful to the Lord that I've been able to go to school because, without it, it wouldn't be normal. – DSP10</p>	<p>Sending children with special needs to school is beneficial, and I am grateful for the opportunity as it contributes to their normalcy.</p>	

The key lesson is about sacrifice and unconditional love. We need to prioritize their needs and love them for who they are. – DSP2	Unconditional love, and prioritize them.	
The lesson here is to just be thankful for what you have instead of searching for what's extra. if you accept what you have, the blessings will come easily. – DSP3	They are thankful to have the child they see it as a blessing	
We accepted him quickly because we never saw him as unwelcome in our family, we never thought of him as a burden. we saw him as luck, as a charm in our lives. – DSP3	Treated him just like any other normal child. he is not a burden but a source of charm and good fortune in their lives.	
Because he is so important to your family and deserves love without conditions, you treated him just like any other child. It's difficult and demands adjustment, but that's good since his accepted the person you loved, not as a burden but as a source of charm and good fortune in your lives. – DSP3	The value of showing him unconditional love and acceptance, and embracing them brings charm and good fortune into their lives.	Fostering an Empathetic Atmosphere
I'm crying because I'm hurt, he comes to comfort me, and if I say there's nothing, they won't leave until I stop. – DSP4	In moments of distress, my child offers comfort, persisting until my tears cease, demonstrating a profound empathy and desire to remove my pain.	
They just need to accept and understand; they just need to be patient and understanding because that's how it is until their whole life. They just need to be patient; they're a bit hard to handle, but they'll be fine. – DSP4	The key lies in acceptance and understanding; patience and empathy are essential traits to cultivate, as they will be needed throughout the child's lifetime. Though they may present challenges, with patience, they will overcome them.	
It's different for each of us we had different experiences each has their own personality some of them are hyper we just take care of them for me we take of him just us he. – DSP5	all of them have different experiences and personalities. Some may be hyper, but we take care of them.	

More on patience. Then, I also learned from him thoughtfulness. – <i>DSP6</i>	Learned to be more patient and thoughtful to her child.	
Here in our community, there are a lot of down syndrome children, we have the same mindset I think that we need to give them love they need to give time – <i>DSP7</i>	Down syndrome kids need love, time, and exposure, to adapt new things	
I have to work alone without any support for my children. – <i>DSP8</i>	must handle the responsibilities of caring for their children entirely on their own, without any assistance or support from others.	
It's essential to love and care for them properly, especially now. – <i>DSP8</i>	importance of providing proper love and care to someone, particularly in the present circumstances.	Fostering an Empathetic Atmosphere
While you're in this world, take care of them until the end. You must always focus on them, especially if they have Down syndrome because it's one of God's gifts. – <i>DSP8</i>	the importance of caring for individuals with Down syndrome throughout their lives. It suggests maintaining a constant focus on their well-being, particularly because having Down syndrome is seen as a gift from God.	
It's heartbreaking, but having Kian is a blessing for me, even though I've faced many difficulties, I can still handle it. He's my child, and I'll fight for him. Always pray and trust in God is the number one thing. – <i>DSP8</i>	Despite the challenges I've faced, having Kian is a blessing	
Parents should have 100 percent patience. – <i>DSP1</i>	As parents, we should aim to have as much patience as possible when dealing with our children.	
Understanding his situation and giving him a lot of attention. – <i>DSP1</i>	Being able to understand his situation and providing him with plenty of attention is crucial.	
Give them the best life possible, surpassing all challenges. – <i>DSP2</i>	best life that they could imagine passed all the challenges	
It's easy to handle problems like that because they're a bit independent now; that's my advice to other parents, just accept and understand the child,	Dealing with such issues becomes manageable as the child grows more independent; my advice to fellow parents is to embrace and comprehend their child,	Embracing the Situation

be patient because until his life – <i>DSP4</i>	exercising patience as they navigate life's challenges.	
The most important thing I learned from this situation is that it's not easy, especially since I am a father and being a single dad makes it even harder because all my focus is on my children. This was the biggest lesson for me. – <i>DSP8</i>	This experience taught me that being a single father is incredibly difficult, as all my attention and efforts are directed towards caring for my children. It was a significant lesson for me to learn.	Embrace the Situation
So you have to have a lot of patience. You can't handle it with just a little patience you have to increase it, and always pray. – <i>DSP8</i>	dealing with the situation requires more than just a small amount of patience one must continually strive to increase it and rely on prayer.	

This section tells the insights that the parents gained while they were raising their children. Some of them shared the life lessons and pieces of advice that they wanted to convey with the other parents. Most of them are encouraging the parents who have down syndrome children to let their child be exposed to the people and learn from them because most of the parents are hesitant to expose their child to other people as they are afraid that they will discriminate against their child. Furthermore, they also advise that education is important to the children. Even though they have special needs, they must also learn from school especially that there are special education programs intended for them. Accordingly, three themes emerged from the sharing of the participants, which include: *Nurturing Growth Through Learning, Fostering an Empathetic Atmosphere, and Embracing the Situation*. These themes were formulated based on the identified core ideas of every statement.

In **Nurturing Growth Through Learning**, children with DS need to learn to be responsible, grow individually as their own, and catch up with new lessons in real-life situations. It is vital for children to learn in academics and to have knowledge. It is where

one becomes aware of the world with its various experiences, people, and ideas. Exploring, observing, and touching enable children to learn about their environment, how to communicate, and how to overcome challenges. Meanwhile, education, as they grow older, helps in building the young learners' competencies. They develop social skills that will enable them to adapt to different environments. Besides this, they also discover their skills and inclinations which can help them create their life's work. Schooling provides a learning environment where one can explore skills that appeal to them. At the same time, they instill in them values such as teamwork and discipline to make them better. It promotes a feeling of togetherness and inclusion, supporting a child's overall growth. In conclusion, a combination of experience, development, and learning, with an emphasis on the importance of education, determines a child's route to learning and living normally.

Isip usa ka ginikanan, ang akong tambag sa mga ginikanan nga adunay anak nga adunay down syndrome, una sa tanan, gina encourage nako sila nga paeskwelahan ilang anak. – DSP1

(As a parent, as advice to the parents who have a child with down syndrome, first of all, I encourage them to go to school.)

Ang advice nako, ila untang i-expose ang ilang anak, ug magpatan-aw sila og developmental health physician para ma-monitor ang milestones sa ilang anak ug para mahibaw-an ang health status sa bata, para makatabang gyud sa bata, dili lang mo-surrender kay ingon ana ang sitwasyon sa bata. – DSP6

(My advice is they should expose their child, and they should see a developmental health physician to monitor their child's milestones and to know the child's health status, to really help the child, not just surrender because that's how it is with the child.)

Kinahanglan nimo nga i-expose sila sa mga bata sa gawas aron matudlo-an siya ug mga leksyon tungod kay mahimo niya nga ma adopt to, tapos makakuha siya usa ka leksyon pinaagi sa pagpakig uban-uban sa mga bata aron siya molihok sama sa normal nga bata pud. – DSP7

(You need to expose them to normal kids to teach some lessons because he can adopt it, he can get some lesson by interacting to others so he can act like normal.)

Moreover, **Fostering an Empathetic Atmosphere** for children with down syndrome nurtures the holistic development of a child. A combination of exposure, development, and education that focus on the importance of schooling is a set of foundations for a child's success and fulfillment in guidance and life nurturing. The combination of compassion, comfort, and steadfast love provided by parents offers consistent reassurance to their children. By showing empathy and actively listening, parents establish a secure environment where their child feels appreciated and understood. This environmental parental care builds the resilience and confidence needed to navigate life challenges with determination.

Ang importante nga lesson mao ang pag sakripisyo ug unconditional love. Kinahanglan natong unahon ang ilang mga panginahanglan ug higugmaon sila kon si kinsa sila. – DSP2

(The key lesson is about sacrifice and unconditional love. We need to prioritize their needs and love them for who they are.)

Kinahanglan lang nila nga dawaton ug sabton, kinahanglan lang nila nga mag pasensya ug masinabtanon kay ingon niana hangtod sa ilang tibuok kinabuhi. Kinahanglan lang sila nga naay patience, medyo lisod sila atimanon, pero ma okay ra ang tanan. – DSP4

(They just need to accept and understand, they just need to be patient and understanding because that's how it is until their whole life. They just need to be patient; they're a bit hard to handle, but they'll be fine.)

Makasakit sa akong kasingkasing, pero si Kian kay isa ka blessing sa among pamilya, bisan pa nga daghang mga kalisdanan ang akong giatubang, makaya ra gihapon nak. Anak ko siya, ug makig-away ko para niya. Kanunay nga pag-ampo ug pagsalig sa atong Diyos mao ang number one jud para sa ako. – DSP8

(It's heartbreakingly difficult, but having Kian is a blessing for me, even though I've faced many difficulties, I can still handle it. He's my child, and I'll fight for him. Always pray and trust in God is the number one thing.)

Embracing the Situation is crucial because parents who have down syndrome children require a lot of patience. Daily tasks may drag on and progress may lag, with ensuring their child's well-being and growth taking top priority. Adjustments in lifestyle and plans are often needed, as parents navigate societal stigma and seek out necessary resources and support. Embracing their child's unique journey, celebrating even small achievements, and accepting the situation is vital. Sacrifices are made willingly, as parents prioritize their child's needs over their own, while also aiming for independence for both themselves and their child. Monitoring progress and challenges, along with gaining resilience and empathy through experience, shape their journey. It is very difficult for them, but they accept their child as a blessing in disguise.

Ang mga ginikanan kinahanglan jud nga nay 100 percent nga pasensya sa pag atiman sa ilang anak. – DSP1

(Parents should have 100 percent patience.)

Kailangan ang pagsabut sa iyang sitwasyon ug paghatag sa iya ug attention jud. – DSP1

(Understanding his situation and giving him a lot of attention.)

Ang pinaka importante nga akong nakat-unan gikan sa among sitwasyon mao nga dili jud siya sayon, labi na nga ako usa ka amahan ug ang usa ka single father mas lisud jud tungod kay ang akong focus naa sa akong mga anak. Mao jud ni ang biggest lesson para sa ako. – DSP8

(The most important thing I learned from this situation is that it's not easy, especially since I am a father and being a single dad makes it even harder because all my focus is on my children. This was the biggest lesson for me.)

Need jud nimo nga adunay daghang pasensya. Dili ni siya mahimo sa gamay nga pasensya kinahanglan daghan jud kag pasensya, ug pirmi pud mag-ampo. – DSP8

(So you have to have a lot of patience. You can't handle it with just a little patience you have to increase it, and always pray.)

Chapter 5

DISCUSSION

This chapter presents a comprehensive explanation of this study. It conducts a thorough investigation focused on parents serving as caregivers for children with special needs. Through careful and organized analysis, several recurring themes were identified, shedding light on the complex experiences faced by these families. This section showcases these patterns, offering insights into the challenges and successes involved in caring for children with special needs.

The first theme in Statement of the Problem 1, one of the experiences of parents raising children with special needs is the **Intricacies of Rearing and Nurturing a Special Soul**. As parents expressed their worries associated with their children, tears were slowly forming in their eyes. One noteworthy investigation examining the challenges in nurturing offspring with distinctive requirements, specifically Down syndrome (DS), is conducted by Chawla, et al. (2022). The inquiry highlights how parents of children with DS frequently normalize sleep difficulties despite acknowledging their unfavorable impact on family well-being and connections. In addition, the study of Heiman (2023) explores the emotional challenges parents face when raising a child with special needs, experiencing feelings of stress, anxiety, and frustration. Despite these difficulties, some parents find comfort in emotional support from support groups or therapy, highlighting the importance of strong support systems for families in similar situations. These studies provide valuable understanding of the complex experiences of parents of children with special needs, revealing the various challenges they must overcome and the vital need for targeted interventions and support networks.

The second theme of the Statement of the Problem 1 is **Supporting a Child with Complex Medical Needs.** If the parents faced difficulties associated with their children, they also experience personal struggles that affects their Physical and Emotional Well-being. Physical and mental well-being pertain to the all-encompassing condition of an individual's physical health and psychological wellness. Parents often face challenges such as sleep issues, healthcare disparities, and emotional distress, impacting their overall well-being. Studies emphasize the importance of comprehensive support from healthcare professionals, community networks, and tailored interventions to alleviate the burdens associated with raising a child with DS (Chawla et al., 2022; Rahimi & Khazir, 2019; Laura et al., 2018; Zulfia, 2020; Hegazy & Baraka, 2021; Coffey, 2018; Uttam, 2023; Mengoni & Redman, 2018; Nejad et al., 2020; Tekola et al., 2022; Gomez, 2013; Heiman, 2023).

In the third theme of the statement of the Problem 1 is the **Profound Appreciation.** Despite the difficulty experiences of parents who have child with special needs, they cannot deny the fact that there are some joyful situations in the life of the parents. This is supported by the study of Takataya, et al. (2016), who wrote about the perceptions and feelings of fathers of children with down syndrome, despite their initial outrage at the birth of children with Down syndrome, fathers were outraged when their children were born with Down syndrome. They did, however, accept fatherhood through child-rearing in collaboration with others. The dads' experiences in this study provide practical tips for caring for families with Down syndrome children. Mothers of children with Down Syndrome also experienced notable enhancements in their understanding, caregiving, and ability to adapt to challenging situations (Hegazy & Baraka, 2021).

Moreover, the first theme under the statement of the problem 2 is **Give Time and Attention.** Most of the participants pointed out that they needed to encompass all actions taken by parents to provide for their children. Being patient and accepting requires constant commitment, empathy, and a willingness to learn and grow alongside one's child with Down syndrome in order to effectively handle the challenges of caregiving. This is supported by the study of FamilyDoctor.org (2022). And also, this is supported by Saputri (2019), the study discovered that parents employ a range of coping mechanisms when raising a child with Down syndrome. These include methods such as attributing acceptance to the child's condition, embracing a more devout approach to maintain positivity, and involving the child in outdoor activities.

Additionally, in the second theme of the statement of the problem 2 is **Providing Education and Exposing the Child.** Exploration comes into play as parents navigate new experiences and situations, trying different approaches to meet their child's needs. In the context of learning, their parents acquiring knowledge and understanding about particular condition of their child. According to Ceballo (2023), parents found themselves shouldering more caregiving duties for their children, struggling with the challenges of virtual learning limitations, social isolation, and financial pressures. They coped by establishing support systems, implementing structured routines and activities for their children, and maintaining a positive outlook. Cantwell-Bartl (2018), also added that mothers tend to rely more on dealing with their emotions, while fathers tend to adopt strategies that focus on solving the problem more often.

In the third theme of the statement of the problem 2 is **Unconditional Love and Acceptance.** Demonstrating commitment, empathy, and a willingness to learn and grow

alongside their child, caregivers can effectively and confidently help face the challenges of raising a child with Down syndrome. This is supported by the study of Nejad, et al., (2020), according to them, the arrival of a child with special needs can present a significant obstacle for the family, leading to immense stress and pressure. The methods employed to communicate this situation to parents can greatly influence their acceptance of the problem. Based on the accounts of parents following the diagnosis of Down syndrome, all of them expressed feelings of sadness and hopelessness. This is also, supported by Arif, et al. (2021).

The first theme under the statement of the problem 3 is **Nurturing Growth Through Learning.** It is vital stepping for the children to learn in academic and to have knowledge. It is where one becomes aware of the world with its various experiences, people, and ideas. Exploring, observing, and touching enable children to learn about their environment, how to communicate, and how to overcome challenges. This is supported by the study of Suza, et al. (2020), when it comes to academics and carrying out daily tasks, a child with Down syndrome has restricted ability. Parents and families find it difficult to accept the situation because of physical and mental limitations. This is supported by Al-Oran, et al. (2022). Parents of children with intellectual disabilities employ diverse coping mechanisms, including but not limited to instrumental and emotional social assistance, constructive reinterpretation and personal development, strategic planning, as well as the inhibition of conflicting activities.

The second theme under the statement of the problem 3 is **Fostering an Empathetic Atmosphere.** A combination of exposure, development, and education that focus on the importance of schooling a set of foundation for a child success and fulfillment

in guidance and life nurturing. The combination of compassion, comfort, and steadfast love provided by parents offers consistent reassurance to their child. This theme is supported by the study of FamilyDoctor.org (2022), when parents first find out that their child has Down syndrome, they experience sadness, grief, rage, frustration, fear, and future anxiety. All of these emotions are normal. It can be beneficial to speak with other parents of children with Down syndrome. They are aware of their emotions. According to Sujatha & Mool (2013), promoting the child's optimal development necessitates adaptation by all family members, whose traits, as well as the degree of affiliation and support among them, have a significant impact on these lifestyle changes, both in terms of quality and quantity. Identification and acceptance of learning disabilities are difficult processes.

Lastly, the third theme under the statement of the problem 3 is **Embracing the Situation.** Daily tasks may drag on and progress may lag, with ensuring their child's well-being and growth taking top priority. Adjustments in lifestyle and plans are often needed, as parents navigate societal stigma and seek out necessary resources and support. Embracing their child's unique journey, celebrating even small achievements, and accepting the situation are vital. The theme is supported by the study of Jeter and Turns (2022), parents of children with Down syndrome (DS) adopt a variety of methods to deal with the obstacles they come across in raising their child. These challenges may evoke feelings of grief, sadness, disappointment, anger, and frustration, which are in line with the concept of uncertain loss. This is also supported by the study of Ceballo (2023), parents took on increased caregiving responsibilities for their children, facing difficulties with virtual learning, social isolation, and financial issues. They dealt with this by creating

support networks, setting up structured routines and activities for their children, and staying optimistic.

The discussion provides a detailed analysis of the struggles faced by parents of children with special needs, particularly Down syndrome (DS). Through a thorough research, common themes emerged, illustrating the complex challenges and achievements experienced by these families. The main theme explores the hardships of raising children with DS, revealing emotional difficulties and the importance of support systems. Another theme discusses the physical and emotional well-being of parents, stressing the need for comprehensive support to ease burdens. Moreover, the discussion touches on parents finding joy amidst challenges, highlighting the value of resilience. Additionally, topics such as parental care, acceptance, learning, and exploration are examined, showcasing the adaptive strategies and supportive environments crucial for effective caregiving and child development. Overall, the combination emphasizes the nuanced experiences of parents raising children with special needs and the vital role of tailored interventions and support networks in meeting their diverse needs.

Chapter 6

IMPLICATIONS AND CONCLUDING REMARKS

This concluding chapter presents the conclusion and implications of the findings, referring to the research questions as stipulated in Chapter 1. These implications could help future researchers and the parents of children with special needs.

Implications

Raising a child with special needs is a journey marked by unique challenges and profound moments of love and growth. Parents who embark on this path often find themselves navigating uncharted territories, facing societal misconceptions, and advocating tirelessly for the well-being of their children. Multifaceted challenges characterize the journey of parenthood for those parents raising with Down syndrome. Financial strains, arising from the need for specialized medical care, therapy, and educational support, often become a significant burden. Emotional resilience is tested as parents grapple with feelings of uncertainty about the future and societal attitudes toward disability. Moreover, the relentless demands of caregiving can take a toll on parental well-being and family dynamics.

Despite these challenges, parents of children with special needs exhibit remarkable resilience and resourcefulness. Building a strong family, friends, and professional support network becomes paramount. Engaging in parent training programs equips caregivers with essential skills to support their child's development and navigate complex healthcare and educational systems effectively. Furthermore, involvement in parent advocacy organizations fosters solidarity, amplifies voices, and drives systemic change toward greater inclusivity and acceptance.

Promoting awareness for parenting a child with special needs, particularly with Down syndrome is a quest for societal acceptance and inclusion. By sharing their stories, advocating for policy reforms, and dispelling myths surrounding Down syndrome, parents become agents of change within their communities. Embracing diversity and celebrating the unique abilities of individuals with Down syndrome fosters a culture of empathy, respect, and belonging.

In addition, the journey of parenthood for those with a child with Down syndrome is both challenging and rewarding. Through unwavering love, advocacy, and community support, parents navigate the complexities of raising a child with Down syndrome with grace and resilience. As the researchers strive for a more inclusive society, they stand in solidarity with these families, recognizing and valuing the inherent dignity and worth of every individual, regardless of ability or difference.

Concluding Remarks

In the tapestry of parenthood, the journey of raising a child with special needs weaves threads of resilience, love, and advocacy into a rich and vibrant narrative. Despite the myriad challenges faced by parents, from financial constraints to societal prejudices, their unwavering commitment to their child's well-being illuminates a path of hope and possibility.

As the researchers reflect on the experiences of these families, it becomes evident that their stories are not defined by limitations, but rather by courage, perseverance, and boundless love. Through their tireless efforts, they champion inclusivity, challenge stigma, and redefine notions of acceptance and belonging.

As a society, the people should heed the call for empathy and understanding, embracing diversity as a source of strength and enrichment. They will stand alongside these families, amplifying their voices, and advocating for policies and practices that uphold the rights and dignity of every individual, regardless of ability. In celebrating the journey of parenthood, they should embrace the beauty of diversity, affirming the inherent worth and potential of every child, including those with Down syndrome. Together, it is important to create a world where all families are supported, all voices are heard, and all dreams are within reach.

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Appendix 1a: Letter of Permission



HOLY CROSS COLLEGE OF CALINAN, INC.
Davao- Bukidnon Highway, Calinan Poblacion, Davao City

December 13, 2023

Sr. Cherie Eloisa L. Garrote, PM
 School President
 Holy Cross College of Calinan, Inc.

Dear Sister Cherie,

Greetings in the Mighty Name of our Lord, Jesus Christ!

We are writing this letter to inform you that we will be conducting a research study entitled: **“NAVIGATING PARENTHOOD: STORIES FROM PARENTS RAISING CHILDREN WITH SPECIAL NEEDS”** as the major requirement in our Practical Research 1 and 2. The objective of our study is to explore the unique challenges and coping mechanisms experienced by parents raising children with special needs. Additionally, this study aims to identify the support systems and resources that can effectively assist these parents in improving the well-being and development of their children. The result of the study will be part of our contribution to raise awareness among other people on how parents deal with their children with special needs.

In line with this, we would like to ask permission to conduct our study outside the school with the supervision of our research adviser. In the absence of our adviser, we will be accompanied by our parents, who will be responsible for our welfare and safety. We plan to carry out several interviews with parents around Davao City to collect direct perspectives on their everyday lives and their emotional experiences. This will allow us to delve deeper into our research and gather comprehensive data to enhance the quality of our study.

We assure you that we will adhere to all necessary ethical guidelines, safety protocols, and school policies throughout the entire research process. The participation of our participants in this study is completely voluntary. Therefore, participants are free to withdraw from the study without moral obligation to the researcher and the school. Further, the participants have the right to verify the data to be included in the final manuscript.

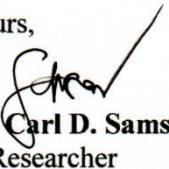
We look forward to your positive response and the opportunity to enrich our academic experience further.

Should you wish to know more about the study, please feel free to contact:

Denver Carl Samson – 09518179192 / samsondenvercarl@gmail.com
Rico Jay Naraga – 09770576229 / riconaraga87@gmail.com

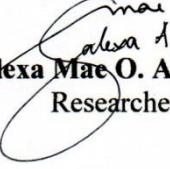
Thank you very much.

Very truly yours,


Denver Carl D. Samson
Researcher


Rico Jay C. Naraga
Researcher


Adrian Sam S. Lee
Researcher


Alexa Mae O. Alaya-ay
Researcher


Mary Rose A. Na-ong
Researcher

Noted by:


Ma. Corazon C. Suñga, PhD
Research Adviser

Approved by:


Sr. Cherie Eloisa L. Garrote, PM
School President

Complaints about this research:

The Holy Cross College of Calinan requires that all the participants are informed and if they have complaints regarding the manner in which the research is conducted, it may be given to the researcher, or if an independent person is preferred, to the Research and Publication Head, Research Office, Holy Cross College of Calinan with the following numbers: 295-0797 or 09491985644.

Appendix 1b: Letter of Permission



HOLY CROSS COLLEGE OF CALINAN, INC.
Davao- Bukidnon Highway, Calinan Poblacion, Davao City

December 13, 2023

Ma. Corazon C. Suñga, PhD
Basic Education Principal
Holy Cross College of Calinan, Inc.

Dear Ma'am Suñga,

Greetings in the Mighty Name of our Lord, Jesus Christ!

We are writing this letter to inform you that we will be conducting a research study entitled: **“NAVIGATING PARENTHOOD: STORIES FROM PARENTS RAISING CHILDREN WITH SPECIAL NEEDS”** as the major requirement in our Practical Research 1 and 2. The objective of our study is to explore the unique challenges and coping mechanisms experienced by parents raising children with special needs. Additionally, this study aims to identify the support systems and resources that can effectively assist these parents in improving the well-being and development of their children. The result of the study will be part of our contribution to raise awareness among other people on how parents deal with their children with special needs.

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We assure you that we will adhere to all necessary ethical guidelines, safety protocols, and school policies throughout the entire research process. The participation of our participants in this study is completely voluntary. Therefore, participants are free to withdraw from the study without moral obligation to the researcher and the school. Further, the participants have the right to verify the data to be included in the final manuscript.

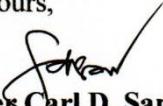
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Denver Carl Samson – 09518179192 / samsondenvercarl@gmail.com
Rico Jay Naraga – 09770576229 / riconaraga87@gmail.com

Thank you very much.

Very truly yours,


Denver Carl D. Samson
 Researcher


Rico Jay C. Naraga
 Researcher


Adrian Sam S. Lee
 Researcher


Alexa Mae O. Alaya-ay
 Researcher


Mary Rose A. Na-ong
 Researcher

Noted by:


Ma. Corazon C. Suñga, PhD
 Research Adviser

Approved by:


Ma. Corazon C. Suñga, PhD
 Basic Education Principal

Complaints about this research:

The Holy Cross College of Calinan requires that all the participants are informed and if they have complaints regarding the manner in which the research is conducted, it may be given to the researcher, or if an independent person is preferred, to the Research and Publication Head, Research Office, Holy Cross College of Calinan with the following numbers: 295-0797 or 09491985644.

Appendix 1c: Letter of Permission



HOLY CROSS COLLEGE OF CALINAN, INC.
Davao- Bukidnon Highway, Calinan Poblacion, Davao City

October 16, 2023

Mrs. Cheryl M. Lagang
School Principal IV
Calinan Central Elementary School

Dear Ma'am,

Greetings in the Mighty Name of our Lord, Jesus Christ!

We are writing this letter to inform you that we will be conducting a research study entitled: **“NAVIGATING PARENTHOOD: STORIES FROM PARENTS RAISING CHILDREN WITH SPECIAL NEEDS”** as the major requirement in our Practical Research 1 and 2 subject. The objective of our study is to explore the unique challenges and coping mechanisms experienced by parents raising children with special needs. Additionally, this study aims to identify the support systems and resources that can effectively assist these parents in improving the well-being and development of their children. The result of the study will be part of our contribution to raise awareness among other people on how parents deal with their children with special needs.

In line with this, we would like to ask permission to conduct an interview with the parents of your students in the Special Education (SPED) program of your school, especially the parents of children diagnosed with Down syndrome. Additionally, we ask your good office to collect basic information such as the parent's names, addresses, and contact numbers so that the researchers will easily contact them and inform them about the interview process.

During the interview, the researchers will focus on the experiences, struggles, coping mechanisms, and insights they gained in raising their children with special needs. Therefore, this endeavor will not in any way harm parents during the interview. Also, the confidentiality of the information obtained is assured as there will be no other individuals who have access to them except the researchers and their research adviser.

We assure you that we will adhere to all necessary ethical guidelines, safety protocols, and school policies throughout the entire research process. The participation of our participants in this study is completely voluntary. Therefore, participants can withdraw from the study without moral obligation to the researcher and the school. Further, the participants have the right to verify the data to be included in the final manuscript.

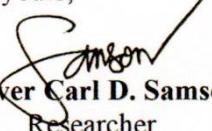
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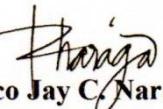
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Denver Carl Samson – 09518179192 / samsondenvercarl@gmail.com
Rico Jay Naraga – 09770576229 / riconaraga87@gmail.com

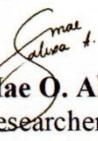
Thank you very much.

Very truly yours,


Denver Carl D. Samson
 Researcher


Rico Jay C. Naraga
 Researcher


Adrian Sam S. Lee
 Researcher

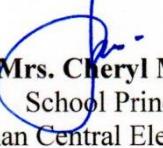

Alexa Mae O. Alaya-ay
 Researcher


Mary Rose A. Na-on
 Researcher

Noted by:


Ma. Corazon C. Suñga, PhD
 Research Adviser

Approved by:


Mrs. Cheryl M. Lagang
 School Principal IV
 Calinan Central Elementary School

Complaints about this research:

The Holy Cross College of Calinan requires that all the participants are informed and if they have complaints regarding the manner in which the research is conducted, it may be given to the researcher, or if an independent person is preferred, to the Research and Publication Head, Research Office, Holy Cross College of Calinan with the following numbers: 295-0797 or 09491985644.

Appendix 1d: Letter of Permission



HOLY CROSS COLLEGE OF CALINAN, INC.
Davao- Bukidnon Highway, Calinan Poblacion, Davao City

November 8, 2023

Mr. Edgar Allan L. Bantigue
 School Principal III
 Calinan National High School

Dear Sir Bantigue,

Greetings in the Mighty Name of our Lord, Jesus Christ!

We are writing this letter to inform you that we will be conducting a research study entitled: **“NAVIGATING PARENTHOOD: STORIES FROM PARENTS RAISING CHILDREN WITH SPECIAL NEEDS”** as the major requirement in our Practical Research 1 and 2 subject. The objective of our study is to explore the unique challenges and coping mechanisms experienced by parents raising children with special needs. Additionally, this study aims to identify the support systems and resources that can effectively assist these parents in improving the well-being and development of their children. The result of the study will be part of our contribution to raise awareness among other people on how parents deal with their children with special needs.

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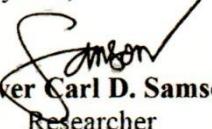
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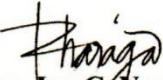
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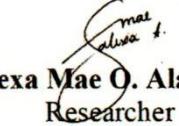
Thank you very much.

Very truly yours,


Denver Carl D. Samson
 Researcher


Rico Jay C. Naraga
 Researcher


Adrian Sam S. Lee
 Researcher


Alexa Mae O. Alaya-ay
 Researcher


Mary Rose A. Na-ong
 Researcher

Noted by:


Ma. Corazon C. Suñga, PhD
 Research Adviser

*Received :
 C. Suniga
 11/06/23*

Approved by:


Mr. Edgar Allan L. Bantigue
 School Principal III
 Calinan National High School

Complaints about this research:

The Holy Cross College of Calinan requires that all the participants are informed and if they have complaints regarding the manner in which the research is conducted, it may be given to the researcher, or if an independent person is preferred, to the Research and Publication Head, Research Office, Holy Cross College of Calinan with the following numbers: 295-0797 or 09491985644.

Appendix 2a: Letter to the Validator



HOLY CROSS COLLEGE OF CALINAN, INC.
Davao- Bukidnon Highway, Calinan Poblacion, Davao City

December 7, 2023

Ms. Vallerie Joy T. Escolano
Subject Area Coordinator
Holy Cross College of Calinan, Inc.

Dear Miss Escolano,

Greetings in the Mighty Name of our Lord, Jesus Christ!

We, Denver Carl D. Samson, Rico Jay C. Naraga, Adrian Sam S. Lee, Alexa Mae O. Alaya-ay, and Mary Rose A. Na-ong, enrolled in the class of Practical Research 2 and conducting a research study entitled: "**NAVIGATING PARENTHOOD: STORIES FROM PARENTS RAISING CHILDREN WITH SPECIAL NEEDS**". The objective of our study is to explore the unique challenges and coping mechanisms experienced by parents raising children with special needs. Additionally, this study aims to identify the support systems and resources that can effectively assist these parents in improving the well-being and development of their children. The following are the research questions to be addressed in this study:

1. What are the struggles of parents who have children with down syndrome?
2. How did the parents cope with the situations of their children?
3. What are their insights with regard to raising their children with down syndrome?

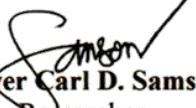
May we request your kind assistance in validating the questionnaire of the research study. Would you please fill up the attached validation sheet and give suggestions/comments for the improvement of our questionnaire.

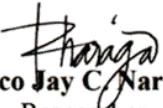
Should you wish to know more about the study, please feel free to contact:

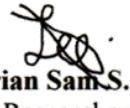
Denver Carl Samson – 09518179192 / samsondenvercarl@gmail.com
Rico Jay Naraga – 09770576229 / riconaraga87@gmail.com

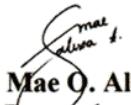
Thank you very much.

Very truly yours,


Denver Carl D. Samson
Researcher


Rico Jay C. Naraga
Researcher


Adrian Sam S. Lee
Researcher


Alexa Mae O. Alaya-ay
Researcher


Mary Rose A. Na-ong
Researcher

Noted by:


Ma. Corazon C. Suñiga, PhD
Research Adviser

Approved by:


Ms. Vallerie Joy T. Escolano
Subject Area Coordinator

12/11/2023
recvd w/

Complaints about this research:

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Appendix 2b: Letter to the Validator



HOLY CROSS COLLEGE OF CALINAN, INC.
Davao- Bukidnon Highway, Calinan Poblacion, Davao City

December 7, 2023

Mrs. Jovelyn M. Bangcot
Subject Area Coordinator
Holy Cross College of Calinan, Inc.

Dear Mrs. Bangcot,

Greetings in the Mighty Name of our Lord, Jesus Christ!

We, Denver Carl D. Samson, Rico Jay C. Naraga, Adrian Sam S. Lee, Alexa Mae O. Alaya-ay, and Mary Rose A. Na-ong, enrolled in the class of Practical Research 2 and conducting a research study entitled: "**NAVIGATING PARENTHOOD: STORIES FROM PARENTS RAISING CHILDREN WITH SPECIAL NEEDS**". The objective of our study is to explore the unique challenges and coping mechanisms experienced by parents raising children with special needs. Additionally, this study aims to identify the support systems and resources that can effectively assist these parents in improving the well-being and development of their children. The following are the research questions to be addressed in this study:

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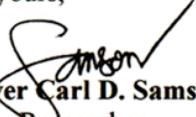
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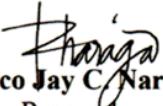
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Rico Jay Naraga – 09770576229 / riconaraga87@gmail.com

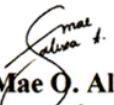
Thank you very much.

Very truly yours,


Denver Carl D. Samson
Researcher


Rico Jay C. Naraga
Researcher


Adrian Sam S. Lee
Researcher

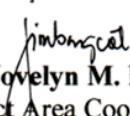

Alexa Mae O. Alaya-ay
Researcher


Mary Rose A. Na-ong
Researcher

Noted by:


Ma. Corazon C. Suñga, PhD
Research Adviser

Approved by:


Mrs. Jovelyn M. Bangcot
Subject Area Coordinator

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Appendix 3a: Validation Sheet



Holy Cross College of Calinan, Inc.
Davao-Bukidnon Highway, Calinan, Davao City

Research Assessment Tool and Validation Sheet

Name of Evaluator : Ms. Vallerie Joy T. Escolano
 Degree : BSEI - English
 Position : English Coordinator
 Institution : Holy Cross College of Calinan, Inc.

To the Evaluator: Please check the appropriate box for your ratings.

POINT EQUIVALENT: 1 – Poor 3 – Good 5 - Excellent
 2 - Fair 4 – Very Good

Criteria/ Indicators		1	2	3	4	5
1	CLARITY OF DIRECTIONS AND ITEMS The vocabulary level, language structure and conceptual level of questions suit to level of respondents. The test directions and items are written in clear and understandable manner.				/	
2	PRESENTATION/ ORGANIZATION OF ITEMS The items are presented and organized in logical manner.				/	
3	SUITABILITY OF ITEMS The items appropriately represent the substance of the research. The questions are designed to determine the condition, knowledge, perception and attitudes that are supposed to be measured.				/	
4	ADEQUATENESS OF ITEMS PER CATEGORY The items represent the coverage of the research adequately. The number of questions per area category is representative enough of all the question needed for the research.				/	
5	ATTAINMENT OF PURPOSE The instrument as a whole fulfills the objectives for which it was constructed.				/	
6	OBJECTIVE Each item question requires only one specific answer or measure only one behavior and no aspect of questionnaire suggest bias on the part of the researcher.				/	
7	SCALE AND EVALUATION RATING SYSTEM The scale adapted is appropriate for the items.				/	

Comments and Suggestions: _____ *see minor corrections in the paper*

VALLERIE JOY T. ESCOLANO

Signature of Evaluator

Appendix 3b: Validation Sheet



Holy Cross College of Calinan, Inc.
Davao-Bukidnon Highway, Calinan, Davao City

Research Assessment Tool and Validation Sheet

Name of Evaluator : Mrs. Jovelyn M. Bangcot
 Degree : Master of Arts in Theology (MAT)
 Position : Christian Living Coordinator
 Institution : Holy Cross College of Calinan, Inc.

To the Evaluator: Please check the appropriate box for your ratings.

POINT EQUIVALENT: 1 – Poor 3 – Good 5 - Excellent
 2 - Fair 4 – Very Good

Criteria/ Indicators		1	2	3	4	5
1	CLARITY OF DIRECTIONS AND ITEMS The vocabulary level, language structure and conceptual level of questions suit to level of respondents. The test directions and items are written in clear and understandable manner.				/	
2	PRESENTATION/ ORGANIZATION OF ITEMS The items are presented and organized in logical manner.				/	
3	SUITABILITY OF ITEMS The items appropriately represent the substance of the research. The questions are designed to determine the condition, knowledge, perception and attitudes that are supposed to be measured.				/	
4	ADEQUATENESS OF ITEMS PER CATEGORY The items represent the coverage of the research adequately. The number of questions per area category is representative enough of all the question needed for the research.				/	
5	ATTAINMENT OF PURPOSE The instrument as a whole fulfills the objectives for which it was constructed.				/	
6	OBJECTIVE Each item question requires only one specific answer or measure only one behavior and no aspect of questionnaire suggest bias on the part of the researcher.				/	
7	SCALE AND EVALUATION RATING SYSTEM The scale adapted is appropriate for the items.				/	

Comments and Suggestions: _____

Jinborgot
Signature of Evaluator

Appendix 4a: Interview Protocol



HOLY CROSS COLLEGE OF CALINAN, INC.
Davao- Bukidnon Highway, Calinan Poblacion, Davao City

INTERVIEW GUIDE

NAVIGATING PARENTHOOD: STORIES FROM PARENTS RAISING CHILDREN WITH SPECIAL NEEDS

This interview protocol is designed to uncover your stories as a parent in raising your child with special needs, explore the struggles, coping mechanisms, and the insights you gained in handling a child with special needs. Rest assured that your responses and insights to the queries will be dealt with utmost care and confidentiality. If you have concerns to this protocol or to the study as a whole, please do not hesitate to call our attention. The interview will be done when you are ready and at your most convenient time and place.

Thank you very much.

The following are the research questions to be addressed in this study:

Research Question #1: What are the experiences of parents who have children with down syndrome?

- 1.1. How will you describe your situation while raising your child/ren? (*Unsaon nimo paglarawan/paghulagway ang imong sitwasyon samtang nagpadako ka sa imong anak?*)
- 1.2. What is your emotional and psychological state while raising your child/ren? (*Unsa ang imong emosyonal ug sikolohikal nga kahimtang samtang nagpadako ka sa imong anak?*)

Research Question #2: How did the parents cope with the situations of their children?

- 2.1. Can you describe how you manage your child's daily care needs? (*Mamahimo ba nimong ilarawan giunsa nimo pag-atiman ang adlaw-adlaw nga kinahanglanon sa imong anak?*)
- 2.2. How did you deal with the responsibility of raising children in such a difficult situation? (*Giunsa nimo pag-atubang ang responsibilidad sa pagpadako sa mga bata sa ingon ka lisud nga kahimtang?*)
- 2.3. What strategies did you use to help your child adjust to a new environment? (*Unsang mga estratehiya ang imong gigamit aron matabangan ang imong anak nga maka-adjust sa bag-onng palibot/kahimtang?*)

Research Question #3: What are their insights with regard to raising their children with down syndrome?

- 3.1. What important lessons have you learned from this unique parenting journey? (*Unsa nga mga importaneng leksyon ang imong nakat-unan gikan sa imong nasinatian sa pagpadako sa imong mga anak?*)
- 3.2. What advice you can offer to other parents who are raising children with down syndrome based on your experiences? (*Unsa nga mga tambag ang imong mahatag sa ubang mga ginikanan nga nagpadako sa ilang mga anak nga adunay down syndrome basi sa imong nasinatian o naagian?*)

THANK YOU!!

Appendix 5a: Participant Information Consent



HOLY CROSS COLLEGE OF CALINAN, INC.
Davao- Bukidnon Highway, Calinan Poblacion, Davao City

**NAVIGATING PARENTHOOD: STORIES FROM PARENTS RAISING
 CHILDREN WITH SPECIAL NEEDS**

PARTICIPANT INFORMATION CONSENT

I, _____, agree to participate in the study whose purpose is to explore the unique challenges and coping mechanisms experienced by parents raising children with special needs. Additionally, this study aims to identify the support systems and resources that can effectively assist these parents in improving the well-being and development of their children. I am fully aware that the study will be conducted by Denver Carl D. Samson, Rico Jay C. Naraga, Adrian Sam S. Lee, Alexa Mae O. Alayay, and Mary Rose A. Na-ong, and will be supervised by Dr. Ma. Corazon C. Suñga, their research adviser.

Before the onset of the study, the researchers explained to me the nature and extent of my involvement in this project. Also, during the orientation, participants were informed of the following:

- a. that there are no known risks in our participation;
- b. that my participation will involve in an interview about the **STORIES OF PARENTS RAISING CHILDREN WITH SPECIAL NEEDS**;
- c. that the information they obtained from me will be kept confidential and that only them and their research adviser will have access on it; and
- d. that my name and the organization where I am connected will never be mentioned in the final report.

In this study, my participation is entirely voluntary and I am free to withdraw at any time without affecting my relationship with the researchers and Holy Cross College of Calinan.

For possible queries and complaints regarding the conduct of the study, contact details of the researchers and their adviser, Dr. Ma. Corazon C. Suñga are provided.

A handwritten signature in black ink, appearing to read "Ih".

Participant's Signature

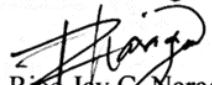
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Date


Denver Carl D. Samson
Researcher's Signature

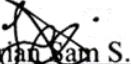
12/21/2023

Date


Rico Jay C. Naraga
Researcher's Signature

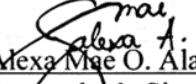
12/21/2023

Date


Adrian Sam S. Lee
Researcher's Signature

12/21/2023

Date


Alexa Mae O. Alaya-ay
Researcher's Signature

12/21/2023

Date


Mary Rose A. Na-ong
Researcher's Signature

12/21/2023

Date

Complaints about this research:

This project has been approved by their research adviser. Should you have concerns about your rights as a participant in this research, or should you have a complaint about the manner in which the research is conducted, please feel free to contact Dr. Ma. Corazon C. Suñga through her number 09298934723 or email her at coysunga@yahoo.com. Alternatively, you can direct your queries to the school's Research and Publication Officer through these numbers: 295-0797 or 09491985644.

Appendix 5b: Participant Information Consent



HOLY CROSS COLLEGE OF CALINAN, INC.
Davao- Bukidnon Highway, Calinan Poblacion, Davao City

**NAVIGATING PARENTHOOD: STORIES FROM PARENTS RAISING
 CHILDREN WITH SPECIAL NEEDS**

PARTICIPANT INFORMATION CONSENT

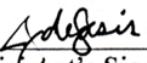
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 Participant's Signature

12/21/23

Date


Denver Carl D. Samson
Researcher's Signature

12/21/2023

Date


Rio Jay C. Maraga
Researcher's Signature

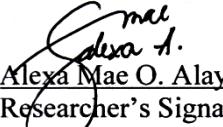
12/21/2023

Date


Adrian S. Lee
Researcher's Signature

12/21/2023

Date


Alexa Mae O. Alaya-ay
Researcher's Signature

12/21/2023

Date


Mary Rose A. Na-ong
Researcher's Signature

12/21/2023

Date

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Appendix 5c: Participant Information Consent



HOLY CROSS COLLEGE OF CALINAN, INC.
Davao- Bukidnon Highway, Calinan Poblacion, Davao City

**NAVIGATING PARENTHOOD: STORIES FROM PARENTS RAISING
 CHILDREN WITH SPECIAL NEEDS**

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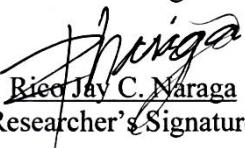
12/22/23

Date


Denver Carl D. Samson
Researcher's Signature

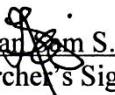
12/21/2023

Date


Riee Jay C. Naraga
Researcher's Signature

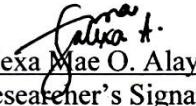
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Researcher's Signature

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Appendix 5d: Participant Information Consent



HOLY CROSS COLLEGE OF CALINAN, INC.
Davao- Bukidnon Highway, Calinan Poblacion, Davao City

**NAVIGATING PARENTHOOD: STORIES FROM PARENTS RAISING
CHILDREN WITH SPECIAL NEEDS**

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Hcab

 Participant's Signature

12/27/23

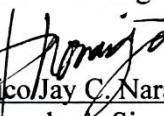
 Date



Denver Carl D. Samson
Researcher's Signature

12/21/2023

Date



Rico Jay C. Naraga
Researcher's Signature

12/21/2023

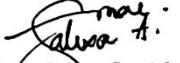
Date



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Researcher's Signature

12/27/23

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Researcher's Signature

12/27/23

Date



Mary Rose A. Na-ong
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Appendix 5e: Participant Information Consent



HOLY CROSS COLLEGE OF CALINAN, INC.
Davao- Bukidnon Highway, Calinan Poblacion, Davao City

**NAVIGATING PARENTHOOD: STORIES FROM PARENTS RAISING
 CHILDREN WITH SPECIAL NEEDS**

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AK

 Participant's Signature

12/28/23

 Date


Denver Carl D. Samson
Researcher's Signature

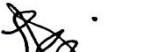
12/28/2023

Date


Rico Jay C. Naraga
Researcher's Signature

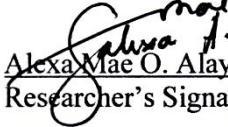
12/28/23

Date


Adrian Sam S. Lee
Researcher's Signature

12/28/23

Date


Alexa Mae O. Alaya-ay
Researcher's Signature

12/28/23

Date


Mary Rose A. Na-ong
Researcher's Signature

12/28/23

Date

Complaints about this research:

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Appendix 5f: Participant Information Consent



HOLY CROSS COLLEGE OF CALINAN, INC.
Davao- Bukidnon Highway, Calinan Poblacion, Davao City

**NAVIGATING PARENTHOOD: STORIES FROM PARENTS RAISING
CHILDREN WITH SPECIAL NEEDS**

PARTICIPANT INFORMATION CONSENT

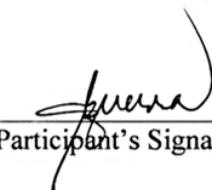
I, [REDACTED], agree to participate in the study whose purpose is to explore the unique challenges and coping mechanisms experienced by parents raising children with special needs. Additionally, this study aims to identify the support systems and resources that can effectively assist these parents in improving the well-being and development of their children. I am fully aware that the study will be conducted by Denver Carl D. Samson, Rico Jay C. Naraga, Adrian Sam S. Lee, Alexa Mae O. Alayay, and Mary Rose A. Na-ong, and will be supervised by Dr. Ma. Corazon C. Suñiga, their research adviser.

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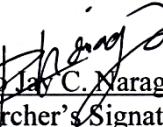
Participant's Signature

January 6, 2024
Date


Denver Carl D. Samson
Researcher's Signature

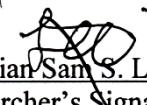
1/6/2024

Date


Rico Jay C. Naraga
Researcher's Signature

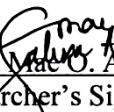
1/6/2024

Date


Adrian Sam S. Lee
Researcher's Signature

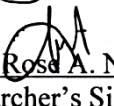
1/6/24

Date


Alexa Mac O. Alaya-ay
Researcher's Signature

1/6/24

Date


Mary Rose A. Na-ong
Researcher's Signature

1/6/24

Date

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Appendix 5g: Participant Information Consent



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Davao- Bukidnon Highway, Calinan Poblacion, Davao City

**NAVIGATING PARENTHOOD: STORIES FROM PARENTS RAISING
 CHILDREN WITH SPECIAL NEEDS**

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Sybil

 Participant's Signature

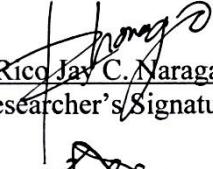
Jan. 6, 2024

 Date


Denver Carl D. Samson
Researcher's Signature

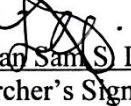
1/6/2024

Date


Rico Jay C. Naraga
Researcher's Signature

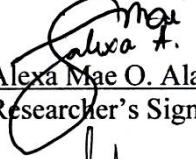
1/6/2024

Date


Adrian Sam S. Lee
Researcher's Signature

1/6/2024

Date


Alexa Mae O. Alaya-ay
Researcher's Signature

1/6/2024

Date


Mary Rose A. Na-ong
Researcher's Signature

1/6/2024

Date

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Appendix 5h: Participant Information Consent,



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**NAVIGATING PARENTHOOD: STORIES FROM PARENTS RAISING
CHILDREN WITH SPECIAL NEEDS**

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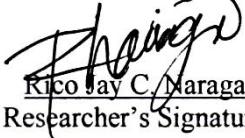

Participant's Signature

February 2, 2024
Date


Denver Carl D. Samson
Researcher's Signature

2/2/2024

Date


Rico Jay C. Naraga
Researcher's Signature

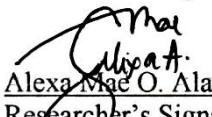
02/02/2024

Date


Adrian Sun S. Lee
Researcher's Signature

02/02/2024

Date


Alexa Mae O. Alaya-ay
Researcher's Signature

2/2/2024

Date


Mary Rose A. Na-ong
Researcher's Signature

2/2/2024

Date

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Appendix 5i: Participant Information Consent



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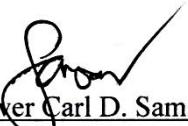
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 Participant's Signature

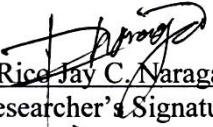
Feb. 3, 2024

 Date


Denver Carl D. Samson
Researcher's Signature

2/3/24

Date


Rice Jay C. Naraga
Researcher's Signature

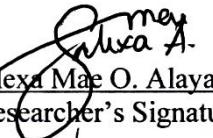
2/3/24

Date


Adrian Sam S. Lee
Researcher's Signature

2/3/24

Date


Alexa Mae O. Alaya-ay
Researcher's Signature

2/3/24

Date


Mary Rose A. Na-ong
Researcher's Signature

2/3/24

Date

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Appendix 5j: Participant Information Consent



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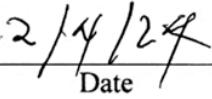
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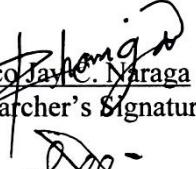


 Date


Denver Carl D. Samson
Researcher's Signature

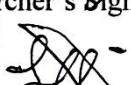
2/4/2024

Date


Rico Jay C. Naraga
Researcher's Signature

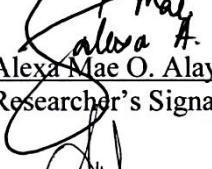
2/4/2024

Date


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Researcher's Signature

2/4/2024

Date


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Researcher's Signature

2/4/2024

Date


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Appendix 6: Transcripts of Responses

PARTICIPANT #1

I: Pwede ba nimo masulti sa kung unsay background saimong pamilya? Like pila anak?

P: uhm sa amo na family name saiyang papa kay si romencio perez jr. nya akong ngalan kay si jully ann perez ang akong edad is 37 na karon kuan na sila mag igsuon tulo ikatulo akong anak na naay downsyndrome tapos nag skwela na siya sa sped sa calinan central elementary school tapos 3 years na siya didto tapos pag kuan na niya go promote na siya saiyang teacher na si maam loyda na kinder garten siya tapos karon grade 1 na siya.

I: So kanus a Ninyo first na hibal-an te na diagnose siya sa kana na sakit?

P: Kana jud kanang wala jud ko nag expect na maingon gani siya na downsyndrome siya kay pag panganak man gud nako kay 9 months jud siya tapos pag gawas pagka kita sakong igsuon murag naa siyay something na ni ingon siya sa akoa murag imuhang anak lagi kay murag monggoloid niana siya nya wala nato sakong huna-huna mao to natingala nalang ko pag age nya ug 3 months ang basic jud na kasagaran na kanang movements sa baby is dapat kanang magunitan na nako siya nya iyang ulo ma kuan na madala na niya murag ma ambak na or ma turo-turo na siya nya ma hagwa, dili man gyapon gud siya mao tong natinga ko saiyyaha iyahang ulo abi nakog nay diperensya kay murag bug at iyang ulo gidala nako siya ug davao sa chdc akong gipa kuan sa pedian ni ingon man siya nga ayaw lang kalain maam ha kay imong anak is related jud nga na belong jud sa monggoloid ana siya mao to na wala ko nag expect nga naa man diay gi tawag ana na kanang unsay tawag ana nga test kanang new born screening nya wala ko nag expect na ingana nya wala may kuan na nigawas gud na result didto na sap ag 4 months jud nya.

I: Unsa imong nabati te tong pagka balo na nimo na kanang kana iyang kahimtang?

P: Pagka bati nako murag naa man gyud ang kanang maka ingon ka nga sakit pamalandungan nga nganong ako man ang gi hatagan ani pero sa ingon sa doctor jud sa akoa una na ning tuhop sakong huna-huna na walay impossible sa ginuo ning ana siya sa akoa, gi challenge ko sa doctor na usa lang ko ka doctor instrumento lang ko basin diay ug sa mga panahon o sa mga adlaw o sa mga sigundo aduna pa diay kausaban ang imuhang anak think positive lang jud ana ang doctor sa pedian

I: Last te, unsa imong concerns or worries that time pagka balo nimo na diagnose sya?

P: Kuan kanang maka ingon ko kanang kung about lang sa situation nga maka ingon ko ba nga kanang gipa anggo naman guro ko kay ngano sa sitwasyon man gud na samong pamilya kung isturyahon lang jud namo kanang ni agi man gud mi ug kanang kuan sakong ban aba family problem nya kanang mura syag naay something nga gi buhat sa akoa na murag nag taksil siya sa akoa nya mao to wala ko nag expect na kanang maka ingon ko ba na kanang lord siya ang gi himo ug kanang pagpa kita sa amo nga usa sya kanang nga maundang gani ang kanang kuan sa akoang bana nga gi buhat niya sa akoa na murag ang

akong anak bam aka ingon nga siya ang among mga lantawunon ba na angayan ra diay na bag uhon niya iyang kaugalingon.

I: First question is unsaon nimo pag describe or pag hulagway saimong sitwasyon samtang nagpa dako ka sa imong anak?

P: Sa akoa gyud ma describe or gi hulagway nako sa pag padako nako sakong anak no maka ingon ko nga mura siyang sama sa usa ka kandila nga maka ingon ko naa dapat diay diha sa kandila nga makita nako siya naa jud diay imong diyas Saiya guidance o kahayag na ikaw naa ka saiyahang kanang magpa luyo ka kanunay na kailangan jud na sa panahon na dili ka mawad an sa mga ma down ka labi na mu ingon ka na sama sa usa ka kandila kanunay nimo siyang pahayagan dili nimo siya kuanon nga ipa abot na ma palong ang kandila nga ma alaot siya pag abot sa panahon.

I: Unsa ang imong emosyon o sekolohikal na kahimtang samtang nagpa dako saimong anak?

P: Isa jud no kay isa jud akong nabati kay naa jud ang fear o kahadlok jud na madawat ba sa community ang akong anak nga makita nila na sa sitwasyon kung unsa sila nya ug ang ika duha is sakit pud kaayo sa feelings na ang pag tan aw diay sa tao is kanang naa na diay ang discrimination gani na wala unta ka mag expect ana na ug sa tan-aw sa mga tao na gilibak naman guro ang akong anak na ana gud feeling nako nga ingana ba nan aa ang pang bully isa jud na number 1 nga maka kuan pud sakong emotion diha samong community nga maka ingon ko na kanang normal raman guro ang bully okay lang akoa gihapong dawaton.

I: Kung mahimo ba nimong ilarawan kung gi unsa nimo pag atiman sa adlaw-adlaw na kailangan saimong anak?

P: Sa akoa gi larawan nako siya or gi daily routine nako siya sap ag atiman sakong anak sama rapud sa pag atiman sa usa ka tanom na kailangan diay imo siyang atimanon, amumahon panggaon sama sa pag pa inom or pag bisbis saiyaha ug tubig sa tanom na mapa dako or mabunga siya or mahimo siyang strong lami na pag dako na niya mahimo siyang ma independent siya nga mahimo siyang lig-on.

I: Gi unsa nimo pag atubang ang responsibilidad sa pagpa dako sa mga bata sa ingon kalisod nga kahimtang.

P: Diha sa akong responsibilidad jud sa pag padako gi atubang jud nako diha sa mga pag sulay no sakong kinabuhi una jud is gi hatagan jud nako siya ug time ilabi na sap ag hatag Saiya ug panahon labi na maka ingon ko na kanang kung unsa iyang gusto murag ako siyang hatagan ug pag tagad ug labi na sa mga pag paningkamot pud nga hatagan pud namo siya inubanan saiyang mga panginahanglan ug iyahang needs ug ikat ulo is wala nako gina huna.x ang mga negative na mga isturya nya kanunay jud ko na kanang lig on.

I: Unsa na mga strategy o stratehiya ang imong gi gamit para maka tabang saimong anak para maka adjust sa new environment?

P: Ang strategy jud nga akong gi buhat is gi train jud nako siya na normal akong anak gi expose nako siya sa community kung unsa man ang iyang mga talent o kahibalo ako a siyang gina pa apil sa mga activities nya sa pag disiplina ug pag hatag pud gyapon ug panahon na maki mingle sa uban bata.

I: Unsa nga mga importanteng mga leksyong ang imong na kat unan gikan saimong nasinatian sa pagpa dako saimong anak?

P: Ang leksyon jud number 1 no is ang akong na kat unan is gikan pa sa gamay pa na hantod sa karon na 13 years old na siya is dapat sa usa ka parents is dapat naa jud ang isa ka 100 percent nga imuhang patience jud ang pasensya ug ang pag paubos jud usa jud na ang pag paubos jud ug ang pag sabot saiyang sitwasyon ug hatagan jud siya ug dakong pag tagad.

I: Unsa pud ang imong mga kanang like saimohang lessons o mga leksyon nga nakatunan te unsa pud ang imuhang murag ma share pud sa uban?

P: Isip ginikanan as advice sa usa ka ginikanan nga naay anak nga naay downsyndrome una gyud is gina encourage jud nako sa pagpa eskwela dili nato himuong na hindrance o babag ang ilahang disability ilabi na sa atong ka pobrehon dili ta pa apekto sa mga discrimination himuong nato ni nga motivation aron ta mahimong lig on ug responsible sap ag atiman satong anak kay walay impossible diha sa ginuo ug kanunay jud ang atong pag salig pag ampo ug inubanan pud satong buhat ika duha is dili jud ika ulaw nga naa tay anak na downsyndrome dapat proud ta thankful ta ug blessed kaayo ta na gi hatagan ta ug special nga gi himo sa ginuo usa is gina challenge nako nga gi hatagan ta sa ginuo ug sama nila tungod kay kita gipili ta sa ginuo na angayan nga mu atiman nga mahatagan nato sila ug maayong pinang ingnan dinihi niining kalibutan.

I: So daghan kaayong salamat te sa pag tubag sa among pangutana, naa bakay lain pang masulti like closing.

P: Sa akoa lang masulti or kanang mapasalamat ko kanang sa tinuod lang kanang kanunay tang mapasalamton kung unsay naa sa atoa na mu abot satong kinabuhi kay ngano kay kanang dili ta dapat nga muingon nga himuong nato na syang kung unsa may gi hatag sa ginuo nga murag ipasangwalang bahala nato kay bisan kana nga butang siya is dako na kaayo siyag importansa sa atoa kay ngano walay gi hatag ang ginuo na dili nato kaya, kaya jud nato diria tanan kay mao nay gi ingon nga wala juy impossible ug para sa iyaha nga naa ta kanunay ang iyang pag salig ug pag tuo kanamo.

PARTICIPANT #2

Interviewer: unsa imong background sa imong kaugalingon ug imong pamilya?

P2: usa ko ka inahan tapos sa akong pamilya syempre lisod kaayo syempre naakuy anak na in ana dili ingun nga kanang normal lang sya na bata naa syay kanang apan lisod kaayo sya nga atimanon mau rato sya (KIKIK)

Interviewer: asa ka kabalo nga naay downsyndrome ang imong anak?

P2:sa pag panganak palang kay dili sya normal pag panganak kuan sya kanang kompleto syag bulan 9mons unya tapos pag anak niya kanang gamay gyd kay sya malnourish gyd kay sya kanang semi mura sya ug kanang kasalo na coke ina ana lang gyd sya ka gamay gyd maora

Interviewer: unsa ang imong ginaka hadlokan about sa imong anak?

P2: ang akong gina ka hadlokan sa akong anak kay hadlok gyd kaya sya kay taud taud gyd sya ma hospital pila ka pila ka semana tapos pag wala sya nakaya sa hospital gipa gawas namo amo syang gipa kuan sa binisaya unya gi kuan sya kanang kung mo tuo mo ug kanang paraiha gd ug kuanan siyang dili ingon-atu mau na sya

Interviewer: unsa imong mga kaagi sa imong saimong bata nga nay.

P2: kaagi nako kananglisod gyd kanang tanan sakripisyoo naa gydkung naa syay batiuun dili ka katulog and then kanang mag saki sakit labi nag walay kwarta hasta gyd lisoda unya gera gera pagyd

Interviewer: unsay reaksyon saimong pamilya or imong mga amigo/amiga sap ag kabalo nga nay downsyndrome inyong anak?

P2: kuan na shock lang sila pag kita nila nga dili normal tapos yellow siyang panit abi gud nilag kanang dili na mag dugay kanang kwaon sya sa ginoo nag ampo gyd mi pirme mi ga ampo nga mabuhi lang gyd siya naagyd syay kanang Makaya lang niya ba na in ana iyang kanang iyang sitwasyon na gamay kay sya sige rag ka doctor unya hadlok gyd mi na mawal siya sa amoa mau rana sya

Interviewer: unsaon nimo pag describe o pag hulagway ang imong sitwasyon samtang nag padako ka saimong anak?

P2: ah ah akong mahulagway sa akong kaugalingon na sap ag padako sa akong anak na in ana iyang sitwasyon kanang mag lisod gyd ko kay syempre kina manghuraan siya and then dipa unya dugay pagyd sya naka storya dugay sya nakalakaw 5yrsold gd na sya bago nakalakaw unya nag storya mga 6yrsold maka sulti syag mama ug papa

Interviewer: unsa imong emosyon o sikolohikal samtang nag padako saimong mga anak?

P2: emotional? grabe oi dili dili ma describe ang emotional gyd nimo makaingun gyd ka na kaya gyd ba kaha nimo murag mak ingun ko sa akong kaugalingon na kanang mo surrender na ba ka ko? ana

Interviewer: mahimo b animo ilarawan gi unsa nimo pag atiman imong adlaw adlaw na kinahanglon saimong anak?

P2: unsay ilarawan? Ihulagway diba

Interviewer: oo

P2: kuan kanang

Interviewer: pang adlaw adlaw

P2: pag adlaw adlaw paliguon atimanon gyd syag tarung pa imnon ug tambil kay pila gyd sya ka tuig nasakit hantud sya nadako sya.... Mau na sya

Interviewer:gi unsa nimo pag atubang ang responsibilidad sa pag padako sa imong bata sa kalisod na kahimtang

P2: pag atubang? Sakripisyoo maning kamot kanang mangita lang gyd ug tabang sa ana na makaka-on mo sa isaka adlaw ka tulo ana lang

Interviewer: unsa ang mga estratehiya na imong gia gamit aron matabangan ang imong anak nga maka adjust sa imong palibot or kahimtang?

P2: wala nako sya gi kulong sa balay ahh gi uban uban nako sya maskin asa ko mo adto labi nag mo adto kug calinan para ma espes maka expose siya sa mga tao nga dili diay sya ingun nga kanang dili siya ingun nga nay apan unya kanang feeling niya kanang pareha rapd sila sa atoa nga kahimtang

Interviewer: unsa nga mga importanteng leksyon na imong nakat unan gikan saimong na sinatian sap ag padako saimong anak?

P2: ang importanteng leksyon na akong nakat unan ug nasanatian sap ag padako sa akong anak kay kanang sacrifice lang gyd ta nya kanang pag panga ug kanang mahalon gyd nato sila kung unsa gyd sila

Interviewer: unsa nga mga tambag na mahatag sa ubang ginikanan na nga ga padako nga adunay downsyndrome basi sa imong nasanati ug naagian?

P2: kuan lang gyd atimanon sila ug tarung panggaon pag ka human mahalon labaw ba sa atong kinabuhi kung unsa ilang gina kinahanglan basta kay maayo lang ihatag gyd nato

PARTICIPANT #3

IntroQ1:

“Magpailaila paba ko?dili na?

Ahh kuan I am lovielyn Arenas, ibañes ko sauna sa dalaga pako, ahh I am 36 years old ahh akong nabana taga diri lanzona, ako taga dara lang pud ko sa acacia, silingan, unya among first baby is down syndrome, ahh 12 years old na siya karun, and second is normal pero 5 years old napud siya karun, puro boy.

IntroQ2:

Ahh actually sa amo a SPMC kay ano mana siya kanang kuan jud siay negative jud siya tanan, negative ang iyahang kanang mga, kanang mga diba bago ka mugawas sa SPMC kay, I don't know kung naka relate, naka relate mo pero sa amo a man gud as parents kanang ginatawag nila nga screening so amo a na screening niya, negative jud siya tanan, wala jud siay makita nga ingon ana siya, nagadako siyanga kanang wala jud mi idea kung unsa siya kay wala man pod mi gi ingnan sa doctor, even ang akoang kanang, kanang nag pa opera dapat siya ang magpasabot, wala jud ing ana wala jud mi idea so ato, time mga 5 months siguro siya healthy na bata, pagka 5 months niya kanang, nag ubo lang siya, nag-aching lang walay ubo walay sign sa ubo, aching lang siya tapos napa check up namo then mao nato wala nami gipagawas sa doctor kay nag bronchopneumonia na diay iyang duha ka baga, so wala mi idea pud nganong nag bronchopneumonia, kay nganong wala man mi kadungog ug ubo sa iyaha, 5 months na siya ato healthy na baby kanang kuan jud kanang permente gani siya makuan kay murag normal lang jud siya maka adapt jud siya sa normal nga bata pero basig kami nga parents wala pud mi gud bisan kanang gamay na idea nga anow ala, naunsa siya, na siyay kulang diay.. mao to ang PEDIA na niiya ni ingon sa amo a sa 12 days lang namo gi oxygen na siya, mao nato ang PEDIA nani ingon sa amo a nga bisan wala daiy mi kadungog og ubo kay diaying ana siya nga bata, naa siyay special needs so kay prone siya sa sakit, barkin dili mi makadungog ug ubo sa iyaha matabtan gyud siyag sakit, so mao nato ginahinay hinay namig kasabot nga ing ana siya at first kanang dili namo, murag ma question namo nganong kami,nga gipangayo man namo siya ana gud kanang lisud sa amo a mag asawa pero, that time na dawat rapud namo siya nga kailangan man gud na sa ilaha kay naksabot napod namo sa doctor nga nag undergo napudmi ug kanang murag counselling sa amo a na parents para unsaon namo siya pag dawat, unsan namo siya pag love ana lang gyud, ana lang.

IntroQ3:

Mao to kanang mura mig nahugno, nahugno kanang murag sakaming duha murag dili namo. Maquestion, madawat gud pero maka question mi sa amo a nga nganong kami, nganong kami, wala man mi kaliwat, kay base sa among pagpangutama sa doctor nganong

ingon ani. kay ingon nila kaliwant daw, ingon nila genes, ingon nila kanang basin generation nas akong Iolo ug lola kanang amoaa nigawas, kanang dili daw compatible amoang, tho wala pagyud siay explanation kung unsa gyud sa amoaa ang uban kay basin daw kanang ang uban man gud maigo ug ingon ana down syndrome na babies sa amoang pagkahibalo kay kanang miniposal baby kay kanang..ing-ana sa ubang man gud case kay dili man gud ingon ana kay gipangayo man gud namo siya so ing-ana siya mao na time to time dili gyud siya dali ing- an ka dawaton pero pag imoha man gud siguro gud anak kanang need jud ka mu risk sa tanan, mao na siya.

IntroQ4:

Concerns nako ug worries nako as mama kay kuan basig mudako siya nga behind sa normal nga mga bata umm mudako siya nga kanang ma bully or kanang mudako siya nga kanang dili niya ma defend iyang kaugalingo, ing-ana gud kanang what if mag una ko or what if mag una mi sa iyang papa kanang unsay future niya kaning naa si mama kanang ing-ana.....sorry (sige lang teh, okay lang teh) na ing-ana ko pero challenge pud nga nagdako siya kay nakita man pud namo kung naga develop man siya kanang willing pud siya mu Mingle sa ubang bata pero mao lang pud gina pray lang pud namo na kanang dili jud muabot ang time nga ingon ana.

SOPQ1: First question is unsaon nimo pag describe or pag hulagway saimong sitwasyon samtang nagpa dako ka sa imong anak?

Uhh sa akoa kay ano ano man ko working mom man gud ko, unya katong first nag yaya mi pero dili gyud makaya kanang murag sa ubang tao dili man gud nila makuha gud kung unsa ang techniques sa bata pero kami man gud kung parents mag gud ka buhaton man gud nimo ang tanan para masabtan nimo siya ma adapt nimo kung unsa unsa siya kung unsaon nimo siya pag atiman ug unsaon nimo pag kanang pag handle kay sa ila man gud case dili sila warrior wala silay tantrums kanang kuan lang gyud sila kanang biskan basig imong pasensya kanang pahuruton na, puluwayan pa jud nimong kailangan jud kag taas nga pasensya sa ilaha sa ing anana mga bata kay kung very sensitive kay sila unya akoa wa man gud dili wala ko nagmahay. bless man pud gud ko sa iyaha kay kanang kay Coy man gud kay kuan siya kanang inteliyente tho dili siya maka istorya pero kuan siya kanang makasabot siya unsay feeling nimo maka adapt siya unsay gina, unsay feeling nimo like kanang dili dili ko okay kabalo siya mu comfort sa akoa kabalo siya mu adapt sa akong feeling kung naunsa ko ana siya nga kabalo siya ra iyang manghud mu care ana man gud si Coy unya ang amoang man gud sa sa kuanana sa iyaha dapat dili nimo siya pakit-on ug kanang nag-away kanang mga, kanang mga kanang nagpanakit nakit man gud bawal man gud sa ilaha kay dali rajud gyud nila ma adapt ing ana as long as pasensya gyud dapat taason kay kag pasensya para sa mga bata.

SOPQ2: Unsa ang imong emosyon o sekolahikal na kahimtang samtang nagpa dako saimong anak?

Siguro nakoy kanang ginatawag nga kahadlok pero ana lang o kanang gina tudlo na mo siya nga mu pray kanang mu mu atleast mu depend pud sa amo a parents niya sa igsuon kanang ing-ana dili namo siya gina siguro sa emotional dili namo siya ginapakita nga kanang mudako siya nga kanang mapanakit nga bata kanang unsay ginabuhat sa iyaha, buhaton pud niya sa uban kay dili jud malikayan maskin karun naga eskwela siya naa jud mga. Tho open naman siya sa public kanang open na sila madawat na na sila sa public man gud dili parahas sauna magsakit imong dughan kay makit-an sila i-bully sila, karun man gud kay mu ingon naman gud hi kuya, kanang dawat lang sila sa public bah isa rapud na sa amoang gina pasalamatan gud karun kay wala pang bullying na giwala jud nila kay ako pinaka worst gyud nako nga na experience sa iyaha nag sakay mi pa downtown niya naa koy kasakay nga bata 12 years old tapos siya si Coy kay murag 9 years old nga mismo ang parent wala gyud siya ka adjust sa iyang anak nga ni bully sa akong anak mismo ni ana gyud siya nga “pasagdi na, kabalo ka nga abnormal na” ana siya bah kasakay nako siya tho iyang mga anak man unta ang nanghilabot sa akong anak pero wa lang, ako shock pero kanang ni bigay gyud ko ato nga time tho awayon kos iyang mama pero nalipay lang pud ko di pud nako gusto ipakita nga ingon ana na gani akong anak warrior pud ko nga mama kanang ing ana bah emotional sakit pero kanang mu fight man gud ko para sa iyaha kanang ana lang jud kanang makita pud sa mga bata kung ma share lang pud nako para sa uban dili man gud siya blessing man gud sila para sa amo a dili siya kanang para sa uban kanang ingon nila kanang sumpa or unsa sa family sa amo a man gud si Coy kay bless, blessing sa amo a kanang gina treat namo siya as normal nga bata kay mao man ang ingon sa doctor gina love namo siya na sobra pas normal nga bata kay karun makadungog gani kog mga 12 years old nga magkiat kang kiat kaayo, kanang mamalikas kanang ingana makaingon ko nga bahalag ingon ang akong coy bahalag ingon ana siya kay buutan man, dili man ko kadungog nga nag bad siya dili man ko kadungog nga kanang dili maayo nga makit'an nako sa iyaha mura makaingon bahala ingon ana akong kuya kay bless man mi pud tungod sa iyang kabuutan na ing ana siguro siguro kung napadulong pud to sa amoang family dili sa paghandle kung siguro kung dili pud siguro love ang makit an sa bata sa iyaha mag dako siguro ang bata nga kanang dili pud maayo ana lang gyud kanang kailangan jud pasensiya nya love ipakita jud nimobsa ilaha dili man sa pag spoil pero sa uabng butang pero dapat kanang maskin makit-an gud nila ma feel nila nga suportahan sila ana lang eskwela siya sauna 2 hours pinakadugay nana sa iyaha sauna kay matakdan siya sa ubang classmates na mag tantrums pero karun makaya na ni coy nga mag whole day sa school. Antusan lang gyud ug balik balik tho kay kuya karun kay speech nalang man ang kulang niya makalakaw man siya maka kuan man siya maka dula maka mingle sa ubang bata kana lang jud istorya niya mao rajud to.

SOPQ3: Kung mahimo ba nimong ilarawan kung gi unsa nimo pag atiman sa adlaw-adlaw na kailangan saimong anak?

Kuan lang sad normal lang gyud siya nga kung unsa nimo i-care and bata kay ngano man kay ing-an man gud kay dili man gud parihas si coy sa kanang case autism niya autism kay is mura siyang Robot na kailangan nimo siya i-program daan, gamay pa siya kay kung unsa ang naka program like mag una ang ligo, kaon, duka, Routine man gud niya na kay once naay kambyo ang pagka ugma, guba man gud ang ilahang adlaw ana mao nang angle ang autism. Ang Down Syndrome man gud is kanang normal nga bata, kailangan i remind uy may poop na, mag milk na mga ana ma remind nagyud siya, coy may ligo na, pero siya naman gud muingon naman gud siya mama milk, muana naman gud. sabton lang gyud nimo siya. oh naa lang gyud siyay reminders, sus kung normal ingana man gani bisan pag 15 years old na, may remind paman gani sa iyana kanang patience big gyud.

SOPQ4: Gi unsa nimo pag atubang ang responsibilidad sa pagpa dako sa mga bata sa ingon kalisod nga kahimtang.

Kung financial nga status siguro bless rapud mi kay in term financial murag dili man gyud mi ingon nga naa pero kanang ma provide pud jud sa uban kung walay work ang papa kanang work sad ko kanang ana timbang timbang mi kay kailangan jud naa kay.. para ilaha kay kung si coy man gud kanang prone kay sila sa sakit sakit... sa financial jud mubinat perminti, sa aspeto sa financial kay kanang kuan gyud kay sila in need jud ang financial kay mukalit rag sakit mukalit rag sip-on, mukalit rag ubo. vitamins kanang ing-ana jud niya dili jud pwede kanang kanang sa normal pwede lang pasagdan hagit jud sa iyaha ang ingon ana.

SOPQ5: Unsa na mga strategy o stratehiya ang imong gi gamit para maka tabang saimong anak para maka adjust sa new environment?

Gina expose nako siya dili nako siya gina tago, pag sa school, pag muingon nga mag bench apilan nako siya as long as kaya niya, pag muingon teacher niya kanang mag play kanang mag uban sa laing nga ka school isabay mi wala nako gina pa feel sa iyaha nga kanang dili siya normal oh kanang sa mga school nga activities ginapa apil jud nako siya dili nako siya ginataguan even kahit sa katong sa kinder pa siya nga ingon nga dapat i-enroll siya nako siya sa katong.. school sa primary kay para maka halubilo siya ug normal nga bata gibuhat namo bisan pag pila ka tuig mi nag balik- balik ana nga skwelahan basin dako na siya kanang para lang pud sa iyaha nya kay kung diri lang man gud siya sa balayma pokus man gud iyahang kuan kanang sa gadget lang ana lang mas mao nang more on kuan sa iya

exposure kay coy mao nang pwede na nimo siya buhian sa gawas makig dula na na siya dara oh dili sa sulod pad-lockan kabalo na mana siya mu uli kabalo naman gud na siya oh gina expose jud namo na siya isa pud na siya kanang sa sekreto namo nga kanang kuan gina expose pud nimo siya para dili siya mag self pitty bah kanang nganong kataguan ko nganong dili ko kailangan mu mingle sa laing tao ingon ana bah dili maabot sa punto nga pangutana nga sa iyang kaugalingon gud nga ingon ana ing-ana siya gina expose sa kanang sa panahon ma immune at least ma immune siya bah dili siya dali matakdan na maka adjusting iyang lawas kay sauna grabe gyud isa ka bulan kaduha ma admit katulo ma admit tungod sa ka sensitive karun ragyud siya adjust anang dako dakona kaluy-an.

SOPQ6: Unsa nga mga importanteng mga leksyong ang imong na kat unan gikan saimong nasinatian sa pagpa dako saimong anak?

Siguro leksyon kuan kanang lets ve thankful nalang kung unsay naa sa imoha dili nalang mangita ug unsay masobra pa kanang kung unsay naa kanang dawaton nimo siya kanang dali raman gud mag dali jud and blessing musulod basta kanang parihas ni coy kung siguro bug-at na mo siya gidawat sa among pamilya siguro dugay mi maka adjust sa iyahadali rapud namo siya nadawat man gud pud kay kanang ana dili namo siya na welcome sa among family bah wala namo gitan-aw nga kuan gud gitan-aw namo siya as swerte sa amo a kanang lucky charm ing-ana lang pud siguro akong ma show kanang dili nalang mangita kung unsay sobra oh kung unsay naa let's be thankful nalang para pud sa iyaha unya ihatag lang pud gyud ang love para sa iyaha sa makaya nga dili pud sobra kana.

SOPQ6: Unsa pud ang imong mga kanang like saimohang lessons o mga leksyon nga nakatunan te unsa pud ang imuhang murag ma share pud sa uban?

Mao lang to kanang dili nato ikaulaw kung unsa siya nya dili nato taguan kay mismo man gud kung kita na parents dili nato siya dawat ma feel man gud daw nila nga dili pud sila welcome sa uban maong mismo sila pagmulakaw mapalingi pud ba kumbaga dawat bako sa publiko kanang tama bani nga ni uban ko kanang ing-ana bah magkadugay magkabuot gyud na sila so kailangan jud na kanang pakita pud sa ilaha nga masuporta pud ka as parents kanang wala jud pag duha duha nga pagdawat sa ilaha ing-ana love jud ang kailangan man gud sa ilaha ana kay si coy wala jud nay kanang ingon nga kailangan nimo siya i kuan siguro naay mga binugoy style kay sa normal naa man gani na diba naa rajud sa imoha nga pag adjust naa man gud sa parents man gud mag gikan oh gi unsa nimo, pag bata unsay produkto nimo sa bata ba pag abot sa panahon nga mahimong siya ana.

Addtional Q:

Kang kuan para lana sa uban kanang kuan lang kanang siguro sa kung sa pang gobyerno kanang uban pud nga mga case sa mga bata oh like sa mga PWDs kay inneed pud gyud pud gud na sila dili lang financial kailangan pud na sila like parq sa uban na kailangan man ug therapy kanang ing-ana gud to kami wala na gani mi sa iyang foundation kay normal man gud si coy makalakaw makakuan to gitanggal mi kay mas didto nalang matutuk sa katong kailangan gyud kaayo ug mga therapy oh ingon ana lang siguro dawaton, pagdawat lng pud kanang mamensahe para sa tanan kanang dili man sila iba dawaton lang pud sila as normal nga tao nga tao nga manginabuhi ..ing-ana lang para mas kuan nindot ang flow kuan ang blessing kanang gaan ang pasok kung wala man gud tay mga kanang burden sa atong heart dali.. ing-ana na ra.

PARTICIPANT #4

I: pwede ba ninyo ishare inyong ang background sa inyong pamilya ikaw imong asawa ug sa imong anak?

P:

I: kanus a ninyo nahibal an na inyong anak nay downsyrome?

P: sapag anak sapag ka tao nap ag kataw nami nakabalo nan aa siay ingun ani

I:

P: una wala ko makadawat una kay nganong nakuan na siya kay wala man nako na siya gi abortion kay sap ag ano saiyaha wala man nako siya gi abortion pero nalipay man pd ko kay nabuntis ko kay 12 yrs naman ang manghud kay ang magulang niya dugay sya nag sunod pero kay naa naman gidawat nalang

I: unsay mga worries ninyo

P: wala raman pd sila wala raman pd mi gi damay

I:

P: wala man dawat raman pd akong mga igsuon dawat ramanpd nila kay love man nuon na nila

I: unsaon nimo pag describe

P: ni agi gyd kug kalisod gikan sap ag sugod pag sugod gyd niya lisod kay cesarian man ko kay sap ag kataw niya ni ingun ang doctor nan aa gyd daw siyay problema pero 70% so ni adto nami mauto ni ingun nga naa daw problema so mauto ni ingun ang doctor gi tan aw namo siya kay nasakit paman gd ko at onia kuan to hyper fever mauto nag process ko mauto pero dili man daw to mau ang dahilan na in ana siya sap ag develop man daw to niya kay naka siminar man pd mi sqa mga nay downsyndrome gani sukad s ana in ana siya in ana siya dahhan man pd kug naapilan na mga sinar kay gina tawag man mi sa theraphy unya mauna kanang nay ma kuan na dawat na naamo wala pd mi ni in gun na

wala namo siya na dawat kay sige mna siyag sakit2 7mons siya nag ka sakit hantud sa 7yrs sige syag ka hospital 2yrs man ata tung sunod2 or 2mons sa tanan Nakong anak siya ragyd sig ka hospital sa ika 7 na didto na nako siya na kuan na dili na na ICU gani ni siya no abi nakug kuan mamatay na pero wala gyd ko ni kuan na mo surrender na pero kung unsay ikuan na mga tambal ni kuan gyd ko/mi mauto na ICU siya abi n akug mamatay kay nanglagum man siya mauto ingun ko sa akong bana siya ragyd ang lahi nako sap ag panga ug pag amoma kay ang ubna Nakong bata kay 1yr or 2 yr sila2 naman kani kay siya kay gina sandukan pa namo siya mura siyag 1yr old nay ushaya mangayo siya sandukan pa nako siya dili nako ikuan sa kaldero kay gina bebe ragyd nako siya kuntahay mo ingun ko ong tubig dong pag kuha siya ragyd akong pakwaon kay mo sawd rana siya didto sawaterjug miskan ug kan on mo kuha nana siya wala nanamo sila gina baby kay naka siminar pd mi ni ingun sila na dili ibaby kay dili gyd tanan ang ginikanan kay dili na sila lifetime kami maunang kung wala na daw mi makabalo na sila maunang kung inig ligo makabalo na sila ako rang shampohan sabonan mauna na siyang siya nalang mag banlaw maka balo naman na sila mag cr mkabalo nana siya mag punas pd kabalo na wala namo siya gi kuan na mag baby2 kay kuan sap ag mahal mura gyd siyag bata sa pag mahal ug dili pd Nmo ipakita sa iyaha na kami nag ani kay mag salig man pd na siya kay maruonong man pd na sila bright man pd na sila kay kung imong babyhon mo gara man pd na siya pero kung imong sagdahan makabalo man pd siya ug dii [d ingun n a mag binate na siya wla man pd mi nag mahay ang akoa lang hatagan lang silage maayong pang lawas

I:

P: wala man pd ko naguol kung asa siya taman dawat rapd nako wala man pd ko nakuan na maguol sa amoaa kay dawat raman pd namo kung asa siya taman ang among pag mahal saiyyaha

I:

P: gina atiman gyyd namo siya gikan sa gamay pa siya gina ilisan sa pagkaon hantud karun pero mya kalahian na siya gamay kay masugo2 naman siya mag sandok siya gina train pd namo na mauni mauni

I:

P: gi dawat rapd nako wakuy makasulti kay gidawat raman nako siya kung unsa siya

I:

P: kanang ushaya dili namo siya gina kulong ginadala namo siya kuan kanang sample kanang nasga skwela pariah sa amoaa edaran nami dili nami mag pa skwela kay tungod sa among kanng 2 nalang mi dawat rapd mi sa iyaha kung unsa siya

I:

P: kanang mmauna okay raman pd siya kay dili man pd siya hyper kay madala raman pd na siya sa storya kay kung hyper pa wala naming mga kuan diri kay ang uban an hyper pasalamat gani ko kay dili siya hyper kay dali rasiya kuanon dili siya lisod dalhon kay

mamas boy pd sila kay matug na mo dapat mana ssa amo a dili na matug ug wala mi mo lakaw mi unya gabie na makauli dili siya matulog mag sige rag higda mangita pa sa amo a dili mag pa biya sa mama mau na iyang kuan

I:

P: wala man pd kay sa ang mga classmate ani niya wala man pd silay problema sa mga anak nila pd kuan mayo mna pag tagad wala man pd nila gina share sa uban kung unsa ilang problema mauna murag wlaa mi ma share2 ang probrelema ragyd kay kanang masakit sila dira gyd ang problema gawas nag naa kay Madali kannag mkaya2 raman pd

I: unsa imong masulti sa ubang ginikanna nanaay anak na parehas niya?

P:kuan ato lamg gyd silang dawatun ayuhon lang gyd ug tagad ang bata kuan alimahun lang gyd sila kay hantud mana sa kinabuhi niya tibuok kinabuhi na baya na niya alimahun ragyd na sila mau pd na akong ma advise sa ubang ginikanan an nay in ani na ayuhon lang gyd ug pag tagad kay arun sila pd dili pd mahyper depende raman pd gd na sap ag tagad kung unsaon sa ginikanan kay kung ilahang kasuk an naa man pd kuan ang bata na masuko gyd siya kanan kung ag storya dapat dili mag uan ug tingo kay mo banghag man pd na sila kay kung mo storya kag kusog siya pd mo shagit na siya pero kung ayuhon n animo siya tam ana yong dili mana siya masuko kanang mo sabot siya mo ngisi kanang naa may oanahon na mag away ang pamilya wala man gyd pamiya na dili mag away kanag kuan siya ana mo shagit tas tabunan ang dalungan tas kung makita niya na mo hilak ko iyaha man kung adtuon tas trapohan akong luha kanang kami pd mag adjust na dili na maga way kay mo love na sa akoa kug mo hilak ko iyaha g trapohan akong mata tas mo ingun ko na wala raw ala ra unya dili na siya mo hawa hantud sa dili ko mo undang

PARTICIPANT # 5

I: Pwde ba nimong ma e share ang imong background sa imong pamilya kauban ang imong pamilya?

P: maningkamot lang putd ko maam parehas Karon na ako nalng mag 2 years namn nawala ang ilang papa ako nalng man gyud , gi saligan nako akong mama kay pension mn akong mama nya naa koy gamay na tindahan gi tabangan sd kos akong papa ana lang

I: unsa ang imong emotional ug sikolohikal na kahimtang magpa dako saimong anak?

P: Murag wala lang normal lang natural lang gi hinay hinay lang

I: mahimo ba nimong ilarawan gi unsa nimo pag atiman sa pang adlaw adlaw na kinahanglanon sa imong anak

P: gina pangandaman gina kuan jutd nko na ugma mao na putd ni sya sunod ana napud ana lang

I: gi unsa nimo pag atubang ang responsibilidad sa pag padako sa imong bata sa ingon sa kalisod na kahimtang?

P: gina paningkamotan gyud nako maam na Dili ko Pwde na ma dili ko Pwde na ma dili ko Pwde ma atras dili putd ko Pwde ma Murag ma wad an kog pag asa Nga ing ana paningkamotan jutd

I: unsang mga stratetihiya o imong ginagamit aron matabangan ang imong anak na maka adjust sa bagong palibot

P: gina tudluan, gina tudloan jutd nako sya unsay dapat ana lang

I: unsang mga importante leksyon ang imong natun an gikan sa imong nasinatian sa pag padako sa imong anak

P: daghan man daghan mn kog daghan gyud daghan daghan gyud sila Lima bay a sila pero wala na diri ang uban na Nga Minyo namn kani putd sya byuda putd ni kaning anak nako na babae iyang anak ka tu byuda putd na sya ana ana lang putd mi Maning kamot lang putd mi

I: sa pag kuan maam sa imong anak Nga naay kuan maam unsa unsay imong Nakat unan putd Saiyaha saiyaha lang maam

P: kuan mn gutd ni sya murag kana ganing dili sya ingon ka Dili sya ingon Nga murag magpa kuan pa putd nako nakita na maning kamot putd ko kay nakaya putd niya ang iyang sitwasyon dili putd sya pwde kanang matago kuan putd na sya expose putd na sya sa mga tao makipag halobilo putd na sya

I: so sa last question unsa ang imong matambag or mahatag sa ubana ginikanan nga nagpadako Sailang mga anak Down syndrome Basi sa imong nasinatian o naagian

P: kanya kanya mn mi sir dili mn mi Pare parehas ug kinaiya naay hyper then niya Basta kanya kanya mn sila sir para sa akoa gina atiman mn namo sya mao rajutd

I : kuan maam unsa ang imong ma sulti putd sa lain man

P: pero sa ilaha kuan mn gutd na sya sir ang uban gani gipa lag lag kuan mn gutd na sya ang side sa iyang papa Abella sa talomo daghan mn kaayo sila murag inheritance kumbaga sa side sa iyang papa lahi side sa iyang papa Kami ang na kuha

I: so kuan maam side sa iyang papa kay naay lahi na mga history sa ilaha

P: naa gani na syay igagaw pag umangkon igagw sakong bana na pag umangkon na niya kuan na jutd sya College na gni sya karon ing ana sya normal lang Murag slight lang ba kani siya sir Down syndrome pero late lang gani uu ing ana siya

PARTICIPANT #6

I: Pwede ba nimong i share ang background sa inyong pamilya, ikaw, imong asawa/bana ug imong mga anak?

P: okay uhm kuan (inaudible) gikan sa among pag minyo kay august22 1966 man among ang among kasal then nabiyaan mi ug first makuha among first baby nya na blited autumn siya blited autumn siya kuan months lang then after ato mejo sakit man gyd ang in-ana na experience no kay excited nga naay baby so wako nag dahom na after 2years ay after a year nag padala mi ug kanang manghihilot nya na anohan na biyayaan mig isa ka uhm lalaki baby 1998 siya uhm so karun 25years ay mag 26 na siya katung march after gi anon a siya nag working na siya as job order sa City Development Office and then single pa tapos after kay 31 yearsolds ko ato nanganak then after 6years 37 akong edad nya nasundan then mau nana among baby forever baby *barks (inaudible) papa kwaa ra gd ang iro pa kuana sang iro pa bi pastilan psstt.. hahaha intermission then pag ka anak niya though nag lisod ang mga doctors sa pag panganak niya kay ano man gd sa pag panganak kaning di naga-nleeding ang akong kuan bahay bat aso dugay ko sa operating room kay CS man siya then katu na time diay wala nag hilak ang bata pag pagka deliver niya wala siya nag hilak so ang akong OB kay ninang pd nako actually ninang sad namo sa kasal naa na siyay na ano na mejo naay problema ang bata pero wala pasiya nag ano kung ano siya ba kung downsyndrome ba or unsa ba so nag uhm mau man tung kasagsagan sa kanang pag ano sa kana bitaw ano newborn sceaming so San Pedro ko nanganak ang newborn sceaming kay available sa Davao Doc sa Davao Doctors gikuha ang result uhm normal tanan normal siya tanan so okay lang wala mi nag anon ga naa siyay problema then nabilin ang bata kay kaning ano nag ano lagi ta sa kanang ano lagi gastuson gikan sa pag anak naa na siyay budget so pwede na igawas na siya ato na time sa CS uhm ingun akong ninang na uli nalang ka para dili ma ano ang imong budget pero imong anak mabilin kay daghan kayo siyag issues so need pa siya einjectable (inaudible) pero everyday nako tan-awon tapos girawagan ko na pwede na daw kuhaon ang bata ipadayun nalang daw diri ang inject injectables kay pwede naman daw pag abot namo diri sa balay pila gani to murag murag 1night lang siya pag ka nextday gipa napa inject pa namo siya sa Robillio pag ka nextday in anin pd na oras naka kulambo nami nag ano nami ni ana akong mama tan-awa ragd ang bat kay murag nganong murag kanang wala nag lihok icheck ra gd siya so mauto gi on nakoang ilaw sus pag tan-aw nako mura naman gyd ug talong ang color sa bata kanang as in kanang dili tapos taranta nami kung kanang naunsa na ang bata gipanguha na ang katung ano niya(inaudible) kanang kuan naunsa na siya kamot kanang ano nasiya lain kanang iyang color lain na gyd siya so so girush namo siya sa Robillio for kuan siya for first kuan siya kay ang among doctor naa man sa downtown uhm then gi ano gina tawagan nako ang among doctor pedia so sige gi agi sa nila par ama oxygen ang bata pag abot namo didto 40 diay iyang ano iya iyahang ano unsay tawag ana temp uhm oo mauto ginoo gi oxygen pag human tawag nag 911 kay para ma ano na sa downtown so dira lang kay dili pwede moa no so mauto gi rush namo siya sa Davao Doc kay Davao Doc man available among pedia pag abot didto ano uhm almost 0 na iyahang sugar tsk so ni ana dayun akong kuan ang pedia na iadto na dayun siya sa (inaudible) kay daw intensive kayo iyang kuan lagi daw pag abot didto mga ano mga 1month ay 1week mi nga naa sa (inaudible) kay ang iyang sugar man kay ni abot sa 0 tapos epcesis pa siya tapos unsa pato iyang kuan tapos ano daghan siyag issues lagi iyahang blood isthic pa maung lisod mag kuha ay mag kuan ug

blood kay dali ram o kubol ang dugo ana ba wala pagyd to na hibal an na downsyndrome to siya (inaudible) paghuman hmm almost 1month ay almost 2months mi nga naa sa sa DavaoDoc kay tungod sa kanang kanang injectables na gina s auhm para sa ni gawas nato kay biocardial sa iyahang ano iyahang naa diay siay ybuslot sa iyahang heart sa heart tapos ano later na nahibal an na ang iyaha diay ano heartbeat kay awal nag function hypo siya nya ana maam lifetime na baya ni kaning iyahang maintenance (inaudible) kay ano kung wal pa diay nahibal an dayun kay pwede na ang bata mag ka dwarfism so kuan dili siya moa no mag sige ra siyag katulog ano so mauto at least naa mi na ano na nya gipa bisitahan ug Develop Mental Physician PCS so nakita na naa siyay (inaudible) kana bitawng mo straight inig ana diri tapos ano tapos iyahang mat iyahang tiil kanang gamay tapos uhmm ang pinaka ano gyd niya kay lapad ang iyahang diri sa neck kay kung sa US pa mahibaw an daan na nay problema ang bata sa tyan pa kay makita didto sa ilang ano ultra sound siguro makita na ma measure na daan ang (inaudible) maunang didto daw ahm ipa ano siya ba sa mother kung unsa ang option kung pwede ipa dayun ang kuan sa baby or e wala mana kanang dili man pwede isulti sa atoa so mauto ni ana si ang mga doctor na maam kanang naa naman gd nakita nakita namo na in ani imong anak saman? First natural as mother oy naa diay in ani ana ana so na anohan nako na gina ano baya nang ina an na klase na tao gina kut-cha baya na siya ana bitaw ang plemeans term unsa gani nang plemens term niya uhm kanang kuan nakalimot ko kanang sa downsyndrome ay nakalimot ko sa term uhm unya nalang medyo nakalimot ko sa term unya nalang o okay ano natural sakit sa loob in ana ang nahitabo sa baby tapos ano ana sila kung gusto gusto gyd ba nako nga iprove gyd nga mau gyd na iyang ano need pa sya ipacheck iyang blood padala pa sa manila kuha another gastos na pd dako nakay mig gasto sa unsa sa hospital gina kuan gina anohan nag ani siya na kuan tag iya na ug kuan poste sa davao doc kay kuan daghan gd ang doctors anako sige wala kuy mahimo kay naa naman na siya kuan iaccept lang nako then okay lang mag study ko unsay mga himuong kay kuan lahi man gyd na ang mga care sa in ana na mga baby kesa sa mga normal na baby mauto ay uhm before pa diay to nahitabo uhm ang baby is dili stable so mauto ana akong father ipa unsay tawag ana ipa emergency baptism so mauto naka decide mi na mo tawag ug pari then na naay pari so nag ano gyd mi kanang mura gyd siyag bunyag naa siyay mga ninong ug ninang naa puy invitation in ani in ana ma arte2 mana akong sister mam ni nicos siya ang nag atiman sa mauto nahitabo na in ana kuan sya nabunyagan diay nakatabang siguro tung blessing sa pag baptise sa iyaha nag okay iyahang kuan so mau nato after ato mau natong na bisitahan siya sa ano develope mental so na accept ni ingun ang develop mental na after mi makagawas sa hospital mag pa ano mi ug para follow-up check up mi niya unya kuan para ma assist gyd kung unsa ang pag tubo sa bata so tsk naka gawas mi na okay naman ang iyahang kuan kay kana siya na bata daghan gyd nasiyag kanang mga hiwa2 kay tungod lagi dili maka ano makita ug mga ugat na para sa dextrose ug sa kaun ug hala daghan gyd na siyag dugon ang bata ana daghan na siyag dugo kuan cutdown ang tawag diri duha(pointing) diri (pointing) mas worst diri (pointing) naa siyay hiwa diri kuan uhm katu daw dili siya maka sustain siya hantud mahuman iyang injectables diri nagyd iyang pinaka last may nalang kay wala siya nahitabo diri(pointing) maung daghan na siyag hiwa naa pagyd na siyay isa hiwa na kanang ni buto lang ang brain wala nagamit sarado lang katun a time di gd ko ka kaon ug karne kay tan awun man gyd nako kanang inig ano gd sa doctor tan awn gyd nako gi unsa niya makita gyd nako sapag balolikat sa ano kung unsa unsa ang gi kuan sa ano unsay gihimo sa doctor tan awn gyd nako mo ana

gd ang doctor kay nimo mother?? Haha ana ko oo ato kayahun gyd nako doc kay diko gusto kanang di gd nako makita gani so mauto after sa injectables so uli na (inaudible) mauto careful kaayo kay gamay man gd na siya kumbaga 2weeks pa before sa iyahang expected date of delivery na ano siya oh kay kuan di paman gd ko dapat ana sa iyaha mag bat i ka kuan man mo unsay mag bat i no mag bat i mag labor nya ang sulti gyd sa akong obigaine dili naka mag labor ha kay repeate CS kana so nya 2weeks before suko man ko sa akong trabaho kay sige gihapon kug trabaho nasuko man ko as in kuan gyd ko kanang na ano gyd akong kanang kasuko na nag kurog ko sakit kayng tiyan nya wana nag labor nako tuloy2 siya na mauto nasuko akong obigaine ato na nganong nilabor nako na dili paman dapatunta kay 2weeks before paman so mauto mura siyang kuan ang skin niya kay kanang mura dili pa fully develop uhm gwapa kayng skin ana niya hantud nuon didto nami sa hospital nag kuan sa iyaha iyahang development pag uli namo diri naka sugod namig pag care sa iyaha na lahi ra sa normal na baby kuan sus ang iyahang ano unsay tawag ana middle iyang pusod usually matanggal lang man gyd na no ang iyaha waman gyd na tanggal problem na pd mi nako tas pa checkup na pd sus ang ingun ay naa gyd deperensya kay nganong sus gi ano napd siya gi operation na pd another admit na pd so financially naa naman gyd na dapita so finanacially gyd grabe among kuan kay kanang nag budget namig 30 thousand para sa pag panganak ay grabe abot ug 200 thousand umya kanang 300 thousand that time pirte panang dakoa is pirte pagyd nang dakoa gyd 200 thousand so timing sad na nag ano akong mother nag unsay tawag ani nag retire so ang retirement intawn ni mama ang na gamit sa iyang apo pero at least nay naka tabang kay ni ingun naman kug hands up nako kay wala naman gyd ko wala nakuy ma loanan so kaluy an pd sa mga friend na ano pd gyd nako sa iyahang bills unya iyaha napong repeat na admission para ma operahan naa puy nag sponsor na mga batch nako sa college ay sa high school padala sila lage kuan gikan sa gawas maunang forever greatful gyd ko sa ako anga mga batchmate na naka tabang gyd sila sa akoa hahaha

I: Unsa ang imong emosyonal ug sikolohikal nga kahimtang samtang nagpadako sa imong anak?

P: (inaudible) uhm pag abot gyd niya financially lisod man tuod pero wala gyd mi na wad an naa gyuy moa bot sa pag abot niya maka ingun ko na blsessing na natagaan mig opportunity na mag karon ug in ana *silent tapos patience gyd siya gyd nag tudlo sa akoa na mag pasensya kay dili ko pasesyosa nga tao dali raman ko masuko then though naa gyd gihapon siya pero ma ano ma lessen siya kay ano diman gd siya pwede todahan ug kasaba kay ma ano siya ma stress so naa napuy ma ano sa iyaha ma sakit siya hantud run ana man gihapon dili dili siya kinahanglan ma stress careful careful ka jud then tapos ano na siya ana ang DSWD na careful ka sa imong storya sa imohang action kay kuan gyd kay na siya kanang kopyahon ka niya ouum great imitator in ana siya na klase na disability so mau na need gyd siya in an akuan gyd ka

I: Mamahimo ba nimong ilarawan giunsa nimo pag-atiman ang adlaw-adlaw nga kinahanglanon sa imong anak?

P: mau to kanang mau na careful ka lagi saimong saimohang mga actions sa pag deal sa iyaha unya kanang dapat loving ka gyd saiyyaha nya caring kay kawawa man in-ana na klase

na ano imohang in-ana nya tapos wala namo siay gitago gi ano gyd namo siya gi unsay tawag ana gi kung unsay kuan sa normal na bata mau pd among ano sa iyaha gawas lang kay naa man gyd kuan sa mga special needs oo ano mau lagi na more on the more gyd na ma cultivate ang virtue of patience nya

I: Giunsa nimo pag-atubang ang responsibilidad sa pagpadako sa mga bata sa ingon ka lisud nga kahimtang?

P:routine routine siya oo ordinary gikan sa pag ano pag mata niya unsay himuong naa man siyay imnon na vitamins nya katung iyang maintenance mau man gyd nang una ipahatag sa iyaha human tubig mau na hantud karun iyahang gina himo tapos mag kaon unya ginagmay ragyd na iyang kaon human gatas in an routine ra gyd na ordinary ragyd siya iyang ano routine kay lahi man siya kahimtang kay katung lahi pa katu ganing dili pa siay fully (inaudible) kuan pananglitan adto mig simbahon kung asa ka na pultahan mo agi ug sa pd ka nang lingkod dapat mau ra gihapon himuong kay once na dili malahi nag ani murag naa siyay tantrums pero dili siya actually nga mag wild kay Naaman gd lain na klase sa downsyndrome na mag wild or dili to downsyndrome special children na mag tantrums gyd sa iyahang tantrums dili lang gyd siya mo lihok dili lang siya mosunod saimoha oo murag mo ludlod siya ana kanang familiarity kuan siya no lahi

P: prayers kay kung wala jud na hahaha wala gyd kay relationship between sa ginoo ambot ug asa nimo kwaun imong strength and courage kana tanan kang yd thankful lang gyd ka sa iyaha

I: Unsang mga estratehiya ang imong gigamit aron matabangan ang imong anak nga maka-adjust sa bag-ong palibot/kahimtang?

P: strategies? Kuan nag aano pd ko ug research naa sad kuy gihimo na research nag basa ko ug mga kuan sa about sa iyang ano sa iyang case makig storya pd makig ano pd sa uban na parehas sa iyaha na cases and impact then member me sa downsyndrome association sa Philippines

I: sa nga mga importanteng leksyon ang imong nakat-unan gikan sa imong nasinatian sa pagpadako sa imong mga anak?

P: more on kuan kanang kuan patience ra gihapon hahaha more on patience then kuan ka unya naka kat-on pd ko sa iyaha na toughtfullness kay kuan siya ana gani sila na louy kayo ang bata (inaudible) hahaha

I: Unsa nga mga tambag ang imong mahatag sa ubang mga ginikanan nga nagpadako sa ilang mga anak nga adunay down syndrome basi sa imong nasinatian o naagian?

P: kuan uhm dili dapat nila itago eano lang nila kanang eexpose uhm exposure iano nila ana eexose ang bata para at least maka ano pd kung unsa ang life sa gawas kay ang ano man gd when it comes kung imo man gd siyang itago2 dili pd gd siya matabangan dako kayg tabang na gina dala nako siya sa office unya napa skwela namo siya sa kay naka

skwela man siya uhm 1st namo ana gi ano gipa therapy pa namo siya sa kuan sa ka-akbay sa unsa ni days sa kanang uhm days sa uhm kuan sa check-up namo sa doctor sa mental ingun gyd siya na ipa therapy so mau na siya tabangan siya sa iyang speak sa unsa na iyahang occupation therapy ana gi sudlan namo nang mga therapy para sa iyaha kanang matbangsan so that time kuan pd mura kug nag pa skwelag college ana na time kay kuan dako na gd nang 1thousand per months ouhm aside pa sa iyang mga needs sa iyahang milk sa iyahang mga vitamins oo tapos after sa therapy ingun man na pwede na daw mug adto nasiyag 1on1 kanang 1on1 classroom in ana daw so gipa anhi namo siya sa SPED (inaudible) pila to sia ka tuig uhm 3yrs man to siya sa SPED sa tugbok uhm pero napansin nako hinay man iyang development so akong gi kuan kung unsa kayay deperensya ngano su nakita nako na iuban sila dili man gd sila gina separate nga uban gani sila tanan ahh anako diay diri diay niya nakuha ang kuan usahay kay mag kuan na siyag mamaak mo kuan nasiyag iyaha nang pang kuanon gani iayah nang samara ang iyahang sarili ba ay kay naa diay siyay classmate na mag paak2 sa ilang kaugalingun ingun ko ay dini mauto akong gi storya ang teacher na maam pwede nako ikuan ibalhin kanang pwede na pwede ba nako kanang pwede bako mangayo ug kanang kanang recommendation na pwede siya nan ga ipa assist for regular class anasiya sige mam kana kay mka tuon naman siya kabalo namna siya numbers kabalo naman siya maka identify maka identify na siyag numbers alphabetical alphabet mauto gidala namo kay sa downtown man ko nag trabaho mauto gid ala nako gipa enroll nako siya didto sa Love of God pag assist nila ana siya maam pwede nag d kayo siya e regular class so pag anoa no nasiya kinder pag human sa kinder nag grade1 dat then dali paspas iyang development kay iyang mga kauban ano naman so didto siay naga sunod sa nomal na mga bata oh though siya pana mangasa siya pan mangasaba sa iyang mga classmate hahhaah in an anasiya didto human nag stop man ang Love of God so gibalhin nako siyag PAGASA sa UCCP oo pero na stop pd siya kay pag ka 10yrs old niya ni atake man ang iyahang (inaudible) at the same time though nag sesior siya at the same time lipay pd mi kay ang balita sa iyahang heart is Nawala tung kuan tung tung buslot oo kay supposedly ipa operta mana siya kung mo dako na wala na walay operation kay Nawala namn ang buslot pero lagi ang sesior pd on medication than ang medication diay anang sessior is on years *cough follow-up2 tapos tapos nausab mau lagi ang iyahang kalaban kay stress so dapat dili siya ma stress dili siya dapat makakitag mag away tag as kayg mgaboses na mga kuan
 ang advice nako mau lagi to eexpose nila ilang anak then mag pa ano gydsilag developmental health physician para ma sundan gyd ug unsa ilang ang milestone sa bata ouhm para mahibal an ug ma himsug gydanga bata kuan jud kaning paning kamutan na tabangan ang bata dili kay mo surrender nalang kay inana ang kuan sa bata

PARTICIPANT #7

Tago: "Maayong hapon. Gikan kami sa Holy Cross aron mag-interbyu sa mga ginikanan nga naay mga anak nga may kinahanglan, labina kadtong may mga anak nga may Down syndrome. Maagi nimo ang inyong pamilya nga istorya, lakip na ang ngalan sa inyong bata?"

Ginikanan: "Ako si Leoneta Polinar, ug ang akong anak kay (inaudible). Unsa pa ang imong gusto nga mahibal-an?"

Tago: "Kanus-a ka una nakahibaw nga adunay Down syndrome imong anak?"

Ginikanan: "Gi-check nako siya upat ka bulan human siya matawo, ug ang doktor miingon nga special nga bata siya."

Tago: "Unsa imong gibati human nimong nahibaw-an ang kondisyon sa imong anak?"

Ginikanan: "Gikabuhi nako siya kay anak nako siya, kinahanglan ko siyang dawaton kay wala may lain nga mo-accept kundi ako lang ug akong pamilya."

Tago: "Aduna ka bay kabalak-an o kahadlok niadtong panahona?"

Ginikanan: "Ang akong kahadlok mao nga mahina iyang kasing-kasing o panglawas, ug tiniuod man gud. Lisod gyud sa ako apan kinahanglan ko magmalig-on alang kaniya. Naka-experience ko'g lain-laing butang nga bag-o sa ako."

Tago: "Unsa imong paglantaw sa imong kahimtang sa pag-amping sa imong anak?"

Ginikanan: "Gihatagan nako siya'g parehas sa bisan unsang normal nga bata, walay lain kay siya ang pinakapresyoso sa among pamilya nga among gihatagan og 100% nga gugma. Lisod, kinahanglan gyud mag-adjust pero okay ra."

Tago: "Unsa ang imong kahimtang sa emosyonal o sikolohikal nga bahin sa imong pag-amping sa imong anak?"

Ginikanan: "Normal, gibuhat nako siya parehas sa normal nga bata. Wala ko nagdahom nga abnormal siya kay dili nako gusto nga mahibaw-an niya nga dili siya normal."

Tago: "Unsaon nimo paglarawan sa imong panginahanglan sa imong anak adlaw-adlaw?"

Ginikanan: "Ampingan nako siya sa pagkaon, pagbanyo, ug overall nga atensyon. Kinahanglan mo ihatag ang imong bug-os nga atensyon kay kinahanglan niya og atensyon ug kinahanglan kaayo'g pasensya."

Tago: "Unsa ang imong paagi sa pagsugpo sa responsibilidad sa pag-amoma sa imong anak sa kalisod nga mga kahimtang?"

Ginikanan: "Okay ra; dili kalisod. Wala ko ni-ag iog problema; dili siya usa ka pas-an. Parehas ra sila sa ubang mga bata, mga normal nga bata. Wala ko magdahom nga kasaba sa among pamilya kay nagdala siya og kalipay ug kahayag."

Tago: "Unsa nga mga estratehiya imong gigamit aron makatabang sa imong anak nga ma-adjust sa iyang palibot?"

Ginikanan: "Gipahiluna nako siya nga makig-uban sa mga normal nga bata, gi-estudyohan nako siya sa usa ka eskwelahan nga espesyal nga edukasyon, nga may maayong epekto sa

ilaha kay nakatabang kini sa ilang paglambo sa ilang mga kahibalo ug masayran ang bag-o nga mga butang pinaagi sa pag-eskwela."

Tago: "Unsa nga mga importante nga mga leksyon ang imong nat-onan gikan sa pagsagop sa imong anak?"

Ginikanan: "Diri sa among komunidad, daghan mga bata nga naay Down syndrome, pareho ang atong panghunahuna nga kinahanglan nato silang hatagan og gugma, kinahanglan og oras, ug kinahanglan og espesyal nga pag-atiman. Dili nato sila dapat itago sa ubang tawo; pahibaw-on sila og mga leksyon. Mahimo silang mabiktima sa pagpang-bully, pero ang gugma ug atiman makatabang kanila."

Tago: "Salamat kaayo."

PARTICIPANT #8

I: First question is unsaon nimo pag describe or pag hulagway saimong sitwasyon samtang nagpa dako ka sa imong anak?

P: Sa karon nga kuan sitwasyon karon separated nami sakong asawa so kani murag ika kuan na nako ni sa akong live in sunod start katong time na kuan tong kuan pa wala pani na katong start na gi panganak nani akong kian, one month hantod five months nami sa hospital nag start gikan sa one month to five months, nag stay rami sa hospital kay iyang health ba kay taod-taod I kuan dayon ni siya I dala dayon ug hospital kay kuan naman nip ag mag ubo ang reaction niya ba mag ubo lang diresto-diretso dayon ni siya sa hospital. Pero gi kuan nani siya kanang gi examine ni siya gi to the echo then gi chromosomal normal man iyang kuan function sa heart normal man siya, ang doctor wala jud siyay gi ingon nga downsyndrome iyang case so kasagaran man gud pag makuan iyahang kuan pero wala siya gi ano jud nga downsyndrome sa examine niya ba pero sa katong sa kuan na nahug jud siya nga special kay hantod sa after mga one year siguro naka recover ko didto tapos wala nami nag pa hospital nag kuan na siya na ulian na iyang mga gipang bati. Pag abot ug mga one year kapin okay lang normal lang iyang dagan tapos after two years didto na ni gawas iyang attitude, I parok na niya iyang ulo sa pader nya once di gud siya ma pansin naay times nga dili siya ma pansin iyaha jud ng I parok pero sa akoa lang siya ingana pero pag sa uban kay dili man normal raman iyang gina pakita pero pag sa akoa mangita siyang attention ba, pag makita ko niya I bunal jud dayon na niya iyang ulo sa pader gusto niya nga naa kos iyang tapad. Mao ni iyang attitude hantod nag 3 years sige rag yapon niyag gina pakog iyang ulo sa pader mao to nangita kog paraan para unsaon nako pag diskarte para dili lang jud siya mu kuan so mao nato na ano nako nga pag ako siyang badlungon mu gara siya pero pag dili nako siya badlungon di man siya mu gara so naingon nako nga mao ra diay ning diskarte para dili niya sigeg I bunal iyang ulo kay imo jud syang kuanon pansinon paspasan man niyag pakog iyang ulo so mao to di na nako siya pansinon so mao tong naka ingon ko nga mao ra diay ni dapat akong buhaton mao to wala na niya gina usab ang ingana kay naa

man gud one time na gi pakog niya iyang ulo tapos nagisi iyang agtang so mao to na gid ala namog hospital kay ning dugo man iyang agtang tas nabalaka pud mi.

I: Unsa ang imong emosyon o sekolohikal na kahimtang samtang nagpa dako saimong anak?

P: Sa pagka karon lisod jud akong sitwasyon kay pareha ani lisod pud kaayo siya byaan tapos pud kaayo I salig nako sa uban kay mas kuan man gud katong akoy nag atiman ani kay ako ang naka balo saiyang sitwasyon para sako kay lisod jud labi na pag kuan dili ko ka trabaho ana nag karendiryा ko pero na undang kay tungod ani ana nag diskarte nalang nga naay magpa cater ana, di pud jud nako siya ma byaan ug taas na oras or taas na panahon.

I: Kung mahimo ba nimong ilarawan kung gi unsa nimo pag atiman sa adlaw-adlaw na kailangan saimong anak?

P: Na depressed kay kanang time najud na I pakog niya iyang ulo di na nako ma control ba bisan unsaon nakog badlong naa juy time di siya mag patuo labi na ug gabii pag matulog mi wako kasabot kung unsa akong buhaton ana ba unya bisan unsaon nakog adjust ba nag lisod jud ko kay lisod jud kaayo siya I handle ba nga ingani ang sitwasyon niya habang naga dako siya ba mao akong gina ka hadlokan jud.

I: Gi unsa nimo pag atubang ang responsibilidad sa pagpa dako sa mga bata sa ingon kalisod nga kahimtang.

P: Kanang kuan gina palitan jud nako siya pirme sa mga gina kinahanglan niya parehas anang gina palitan nako siyag diaper diba syempre kay nangita jud kog diskarte, dako jud ug tabang akong pag cater-cater kay diha pud ko ga kuha sa mga kinalanghanon niya.

I:

P: Kuan lang jud number one gina buhat nako kay ampo lang jud ka pirme, ika duha kay nangita jud kog diskarte para ma kuan jud nako ang panginahanglan sa akong anak ug bisag pag nagka lisod kaya lang gyapon kay responsibilidad man jud nako ning mga bata, wala koy mga bisyo di nato na sudlan kay ang akong responsibilidad man jud kay ang akong mga anak nya bisan pag unsa pa ang mga struggles diha sa kinabuhi laban lang jud kay mao man jud na atobg kuan gina buhat tanan para satong anak bisan pag unsay mga mahitabo sa kinabuhi labi na kaning akong anak naay downsyndrome, gina kaya jud gyapon nako.

I: Unsa na mga strategy o stratehiya ang imong gi gamit para maka tabang saimong anak para maka adjust sa new environment?

P: Aw kanang always nako gina ano akong anak na maki pag halo bilo sa uban bata para ma anad siya nga daghan siyag makita pero okay mani jud siya kay mu join mani siya pirme ug naay mga dula para sa ilaha, wala man pud ni siyay problema, pero pag ako ang iyang makita sobra jud kaayo siyang ka kiat maong akong strategy ani kay ako jud ni siyang gipa dula sa o gina pa apil sa mga normal na mga bata ba okay mani siya jud kay

mu sabay man pud perog ahoa ni siyang uban ubanan mu gara ni siya so mao tong gina pa sabay-sabay nako siya sa normal kay mu sabay man pud siya.

I: Unsa nga mga importanteng mga leksyong ang imong na kat unan gikan saimong nasinatian sa pagpa dako saimong anak?

P: Daghan jud kog na tun an labi na sa sitwasyon nga pait kaayo mu stand up jud japon sa mga problema nga mu abot dili magpa dala, ang pinaka importante jud nga nakatunun nako ani nga sitwasyon kay di jud lalim kay syempre amahan man ko di gyud lalim pud kung babae pud ang ma atiman kay labi na ron single dad ko so mao to sa bata rajud akong focus sila akong responsibilidad kay wala man koy partner, mao jud na akong pinaka kuan jud nga leksyon kay di jud basta-basta labi nag ikaw ra isa kay syempre ug naa kay partner naa man juy mu alalay then ako ang mag trabaho pero wala juy mu support sa ahoa para sa mga bata.

I: Unsa pud ang imong mga kanang like saimohang lessons o mga leksyon nga nakatunun unsa pud ang imuhang murag ma share pud sa uban?

P: Para sa ahoa, sa tanan inahan ug amahan nga naay ka parehas nako nga naay anak nga downsyndrome kailangan mahalon jud nimo siyang maayo, tarungan nimo siyang dala labi na sa panahon karon. Kuan jud kailangan jud ka mag adjust dapat daghan jud kag kuan kaning pasensya taas jud kag pasensya nimo kay kani man gud sila lisod jud kaayo ni ug wala kay taas na pasensya, di jud nimo ma kuan labi nag gamay rakag pasensya matambag jud nako na taasan jud ug pasesnya and always ampo lang jud mao jud nay una buhaton ug salig lang jud tapos habang naa pata sa kalibutan daln on jud na nimo hantod sa hantod mahalon jud nimo imong anak labi na kung ingani ang sitwasyon sa imong ana kunya kuan jud ka tutukan jud nimo siya always jud ka focus para saila labi na ug naa siyay downsyndrome kay kani isa man gud na sa gift sa ginuo pud swerte kayni para sa mga ginikanan kay naa jud koy na encounter ba na ingani I priso, kulungon, hiktan nya luoy ba pero bawal mana pero luoy jud ba maong kani si kian para sa ahoa masking pag unsa akong agian na kalisod kayahon jud nako gyapon kay anak man nako ni laban lang jud ampo lang jud ang pinaka number one salig pud pirme sa ginuo.

PARTICIPANT #9

P:dati mi sauna pobre kaymi karun ni baba mi sa calinan naa man mi amigo taga kapalong naka trabaho mi nakatrabho mig dole sauna na regular ko didto pait gyd kaung kinabuhi sa una kqay walang wala gyd mi ba pasalamat sad mis ginoo naka trabho mi sa dole naka trabaho ko karun na buntis man ko ani naka pahuway ko ug kuan 2 ka bulan wala ko kabalo na downsyndrome ni siya unya nadala man kug doctor kay kuan lagi wala man ni gaws ang inunlan ani syempre giingnan ko sa doctor nak ani siya downsynrome siya ampingan daw namo siya kay naa daw mo abot ang panahon na mo gwapo daw among kinabuhi ka kaloy-an pd sa ginoo hehe pait kaymi sauna gang oi mag sud an intawn mi sa una ug kanang bulan gulay unya trabaho ko ug kuan planta mo uli ug gabie hago kayo oi tibuok adlaw mag tindog mau na kaloy-an sa ginoo akong mga anak naka human ug skwela kuan

sila 4 uhm karun ang isa nako ka anak kinamagulangan naminyo diri kay naka amo man siay sauna ug intsek nya giatabangan mi na maka abroad akong mga anak kuana tulo sila naka abroad ang isa minyo napero wala pay anak ang duha kanang unsa na solo parent mau na akong apo kani ug katung lalaki akoy nag buhi sa ilaha gamay pa oh kay ni undang man kug trabaho sukad pag anak sa ilaha ako nag bantay sa ilahang duha kani gamaya pa pd ni pait kaayong kahimtang sauna oi unya akong bana sauna palahubog unya patrabahuon dirasa barangay sa calinan inig uli pa awayon pagyd ko wala mi tarung tulog sauna

Interviewer: Buntis ka ato te? Or nanaganka naka ato?

P: nanganak na kaluy anpd inatwn sa ginoo naka abot akong anak na 3 sial nag buhi sa amoa karun taga bulan hatagan mig pang kunsumo

Interviewer: kanus a nimo nahibal an na imong anak naay downsyndrome?

P: kuan sa hospital pami giingnan ko sa doctor na downsyndrome akong anak

Interviewer: Unsa na feel nimo or or nahuna hunaan nimo pag kabalo nimo sa sitwasyon saimong anak?

P: okay ra pd ko nag paasalamat ko sa ginoo na nakaluy-an pd niya

Interviewer: Unsay mga worries or concern nimo during that time?

P: nalipay pd ko oi kay ingun man nag doctor na ampingin ni na bata maam kay mau ni mag dala sa inyog swerte wala pd ko na guol na nain-an siya kay nadawat raman pd nako

Interviewer: Unsaon nimo pag hulagway ang imong sitwasyon sap ag padako saimong anak?

P: Pag describe uhmmm gina atiman uhm gina atiman kay kuan man siya sauna kanang kuan mana siay sauna gi theoraphy sa isa ka semana buntag hapon gyd na siay injectkan mo adto mi didto ug buntag mo adto napd mi pag hapon katung agmaya ra siay gi theoraphy louy kay siay sauna oi kaya gikaun gd ni siayg daghan na dagom para sa dextrose tasa kananag iinject ragd pag abot didto sa kuan maskin ulanb ug init mo adto sa doctor para ma injectkan siya uhm tas payat kayo siya kanang mura gyd ug malnourish kuan payat kay siya lagi gamay kaayo siyang tiil buntag hapon apil udto icheck-up siya kalouy-ana pd intawn naka recover siya

Interviewer: Mahimo ba nimo na ilarawan gi unsa nimo pag atiman sa pang adlaw2 na kinahinanglanon sa imong anak?

P: Wala ko sa balay inig ka buntag kya nag trabaho man ko sa planta uhm kuan ang ika3 nako na anak mauy nga atiman ani naga pagatas kay inig ka gabie pann ko mo uli sa trabaho kay akong bana wala nag trabaho kay na expired naman siya kay dili siya regular iyang kuan sa trabaho kay contract2 raman so mauto ako nalang nag trabaho abi

nimo gang OD gd ko sa among canteen kay mahal kay na siyag gatas tas kuan gd pila mi mangaon 6 umya mo bali ko sa canteen mo OD ko oi louy kayo ko dati paman gd sauna mo inom na akong bana wala pako ka anak ani niya sige namig away2 kay seloso siya kada uli niya tga inom mangitag bikil maung ako nalanag nya pila akong highschool 4 OD OD lagi ko sa canteen pero sige nalang kay naka human naman pd silage skwela

Interviewer: Unsa imong mga estratihiya imong gi gamit aron matbanagan imong anak na mak adjust sa bag-on palibot?

P: uhmm kanang kami2 lang ug akong anak ang naga kuan sa iyaha sa among balay ra siya sa kapalong mi ato kay 2017 paman mi diria kaya nanganak ko ani 2006 tas ni balhin mi diria 2013 kay ni undang kug trabaho kay na buntisman akong duha ka bae kanang mama anang duha diraa pag panganak ako na nag bantay nag volunteer ko ni undang kug trabaho sa kompanya ni bantay kug apo mauning tulo sila akong gi bantayan ika tulo ni kami2 ra nag kuan sa iyaha walay lain kay friendly ra siay na bata friendly siya na bata dili palaaway ug dili laagan kay ang uban man no laagana mag suroy2 kani siya dili laagana unya mag selpon tan aw tv mau ran iyang trabaho tas mag yaka2

Interviewer: Unsa nga mga importanteng leksyon ang imong nakat-unan sa imong nasanatian sap ag padako sa imong anak?

P: sa balay ra tas gina labakara man siay tas gina tudlo tudloan namo siya mo storya tas mo kidhat2 ra pd siya tas dili siya ka storya iyahang mama kay momoy kaun gi iingnan mi na sa doctor na kuan na imong anak maam kanang awala na siay bitay2 diri kanang bangag lang wala syay kuan unsay tawag ana kanang bitay2 diri murag kuan murag sa manok bitaw kannag bangag diri sa tilaok kay ang gi lihi man gd sa iyaha sauna kay ulo sa manok awa pangangaha siay lain kay tan-awun iyang tilaok kay wala siyay bitay2 sa tilaok kana daw ang dahilan bantug di siya maka storya operahan man unta ni siya sauna sa brokenshire unya free ba kay americano man ang kuan sponsor tas kuan gi general checkup siya unya kuan wala man siay ka pasar kay naa man siay kuan sa heart naa siay bangag sa heart gi operahana mani siya sa SPMC diri oh cardio cut kumbaga ang kua nang uhmm unsay tawag ana oi kanang stemen na ugat ba gipaagi sa diir unsay tawag ana oi tas diri gi paagi hantud sa iyahang heart louy lagi kayo diri na ugat gipaagi para mahinloan iyang heart naa nay mga nag bara saiyahang heart louy lagi kayo uhm kuan hantud karun naa ra gihapon wala man nag ingun na matanggal naa ni siyay kuan sa-una maintenance tas karun wala na

Interviewer: Unsa imong importanting leksyon na nasanatian sapag padako sa bata?

P:kanang katung kuan sige mig ka admit sal ang napd isa ka bulan balik nasad kay masakit mani siya sauna bata pa siya gamay pa pag dako niya na okay2 na siya puryabuyag na baya siya wala na siyay sakit2

Interviewer:Unsa imong mahatag na tambag sa ubang ginikanan na naay anak na downsyndrome?

P: kuan kanang ampingan atimanon lang para mayo siya pag kabata para maayo palanggaon tas atimanon mo kuan man siya sa imoha maduol pariah sa amoam kami raman diria mag gakos2 mi in ana sauna kay payta sya karun nanambok na lambing kay siya na bata tas dili laagan tas kanang dili wild ang uban man kay wild kung kaon kaon rapd siyag iyaha

PARTICIPANT #10

Interviewer: So mayng hapon te kami diay ang mga researchers gikan sa holy cross college of calinan, nya ang among gina research is about sa mga stories sa mga parents nga naga padako sailing anak nga naay special needs particularly sa downsyndrome, so naa mi diri sainyoha karon kay para amog kuanon ang inyong storya sap ag padako saimong anak. So first is pwede b animo I share ang background sa inyong pamilya ikaw o sa imong asawa or bana ug sa imong mga anak.

P: kanang kuan naga pa eskwela pud jud mi samong mga anak oo tapos masking pag special akong anak gina pa eskwela jud nako ni kay ug kung kay sir cocoy pa didto sa calinan central elementary school, ingon pa siya maka balo man gani daw ang iro how much more ang tao gina pa therapy man pud nako ni si jiji janggalon ug gina pa therapy nako kay sauna mag dagan.x mani siya sa una so karon nga gipa therapy nako murag gipa skwela nako sa calinan, diria gud sa lamanan ako ray naka pa eskwela sa calinan, oh.... Masking lisod kaymi pero gina kuan jud nako gina buhat ang tanan para maka eskwela akong anak para ma normal gani siya murag ma kuan gyapon sya kay sauna mag dagan-dagan raman ni wa mani buot sauna tagaan nimog tubig I labay ang baso, oh... ana ba pero karon kaluoy sa ginuo na kuan jud siya na control na iyang behavior gani di parehas sauna mag dagan-dagan murag walay buot. Maka balo man gani daw ang iro nga gina tudluan how much more ang tao o ang bata na parehas ani nga naay special needs dili nimo ipa eskwela nga kuan, mao ng nag pursigi jud mi masking pobre mi gina pa eskwela jud nako akong anak.

I: Kanus-a ninyo nahibal-an nga ang imong anak adunay down syndrome?

P: Kuan mga two years old siya oh... pero naa jud mi genetics naa jud sa genes namo ug naa koy mga pag umangkon pud nga downsyndrome oh.. sa genes sa side nako oh.... Naa jud ni sa genes namo nga naay downsyndrome ang kaliwat. 2 years old siya nga nabalan namo nga gi diagnose siya sa doctor nga naa siyay downsyndrome.

I: Unsay na feel nimo or nahuna hunaan nimo pagkabalo nga ing ana ang sitwasyon sa imong anak?

P: Aww kuan wala ko na down kay ngano? Kuan naman ko kanang na aware naman ko nga ay sa kaliwat namo naa gyud mi ana na dugo ingon pa sakong mama sauna tapos kani man gud nga kaning mga special needs nga ingani, acceptance sa ginikanan kung dili ka marunong mu kuan naay uban hiktan ang til sailing anak naay kuan sa lamanan naay pareha gyapon ani gamay pa iyang anak gina hiktan ang til, maulaw ang ginikanan nga I kuan nila sa publiko ang ilang mga anak kuan pero ako dili gina kuan nako sakong kuan parehas anang mag simba gi dala nakog mga socialism ug kana ganing I kuan jud nimo I

expose nimo imong anak masking pag special siya dili nimo dapat ika ulaw o I tago sa balay kay the more na I tago nimo ma kuan sila kanang ma ignorant gani, kanang kung maka kita sila ug tao mu dagan na mu tago ana kung dili kay tigbason nila o mang gukod ug kutsilyo naa sa lamanan manigbas gukdon kag kutsilyo bitaw sa tinuod lang dapat pa eskwelahan jud masking special siya.

I: Unsay mga worries or concerns nimo during that time/katong panahona?

P: Ang worries nako kay kanang kuan unsaon nako pag pa eskwela na kanang kuan jud, ang worries nako kay kanang syempre dili siya parehas sa mga normal na mga bata so syempre mag lisod jud kog kuan. Step by step lang akong pag kuan ani dili paman gani kayni kabalo mu sturya pero sigehan lang na nakog kuan kanang tudlo mm mao nay worries nako.

I: Unsaon nimo pagdescribe/paghulagway ang imong sitwasyon samtang nagpadako ka sa imong anak?

P: Ano kanang pait jud, nag pait jud ko ngano? Syempre kanang mag train man kog kuan dili gani normal dili parehas sa uban bata na maka balo dayon kay kani late development man gud ni sila kanang unsaon pagpa kanang maka ba sila mu kanang mga kuan nan ga mga gina buhat sa normal nga Kabataan ba kanag halimbawa anang mu adto ug cr, kailangan jud ni siya I guide kay dili paman ni siya kay dili paman ni kabalo gyud pero karon kabalo na kaluoy sa ginuo kay syempre ang kuan jud unsay ngan ana ang pait jud kaayo nga kuan kay ang inahan jud kay mag sakripisyos man jud kanang mag kuan jud kag more patience kung naa kay anak na parehas ug behavior o kahimtang niya ba na ingana nga special needs. Sipag at tsyaga jud sap ag atiman sa mga anak nga naay downsyndrome nga anak.

I: Unsa ang imong emosyonal ug sikolohikal nga kahimtang samtang nagpadako sa imong anak?

P: Emosyon nako? Naluoy ko sa iyaha nga habang nagpa dako ko Saiya nga naa siyay ingana, naluoy jud ko pero unsaon taman wala naman tay mabuhat.

I: Mamahimo ba nimong ilarawan giunsa nimo pag-atiman ang adlaw-adlaw nga kinahanglanon sa imong anak?

P: Nag pait jud ko kay during sap ag atiman nako nag trabaho man ana gani nag conflict akong oras gani pasalamat gani ko nga ning offer daw kamo nga mu ari sa balay kay kung ako wala jud koy time maka adto sa holycross kay ingon man si ma'am talois nga kailangan jud daw ko nga mu adto didto kay naay nag research lagi daw na murag interviewhon ko didto ug salamat sa ginuo sad nga naka adto jud mo diri gani nga nag ulan pa gani so aylang sad tawn pa kusga ang ulan kay ang baha raba unsaon nalang hahaha

I: Unsa imong gina buhat adlaw-adlaw o routine nga gina pahimo Saiya?

P: Ang pag kaon, ang pag bawas ana kay gi during gipa skwela nako siya sa central sa calinan gi tudluan ko ni ma'am atillo nga kailangan mag bawas siya buntag sayo jud daw

ug pagka gabii pud bago matulog ana unya ana mao na akong gina kuan saiyaha. Sakripisyoy jud kay unsaon taman mao naman jud ang panahon, acceptance gani nalang jud.

I: Giunsa nimo pag-atubang ang responsibilidad sa pagpadako sa mga bata sa ingon ka lisud nga kahimtang?

P: Mao to akoa lang hatagan ug panahon jud masking ga trabaho ko gi tagaan rajud nakog time na maka kuan ko sa iyaha kay syempre wala man mi kwarta na maka pa kuan ug kanang katabang pero gi budget gyapon budget sa oras budgeton jud ang oras kana mao man jud nay importante.

I: Unsang mga estratehiya ang imong gigamit aron matabangan ang imong anak nga makadjust sa bag-ong palibot/kahimtang?

P: Gi tudluan ra nako mao na akong strategy, sa unsaon pag panilhig unsaon pag pang hugas kung unsaon niya pag kuan ana ang strategy jud nga number nako nga gi himo kay dako kaayog development ang therapy kay ngano? Tudluan man sila kung unsay mga color or unsa pana, ang therapy kay maka tabang jud mao nay strategy ug isa jud sakong gina buhat ay gi tudluan pud ko sakong igagaw nga anaon na siya kay akong igagaw principal sa digos, iyang anak pud is naay downsyndrome gi kuan niya gipa therapy jud maong isa jud sa kuan kay ang therapy kay makai pa identify man sila ug dili lang kay hilot ang gina buhat sa ilaha kay ang gina pabuhat kay unsaon pag suot ug sapatos, unsaon pag butang ug liston, unsaon pag suot sa polo sa pantalon sa unsaon pag suot ug brief tanan nga gina kuan sa therapy kay mao pud nay gi tudlo sako kay nag tuo ko sauna nga ang therapy is hilot lang pero dili diay, tanan nga pwede nilang I tudlo gina tudlo jud nila. Mao nay strategy nga gi himo nako kay kung ako lang diko maka himo sa gi himo ni sir cocoy sa pag tudlo sa tanan gawas sap ag silhig ug hugas ug plato ako nay nag tudlo, pasalamat jud ko nga naay ga therapy parehas ni sir cocot.

I: Unsa nga mga importanteng leksyon ang imong nakat-unan gikan sa imong nasinatian sa pagpadako sa imong mga anak?

P: Ang importanteng leksyon kay kuan kanang isa pud nga gi kuan nako no ng ana kuan nako nga leksyon sakong anak no kay ang pagpa eskwela pag sulod ug simbahon kada dominggo kay kada dominggo man mi ga simba ug isa pud jud nga importanteng leksyon nga akong na katunan kay kanang thru education gipa iskwela jud nako akong mga anak mao nay importanteng leksyon nako nya ako pung na kuan na kanang mao lagi to na kanang pa skwelahan jud ug tudluan sa maayo nga behavior and karon na normal na siya ug di na sigeg dagan karon masugo na nako ni siya nga akong gipa eskwela sa calinan. Dakog development sa mga naay special needs parehas niya, dili lang kay I tago sa balay kay naay uban nga gina kulang nila sa balay ug sa sirib naa juy bata didto nga gi kulang jud sus wala nay pultahan gi lansangan ang mga daplin.x kay mu katkat man ug luoy jud kaayo kay basin naay sunog mahitabo ug dili mana mao mmm.

I: Unsa nga mga tambag ang imong mahatag sa ubang mga ginikanan nga nagpadako sa ilang mga anak nga adunay down syndrome basi sa imong nasinatian o naagian?

P: Ang isa jud nga matambag nako no kay pa skwelahan ilang anak, pa adtuon sa mga lugar na wala na kana ganing I expose sa gawas ang Kabataan nga special ug dili dapat nato kini ika ulaw kay acceptance sa ginikanan ug di ika ulaw nga naa mi anak nga naay special kay ngano? Kay kung ika ulaw nimo mura rakag gi patay nimo imong anak sulod sa inyong balay simbakko masunog di pirteng ka pagod sa sulod so ang ako lang ika advice sa parents no kailangan jud pa eskwelahan ipa therapy kung di ma kayag kuan kung sobra ka hyper ipa therapy ilang anak kung dika sturya kay speech therapy mao jud na educational kanang kuan jud pa eskwelahan jud ang anak nga naay special needs kay dako kaynig tabang ug naga pasalamt pud ko sa ginuo nga naka pa eskwela ko sa calinan kay kung wala dili jud ni ma normal akong anak mag sige ra gyapon nig dagan-dagan karon so mao to akong ma tambag jud sa mga ginikanan.

I: Daghan kaayong salamat te sa pag share saimong stories ug daghan pung salamat sa pag accommodate sa amo te.

Appendix 7: Translates of Responses

PARTICIPANT #1:

I: Good morning ma'am, I am Denver Carl Samson, a Grade 12 student, together with my groupmates, and we are from Holy Cross College of Calinan. We are conducting our study entitled, Navigating Parenthood: Stories from Parents Raising Children with Special Needs. The goal of this study to explore the unique challenges and coping mechanisms experienced by parents raising children with special needs.

I: Can you tell us about your family background? Like how many children do you have?

P: In our family, his father's name is Romencio Perez Jr. my name is jully ann perez my age is 37 now they are three siblings my third child has downsyndrome and then he went to school in sped at calinan central elementary school and he has been there for 3 years and then when he got older He has been promoted to his teacher Maam Loyda who is in Kindergarten and now he is in Grade 1.

I: So when was the first time you found out that he was diagnosed with down-syndrome?

P: That's why I didn't think he could be called down syndrome because when I gave birth to him, he was 9 months old and then when he came out, my brother saw him as if he had something and my brother said to me "does your child look mongoloid?" but i didn't mind it. I was just shocked when the baby turned 3 months old, the basic movements of the baby were that I should be able to hold him, then he would lift his head but he can't do it . I was surprised by his head, I thought there was a difference because his head seemed to be heavy, I brought him to Davao at chdc, I also had him look at the pedian, but the pedian told me "don't be offend ma'am , because your son really belongs to mongoloid" he said. Well, I didn't expect that there was called a test for new born screening and I didn't expect that, because nothing came out of the result when he was 4 months old.

I: What did you feel when you knew that your child was diagnosed with down-syndrome?

P: When I felt like there was something that could cause such pain, I wondered why I was the one who has a child with downsyndrome? but as the doctor said to me, it was the first time that I thought that nothing is impossible for the Lord when he is with me. The doctor challenged me that I'm just a doctor, I'm just an instrument, and in times or days or seconds there will still be changes in the child, the doctor in the pedian saying that we need to think positive.

I: Last, what were your concerns or worries at that time when your child was diagnosed with down-syndrome?

P: I can say that if it's just about the situation because why in the situation we're really a family if we just talk about what we're going through and that's why we have a family problem that he seems to have done something to me, it's like he betrayed me, that's why I

didn't expect that, I'm like, that's what the lord did, and that's what he did to us, that he's the one My husband will stop what he did to me, as if he is my son, as if he is our guardian, he deserves to change himself.

I: The first question is how will you describe your situation while raising your child/ren?

P: As for me, I can describe or picture out when I raised my son, I can say that he looks like a candle, I can say that he must be in the candle when I see him, he needs guidance or light that you are with him, that you will always be behind him, that it is necessary at the time that you will not lose those who are down, especially that you are like a candle, you will always be a newspaper, don't let him come put out the candle that he will be miserable when the time comes.

I: What is your emotional and psychological state while raising your child/ren?

P: First is because I feel the same because there is the fear that the community will not accept my child that they will see the situation for what they are and the second is also very painful in the feelings to see that In people, there is already a discrimination so you shouldn't expect it, and in the eyes of the people, my child's teacher is gossiping, I really feel that the bully is a number. 1 that I can also feel my emotions in our community that I can say that the bully is normal and I will still accept it.

I: Can you describe how you manage your child's daily care needs?

P: In my case, I picture him or make him a daily routine. Taking care of my child is like taking care of a plant that needs to be taken care of, he will be big or he will be fruitful or he will be strong especially when he grows up he will be independent and he will be strong.

I: How did you deal with the responsibility of raising children in such a difficult situation?

P: In my responsibility when he grow up, I faced the trials in my life, first of all, I gave him time, especially when I give him time, especially when I can tell him what he wants. I will give him attention and especially in the efforts that we will also give him along with his needs and his needs and I do not think about his negative stories.

I: What strategies did you use to help your child adjust to a new environment?

P: The strategy that I have done is that I have trained that my son is just like a normal child, I have exposed him to the community, whatever his talents or knowledge are, I am still including him in his activities in disciplining and giving it's time to mingle with other child.

I: What important lessons have you learned from this unique parenting journey?

P: The lesson number 1 is what I have learned from when he was little until now that he is 13 years old is that a parent should have 100 percent patience. And patience coming down is the same thing as coming down and understanding his situation and giving him a lot of attention.

I: What advice you can offer to other parents who are raising children with down syndrome based on your experiences?

P: As a parent, as an advice to a parent who has a child with downsyndrome, first of all, I encourage them to go to school. motivation so that we can be strong and responsible in taking care of our child because nothing is impossible in the Lord and we always trust in

prayer and together with our work. We are thankful and we are very blessed that we have been given a special gift by the Lord and I am challenging that the Lord has given us and like them because we have been chosen by the Lord to take care of them so that we can give them good care.

I: What else do you want to say ma'am as your closing statement?

P: All I can say is that I can be grateful that we are always grateful for what we have that comes to our lives because we should not say that we should do what the Lord has given us as if it were to be taken for granted. Let's take care of him because even that thing is very important to us because why doesn't the Lord give us anything that we can't do, that's why we're all here because that's how it's said that nothing is impossible and for him we're always there his trust and loyalty to us.

PARTICIPANT #2:

Interviewer: What is your background and your family background?

P2: I am a single mother, and in my family, it's quite challenging. My child is not typical she has Down syndrome, making it difficult to care for her.

Interviewer: When did you find out about your child having Down syndrome?

P2: Right from birth, she wasn't normal. She was born prematurely at 9 months, and she struggled with malnutrition. She looked small, almost like a newborn, and needed special care.

Interviewer: What are your concerns about your child?

P2: I'm afraid because she often spends weeks in the hospital due to her condition. It's a constant struggle, both emotionally and financially, as we face various difficulties.

Interviewer: How do your family and friends react to knowing about your child's Down syndrome?

P2: Initially, they were shocked to see her not being typical, especially with her yellowish skin. They prayed for her survival. We just hope she can endure her situation since she's small, constantly visiting doctors, and it's frightening to think we might lose her.

Interviewer: How would you describe your emotional state while raising your child?

P2: It's indescribable. You question whether you can handle it and sometimes feel like surrendering. The emotional toll is immense.

Interviewer: Can you describe a typical day while raising your child?

P2: Daily, it involves caring for her needs, ensuring she's clean, well-fed, and receives necessary medication. It has been a journey filled with challenges, especially given her health issues.

Interviewer: How do you face the responsibility of raising your child in difficult circumstances?

P2: It's a sacrifice. You just use whatever means you can to find help and ensure your child has something to eat each day, even if it means asking for assistance.

Interviewer: What strategies have you employed to help your child adjust to her surroundings and situation?

P2: I don't confine her at home; I take her wherever I go, especially to places where she can interact with people. It helps her feel included and not singled out due to her condition.

Interviewer: What lessons have you learned from raising a child with Down syndrome?

P2: The key lesson is about sacrifice and unconditional love. We need to prioritize their needs and love them for who they are.

Interviewer: Any advice for other parents raising a child with Down syndrome based on your experiences?

P2: Take good care of them, shower them with love, and provide what they need. Give them the best life possible, surpassing all challenges.

PARTICIPANT #3:

I: Good morning ma'am, I am Denver Carl Samson and Rico Jay Naraga, together with my groupmates, and we are from Holy Cross College of Calinan. We are conducting our study entitled, Navigating Parenthood: Stories from Parents Raising Children with Special Needs. The goal of this study to explore the unique challenges and coping mechanisms experienced by parents raising children with special needs.

I: Can you tell us about your family background? How many children do you have?

P: Should I still introduce myself? Maybe not? Ok, by the way, ah, well, I am Lovielyn Arenas, formerly Lovielyn Ibañes when I was single. I am 36 years old, and I am originally from Lanzona. I also live in Acacia, nearby. Our first baby has Down syndrome; he's 12 years old now. The second one is normal, but he's 5 years old now, and he's also a boy.

I: So when was the first time you found out that he was diagnosed with down-syndrome?

P: Actually, at SPMC, everything came out negative. All his results were negative, even his, you know, everything, everything. Before we left SPMC, I don't know if you can relate, but for us as parents, they called it screening, so we did his screening, and all his results were negative. We couldn't see anything wrong with him as he grew up. He grew up normally, adapting well to being a normal child. But maybe, as parents, we also had no idea what was happening. That's why when he turned around 5 months old, he suddenly started coughing. There were no other signs of coughing, just coughing. So we took him for a check-up, and that's when we found out he had bronchopneumonia in both lungs. We didn't understand why he had bronchopneumonia, why we didn't hear him coughing. He was a healthy baby at 5 months old, seemingly normal and adapting well, but maybe, as parents, we also had no idea what was happening to him. That's when his pediatrician told us that in just 12 days, we had to give him oxygen. His pediatrician told us that even though we didn't hear him coughing, he had special needs, so he was prone to getting sick. Maybe because we didn't hear him coughing, he got sick. So, slowly, we began to understand that he had special needs. At first, we questioned why we, as a couple, had to face such difficulties, but at that time, we just accepted that we needed to deal with it because we

understood from the doctor that we had to undergo counseling as parents on how to accept and love him, just like that.

I: What did you feel when you knew that your child was diagnosed with down-syndrome?

P: So, it's like we were shocked, shocked as if we didn't expect it. We questioned, and we accepted it, but we still question why us, why us, when we don't have any family history. Based on our questioning with the doctor, they say it's possibly because we don't have compatible genes, they say it's in the genes, they say it's possibly from my grandparents' generation, from our grandparents, from when we came out, they say it's incompatible with us, but there's no explanation of what exactly affects us because maybe some other babies with Down syndrome come out like that, as far as we know, because that baby was proposed, because... that's how it is in other cases, because it's not like that because we asked for it, so that's how it is, so it's not easy for him to be accepted from time to time, but maybe when it's yours, you really need to risk everything, that's it.

I: Last, what were your concerns or worries at that time when your child was diagnosed with down-syndrome?

P: My concerns and worries as a mother are that he might lag behind normal children, umm, he might grow up being bullied or he might grow up unable to defend himself, you know. What if I go first or what if his father and I go first, what will his future be like, with only his mother around, you know. I'm sorry (it's okay, it's okay), I'm just like that, but it's also a challenge as he grows up because we also see if he's developing, if he's willing to mingle with other children, but we just pray that the time when he's like that won't come.

I: The first question is how will you describe your situation while raising your child/ren?

P: Uh, for me, I'm a working mom, and during the first few times, we had a nanny, but it just didn't work out. It's hard for others to grasp the techniques for handling a child, but as parents, you have to do everything to understand them, to adapt to their needs, and to handle them properly because in their case, they're not warriors; they don't throw tantrums. They're just quiet. Even if you lose your patience, you have to be patient with them, to understand their needs, especially since they're very sensitive. I never regretted it. I'm blessed to have him because, despite his condition, he's intelligent. He may not speak, but he understands your feelings, and he can adapt to them. He knows when you're not okay, and he tries to comfort you. He's caring, just like Coy, and we, as parents, shouldn't scold him when there are conflicts or fights because they can easily adapt, as long as we have patience, and patience is key, especially for children.

I: What is your emotional and psychological state while raising your child/ren?

P: Maybe I have what they call fear, but it's just that, or what they teach you, that you should pray, that at least you should also depend on us, his parents and siblings. We don't show him emotional support, we don't show him that as he grows up, he'll be a hurtful child, what's being done to him. He also does it to others because he can't avoid it even though he's in school. Although he's open to the public, they can accept him in public now, not like before when it breaks your heart to see them being bullied, but now when someone says, 'Hi, brother,' they just accept it in public, it's just one of the things we're grateful for

now because there's no bullying that they've allowed. I had the worst experience with him when we took a ride downtown and there was a child about 12 years old, and he, Coy, was about 9 years old, and the parent himself couldn't control his child who was bullying mine, he even said, 'Just let it go, you know he's abnormal,' he said. I was shocked, but when I gave it at that time, even though I argued with his mother, I was happy, I didn't want to show that's how my child is, I'm also a warrior of a mother, that's what it is, emotionally painful, but when I fight for him, that's just how it is, just like when other children see it, if I can share it with others, they're not a curse or anything to our family, Coy is a blessing, a blessing to us, that's how we treat him as a normal child because that's what the doctor said, we love him excessively as a normal child because now I hear 12-year-olds chatting so much, he's so playful, he can say that even though my coy is like that, even though he's good, I don't hear him saying bad things, I don't hear him saying that I can't see him, I can say that even if my brother says so because we're also blessed because of his kindness, that's why maybe if this had come to our family, it wouldn't have come to handling it, maybe if it hadn't come to love seeing the child in him, maybe the child would have grown up that way, that's just how it is, it really needs patience and love, not in spoiling but in other things, but they should feel supported, that's just how it is, he used to go to school for 2 hours, that was the longest for him because he would be overwhelmed by other classmates having tantrums, but now Coy can handle a whole day at school. It's just about enduring and coming back, but now, he's just lacking in speech, he can walk, he can talk, he can mingle with other children, that's just his story.

I: Can you describe how you manage your child's daily care needs?

P: He's just normal, really, in terms of what you need to care for him as a child. Why? Because, you see, in his case of autism, it's like he's a robot that needs to be programmed in advance. He's still young, so whatever is programmed, like bathing first, eating, sleeping, that's his routine. Once there's a change in the schedule, his day gets messed up, that's the angle of autism. With Down Syndrome, it's like caring for a typical child. You have to remind him to poop, to drink milk, he needs reminders. When Coy needs to take a bath, he'll say he wants to drink milk first, then bathe. You just have to understand him. Oh, he has reminders too, even if it's normal like that, even when he's 15, there are reminders, you really need a lot of patience.

I: How did you deal with the responsibility of raising children in such a difficult situation?

P: If it's about our financial status, perhaps we are blessed because, in terms of finances, it seems like we don't have much, but we can still provide for others. If my husband doesn't have work, I work, so we balance things out because we need to have something for them. For them, because if Coy, for example, is prone to getting sick, financially, it can be burdensome. Financially, expenses can skyrocket, especially in terms of their health. If they suddenly get sick, if they suddenly catch a cold or cough, you have to give them vitamins like that, you can't just let it go, you really have to give it to them.

I: What strategies did you use to help your child adjust to a new environment?

P: I expose him, I don't hide him. When it's school time, when they say they're going to the bench, I include him as long as he can. When his teacher says they'll play and mingle

with students from other schools, I join him. I don't make him feel like he's not normal or exclude him from school activities. Even when he was in kindergarten, they said I should enroll him in the primary school so he could interact with normal children. We did that, even though we had to go back and forth to school for years, just for him. If he only stays at home, he'll focus on gadgets, so it's better for him to have exposure outside. He can play and socialize outside, not locked indoors. He knows how to return home, and he knows he can. We expose him, not keeping him a secret. We expose him so he won't feel sorry for himself, so he won't wonder why he doesn't need to mingle with others. It shouldn't reach the point where he questions himself like that. We expose him so that over time, he'll become immune, at least emotionally. It's not easy for him to adjust, as he used to be admitted to the hospital twice or thrice a month due to his sensitivity. But now, he's adjusting, and it's a huge relief.

I: What important lessons have you learned from this unique parenting journey?

P: Maybe the lesson here is to just be thankful for what you have instead of searching for what's extra. If you accept what you have, the blessings will come easily. If we, like Coy, are readily accepted by our families, maybe we wouldn't have taken so long to adjust to him. We accepted him quickly because we never saw him as unwelcome in our family; we never thought of him as a burden. We saw him as lucky, as a charm in our lives. Maybe that's all I want to show, that instead of seeking what's excessive or what's lacking, let's just be thankful, and let's give him all the love we can, not too much, just enough.

I: What advice you can offer to other parents who are raising children with down syndrome based on your experiences?

P: This is just that we shouldn't be ashamed of what he is, and we shouldn't hide him because, as parents, if we don't accept him, who will? We shouldn't make them feel unwelcome in public, as they will eventually notice and understand. It's essential to show them that we, as parents, also support them. There shouldn't be any hesitation in accepting them; what they need is love. Coy doesn't need us to treat him differently; maybe there are some adjustments needed, but just like with normal children, it comes from the parents. Whatever you do as a child reflects what kind of person you become in the future.

I: What else do you want to say ma'am as your closing statement?

P: For others, it might just be for the government or other cases involving children, like those with disabilities, they really need support, not just financially but also in terms of therapy. In our case, we're not part of any foundation because Coy is considered normal; he can walk and talk. So we removed him from there and focused more on where he really needs therapy. Maybe just accept the message for everyone that they shouldn't be treated differently, just accepted as normal people living their lives. It's just like that to make the flow better, the blessings come in smoothly, and if we don't have those burdens in our hearts, it's easier. That's it.

I: Thank you so much ma'am for answering our questions and for accommodating us today.

PARTICIPANT #4:

I: When did you find out that your child has Down syndrome?

P: As parents, we just know these things.

I: 1

P: At first, I couldn't accept it because I wondered why it happened to him. I didn't abort him because, as a parent being, I couldn't do it. But I was also happy because I got pregnant after 12 years. His siblings had a long gap between them, but he was accepted nonetheless.

I: What are your worries?

P: We don't have any. They (siblings) also don't have any worries.

I:

P: The siblings accepted it; they accepted her because they love him.

I: How would you describe it? 2

P: I've been through a lot of difficulties since the beginning. When he was born, it was difficult because I had a Cesarean section and the doctor said he had a problem because of his physical condition, but it was only 70%. So we went to a specialist and had his checked because I was in so much pain. I even had hyper fever. I tried to process it, but that wasn't the reason. They said he developed it because we attended seminars about Down syndrome even before. He was already diagnosed with it. We were attending therapy sessions, and when he was young, they said he would accept things. We never said we wouldn't accept him, but he kept getting sick for 7 months. He kept getting sick until he was 7 years old; he was hospitalized continuously for 2 years or sometimes 2 months. he was always in the hospital. When he turned 7, that's when we finally took him out of the ICU. he almost died, but I never gave up. Whatever medication they gave, I accepted it because he went to the ICU, I thought he would die because he was struggling. I said to my husband, he's different from our other children. he's our pride and joy. We never treated him like a baby because not all parents can. They won't be there forever; we'll be there first. If they don't accept it, we will accept it when it's time to take a bath; they will know. I'll be the one to shampoo him. he will be the one to rinse. They know we didn't spoil him because he like a child in terms of love, and we won't show him that we're like this because he trusts us, he's smart because when you talk to him, he understands. If you scold him, he understands that he shouldn't do it again. We didn't regret anything; my only wish was that they give him a healthy body.

I:

P: I didn't worry about where he'll end up; I just accepted it. I never regretted anything because we accepted him wherever he went, our love for him

I:

P: I accepted it; I couldn't say anything because I accepted him for what he is. He can pick up a spoon; we trained her little by little.

I:

P: We don't confine him we bring him out, for example, to sample her in school. We're not going to school because we only have two left, and we'll accept him for what he is.

I:

P: He's okay at the front because he's not hyper he's already used to the story because if he's hyper, we won't be able to handle it because others are hyper here. I'm thankful that his not hyper because his easy to take care of. he's also a mama's boy; he should sleep because he used to it, but he won't sleep if we're not home; he'll keep looking for us and won't leave her mama because he's used to it.

I: 3

P: His classmates don't have any problems with their children; it's better not to know. They don't share with others what their problems are because they have problems outside. It's easy to handle problems like that because they're a bit independent now; that's my advice to other parents, just accept and understand the child, be patient because until his life, they will always be patient because they will always be there for her. I also advise other parents not to be hyper; it depends on how the parents handle it because if they're angry, the child will get angry too. If you're going to talk loudly, they'll shout too, but if you handle it calmly, they'll understand. There might be misunderstandings, but if you see that I'm crying because I'm hurt, he come to comfort me, and if I say there's nothing, they won't leave until I stop.

I: What can you say to other parents who have children like her?

P: They just need to accept and understand; they just need to be patient and understanding because that's how it is until their whole life. They just need to be patient; they're a bit hard to handle, but they'll be fine.

PARTICIPANT #5:

P: "Can you share your family background ?"

I: " Im trying to survive ma'am. Currently, for the past 2 years, I've been the one taking care all of my kids since their father is no longer here. I rely on my mom because she has a pension, and I also have a small store and also my father help me that's it

I: "What does your emotional and psychological state impact raising your child?"

P: "It's just normal, nothing unusual. I take it slowly."

I: "Can you describe how you attend to your child's daily needs?"

P: "I plan and organize, making sure to tackle things one day at a time."

I: "How do you face the responsibility of raising your child in challenging circumstances?"

P: "I really make an effort, ma'am. I will do my best and don't lose hope I can't afford to give up. I need to keep going, offering hope. That's my determination."

I: "What strategies do you use to help your child adjust to the new environment?"

P: "I teach, I guide; that's what I do."

I: "What important lessons have you learned from your experience of raising your child?"

P: "I've learned a lot, many lessons. There are five of them, but some are no longer here; they got married and moved away. That is my daughter she is widow . We're just helping each other just us, but we'll manage."

I: "In raising your child with challenges, what have you imparted to them?"

P: " my son is not like a super hyper kid ; he doesn't want to be taken care because he wants to by himself , he wants to learn so for me I need to be strong enough to because he also survive his condition . We can't hide him . I expose him to the normal people and he can still catch up with them.

I: "For the last question, what advice can you give to other parents raising children with Down syndrome based on your experience?"

P: "It's different for each of us their different experiences, sir. Each has their personality; some of them are hyper. We just take care of them. For me, we take care of her just as he is."

I: "So, ma'am, what can you say about others?"

P: "But for them, sir, its really on her father's side. The Abella family in Talomo, there are many of them. It's like an inheritance, to his father's side, and we're the ones who got it."

I: "So, ma'am, her father's side has a different family history?"

P: "Yes, indeed. Even her cousins from her father's side, those who will inherit. Currently, she's in college now; she's doing fine. She has a slight case of Down syndrome, but it she' has a late brain."

PARTICIPANT #6:

Okay, um, from our marriage on August 22, 1966, we had our first baby. Our first baby was born on a "blighted autumn," just for a few months. Then, after that, the experience was a bit painful because, during childbirth, my child didn't cry immediately. It was a difficult experience for me because I was excited about having a baby, so I didn't expect that. After two years, or after a year, we consulted a faith healer, and we were blessed with a baby boy in 1998. So, now, he's 25 years old, turning 26 in March. After that, when I was 31 years old, I gave birth. Then, after 6 years, at the age of 37, our next baby came. He's our forever baby. *dog barks* Oops, sorry for the interruption. When he was born, although the doctors had a hard time during his delivery because, unlike normal births, my vagina didn't have any bleeding. I was in the operating room for a long time because it was a Cesarean section. And during that time, the baby didn't cry right after delivery. My obstetrician was also my godmother, and actually, she was also a godmother at our wedding. There seemed to be some issues with the baby, but she didn't confirm whether it was Down syndrome or something else. During the peak of this situation, when the baby didn't cry after birth, we rushed to San Pedro Hospital. The baby was crying when born, and we had the results taken at Davao Doc, and everything was normal. So, there was no problem. Then, when it was time to leave the hospital, we still had to spend money because of her various issues. She still needed injectables, but I checked him every day, and it seemed okay. We were advised that she could be taken home after one night, but the next day, we had to take him to Robillio for another injection. The next day, at that time, when we saw his wrapped in a blanket, he didn't move. We were worried because he looked pale, almost like an eggplant, in color. We were confused about what happened to him, so I turned on the light. When I looked at him, he's color was completely different, so we rushed him to Robillio for he's first injection. Our doctor is in the downtown, so we called him,

and oxygen was given to the baby as soon as we arrived. His temperature was around 40, so he was given oxygen. After calling 911, we rushed her to Davao Doc, where our pediatrician was available. When we arrived there, his sugar level was almost zero. So, that pediatrician to take him to the (inaudible) because it seemed intensive, as his sugar level had dropped to zero. He had to undergo epcesis, and there were many issues because he's blood was thick, making it difficult to draw blood. It turned out he had Down syndrome. After almost a month or two at DavaoDoc, due to the injectables given to him, he's heart had a hole, which was found later. His heartbeat wasn't functioning properly at first, which is why he needs lifetime maintenance. The child may now have dwarfism, so he doesn't move much and tends to sleep a lot. So, we decided to take her to visit a Developmental Pediatrician. It was observed that she has (inaudible), he stands straight when placed on his back, but he's feet are small, and, um, the main issue is that his neck is wide. If we were in the US, they would have seen a problem in his stomach on the ultrasound because it can be seen there in their ultrasound, maybe they could measure it early there. Ah, they advised us to ask the mother what the options are if the baby can be taken care of or not, but they couldn't tell us outright, so the doctors suggested that, ma'am, have you ever seen a child like yours? As a first-time mother, I didn't know what kind of person he would turn out to be. He was born prematurely, I forgot the term for Down syndrome, then I just forgot the term, okay, what a natural pain inside as a mother, what happened to the baby, and then they asked if I really wanted to prove that he really needs to have his blood checked and send it to Manila to incur additional expenses, I already spent a lot on hospital expenses, what he was asking for, what they were checking, what the doctor did, I observed what he saw, I looked at his shoulders, what he was doing with his shoulders, the doctor would explain to me because I'm the mother, I said yes, because I didn't want to see it myself, so after the injectables, we went home, (inaudible) be very careful because she's still small, like 2 weeks before her expected delivery date, so I shouldn't have been with her, what would I do, what should I do, what should I do, just wait for her to go into labor, what my obstetrician said, you shouldn't go into labor because it's a repeat C-section, so two weeks before, I got angry at work because I was still working, I got really angry because I felt pain in my stomach, I was in labor continuously, so I was angry with my obstetrician because she should not have been induced because it was still two weeks before, so she had skin like it hadn't fully developed yet, she had beautiful skin, even when we were at the hospital, we started her development care, which was different from caring for a normal baby, like her, what's the term for that, her belly button, usually it just falls off, but hers didn't fall off, there's still a problem with it, so I had to have her checked again, they said there's really something wrong, that's why she was operated on again, he was admitted again, financially, there's still money there, so financially, our expenses were really high because we budgeted 30 thousand for delivery, but it reached 200 thousand, and then 300 thousand at that time, it's really a huge amount, it's really expensive, 200 thousand, so it was a sad timing because my mother retired, so her retirement was used for her grandchild, but at least someone helped because I said, hands up, I didn't have anyone to loan from, so I was really grateful to my batchmates who helped me.

I: The first question is how will you describe your situation while raising your child/ren?

P: When it comes to finances, it's really difficult, but we've never regretted it. When he arrived, I could say that it's a blessing that we were given the opportunity to have him. And he really taught me patience because I'm not a patient person, I easily get angry. Even though he has his issues, he learns to be patient because he knows he can't be scolded harshly because it stresses him out. There's something in him that gets sick up until now, he still doesn't need stress, so you have to be careful, careful. And then he's like, the DSWD said is to be careful with your actions because he's the kind who can imitate you very well, that kind of disability, so he really needs to be carefully handled.

I: What is your emotional and psychological state while raising your child/ren?

P: Well, it's being careful with your actions in dealing with him, and you have to be loving and caring because it's pitiful for him in that condition. And we didn't hide him, we treated him like we would treat a normal child, because he has his condition. So it's really more on cultivating for him virtue of patience.

I: Can you describe how you manage your child's daily care needs?

P: His routine, it's ordinary. From the moment he wake up, what to do, he has his vitamins to take, his maintenance, he know what he's doing, then he eats, then he drinks milk, that's the routine. It's different because he's still not fully (inaudible), for example, when we go to church, he'll to the usual seat that he used to it, he'll throw tantrums when he can't seat the usual seat, but he won't actually go wild because it's different with other who's having Down syndrome, when they throw tantrums, it's not just that they move around, they don't follow instructions, it's like they sink, that familiarity, he's different.

P: Prayers, because without them, there's nothing, it's the relationship with the Lord, I don't know where else you'll draw your strength and courage from, you just have to be thankful for him

I: What strategies did you use to help your child adjust to a new environment? P: strategies? I'm also doing research. I have conducted research, read about his case, talked to others with similar cases and impacts, and I'm also a member of the Down Syndrome Association of the Philippines.

I: What important lessons have you learned from this unique parenting journey?

P: more on, you know, patience still haha. More on patience. Then, I also learned from him thoughtfulness because he's, you know, feels very sorry for the child (inaudible) haha.

I: What advice you can offer to other parents who are raising children with down syndrome based on your experiences?

P: Well, they shouldn't hide it, they should expose it, expose the child so at least they can understand what life is like outside because when it comes to hiding it, they can't really be helped much. It's a big help when I bring her to the office and she goes to school, she's enrolled in school. She's also undergoing therapy for her, like, occupational therapy, so we've included those therapies to help her. At that time, it was like I was sending him to college because it cost a lot, like a thousand per month, aside from her other needs like milk and vitamins. After the therapy, they said she could attend a 1-on-1 classroom. So we brought her to SPED (Special Education) for a few years, but I noticed her development was slow. So I asked what could be wrong because I saw that they didn't separate them, they're all together. Sometimes, she mimics her classmates, and when she sees them, she copies their behaviors, so I told the teacher, "Ma'am, can I request to transfer him to a

regular class? Can I ask for a recommendation for her to be assisted for regular class?" She said, "Okay, because he can learn, he knows numbers, knows how to identify numbers and the alphabet." So we brought him to Love of God downtown, they assisted him there, and they said he could join the regular class. So he went to kindergarten, then after kindergarten, he went to grade 1. His development was fast because he was with his peers. There, he followed the normal kids, although sometimes he misbehaved with his classmates hahaha. After Love of God, I transferred him to PAGASA at UCCP, but it also stopped because when he was 10 years old, he had (inaudible), at the same time, though, he was joyful because the hole in his heart disappeared. Supposedly, he was supposed to have an operation if it got bigger, but the hole disappeared. But his (inaudible) is still on medication, and the medication for that (inaudible) is on years *cough follow-up2, and his opponent now is stress, so he shouldn't be stressed, she shouldn't see arguments or loud voices because those stress him. My advice is they should expose their child, and they should see a developmental health physician to monitor their child's milestones and to know the child's health status, to really help the child, not just surrender because that's how it is with the child.

PARTICIPANT #7:

Interviewer: "Good afternoon. We are from Holy Cross to interview parents with special needs children, particularly those with Down syndrome children. Can you share your family background, including your child's name?"

Parent: background of my family?

Interviewer: names and what so over

Participants: names or anything?

Interviewer: what is your name and then name of your children?

Participants: "I'm Leoneta Polinar, and my child is (inaudible). What else would you like to know?"

Interviewer: "When did you first find out that your child has Down syndrome?"

Parent: "I had her checked four months after birth, and the doctor confirmed he is a special child he's doctor is Dr. Cano."

Interviewer: "How did you feel when you did you know about your child's condition?"

Parent: "I accepted him he is my child."

Interviewer: "Did you have any worries or concerns during that time?"

Parent: "hmmm Just the fear that her heart or health might be weak and that's true they have weak heart ."

Interviewer: "How would you describe your situation while raising your child?"

Parent: "I treated him like any normal child just taking care of normal child just like how I treat him , nothing different."

Interviewer: "What were your emotional or psychological states as you raised your child?"

Parent: "Normal, and then normal and positive thinking I don't think that he is not normal I teach him normally

Interviewer: "Can you portray how you care for your child daily?"

Parent: "I take care of him like feeding, bathing, and overall attention you need to take care of him unconditionally ."

Interviewer: "How did you handle the responsibility of raising your child in challenging circumstances?"

Parents: what?

Interviewer: Like what did you do to face the responsibility that you will need to face raising your children while experiencing different circumstances

Parent: "It's okay; it's not difficult. I never faced any problems; he's not a burden. They are just like any other children , a normal children."

Interviewer: "What strategies did you use to help your child adjust to her surroundings?"

Parent: "I let him interact with normal children, teaching him in a special education school."

Interviewer: "What important lessons have you learned from raising your child?"

Parent: here in our community there's a lot of Down syndrome children we have the same mindset I think that we need to give them love you need to give time and then treat him like a special it should be expose to other people I need to expose them u need to expose them to the normal kids to catch him some lessons because he can adopt it, he can get some lesson by interacting to others so he can act normal, he got bully that's why he's shy because sometimes she got bullied.

Interviewer: "What advice do you have for other parents raising children with Down syndrome?"

Parent: "Love them, give them time, and provide special care. Don't hide them to their people ; let them learn lessons. They might face bullying, but love and care will help them."

Interviewer: "Thank you very much."

PARTICIPANT #8:

I: Can you tell us about your family background?

P: In my current situation, my spouse and I are separated, so it's like I'm starting over with my live-in partner. Since the time my child was born, from one month to five months, we spent most of our time in the hospital due to her health issues. Whenever she coughed, her reaction was to go straight to the hospital. She underwent several examinations, including an echo and chromosomal tests, but the doctors didn't diagnose her with Down syndrome. However, her case was considered special because she took about a year to recover. After that, she no longer needed hospital visits, but her behavior started changing after two years. She began hitting her head against the wall when she felt ignored, and although I thought it was normal, others saw it as abnormal behavior. Whenever she sought attention from me, she would hit her head against the wall until I noticed her. So, I realized that ignoring her would prevent her from continuing this behavior. After a while, she stopped doing it altogether, except for one incident where she hit her head and her forehead bled, so we rushed her to the hospital because we were concerned.

I: How will you describe your situation while raising your child/ren?

P: My situation is challenging because it's difficult to leave her alone, especially because I'm the one primarily responsible for her care. It's hard, especially since I'm not employed and used to have a food stall, but I had to stop that because of her needs. I can't leave her alone for long periods.

I: What is your emotional and psychological state while raising your child/ren?

P: I became depressed when she started hitting her head, and I couldn't control her behavior no matter how much I scolded her. There were times, especially at night when we slept,

that I didn't know what to do. It was hard to adjust because handling her situation while she was growing up was daunting.

I: How did you handle your situation as your child grew up?

P: I constantly attended to her needs, especially changing her diapers, as I had to find ways to cope. Catering to her needs was a big help because I could also take care of her necessities.

I: Can you describe how you took care of your child's daily needs?

P: Praying was my number one activity because it always gave me strength. Secondly, I had to find ways to meet my child's needs, even though it was challenging due to my responsibilities. I don't have any vices because my main responsibility is my children. Whatever struggles we face in life, especially with my child who has Down syndrome, I manage to handle it all.

I: What strategies did you use to help your child adjust to the new environment?

P: I always encouraged my child to interact with other children so she could get used to being around them. She enjoyed playing with them, and there were no problems. However, when she saw me, she became overly attached, so my strategy was to let her play with other children and not just with me.

I: What important lesson did you learn from raising a child?

P: I have faced many challenges, especially in situations where standing up and not giving in to problems is crucial. The most important thing I learned from this situation is that it's not easy, especially since I am a father, and being a single dad makes it even harder because all my focus is on my children. This was the biggest lesson for me because it's not easy, especially when you're alone. If you have a partner, they can support you, but I have to work alone without any support for my children.

I: What advice would you give to other parents with children with Down syndrome?

P: For me, as a parent of a child with Down syndrome, it's essential to love and care for them properly, especially now. It requires a lot of adjustments and patience because they are challenging to handle. Without patience, it's impossible to cope, so you have to have a lot of patience. You can't handle it with just a little patience; you have to increase it, and always pray. That's what you should do first, and then, while you're in this world, take care of them until the end. You must always focus on them, especially if they have Down syndrome because it's one of God's gifts. It's fortunate for parents because I've encountered others who have children in difficult situations—imprisoned, locked up, or sick—but that's forbidden. It's heartbreaking, but having Kian (child's name) is a blessing for me, even though I've faced many difficulties, I can still handle it because he's my child, and I'll fight for him. Always pray and trust in God is the number one thing.

PARTICIPANT #9:

P: Before, we used to have a simple life. But now, my husband works in Calinan, and we have a friend from Kapalong who also works there. We used to work together in a regular job there. Life was really hard before; we had nothing to be thankful for. Thank God, we now have jobs in Calinan. I used to work, but now that I'm pregnant, I rest for about two months. I didn't know that my child has Down syndrome. I only found out when I went to

the doctor, and they said that it's Down syndrome. They told us to take care of the child because there will come a time when he'll become handsome, and our lives will be better. I had to work in a plant. I used to come home late at night, and it was really hard. I had to stand all day, and it was God's mercy that my children finished their studies. There are four of them. Now, one of my eldest daughter lives with us because she used to work in China, and we helped her go abroad. My three other children are also abroad; one of them is married but still childless, and the other two are single parents. That's why I take care of their children, especially the boy. I raised them when they were still young because. I stopped working after having a child with downsyndrome. It was really tough back then. My husband used to be a drunkard, and he would make me work in the barangay when he came home drunk. We couldn't sleep well before.

Interviewer: Were you pregnant at that time, or were you planning to have a child then?

P: I already gave birth. Thank God, we received blessings that time.

Interviewer: When did you find out that your child has Down syndrome?

P: We were informed by the doctor at the hospital that my child has Down syndrome.

Interviewer: How did you feel or what did you think when you found out about your child's situation?

P: I was okay. I thanked God that he still showed us mercy.

Interviewer: What were your worries or concerns during that time?

P: I was happy because the doctor said to take care of the child because he will bring luck to us. I didn't worry because I accepted it.

Interviewer: How did you handle your situation as your child grew up?

P: I took care of her. She used to undergo therapy once a week, in the morning and afternoon. We would go there in the morning and come back in the afternoon. It was hard because she needed a lot of medications, like dextrose. Even if it was raining or shine, we would go to the doctor to get her injected. She was very thin, almost malnourished. She had very thin legs. We would have her checked up in the morning and afternoon, including lunchtime. Thankfully, she recovered.

Interviewer: Can you describe how you took care of your child's daily needs?

P: I wasn't at home in the morning because I worked in a plant. My third child took care of her by breastfeeding her. At night, when I came back from work, I took care of her because my husband didn't work anymore. His job expired, and he wasn't a regular worker; he was just on a contract. So, I had to work alone. Can you imagine? I was the only one working in our canteen because milk was expensive, and we needed a lot of it. We would eat around 6 o'clock, and then I would go back to the canteen and work. It was tough because my husband used to drink before I had children. He would drink every time he came home, and he would get jealous. He was jealous every time he came home drunk, looking for a fight. I used to go to the canteen after high school, and I would always get drunk. But I endured it because my children finished their studies.

Interviewer: What strategies did you use to help your child adjust to the new environment?

P: Um, it's just us and my child who live with her. She stays only at our house in Kapalong. We moved here in 2013 because I stopped working when my child got pregnant with two girls. I volunteered to take care of my grandchildren while their parents were working. We took turns taking care of the three of them including my child with downsyndrome. Only

the two of us take care of her. She's do friendly. She 's not naughty and doesn't wander around like others do. She doesn't like going out; she prefers using her phone, watching TV, and playing.

Interviewer: What important lessons have you learned from your experiences in raising your child?

P: We raised her at home, and we taught her to speak and communicate. She can't talk only words she can say is "mamoy" instead of mama. We were told by the doctor that she might be challenged because when she was still in the womb, her head was always in a chicken's position. It seemed like she was pecking like a chicken because she didn't have a proper position when she was in the womb. They wanted to operate her at Brokenshire Hospital, and it was free because she was sponsored by Americans. She underwent a general checkup, and they found that she had a hole in her heart. She was operated on at SPMC. They inserted a stem in her vein and passed it through to her heart. It was really sad because they passed a tube through his vein to clean her heart because there were blockages. It was really sad until now; there are still no signs of improvement, but she's still on maintenance medication, unlike before.

Interviewer: What important lesson did you learn from raising a child?

P: That when we kept admitting her to the hospital every month for a month because she was still sick when she was young, when she grew up a bit, she became okay. She's already healthy; she doesn't get sick anymore.

Interviewer: What advice would you give to other parents with children with Down syndrome?

P: Just take care of them, love them well, and take care of them closely. It's better to be close to them. We're the only ones who hold her like this because she's growing up so fast, and she's very affectionate now because she's a child. she's not wild; unlike others who eat a lot, he's not wild.

PARTICIPANT #10:

I: Good afternoon, we are researchers from the Holy Cross College of Calinan, our research is about the stories of parents who are raising their children with special needs, particularly downsyndrome, so we are here with you today because so that we can learn your story and raise your child. So first is can you share the background of your family you or your wife or husband and your children.

P: We are still going to school, yes, even though my son is special, I am still going to school because Mr. Cocoy is still in Calinan Central Elementary School. I'm still doing therapy with Jiji Janggalon and I'm still doing therapy because she's going to run in the, at first, so now that I'm doing therapy, it's like I'm going to school somewhere else, I'm the only one who's still going to school. somehow, oh.... Even though it's hard for you, I'm doing everything so that my son can go to school so that he can be normal. but now it's a pity for the lord because he is in control of his behavior so it's not the same as him running around like he doesn't want to. Even the dog that is being taught can be a widow, how much more is the person or the child who has special needs, you can't send him to school, that's why we persevere even though we are poor, I still send my son to school.

I: When did you find out that your child has Down syndrome?

P: He is about two years old oh... but we have genetics, it's in our genes and I also have nieces and nephews with downsyndrome oh.. in the genes on my side oh.... It's in our genes that the offspring have downsyndrome. He was 2 years old when we found out that the doctor diagnosed him with downsyndrome.

I: How did you feel or what did you think when you found out about your child's situation?

P: Aww, why am I not down anymore? I know that I am also aware that in our race we have that blood just like my mother's and that's why these special needs, parents' acceptance, if you don't know how to do it, someone else will step on your feet. Every child has a kuan in the closet, there is something similar to this when his child is little, his feet are narrowed, the parents are ashamed that they make their children kuan in public, but I don't kuan, I don't kuan. and that's why I'm going to expose your son to you, even if he's special, you shouldn't be ashamed of him or hide him at home because the more I'm going to hide from you, they're going to kill those who are ignorant, if they see someone they'll run away who will hide it if it is not because they are chasing or chasing a knife in the kitchen.

I: How will you describe your situation while raising your child/ren?

P: What is that bitterness, why am I bitter? Of course, even if I train, it's not even normal, it's not the same as other kids who can become widows right away because it's really late development. How can they do that? Those who go to cr, he needs a guide because he is not his uncle because he does not really know but now he knows the mercy of the lord because of course what is going on and that is very bitter because the mother is going to If you have a child with the same behavior or special needs, it's a sacrifice to be more patient. Careful and caring for children with downsyndrome children.

I: What is your emotional and psychological state while raising your child/ren?

P: My emotions? I felt sorry for him that while I was raising him that he has a downsyndrome, I felt sorry for her but we can't do anything about it.

I: Can you describe how you took care of your child's daily needs?

P: It's difficult because while taking care of him, I'm also working and my time is conflicting. I know that I need to go there because someone is doing research and it seems like they will interview me there and thank the Lord that you came here even though it was raining so the rain is still strong because of the flood. I wonder how it is hahaha

I: Can you describe how you attend to your child's daily needs?

P: The eating, the pooping is during the time I sent him to school in the center of Calinan, Ma'am Atillo taught me that he needs to eat early in the morning and at night before going to bed, then that's what I eat with her. It's a sacrifice because it's time, it's just acceptance.

I: How did you deal with the responsibility of raising children in such a difficult situation?

P: That's why I'm just going to give him time because I'm busy with work, I'm going to have time to take care of him because of course we don't have money to take care of him and that helper, but we're going to budget for the time, the time is going to be budgeted that's important.

I: What strategies did you use to help your child adjust to the new environment?

P: I just taught him, that's my strategy, how to sweep, how to wash, how to get him to eat, that's the strategy I made because the therapy is a huge development, why? Teach them what colors or what to do, therapy because it can help is a strategy and one of the things that I do is that I also teach my teacher that he is here because I teach him the principal of digos, his son also has downsyndrome He gave her therapy because the therapy is because they can still identify themselves and not just because what they are doing is because what they are doing is how to wear shoes, how to wear clothes, how to wear in polo shirts, pants, how to wear briefs, everything that is taught in therapy because that's what I was taught because I thought that therapy was temporary, but it wasn't, they taught me everything they could teach me. That's the strategy I made because if only I could do what sir cocoy did in teaching everything except how to sweep and wash dishes, I'm already teaching, I'm thankful that there is therapy like sir cocoy.

I: What important lesson did you learn from raising a child?

P: The important lesson is that I learned the same lesson that I learned from my son, that is to send him to school and go to church every Sunday because we go to church every Sunday and it is also an important lesson that I learned. because through education I sent my children to school, that's the important lesson I learned from him. I sent him to school in Calinan. There is a lot of development for those who have special needs like him, it's not just that I hide at home because there are others that they lock up in the house and in Sirib there is a child there who is locked up, there is no door anymore, the sides are blocked. It's a pity because there might be a fire and it won't be so mmm.

I: What advice would you give to other parents with children with Down syndrome?

P: The only thing I can advise is to send their children to school, to go to places where there is no such thing. I will expose the special children to the outside and we should not be ashamed of it because it is acceptance of the parents and it is not a shame that we have children. why is there something special? Because if you're ashamed of yourself, you killed your child in your house, the school will burn, you're not tired inside, so my only advice to parents is that you need to go to school and get therapy. if their child doesn't talk, its speech therapy, that's educational, that's why the child with special needs should go to school because it's a big help, and I'm also thankful to the Lord that I've been able to go to school because without it, it wouldn't be normal. my son keeps running around now so that's what I can advise the parents.

Appendix 8: Researchers Parent Consent

BEd Form 6 – Parental Consent



HOLY CROSS COLLEGE OF CALINAN, INC.
CALINAN, DAVAO CITY

PARENT CONSENT FORMDate: December 20, 2023

I, the parent/guardian of _____ of **Grade 12 – Our Lady of the Rosary**, allow him/her to
 (Name of Student) (Grade and Section)
 participate in the **Group 2 Research Data Collection (Interviews)** to be held at **Barangay Dominga, Calinan, Davao City**
 (Name of Event or Activity) (Place of Event / Activity)
 on **December 21, 2023**, from **9:00 am to 3:00 pm**. They will be accompanied by _____, one of the
 (Date of Event or Activity) (Time start) (Time End) (Name of Parent/Guardian)
 parents/guardians of the students during the data collection process to ensure their welfare and safety.

Considering the benefits that will be derived from the participation of my son/daughter in this activity, I voluntarily waive any claim against the organization, sponsor and all authorities in charge for any untoward incident that may occur beyond their control, after all precautionary measures and exhaustive efforts have been taken by said authorities.

NAME AND SIGNATURE OF STUDENT

MR. CRIS DAN R. MAKILING

Practical Research Subject Teacher

NAME AND SIGNATURE OF PARENT/GUARDIAN

MA. CORAZON C. SUÑGA, PhD

Basic Education Principal

SR. CHERIE ELOISA L. GARROTE, PM

School President

BEd Form 6 – Parental Consent



HOLY CROSS COLLEGE OF CALINAN, INC.
CALINAN, DAVAO CITY

PARENT CONSENT FORMDate: December 21, 2023

I, the parent/guardian of _____ of **Grade 12 – Our Lady of the Rosary**, allow him/her to
 (Name of Student) (Grade and Section)
 participate in the **Group 2 Research Data Collection (Interviews)** to be held at **Barangay Calinan Poblacion, Davao City**
 (Name of Event or Activity) (Place of Event / Activity)
 on **December 22, 2023**, from **9:00 am to 3:00 pm**. They will be accompanied by _____, one of the
 (Date of Event or Activity) (Time start) (Time End) (Name of Parent/Guardian)
 parents/guardians of the students during the data collection process to ensure their welfare and safety.

Considering the benefits that will be derived from the participation of my son/daughter in this activity, I voluntarily waive any claim against the organization, sponsor and all authorities in charge for any untoward incident that may occur beyond their control, after all precautionary measures and exhaustive efforts have been taken by said authorities.

NAME AND SIGNATURE OF STUDENT

MR. CRIS DAN R. MAKILING

Practical Research Subject Teacher

NAME AND SIGNATURE OF PARENT/GUARDIAN

MA. CORAZON C. SUÑGA, PhD

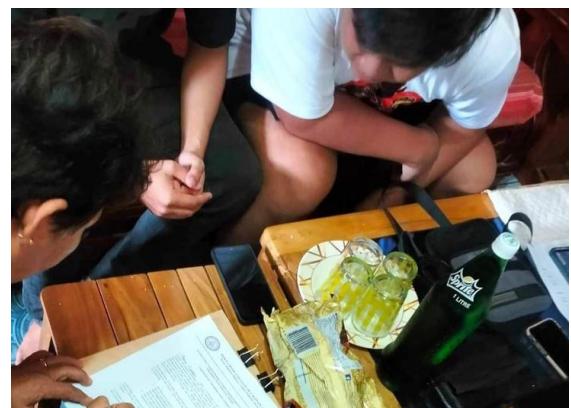
Basic Education Principal

SR. CHERIE ELOISA L. GARROTE, PM

School President

Appendix 9: Documentation











Appendix 10: Editor's Certificate

**HOLY CROSS COLLEGE OF CALINAN, INC.**

Davao- Bukidnon Highway, Calinan Poblacion, Davao City

RESEARCH AND PUBLICATION OFFICE**CERTIFICATION**

This is to certify that the research paper of **Denver Carl D. Samson, Rico Jay C. Naraga, Adrian Sam S. Lee, Alexa Mae O. Alaya-ay, and Mary Rose A. Na-ong** entitled **NAVIGATING PARENTHOOD: STORIES FROM PARENTS RAISING CHILDREN WITH SPECIAL NEEDS** has undergone the editing process and been approved by the undersigned.

This certification is issued upon the request by the researchers on September 25, 2024.

YONILYN A. LOYLOY, PhD

Editor

CURRICULUM VITAE

PERSONAL INFORMATION

Name: Denver Carl D. Samson

Age: 17 years old

Date of Birth: August 25, 2006

Place of Birth: Davao City



Address: Purok 11, Upper Wangan, Calinan, Davao City

Civil Status: Single

Citizenship: Filipino

Religion: Born Again Christian

Sex: Male

Father's Name: Danny I. Samson

Occupation: Driver

Mother's Name: Lilia D. Samson

Occupation: Teacher

EDUCATIONAL ATTAINMENT

	SCHOOL	YEAR GRADUATED
Senior High School	Holy Cross College of Calinan, Inc.	2024
Junior High School	Calinan National High School	2022
Elementary	Calinan Lam Adventist Academy, Inc.	2018

CURRICULUM VITAE

PERSONAL INFORMATION

Name: Rico Jay C. Naraga

Age: 18 years old

Date of Birth: February 08, 2006

Place of Birth: Davao City



Address: Purok 6, Cawayan, Calinan, Davao City

Civil Status: Single

Citizenship: Filipino

Religion: Roman Catholic

Sex: Male

Father's Name: Victoriano A. Naraga Sr.

Occupation: Farmer

Mother's Name: Rica C. Naraga

Occupation: Farmer

EDUCATIONAL ATTAINMENT

	SCHOOL	YEAR GRADUATED
Senior High School	Holy Cross College of Calinan, Inc.	2024
Junior High School	Wangan National High School	2022
Elementary	Wangan Elementary School	2018

CURRICULUM VITAE

PERSONAL INFORMATION

Name: Adrian Sam S. Lee

Age: 17 years old

Date of Birth: August 08, 2006

Place of Birth: Davao City



Address: Purok 23, Acacia, Calinan, Davao City

Civil Status: Single

Citizenship: Filipino

Religion: Roman Catholic

Sex: Male

Father's Name: Edwin V. Lee

Occupation: Government Employee

Mother's Name: Mary Ann Theresa S. Lee

Occupation: Baranggay Official

EDUCATIONAL ATTAINMENT

	SCHOOL	YEAR GRADUATED
Senior High School	Holy Cross College of Calinan, Inc.	2024
Junior High School	Holy Cross College of Calinan, Inc	2022
Elementary	Holy Cross College of Calinan, Inc	2018

CURRICULUM VITAE

PERSONAL INFORMATION

Name: Alexa Mae O. Alaya-ay

Age: 18 years old

Date of Birth: February 12, 2006

Place of Birth: Davao City



Address: Purok 6, Malagos, Baguio Dist, Davao City

Civil Status: Single

Citizenship: Filipino

Religion: Roman Catholic

Sex: Female

Father's Name: Alexander C. Alaya-ay

Occupation: Barangay Official

Mother's Name: Maria Corazon O. Alaya-ay

Occupation: Businesswoman

EDUCATIONAL ATTAINMENT

	SCHOOL	YEAR GRADUATED
Senior High School	Holy Cross College of Calinan, Inc.	2024
Junior High School	Baguio National School of Arts and Trades	2022
Elementary	Malagos Elementary School Sped Center	2018

CURRICULUM VITAE

PERSONAL INFORMATION

Name: Mary Rose A. Na-ong

Age: 17 years old

Date of Birth: October 15, 2006

Place of Birth: Davao City



Address: Purok 16, Bayanihan, Wangan, Calinan, Davao City

Civil Status: Single

Citizenship: Filipino

Religion: Roman Catholic

Sex: Female

Father's Name: Baltazar D. Na-ong Sr.

Occupation: Security Guard

Mother's Name: Manuela A. Na-ong

Occupation: House Wife

EDUCATIONAL ATTAINMENT

	SCHOOL	YEAR GRADUATED
Senior High School	Holy Cross College of Calinan, Inc.	2024
Junior High School	Calinan National High School	2022
Elementary	Lt. C. Villafuerte Sr. Elementary School	2018