

BEYOND ABILITIES: UNDERSTANDING the LIVED – EXPERIENCES of PARENTS of LEARNERS with INTELLECTUAL DISABILITY

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Abstract– Parents’ love is unconditional, truly selfless, and unending. It always protects, always hopes, and is always proud. Parenting life seems to be challenging, but despite all this, having children to nurture and a family to lean on is somehow fulfilling. This study explored the lived experiences of parents of learners with intellectual disabilities. The researcher conducted a virtual face-to-face interview to describe their parenting day-to-day experiences, challenges, and coping mechanisms as parents of learners with intellectual disability. Limitations to examining the phenomenon are observed in this study. Six (6) parents of learners with intellectual disabilities were interviewed virtually, and the data gathered was transcribed using thematic analysis. The themes derived from this study were: Journey to Acceptance, The Art of Being Selfless, and The Key to Successful Co-Parenting. The exploration of themes described meaningfully and inspirationally the parents' journey when raising a child with an intellectual disability. Data gathered was supported by related literature and studies and the theoretical perspectives involving Parent Development Theory (PDT) and Lazarus and Folkman's stress and coping theory. The insights gained in this study will contribute to further parenting studies and special education and general education research. The findings of this study may enlighten parents of learners with intellectual disabilities, special education teachers, general education teachers, social workers, and others in support of awareness advocacy on the wonderful journey of parenting experiences, challenges, and coping mechanisms when raising a child with intellectual disability.

Keywords– lived experiences of parents of learners with intellectual disabilities, Intellectual Disability, day – to – day parenting experiences, challenges, coping mechanisms

INTRODUCTION

"One of the greatest titles in the world is becoming a parent and one of the biggest blessings in the world is to have parents to call mom and dad" Jim DeMint (2019).

Being a parent is a life-long commitment where words such as "I surrender" or "I give up" will never meant-to-be said to. A parent's love is what we call "the unconditional one." Unconditional love for the child means that no matter what gender, physical feature, or the child may be, the parents will be there to support, guide, and love them as long as it takes. From the moment the child is in the womb, dreams, and hopes are as high as the sky until the day the baby is born. A moment of fulfillment is felt during the first touch, a glimpse of the first smile and the heart melts at the moment the child opens his/her eyes. How proud a parent feels when a milestone is reached and presented every step of the way. Despite all this, the journey of a parent's life is not always as happy as it can be. There are still times of pain, struggle, and hardships, but despite everything, "never surrender" is what they say. A child hopes they have to achieve what their parents dream for them to become. But, what if it will not be that easy? "What happened?" "How did it happen?" "What should we do?" are questions that parents ask from the moment the news is heard about an unforeseen moment that a child's capability is not as fully developed as he or she can be.

Each child is unique and beautiful, and others might just be uniquely special. Nowadays, a growing number of children with special needs are diagnosed as people with disabilities. According to the Philippine Statistics Authority (2013), about 16 thousand of our population has disabilities. Of the 92.1 million domestic population in the country, 1.443 thousand people, or 1.57 percent had disability, based on the 2010 Census of

Population and Housing (2010 CPH). The record figure of persons with disability (PWD) in the 2000 CPH was 935,551 persons, which was 1.23 percent of the domestic population. There are many categories of disability, and, among these is Persons with Intellectual Disability.

According to the American Association on Intellectual and Developmental Disabilities (AAIDD), (2019), *“Intellectual Disability is a deficit characterized by significant limitations both in logical functioning which involves one's capability for reasoning, learning, problem-solving, and in adaptive behavior, which involves daily social and everyday skills. This disability manifests before the age of 18.”*

Because of the manifested deficits and delayed capabilities, parents of children with Intellectual Disability have many concerns and struggles.

From the moment a child is diagnosed as having a special case of Intellectual Disability, there are different reactions among parents. Some may accept that's just the way it is and do everything with the hope that the child may still develop skills no matter how long it takes. Some may gradually accept it and ask for others' advice on what to do for their child. And some may feel that it is really hard to accept and don't know what to do and how to do things right for the child.

According to P.K. Bostrom, M. Broberg, & P. Hwang, (2009), parents' responses were highly inclined by the diagnosis of the child having an Intellectual Disability. For most, there is a positive or negative emotion and mixed emotions towards the diagnosis. There are diverse effects based on the results of research across the world. Some studies show negative experiences, and other ones show positive ones. Previous research has recognized that the disability of the child affects parents in both positive and negative ways (Hastings & Taunt 2002; Beck et. Al., 2004). This statement was agreed upon based on a study conducted by (Cabbeh, Villafuerte, Ruiz, & Adanza, Experiences of Parents of Children with Intellectual Disability Undergoing Pre-Vocational Education, 2015). According to them, parents of children with intellectual disabilities experience long-lasting stress; thus, the study (Willingham-Storr G. 2014) determined that childrearing a child with an intellectual disability is stressful.

This research focused on how parents deal with every challenge when upbringing a learner with Intellectual Disability. This study aimed to enlighten parents who have the same experiences as the respondents may have. It aimed to spread awareness of different coping mechanisms on what should a parent do and what not to do for the learner. This study was also based on Filipino perspectives because there had only been a few studies that focused on the life experiences of parents of learners with Intellectual Disability. There may be some challenges that may be beyond the abilities of some parents and others may have their coping mechanisms. Thus, the results of this study created an inspirational journal as a training module for parents to have a reference on how they will cope with the day-to-day parenting experience.

Background of the Study

This study is phenomenological in nature as its ultimate source of all meaning and value is the life – experience of human beings (Armstrong, 2005). It concentrated on the day-to-day lived experiences of parents raising a learner with an Intellectual Disability.

How does it feel when a parent full of dreams about his child hears a report about his child having a disability?

For most individuals, becoming a parent is the most fulfilling experience which involves major lifestyle changes. Receiving the diagnosis of their child having a disability is considered an experience of a loss or trauma by parents and is hypothesized to affect parental representations of the child (P.K. Bostrom, M. Broberg, & P. Hwang, 2009). The diagnosis affects the parents' dreams and aspirations for the child's present and future.

According to McConkey et.al. (2006), in particular, mothers were more likely to experience stress after confirming that their child has a disability. It is because they are the ones who provide the needed care to a child with Intellectual Disability. This factor may affect the bond of family members among children with disabilities as well as parents towards other siblings.

According to studies, all parents have boundaries in upbringing and fostering their children to varying degrees. Not all parent have sufficient love and wisdom to support their children completely. However, when one looks at the other side, one sees several positive characteristics in the family that toughen relationships with one another (Miclait, Family supports psychosocial and therapeutic values towards their children with intellectual disability: an analysis, 2015).

According to Willingham-Storr G. (2014), the most effective approach to addressing the needs of children with intellectual disability and their families are family-focused. They adjust to meet together the child's and his family's needs described by King et al. (2003).

This study aimed to describe the different coping mechanisms based on the experiences of respondents that happened all throughout the upbringing of a child with an Intellectual Disability.

The family component is generally affected by altering their means of living once their child is diagnosed with a disability. Family coping depends on parents' attitudes, skills, handling mechanisms, and support schemes (Sileo & Prater, *Working with Families of Children with Special Needs: family and Professional partnerships and roles*, 2012).

As the researchers reviewed studies and literature related to life-experiences of parents of children with Intellectual Disability, there have been many studies that focus on the said topic around the world, and only a few focus on Filipino parents' perspective.

Most studies focused on other disabilities, such as children with autism. Hence, researchers looked into the perspectives of other disabilities, such as the life – experiences of parents of children with Intellectual disabilities. Thus, the researcher's point of view is similar to that of Cabbeh, Villafuerte, Ruiz, and Adanza (2015), who claim that there are only a few Filipino authors who study the life – experiences of parents of children with Intellectual Disability who are enrolled in Pre – Vocation Education.

There were numerous reactions among different studies toward having a child with a disability. It may either be negative or positive (Hastings & Taunt 2002; Beck et. Al., 2004). This is why the researcher wants to look at Filipino parents' reactions to a child with Intellectual Disability. Is it a negative or a positive one? Alternatively, maybe it is a mix of emotions.

Furthermore, no research has been discovered on the study of the life – experience of parents of children with Intellectual Disability who attend Peñafrancia Elementary School.

Also, no research has been found which provides training modules for parents on overcoming day-to-day parenting experiences when upbringing a child with an intellectual disability.

The reasons stated above-identified gaps in parents' life experiences with an intellectual disability based on a Filipino's perspective.

It was noticed that there was research regarding children with autism, and there were few which tackled children with intellectual disability. I came up with the idea of focusing on the lived experiences of children with intellectual disabilities and their parents. Questions popped into my mind, such as, "What were they going through from the moment their child was diagnosed up to the present?" "What were their daily experiences? Is it a happy one or a struggling life?" "How did they cope with their challenges?" Somehow, it is hoped that the queries would benefit other parents who were having the same experiences as my respondents. The respondents may have different experiences and coping mechanisms, though they may benefit other parents who may have the same experiences as theirs. These recommendations from parent respondents resulted in the creation of an inspirational journal as a parents' training module to serve as a resource for dealing with some of the challenges that come with raising a learner with an intellectual disability.

Review of Related Literature

This chapter presents the relevant views, ideas, concepts, and studies from local and foreign literature, theses, and dissertations reviewed by the researcher to investigate the problem further. Specifically, this review focused on (a) Intellectual Disability; (b) Intellectual disability and parents' reactions towards diagnosis (c) Lived – experiences of parents of a learner with intellectual disability; (d) Lived – experiences of a mother; (e) Lived – experiences of a father; (f) Lived – experiences of parents of a learner with intellectual disability and other comorbidity and other health concerns; (g) Coping Mechanisms of Parents to challenges faced when upbringing a child with Intellectual Disability.

Intellectual Disability

Intellectual Disability (ID), as defined by the IDEA Individuals with Disabilities Education Act (2004), is significantly below-average general intellectual functioning that coexists with deficits in adaptive behavior and manifests during the developmental period, and has a negative impact on a child's educational performance. The term "intellectual disability" was formerly termed "mental retardation." The federal government, in 2012, enacted legislation changing the term "mental retardation" to "Intellectual Disability" in all federal law.

According to the National Dissemination Center for Children with Disabilities (called NICHCY), Intellectual Disability may be known through a person's Intellectual Quotient (IQ) which is below 70-75 (Special Education Guide, 2013-2019). The American Association on Intellectual and Developmental Disabilities (AAIDD) states that a significant delay in a person's adaptive behavior manifested before age 18 may imply having an Intellectual Disability. Adaptive behavior covers three types of skills: First, conceptual (language and literacy; money, time, and number concepts; and self-direction); Second, social (interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, and the ability to follow rules, obey laws, and avoid being victimized), practical skills (activities of daily living (personal care), occupational skills, (healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone); and Third, cognitive functioning (American Association on Intellectual and Developmental Disabilities (AAIDD), 2019).

According to NICHCY, the causes of intellectual disabilities may probably vary from post-natal and pre-natal issues and complications due to genetic conditions. Genetic conditions such as triplication in chromosome 21 causes Down syndrome and Fragile X syndrome. People with Down Syndrome or Fragile X syndrome may also have more copies than usual of a DNA segment known as CGG and may have health problems like measles and contact with poisonous substances such as lead and mercury (Special Education Guide, 2013-2019).

Based on Miclat's (2015) study, the Diagnostic and Statistical Manual of Mental Disorders, 4th ed., text version (DSM-IV-TR) is a diagnostic standard for mental health care professionals in the United States. DSM – IV-TR classifies four varying degrees of intellectual disability such as: mild, moderate, severe, and profound (American Psychiatric Fact Sheets, 2013).

Mild Intellectual Disability, an Intelligent Quotient, ranges from 50 – 70 and can often acquire academic skills up to sixth-grade level, consisting of approximately 85% of the ID population. Some people in this category adapt skills and can live independently with the community and appropriate social support (American Psychiatric Fact Sheets, 2013). The Arizona Department of Education (2012) agreed to the statement above wherein Mild ID cases are educable under the Special Education Program providing appropriate modified curriculum and support services (Ontario Ministry of Education, 2011).

The American Psychiatric Fact Sheets, 2013 states that people who have Moderate Intellectual Disability have an Intelligent Quotient ranging from 35 – 55 and are 10% of the estimated overall population. And can accomplish work and self-care tasks with moderate prompts and guidance. They can typically acquire communication skills in childhood and are able to live and function successfully within the community and supervised environment as group homes.

Severe Intellectual Disability cases may acquire mastery of functional self-help and communication skills. Intelligent Quotients range from 20 – 40 and are 3 – 4% of the estimated population (American Psychiatric Fact Sheets, 2013).

The American Psychiatric Fact Sheets, 2013, states that Profound Intellectual Disability cases consist of 1-2% of the estimated population. With appropriate training and maximum support, people with an intelligence quotient of 20 to 25 may develop very basic self-care and communication skills.

According to the Center for Parent Information & Resources (2017) article, the most common causes of intellectual disabilities may include: Genetic conditions (wherein it is caused by abnormal genes inherited from parents, errors when genes combine, or other reasons not specified); problems during pregnancy (baby does not fully develop inside a mother's womb); problems at birth (occur during fetal development); problems after birth (occur during fetal development); problems after birth (occur during fetal development); problems after birth (occur

Intellectual Disability and Parents' Reactions towards Diagnosis

From the study of Cabbeh, Villafuerte, Ruiz, & Adanza (2015), according to the World Health Organization (WHO, 2001), the term "disability" is an umbrella term for limitations in human functioning, wherein human functioning refers simply to all life activities in which a person would typically engage. A learner who is diagnosed with Intellectual Disability manifests deficits in cognitive functioning and adaptive behaviors. Because of the difficulties manifested, it imposes concerns on the lifestyle of own family, especially parents.

The diagnosis of intellectual disability can not be made based only on IQ score. Also, there should be a delay in developing skills at every milestone that may inflict signs of having a disability.

According to the study of Cabbeh, Villafuerte, Ruiz, & Adanza (2015), studies show that individuals with disabilities have delays in the development of adaptive skills (Harrison & Boney (2002).

From the article of Bostrom, Broberg, & Hwang (2009), diagnosing a child with a disability may happen right after birth due to chromosomal abnormalities or developmental delays from a child's typical milestone.

Knowing that a child is diagnosed with a disability may affect a parent's emotional reaction to a loss or traumatic experience. Reactions of parents towards diagnosis were classified as resolved versus unresolved in relation to a diagnosis that was received months or years earlier (Marvin & Pianta 1996; Pianta et al. 1996). According to the study, 50% of the mothers were classified as unresolved or uncertain independent of type or severity of diagnosis, child's developmental age, or time since diagnosis. A lack of a resolution was associated with insecure attachment of the child (Marvin & Pianta 1996).

Parents of infants with severe disability diagnoses are negatively affected by the uncertainty of diagnosis (Graungaard & Skov 2007).

In the journal entitled, "You are not alone" by Smith (2010), the usual reaction of parents after knowing that their child has a disability is denial, "This can not happen to my child, to our family." Denial emerges with anger towards the medical personnel that informed them about the case of the child. It can also affect communication between parents and anger may result from a feeling of guilt and feeling of loss that no one can explain how to deal with it. Aside from being denied the case of the child, there is fear. Fear of how bad the disability could be. Then there is the guilt and concern about being blamed for the disability, to the point of questioning spiritual or religious interpretations of punishment. Being confused marks a traumatic period for parents. Not fully understanding what is happening and what will happen to the child is like torture. Terms that can not be easily understood, words never encountered before were what they have to deal with every day. Sense of having no control over the situation or powerlessness, thinking that they can not change the child's disability. Despite the powerless feeling inside, a feeling of competence and capability in handling their own situation is what they show others. Disappointment at what they hope for the child to become will not be achieved anymore. Rejection in many different ways a parent feels at their deepest depression.

Once a diagnosis is made, it is a long process of emotions for them to accept that they cannot change the fact that their child has a disability. The researcher's opinion is the same as Bostrom, Broberg, & Hwang (2009), whose study, indicates that there are different reactions among parents. Some may handle it well, and others may have difficulty facing the facts, which may affect the quality of parenting behavior.

The journal of Smith (2010) is the same as Healey (2019), wherein receiving such a message can make parents feel overwhelming emotions of shock, disbelief, anxiety, fear, and despair. It is also the same with the result in the study of Berdin, W.H. & Blackhurst, A.E.1 (1985) which shows that there is a series of reactions among parents after receiving the message about the diagnosis. These include shock, denial, guilt, sorrow, rejection, and acceptance. Some also feel guilty, deep sorrow, lowered expectations for the child, may have idealistic goals, are not at par with the child's capability, and may want to escape from all the negative reactions and just accept the situation of the child.

The journal of Gupta & Kaur (2010), when a child who is diagnosed with aggravates a period of life imbalance followed eventually by a rapid adjustment to life with or without undue stress (Wikler, L., 1981).

The major findings of Gupta & Kaur (2010), and Hassall et. Al (2005), is that parents of children with intellectual disability experience a higher level of mental and physical stress, than those who do have typically developing kids.

From the study of Willingham-Storr G. (2014), it is not always that the effect of a child's diagnosis on parents is negative. Many have also stated that positive change in their way of life and boosting self-confidence, and sense of being empowered is what they have felt after knowing that their child has an intellectual disability (Kenny and McGilloyay, 2007). Other parents report that after learning of their child's diagnosis, they become more supportive of each other's needs (Johnson et al., 2006; Towers and Swift, 2006); however, others believe that the quality of services provided may be an issue (Howie-Davies and McKenzie, 2007).

Lived Experiences of Parents of a Learner with an Intellectual Disability

"Parental love is the only love that is truly selfless, unconditional and forgiving," quoted by Dr. T.P. Chia. How selfless, unconditional, and forgiving must a parent of an intellectually disabled child be? No other person could have loved a child with Intellectual Disability other than his or her parents.

The study of Willingham-Storr G. (2014), is about Johnson et al. (2006) who defined parents as the person who provides day-to-day care for children. Johnson et al. investigated parents' perspectives and discovered that parents have conflicts with their partners, siblings of a disabled child, own parents, and professionals. It was reported that much of the conflict resulted from the child's disruptive behaviors and difficulty in managing these behaviors.

From the study of Miilat (2015), no parent has enough love and wisdom to satisfy his/her children completely. There are positive factors in the family that strengthen its relationship with one another. Despite limitations and challenges faced by families, they can overcome each other because of their parents' security in love and warmth, especially for children with Intellectual Disability (Cubarrubias, 2010, p.10).

Varying studies show that all parents have limitations to varying degrees in rearing and nurturing their children.

However, there were different reactions among parents from various studies. Some parents have negative reactions, some have positive ones and most have a combination of both towards raising a child with a disability.

From Oti-Boadi's (2017) journal, raising children with Intellectual Disability creates vast psychological challenges often expressed as depression, anxiety, and physical reactions for parents (Cramm & Nieboer, 2011; Norlin & Broberg, 2013).

Dealing with special needs in feeding, bathing, dressing the child, toilet training, and child behavioral problems are the demands families need to meet every day (Plant & Sanders, 2007; Tomanik, Harris, & Hawkins, 2004). Because of concerns about addressing daily needs, most parents also express a need to think about how their children will live independently or take care of the child when they pass away (Altiere & von Kluge, 2009; Pisula, 2007).

Due to fears and anxiety, can be further linked to the parent's feelings of stigma, isolation, and shame of having a child with ID (Ambikile & Outwater, 2012; Green, 2003; McNally & Mannan, 2013). This was agreed upon by the findings of a study (Deaux, Reid, Mirazhi, & Ethier, 1995), which included the fact that some parents face social stigma. Many factors influence the stigmatization of a child with a disability, such as (1) others are described as being "shunned" in society; (2) how others see the child's disability, whether it can be controlled or not; (3) and whether the child is perceived as being dangerous.

Among varying studies, raising a child with ID is undeniably concomitant with arising personal and financial adjustments and adjusting to the new role of addressing the child's unique needs (Olsson & Hwang, 2008; Pisula, 2007). This statement was the same as the study of Sileo & Prater (2012), wherein, due to limited financial resources and funds available, parents often experience financial stress. Additional financial needs arise to support children's needs, especially medical bills, support services, and insurance.

In research done by Cabbeh, Villafuerte, Ruiz, & Adanza (2015), Mullins (1987) analyzed 60 books that parents wrote of children with different disabilities. From his analysis, emotional stress is experienced among parents. However, despite the negative feelings, there is also a sense of an increase in life meaning upon having a child with a disability.

In contradiction with the results in other studies, qualitative findings from Kenny and McGilloway showed that parents felt that their child had brought them joy and a sense of fulfillment. They even describe their bond with each other as unlike any other '(2007: 224) (Willingham-Storr G., 2014).

According to Thwala, Ntinda, & Hlanze (2015), it takes a lot of time for parents to meet the special needs of their child with a disability and, because of this, they tend to neglect the needs of their other children who do not have a disability. This causes them a problem with other family members, such as spouses or siblings.

In the study of Hamedanchi, Khankeh, Fadayeatan, Teymouri & Sahaf (2016), the results indicate that older parents of children with intellectual disability do not consider the child as the cause of the problem. Their concerns are that they are not young or strong enough to look after their child and have greater concern about what will happen to their child when they pass away.

Many parents of children with intellectual disabilities experience undiagnosed and unmanaged psychological distress, as evidenced by a prevalence of 41% above the expected norm on the Self-Reporting Questionnaire (SRQ). The study was conducted in Malawi. Low socioeconomic status, knowledge of one's child's disability, low confidence in managing manifested delays and capabilities of the child, increased perceived burden of care, and no source of psychological support are all associated with stress (Masulani-Mwale, Kauye, Gladstone, & Mathanga, 2018).

According to Pakingham (2016), parents of children with disabilities aged 21 and up experience less stress than those who have younger children with disabilities (Nachshen et al., 2003).

Lived – Experiences of a Mother

"Ang ina ang ilaw ng tahanan," as what Filipinos always say. "The love of a mother is the veil of a softer light between the heart and the heavenly Father," as quoted by Samuel Taylor Coleridge. This love is unconditional, and it knows no bounds if it is in the best interests of her child. Will this light still be bright when a child is diagnosed with Intellectual Disability?

According to Budak, Kucuk, & Civelek (2018), under the theme of "burden care" done in their studies, the child can not even do simple self-help skills, and the mother is the one doing it. Because of the child's deficits in capability, there are differences in mothers' negative and positive caring experiences as well as mothers' management levels. There are varying experiences of a child's capability towards self-care among mothers. Some parents experience difficulties while others don't care whether the child can do self-care or not. Among these mothers, they did see that the deficits in skills and development were due to the child's disability rather than blaming themselves for what the child can not do. They even perceive the delay in skills and development as normal because the child has a disability.

In Japan, Matsuoka et al. (2002) investigated and found out that their husbands and or other people blamed 32.9% of mothers with children who have a physical or intellectual disability because of the child's deficits, and 54.3% blamed themselves (Kimura & Yamazaki, 2017).

Budak, Kucuk, & Civelek (2018), observed that mothers may still not fully accept their child's condition and their current situation after they recovered from the shock of having a child with a disability. They still hope that their child fully recovers and seeks a cure for the condition.

The findings of Oti-Boadi's (2017) study are that there are several experiences of stress among mothers. However, they recounted the importance of their coping strategies such as spiritual beliefs, support received, and hope for the child with an intellectual disability.

The most difficult concern among mothers is their behavioral problems. In their study, they found out that mothers were concerned that their children may get hurt because of their lack of self – consciousness and may not defend themselves among others. Most especially, if the child with a disability is a girl, mothers have a great sense of fear that their child may experience sexual abuse. Some mothers tend to compare their child's case with others who have a disability, and they may feel pleased if their child has a milder case. Despite all the challenges they face every day, still, being a mother, they feel happy and lucky to have a child even though they may have a disability (Budak, Kucuk, & Civelek, 2018).

The study of Rieck, M., Shakespeare-Finch, J., Märtsin, M. and Knox, M., (2019), states that being a mother of a young adult who has an intellectual disability is multi-faced, difficult, and self-motivated, is considered as one where the duality of struggle and enriching times coexist. The mother does not just have difficulties when raising a child but also an enlightening experience.

Single mothers of children with intellectual disabilities face multiple challenges, such as being single parents and having a disabled child. The major problems in their lives are experiencing death or being separated from partners, society's perception towards being a single mother as well as having a child with a disability, lack of education, no proper training regarding the child's case, problems in employment, fear, and uncertainty about the future. Some indicators of mothers struggling are poor psychological, emotional, spiritual, social, and financial status (Negash, R., 2019).

From the study of Pakingham (2016), results show that mothers' stress levels are reported higher than those of fathers and increase over time as the child with a disability grows older. The role of being a carer expanded (Gerstein, et al., 2009).

Lived – Experiences of a Father

"Ang tatay ang haligi ng tahanan," as the Filipinos say, the foundation is what a father builds for his family. A father's love is strong, quiet, and will never fade. Will this foundation still be strong when a child is diagnosed with Intellectual Disability?

Hastings et al. (2005) considered that fathers have different coping strategies and activities that do not involve them in child care every day so they can avoid dealing with the child's behavior which makes them less affected than mothers (Kimura & Yamazaki, 2017).

Towers and Swift (2006) looked at the views of 21 fathers of children with intellectual disabilities. Because of the great responsibility of supporting the family's needs, their study found that fathers experience high levels of tiredness. Fathers attend to their full-time job and help out with caring for the child and doing household tasks, which leads to a level of resentment between parents because it affects the quality of time together. Some felt resentment because professionals do not acknowledge their shared responsibility with their partner in caring for a child with a disability. According to (Willingham-Storr G., 2014), it is argued that fathers' self-confidence is affected by the feeling of not being acknowledged and valued by others. Towers and Swift (2006) also identified that there is no time to find formal support from different services offered and educational establishments due to working full time.

In the study of Davys *et al.* (2017), it is reviewed that three aspects affect a father's work, such as (1) the impact of having a child with an intellectual disability on work, there are reduced earnings, and loss of opportunity; (2) the impact of work on fathers' caregiver role, there are fewer opportunities for getting involved in caregiving tasks; and (3) work can also have a negative impact on fathers' caregiver role.

In the study of Packingham (2016), results showed that fathers identify themselves as having the role of being the breadwinner and family's provider other than being the primary carer for the child with a disability (Gerstein *et al.*, 2009). Darling *et al.* (2012) reported that fathers struggle with continuous caretaking and financial needs when raising a disabled child.

Experiences of Parents of a Learner with Intellectual Disability and Other Comorbidities and Health Concerns

According to the American Psychiatric Association (APA, 2013), many neurodevelopmental, psychiatric, and medical disorders may occur with intellectual disability. The comorbidities include communication disorders, learning disabilities, cerebral palsy, epilepsy, and various genetically transmitted conditions.

According to Herer, G. (2013), professional literature reports on the increased prevalence of hearing loss for people with intellectual disability along with undetected ones.

Results in the study of Gomez & Gomez (2013) indicate that parents' educational attainment, annual income, child's comorbid conditions, and length of time in therapy are the best indicators of parents' quality of life as parents of Filipino children with disabilities need to express and exhibit negative stresses which affect their lives.

The child may have comorbidities such as communication disorders, and ADHD Attention Deficit Hyperactive Disorder (National Academy of Sciences, 2015).

One of the most common comorbidity conditions in childhood is reading difficulty and attention-deficit/hyperactivity disorder (ADHD). Children with specific learning disabilities show an increased risk of hyperactivity and a relationship to inattentiveness. The reported rate of comorbidity ADHD in learning disability varies from 10% to as high as 60%, depending on the specific sample examined (Sahoo, Biswas & Padhy, 2015).

The abilities and disabilities of a child with learning disabilities, attention-deficit/hyperactivity disorder (ADHD), and related disorders present a conundrum for parents. It is difficult for parents to understand how much of their manifested behaviors is the nature of the condition and how much is oppositional (Smith, 2021).

Health issues may be illnesses, injuries, impairments, or physical conditions negatively affecting a person's way of living. In general, health problems among people with intellectual disability are similar to those in the general population, although certain health conditions are more prevalent among people with ID population (May & Kennedy, 2010).

To the study of Jaiswal, *et al.* (2018), there are different medical and psychiatric comorbidities to add to the difficulty of parenting a child with an intellectual disability. In order to address these comorbidities, they end up shuttling between psychiatrists, physicians, therapists, and special educators. This made parents allot most of their time to their children with disabilities and limited time for themselves.

According to the study by Gomez (2021), parents of children with special needs have a higher score on four domains of quality of life, as Domain 1: Physical Health; Domain 2: Psychological; Domain 3: Social Relationships; and Domain 4: Environment; if the child has no comorbid condition. Comorbid conditions increase the severity of a child's conditions, contributing to illness markers that need more physical care and attention.

On the other hand, children with active medical comorbidities may reduce the parental quality of life, particularly in the psychological domain (Sant 'Anna, Frey, & Adreazza, 2007).

Coping mechanisms of parents to challenges faced when upbringing a child with an intellectual disability

According to Healey, B. (2021), there are six (6) stages of adjustment for parents who have a child with a disability:

- Stage 1: parents may be shocked, may cry, or become depressed. Some may express their feelings through physical aggression, or occasionally inappropriate happiness.
- Stage 2: Some parents may be in denial, and some may look for ways to change the reality of their child having a disability. Some may look for a cure even though it is not a disease.
- Stage 3: Parents may feel angry, may demonstrate it outward in the form of rage, or become guilty about what happened to the child. Some may look for someone to blame, including professionals who diagnosed the child. This is the parent's defensive mechanism.
- Stage four: Some parents may feel shame, guilt, hopelessness, and anxiety from an overwhelming responsibility towards having a child with a disability. For some, retreating accompanied by an attempt to hide the child may be the first sign that they have begun to accept that their child has a disability.
- Stage five: Stage of acceptance, wherein parents have achieved unconditional positive regard for the child. In this stage, parents were often invited to be part of the team of programs with caring professionals, to meet all the child's needs.
- Stage six: Parents are able to adjust to the new style of their family life. They can discuss and participate in the intervention process.

It is not as simple as what it looks like when parenting a child with a learning disability. It requires a wide range of knowledge about the disability and access to resources, information, and services to appropriately address the child's unique needs (Taderera & Hall, 2017).

According to Olsson (2016), in order to increase parents' perceived level of control over services, professionals or multidisciplinary teams should work collaboratively and, in a capacity-building manner with a clear and achievable goal for the child to enhance parental self-efficacy.

According to Bonab, Motamedi, & Zare (2017), to overcome the challenges and difficulties of raising a child, coping involves psychological resources and different strategies. There are factors that influence the family's coping ability, such as (1) characteristics of family members towards the child with a disability; (2) financial status and stability; (3) educational level for understanding the case of the child and how to properly address it; (4) problem – solving skills; and (5) spirituality. The goals of coping strategies are to strengthen family ties and maintain resources and reduce or eliminate stressful crises among family members to achieve family life balance.

Adaptive strategies to cope with stress, problem-solving skills, and information-seeking skills rather than denial to minimize unlikely events are the aim of coping mechanisms (Bailey & Smith, 2000).

According to the study by Bonab, Motamedi, & Zare (2017), it can be concluded that parents benefit from a natural coping strategy that contributes to their relaxation and coping strategy of reliance to have more patience and tolerance. From the results, therefore, it is important that parents should be knowledgeable that there are programs and training they can benefit from when upbringing a child with a disability. They should attend and learn from these special parent training programs to help them minimize or eliminate their children's behavior difficulties, which will decrease their stress and family burden.

The level of support also influences a family's ability to cope they are receiving (Howie Davies and McKenzie, 2007; Kenny and McGiloway, 2007). Todd and Jones (2005) and Towers and Swift (2006) found out that parents received support from each other and they benefit most from it (Willingham-Storr G., 2014).

According to Sileo & Prater (2012), the community can help strengthen the family when unlikely events occur. The community, including the school and teachers, can help families by providing appropriate resources and support. Emotional coping is influenced by factors such as (a) the demands placed on the person caring for the child; (b) the child's temperament; (c) the severity of the child's disruptive behavior; (d) the child's social skills; and (e) the level of support parents receive at home and from others (Seligman and Darling, 2007).

Work can be considered a coping strategy and a barrier for a father to be involved in caring for his child (Kimura & Yamazaki, 2017). According to (Kimura & Yamazaki, 2017), studies have shown that intervention programs for children with intellectual disabilities/ASD are more beneficial to mothers than fathers'

involvement (May *et al.*, 2013) as well as their children with disability (de Falco *et al.*, 2008; Flippin and Crais, 2011).

To the journal of Willingham-Storr G. (2014), "getting on with it" is what fathers describe themselves as a way of coping (Towers and Swift, 2006) and so as other parents (Johnson *et al.*, 2006; Todd and Jones, 2005). Maybe in some ways, they got used to different situations every day and just went along with what seemed to happen.

Johnson *et al.* (2006) and Towers and Swift (2006) suggested that parents felt a source of comfort and support by providing the needs of their child and ensuring that unique needs are met had them felt more empowered (Willingham-Storr G., 2014).

Hope can be defined as both having a specific goal to achieve and one's perceived ability to reach that goal (Lloyd and Hastings, 2009). According to Kimura & Yamazaki (2017), hope is considered an effective resource for alleviating stress and improving perceptions of positive change among mothers of children with intellectual disabilities. It is positively related to psychological well-being, a construct comprising facets of positive affect, emotional ties, and life satisfaction (Shorey *et al.*, 2007). Later on, Lloyd and Hastings (2009) studied 138 mothers and 58 fathers of children with intellectual disabilities and found out that hope greatly impacts psychological well-being and reduces psychological distress.

There are coping strategies for parents of children with developmental disabilities, according to the Office on Women's Health, US Department of Health and Human Services (2009), such as (a) becoming knowledgeable about the child's disability; (b) looking for available resources and/or special programs to properly address the child's needs, and (c) healthy communication with other parents who have similar experiences.

According to Dukes & Smith (2007), coping with the challenges means adjusting to changes to the reality that they have a child with a disability and clearly understanding the needs of the child clinically outlined by a licensed physician and other professionals. To be well-informed to address the child's unique needs and provide appropriate care and attention requires an effort that makes parents experts in this manner. Parents can provide the best possible start for a child with a disability by asking for professionals' help and learning from other parents' experiences and coping mechanisms.

Beyond all the positive rapport among parents lies genuine respect for the families of children with intellectual disability. Among all people, parents and family members are the most important people in a child's life. Genuine respect, basic human respect, and ethical expertise are required for child care, and appropriate special education may be of great assistance in achieving the child's best possible development (Dukes & Smith, 2007).

Thwala, Ntinda, & Hlanze (2015) study recommended that parents need to be trained or assisted on how to properly address their child's unique needs. They also state that family members should work together or hand in hand to be able to cope with the different challenges. It also states that parents should undergo training to help them with appropriate decision-making for the progress of their child with a disability. For financial concerns, they recommend that government aid should be provided for the additional financial needs of the family in support of the child with a disability.

In the study of Negash, R. (2019), single mothers' coping mechanisms are their spiritual beliefs, hope, and developing harmonious relationships with other parents of children with intellectual disability.

In the article about positive parenting by Sarvanathan (2017), the author, a doctor consultant in Developmental Pediatrics, states that parenting a child with a disability seems an overwhelming task. Challenges may be faced as the upbringing goes through, but acceptance is the key to providing the appropriate love and guidance for the child. Parents should understand the disability of their child and to what level it is. It also states the things that parents should remember when caring for their child, which include: Forgetting about what other people may say; Being Actively Involved in the child's services; Asking for professional help or from other parents who may be in the same situation as them; Starting Treatment as Soon as Possible; Taking some "Me" Time by getting enough rest, eating well, and reaching out for help.

Support Services for Parents of a Child with an Intellectual Disability

According to the study Investigating Education and Support Needs of Families with Children with Intellectual Disabilities (Adiguzel *et al.* 2012), it is important for parents to be knowledgeable about their child's condition and to be informed on how they can cope with their child's behavioral concerns and what supports they should have. Parents who prioritize the need for social support show that families are aware of the services

provided and are more knowledgeable about what to do about their children. While others who are not fully aware of the services spend all their time and energy on their children with intellectual disability. Teachers and directors play a vital role in supporting families and providing support linkages. They prioritize the need for individual development to be followed by social support, a process of acceptance, and skills to work with children, children's health, and schooling practices.

Intellectual Disability is not an illness, so there is no cure for it. Instead, support to achieve their full potential is needed, not treatment. Supportive rehabilitation starts with an Individualized Support Plan (ISP) given to a child with an intellectual disability to address the child's unique needs and help the child overcome skills limitations. It is developed by a group of professionals with the family of a child with an intellectual disability (Zupanick, 2021). According to Zupanick, support services may be given by professionals to help family members address the child's unique needs at home, in school, and in the community.

Johnson et al. (2006) described parents as having difficulty looking for resources and support from professionals and this was further identified by Catherall and Iphofen (2006) who found out that parents felt tired and stressed about the energy they need in order to access support services. There is a process for parents to attend to in order to access different support services such as (1) assessment for appropriate diagnosis of the child's case; (2) applying for assistance and securing funds; and (3) looking for educational placements and support services that can help address the child's unique needs. For parents, the standards of care for disabled children are unacceptable because they believe it is "time-wasting" and "unnecessary" (p. 20), leaving them with a sense of guilt and a desire to be relieved of the burden of caring (Willingham-Storr G., 2014).

According to the Center for Parent Information & Resources (2017) article, there are several helpful tips on what parents should do for their child with an intellectual disability. It includes the following:

- Help for Babies and Toddlers: Let the child receive Early Intervention-it is a system of support services until the child turns 3 years of age. It is also beneficial for the family because it provides an Individualized Family Service Plan (IFSP) to guide family members on properly addressing the child's unique needs.
- Help for School-Aged Children: children should be enrolled in available Special Education and Related Services. Educators will provide an Individualized Education Program (IEP) that indicates the child's present level of performance and the goals that aim to address the delayed capabilities of the child. This is beneficial for the family because the goals for the child will be set by a team including all the professional caregivers for the child as well as parents.
- Educational Considerations: may have access to a modified General Education curriculum done by a special educator to meet the child's specific needs in academic areas; Supplementary Aids and Services which may be known through referrals from doctors or special educators as to what therapies are beneficial for the child; Developing Adaptive Skills, such as communication, self-help, health and safety, home living, social skills, functional academics, and workplace skills. Transition Planning to the world of adulthood.
- Tips for Parents: Parents should take into consideration the following to help them overcome the challenges they may face when raising a child with Intellectual Disability: Learn about the child's disability; Be patient and hopeful; Encourage independence for the child; Allow children to do some chores at home; Let the child know if they are doing things accordingly by providing appropriate feedback; Be involved in your child's services, such as knowing the things they are learning in school and skills in therapy; Let the child be involved in community activities for socialization; Ask for help or talk to other parents regarding the child's performance and ask for advice; Make time to develop an IEP with the team to address the child's needs, and Take pleasure in your beautiful child with a disability.

Theoretical Framework

Two theories are considered philosophical tenets in this descriptive phenomenological study: Parent Development Theory (PDT), and Lazarus and Folkman's Psychological stress and coping theory. Parent Development Theory (PDT)

From the study of Wessels (2013), The Parent Development Theory (PDT) was developed by Mowder (2005) and has become a useful theoretical perception for understanding perceptions of parents and their parenting behavior. This theory provides a framework for viewing parents as individuals who acknowledge, accept, and perform the parent role (Mowder, 2005:46). The theory states that when parenting involves a socially acceptable role commonly associated with specific behaviors.

Sperling (2003), most research considers parenting typically developing children. Thus, parenting children with special needs is a challenging role. Parent Development Theory was a guide in her study to sample perspectives on parenting a typically developing child or children with special needs.

Bornstein (1995, cited in Kerr, Statin & Engels, 2008) describes that concentrating on what parents perceive parenting allows parenting to be manageable, understandable, and capable of changing (Wessels, 2013).

In this study, the experiences of parents of children with an intellectual disability are the main focus. Here, it analyzes how varying experiences affect one's life. These experiences are in nature and are subject to change depending on the parent's perception of the disability and their environment.

Lazarus and Folkman's (1984) stress and coping theory

In this study, the challenges faced by parents when raising a child with an intellectual disability are set as the stressor, and their strategies for dealing with each difficulty are the coping mechanisms.

The Coping theory was developed in 1984 by Richard Lazarus and Susan Folkman, who defined stress as an "imbalance between demands and resources" (Flow Psychology Blog, 2014). When there is something that lacks or bothers a person due to the demands of life, it creates stress, and stress may lead to different coping mechanisms.

A Coping strategy referred to efforts done by the person to reduce or minimize stressful events, both behavioral and psychological (Taylor, 1998), and was agreed by Moos & Schafer, 1993 (Logan, 2009). Coping efforts also positively change stressors such as caregiving responsibilities (e.g., Kneebone & Martin, 2003). Lazarus and Folkman defined the process of an individual's perceptions of an event as an evaluative process that reflects one's subjective interpretation. They developed a remarkable model that described the role of coping with stress and the process in which coping evolves (Logan, 2009).

Lazarus and Folkman (1984) suggested two coping responses: emotion-focused and problem-focused (McLeod, 2015).

Emotion-focused coping involves reducing negative emotional reactions toward stress. This does not provide a long-term solution and may have a negative side – effects and delay the problem-solving process. This statement is agreed upon by Epping – Jordan et al. (1994), who found that patients with cancer who used to avoid coping strategies, and instead, denied they were very ill, had deteriorated more quickly than those who faced the problems (McLeod, 2015).

The other type is problem-focused coping, which deals with the sources of stress in practical ways that address the problem that causes stress. This directly reduces stress by facing it (McLeod, 2015).

It depends on what coping method a person will use to deal with the stressors he or she is facing. What is important is, that one is equipped with a coping strategy to help reduce or eliminate the stressors.

In this study, theory in phenomenology is a guide to describe the day-to-day experiences of parents when raising their child with an intellectual disability. It uncovers the facts about the different experiences and challenges they face.

The theory of experience by John Dewey and Vygotsky was used as a guide to connecting the experiences of each parent to the various reactions they may have depending on each situation. The theory helped describe parents' reactions towards diagnosis up to the present day-to-day experiences. It is described the different experiences that affect a parent's way of living.

Lazarus Folkman's stress and coping theory guided this study to describe the different challenges parents face from the day of diagnosis up to the present. It described the difficult experiences they may have and how they deal with them as challenges. Coping mechanisms were the strategies they used to overcome difficult situations that manifested delays in their abilities and behavior.

Research Questions

There has been no research conducted at Peñafrancia Elementary School that specifically examined the lived experiences of parents of students with intellectual disabilities. The purpose of this study was to document parents' experiences after their child was diagnosed with an intellectual disability. More precisely, this study sought to address the following questions:

1. What is the day-to-day experiences of parents of learners with intellectual Disability focusing on how they deal with learners' behavior at home, in school, and in the community?
2. What are the day-to-day challenges that parents of learners with Intellectual Disability encounter at home, in school, and in the community?

3. How did the parents cope with the day-to-day experiences of parenting a learner with an intellectual disability encounter at home, in school, and in the community?

4. Based on the findings, what training module can be proposed for parents to empower them with the knowledge to cope with the learner's day-to-day behavior at home, in school, and in the community?

METHODOLOGY

Research Design

This study described the day-to-day experiences of parents of learners with intellectual disability, the challenges they faced, and how they overcame each other.

Descriptive The phenomenological method is perfectly suitable as the research design of this study. According to Giorgi (1970), this study recognized that a person is a historical being and his experiences are part of a man's wholeness. This statement is the same as Mapp's (2013) perception. According to Mapp (2013), phenomenology as a research method describes a person who has lived experience of an event or experience and stresses that only those that have experienced phenomena can communicate them to the outside world.

This study described respondents' stories about their day-to-day experiences raising a learner with an intellectual disability. As Guenther (2019) explained, a phenomenological approach tells stories of individuals to make meaning of their truths, realities, and experiences. This approach allowed researchers to interpret the meaning of the experiences by hearing and observing participants' words and descriptions.

From the study of Ortega (2019), it is therefore imperative that scripts are continually studied to see what is common or typical about the context that would allow the facts to appear. Facts identified by participants may be different but may be related significantly (Giorgi, 1971).

This study used Thematic Analysis, which Braun and Clarke (2006) define as a method for identifying, analyzing, and reporting patterns within data (p.9). The thematic analysis allows data to be gathered to have a rich, detailed, and complex description (Renee and Jill, 2021).

In this study, themes were identified from different codes generated from the data gathered. The themes will set a clear description of the day-to-day experiences when parenting a child with an intellectual disability. The themes were derived from the data gathered and were used as the basis for the training module of the study.

Locale of the Study

Creswell (2007) states that the participant may be located in single or multiple sites in a phenomenological study - based on accessibility, rapport, and willingness to participate.

The researcher conducted the study at Peñafrancia Elementary School. It is categorized as a large school in District II - D of Antipolo City. Thirty-seven (37) pupils with diverse special educational needs were enrolled for the school year 2020 - 2021. It is a self-contained class within an inclusive school to address the special educational needs of the identified (pupils with diagnosis) pupils nearby. For the school year 2020 - 2021, a total of sixteen (16) pupils had a diagnosis of intellectual disability.

Respondents of the Study

Parse (1990) is more specific about participant selection when she suggested that 2 to 10 participants are adequate for a phenomenological study when data redundancy is sought.

According to D. Buensuceso (2019), respondents should possess different criterion standards to be qualified as a respondent for this study.

In this study, participants were six (6) parents of learners with intellectual disability presently enrolled for the school year 2019 - 2020 at Peñafrancia Elementary School. The inclusion criterion for the respondents include:

(1) must be the child's biological parent (maybe the father or the mother or both whoever is available for interview);

(2) the child must have a diagnosis and is screened as a child with Intellectual Disability signed by a licensed physician or developmental pediatrician;

(3) parent must be able to understand Filipino and or English language;

(4) parents must voluntarily sign the informants' consent form for research participation.

In this study, parents were selected based on the criterion standards set by the researcher. In this study, pupils were considered to have an Intellectual Disability. They may be a comorbidity of another disability. As the American Psychiatric Association (APA, 2013) states that there are many neurodevelopmental, psychiatric,

and medical disorders that may include co-occurring with Intellectual Disability which includes: communication disorders, learning disability, cerebral palsy, epilepsy, and various genetically transmitted conditions.

Pupils diagnosed with down syndrome may also be considered provided that it is a comorbidity with Intellectual Disability. Comorbidity with Intellectual Disability is somehow the pupils are considered slow learners due to low IQ and delayed intellectual functioning and adaptive skills.

Research Instruments

The researcher herself. In qualitative research, the role of a researcher is different from a quantitative study. In this study, the researcher is considered the instrument of data collection (Denzin & Lincoln, 2003), wherein the data collected were analyzed through the human instrument. Data were based on observation and interviews rather than inventories and questionnaires (Simon, 2011). The researcher needs to record the different research journals, articles, theses, and dissertations for future reference (Buensuceso, 2019).

Researcher-as-instrument refers to an active respondent in the research process. The researcher facilitates the interviewer–interviewee interaction that creates a conversational space where respondents feel safe to tell their stories about daily experiences and lifeworlds (Owens, 2006).

The same approach was used in the study of Ortega (2019), wherein the researcher was used as the key instrument in semi-structured qualitative interviews to discuss “real–life” experiences. Semi-structured because the respondents feel safe and free to express their own opinions in a two–way communication process. The researcher herself observed, took notes, used journals, and talked to parents to keep a record as a reference for her study.

In this study, the researcher conducted an online interview to gather the needed data for the study. It allowed the researcher to gather genuine reactions, experiences, challenges, and coping mechanisms when parenting a learner with an intellectual disability.

Sampling Strategy

Purposive sampling was used to identify and select data for this study. Selective sampling is another term for purposeful sampling. The researcher selected respondents for the study based on his or her judgment as evidenced by her criterion standards (Research Methodology, 2019).

The respondents in this study were chosen using criterion standards and were drawn from a single school with limited information resources. Purposive sampling is most appropriate in this case (Patton, 2002), as it was widely used when information resources were scarce and needed to be identified and selected.

According to Creswell & Plano Clark (2011), individuals or groups should be chosen for this type of sampling if they are the most knowledgeable and experienced about the phenomenon of research interest. Apart from knowledge and experience, Bernard (2002) and Spradley (1979) emphasize the importance of respondents being available and willing to participate, capable of expressing their opinions and experiences in a way that is understandable and reflective to others (Palinkas, Horwitz, & Hoagwood, 2016).

Similarly, purposive sampling was used in this study to ensure that respondents were carefully chosen based on predefined criterion standards. Parents who met the criteria were allowed to review and sign a consent form. The consent indicates that participation in the activity is voluntary, and thus they may decline to answer any questions that make them uncomfortable. The interview was conducted face to face at a mutually agreed upon time, day, and location to ensure data privacy and respondents' freedom to share their stories. Consent safeguards the child and family members of children with intellectual disabilities. It contains information about safeguarding the confidentiality of the responses and explains that they will be used exclusively for this research.

Data Gathering Procedure

In a phenomenological study, where the researcher wishes to learn about another person's lived experiences, two methods of data collection are available: face–to–face interview and written account of experiences (Giorgi, 2009). According to Giorgi (2009, p. 122), this is the primary criterion for him, as he stated, "What one seeks from a research interview in phenomenological research is the most complete description of the experience that a participant has lived through." A face–to–face interview will elicit more detailed and beneficial information; consequently, it will be longer. The preliminary meeting should be used to establish rapport with respondents, review ethical considerations, read research questions in order to provide more informative responses, complete consent forms and address any questions that may arise (Engalnder,

2012). Qualitative research employs a variety of methods. It could be a mixture of one, two, or more. Interviews, focus group discussions, observational methods, and document analysis are the most frequently used (Think Up Theme Ltd., 2006).

Letter of Intent to Conduct Study. The researcher submitted a letter requesting permission to conduct a study to the FEU Roosevelt Inc Dean's Office, then to the school where the study was conducted, and finally to the Antipolo City School's Division Office.

Validation of semi-structured interview guides. The researcher developed a semi-structured interview guide and solicited validation from three (3) Special Education experts. It was conducted virtually via e-mail, and validators and researchers met online via online calls and video calls to clarify comments and suggestions about the semi-structured interview guide.

Informed Consent. The researcher obtained consent from the parent-participant via messages and formal letters. When the parent agreed, consent forms with quotation agreement forms were presented to help the parent understand the study's objectives and role as a respondent. Before the interview process began, the consent form and quotation agreement were explained in detail. The researcher and respondent reached an agreement on several points, most notably regarding information confidentiality.

Interrogation. In this study, an online face-to-face interview was conducted to elicit additional information from respondents. The interview was appropriate for eliciting information about specific experiences, perspectives, opinions, or beliefs. The data collected can be analyzed and compared to others to better understand the underlying structures of beliefs (See chapter 4 in Green & Thorogood, 2010). Due to the impossibility of conducting physical face-to-face interviews in pandemic situations, virtual interviews were conducted. During this pandemic, technology has proven to be an extremely effective mode of communication. It has the potential to simplify people's lives in terms of research and communication. People can still see each other face-to-face virtually via video conferencing due to ICT integration.

According to Jaccard and Jacoby (2010, p.39), online interviews are becoming increasingly popular as a method for conducting research.

To be successful, research must reflect the best human characteristics when conducting interviews: rapport building, reflective listening, empathy, and non-discriminatory questioning (Salmons, J. 2021).

According to a study conducted by Salmons, J. (2021), videoconferencing enables face-to-face interaction or sharing of information, including verbal and non-verbal signals. It enables people to interact naturally as if they were physically present together.

Focus group discussions were not used in this study to allow parents to freely express their experiences with the researcher. This is to avoid feelings of inadequacy and comparison to other parents' experiences. This is also to elicit accurate responses from diverse experiences.

Data Analysis

It is critical for the researcher to consider the ethical issues that arise when conducting qualitative research. It is also necessary to consider the researchers' responsibilities, particularly with regard to the protection of respondents' privacy and how to interact with various stakeholders (Think Up Theme Ltd., 2006). According to Onuoha (2017), the following steps are necessary for effectively analyzing qualitative data: Step (1) Convert all data to text. Transcribe is a term that refers to the process of converting data from verbal to textual form. (2) Arrange data. Review the research objectives or research questions and respond to each one using the data gathered. (3) Data Coding. Coding is the most efficient method for converting gathered data into understandable concepts to facilitate the data analysis process. Sort data into categories based on concepts, properties, and patterns. (4) Validate the data. Validity is concerned with the correctness of the design/methods, and reliability concerns the degree to which your procedures produced consistent and dependable results. (5) Concluding the Data Analysis Confirming the research findings and results in light of the research objectives. Braun and Clarke (2006) defined thematic analysis as a technique for identifying, analyzing, and reporting patterns within data (p.9). The thematic analysis enables the collection of data with a rich, detailed, and complex description (Renee and Jill, 2021). According to Renee and Jill (2021), it is critical that when a researcher analyzes data, the process is transparent and understandable to the readers to strengthen the findings and the methodology used to derive conclusions. The thematic analysis follows a six-step process that ensures clarity and consistency throughout the research process. The following are the six steps:

- Become acquainted with the data gathered. Familiarizing oneself with gathered data entails transcribing it by reading it repeatedly and comprehending its meaning.

- Produce initial codes. Coding can be accomplished in two ways: manually or through a software program (e.g. NVivo). When manually coding, highlighters, colored pens, or post-it notes can extract codes from the gathered data. Adding codes to the table to differentiate the generated ones is another option. It is critical to generate a large number of codes. Following coding, similar codes should be collated to identify potential themes.
- Keep an eye out for themes. This stage will generate a collection of themes and sub-themes from the lengthy list of codes to be sorted. To make sorting code for themes easier, mind maps, tables, and flashcards can be used. Themes are composed of codes; some may form primary or secondary themes, while others may be discarded or retained.
- Conduct a theme review. This stage is divided into two sections:
 - (1) Examining data at the coded level: By re-reading gathered codes, ensure that all data forms a coherent pattern. The researcher must consider whether the codes correspond to the theme or whether it is necessary to rearrange the data. If the data is consistent with the theme, it is time to proceed to the next level.
 - (2) Examining on a theme-by-theme basis: Utilize a thematic map to visualize the relationships between the themes. The researcher should examine the relationships between themes to determine whether they accurately reflect the meaning of the data as a whole; if they do, then defining and naming themes can proceed; if not, then reorganizing codes and themes should occur.
- Identify and categorize themes. The researcher will develop an overarching theme for the gathered data. Determine whether any of the themes have sub-themes. The identified theme should be succinct, and catchy, and immediately convey the purpose of the data to the reader.
- Compose the report. This stage entails the final analysis and editing of data. The researcher should consider the audience and write in a succinct, coherent, non-repetitive, interesting, and understandable manner. It should provide context for the study and the data gathered.
- Theme Generation. Themes were created in this study using various codes generated from the gathered data. The themes provide a succinct description of the day-to-day experiences, challenges, and coping mechanisms associated with parenting an intellectually disabled learner. The themes that emerged from the data collection served as the foundation for the study's training module.
- Theme Triangulation Verification. The researcher contacted one (1) expert in the field of research who validated the study's themes. Additionally, parent respondents were questioned to ascertain whether the emerging themes accurately described their parenting experiences, challenges, and coping mechanisms when raising a learner with an intellectual disability.
- Module formation. Based on the data collected and the themes that emerged, an inspirational journal was created to compile all of the parenting experiences, challenges, and coping mechanisms of parents of children with intellectual disabilities.

Ethical Considerations

Consent forms were distributed to respondents to ensure their voluntariness in providing necessary information for this study. Consent was also obtained to allow for the recording of conversation during the interview session. This study ensured that the respondents' information was treated anonymously and was used exclusively for this study.

The fundamental tenet of the phenomenological approach is that the researcher must remain true to the facts and how they manifest themselves (Husserl, 1960). Regardless of the outcome, whether significant or not, altering the answer should be avoided in relation to the research questions.

RESULTS

Research Question 1: What are the day-to-day experiences of parents of learners with intellectual disability focusing on how they deal with learner’s behavior at home, in school, and in the community?										
Transcript of Interview	Codes/ Meaning Units	Sub-themes	Themes							
<p>Table 1</p> <table border="1"> <tr><td>Journey to Acceptance</td></tr> <tr><td>Child’s Level of Functioning</td></tr> <tr><td>Seek Professional Help</td></tr> <tr><td>Initial Reaction Towards Diagnosis</td></tr> <tr><td>Moment Together</td></tr> <tr><td>Exceptional Experiences</td></tr> <tr><td>Fulfilling Experiences</td></tr> </table> <p>R1 (Father): ok naman po siya sa paglalaro kaso minsan kapag tatanungin matagal lang siya sumagot kasi parang iniisip lang niya ang isasagot niya “He’s okay with playing, but sometimes when asked, it takes a long time to for him to answer because he seems to be thinking about what he’s going to say”</p> <p>I2 (father): Nung bata siya bugnutin, ayaw ginugulo siya, tulad nang nagsusulat sulat, ayawa niyang ginugulo siya, parang nadidistract siya sa pagddrawing sinasaway ang mga kapatid para makafocus siya sa ginagawa niya. “When he was a child, he always feels irritated, he didn’t want to be disturbed, like when he was writing something, he didn’t want to be disturbed, he seemed to be distracted while drawing, he is scolding his brothers so he could focus on what he was doing.”</p> <p>I2 (mother): kung anong makita niyang madumi kinakain niya kahit ano madampot niya. “Whatever he sees it may be dirty, he eats whatever he can find.”</p> <p>I3 (mother): delayed po kasi ang speech talaga maam hindi pa siya nakakasalita noon, nagsasalita maam pero medyo bulol tapos nung nalaman na lang naming nung 5 years old “His speech is delayed, he hasn’t been able to speak before, he has difficulty saying the correct pronunciation of words, we only found out when he was 5 years old”</p>	Journey to Acceptance	Child’s Level of Functioning	Seek Professional Help	Initial Reaction Towards Diagnosis	Moment Together	Exceptional Experiences	Fulfilling Experiences	<p>Difficulty in reasoning</p> <p>Difficulty in adaptive behaviors, Difficulty in socializing, Easily distracted</p> <p>Difficulty in Adaptive Behavior</p> <p>Difficulty in Speech and Language</p>	<p>1. Child’s Level of Functioning</p>	<p>Journey to Acceptance</p>
Journey to Acceptance										
Child’s Level of Functioning										
Seek Professional Help										
Initial Reaction Towards Diagnosis										
Moment Together										
Exceptional Experiences										
Fulfilling Experiences										

<p>I3 (father): kaya kapag kausap mo siya hindi siya nakakapagbigay ng attention ng focus “When you talk to him, he doesn’t pay attention or focus on what you are talking about”</p>	<p>Inattentive</p>		
<p>I3 (father): Kasi sobrang hyper niya po talaga. kapag hinayaan naming siya sa labas hindimapakali takbo dito takbo dun “He is hyperactive, whenever we let him go outside, he cannot stay put and just run wherever he pleases”</p>	<p>Hyperactive</p>		
<p>I5 (father): Naglalaro mag isa maam tapos nagkalat kalat dito tapos, ayaw makipag kwan nagsosolo lang makipaglaro, sinisira mga gamit naming, pinupunit punit mga gamit ko, hahanapin ko sana pag magtrabaho ako ayun pinaglalaruan niya pinupunit niya. “She likes to play alone, she will tear apart things or just scatter everything in the house, even my things at work she plays with it”</p>	<p>Difficulty in Socialization, Difficulty in Adaptive Behavior</p>		
<p>I5 (mother): Napansin ko maam kapag kinausap mo siya sabihin niya nanay, siya titigan ka lang niya, di ka niya papansinin iiwasan ka niya, kapag nagugutom o hihingi ng pagkain, ang gagawin niya mangangalabit lang siya tapos ituturo niya na gusto niyang magbote gusto niya maggatas ituturo niya, ganun lang ginagawa niya. “I noticed that whenever I call her she will just look at me and just ignore me. Whenever she is hungry and wants to ask for food, she will just tap me and point to bottle of milk.”</p>	<p>Difficulty in Speech and Language, Difficulty in Expressing Oneself</p>		
<p>I6 (mother): nahihirapan siya sa mga bagay na ano sa pagsasalita, pagsusulat kasi may problem din sa hearing “The child has difficulty in speech, he also has difficulty in hearing.”</p>	<p>Difficulty in Speech and Language, Delayed motor skills (fine – motor), Difficulty in Hearing</p>		
<p>I1 (Father): Yung advise po ni teacher sinunod namin. Sabi samin sa PGH pinaka the best kasi expert yung magtuturo, magiinterview, ang doctor. Kaya kaagad kami pumunta doon para matanong naming at maschedule din. “We followed the advise of teacher. She advised us that we need a doctor who is expert who will teach us and interview us. So, we</p>	<p>Getting professional advice from experts</p>	<p>2.Seek Professional Help</p>	

<p>went right away to the hospital for inquiry and schedule.”</p> <p>I2 (father): Pinaliwanag ng doctor na ang anak mo ay may sakit, “The doctor explained that my child is sick.”</p> <p>I3 (father): Tinanggap ko naman po maam pero sinamahan ko na sabi ko sa asawa ko papatingnan natin sa doctor baka nga po naluto sa gamut kaya ayun po “I accepted it maam, My wife and I went to the doctor and I thought maybe it is because of too much in-take medicine that caused my child to be like that”</p> <p>I4 (mother): yun ang sabi ng doctor mayroon siyang down syndrome. doon lang nalaman na may sakit pala siya may kapansanan pala siya na down syndrome. “The doctor said that my child has down syndrome. We only knew it by then that our child is sick and has down syndrome.”</p> <p>I5 (mother): Sabi ni teacher subukan niyo nga mommy na ipatingin sa doctor. “The teacher advised us that we should consult a doctor for our child.”</p> <p>I6 (mother): sabi nga po ng Doctor, katulad din sila ng mga ibang bata “The doctor said that they are also like other kids.”</p>	<p>Doctor’s convincing power</p> <p>Getting professional advice from experts</p> <p>Doctor’s convincing power</p> <p>Getting professional advice from experts</p> <p>Getting professional advice from experts</p>		
<p>I1 (Mother): nasasaktan po ako teacher... Hindi ko po alam kung paano tuturuan nalilito po ako teacher kung anong gagawin. “I was hurt teacher, I don’t know how to teach my child, I was confused on what to do.”</p> <p>I1 (Mother): hindi ko pa muna teacher tinatanggap, pinagiisipan ko po parang di ko po alam paano... ano pong nangyari “I didn’t accepted it right away teacher. I thought of it and I don’t think I know what to do and how to... I don’t know what happened.”</p>	<p>Pain, Confusion, Questioning oneself, Clueless, lack of knowledge</p> <p>Denial, Confusion, Questioning Oneself, Clueless, lack of knowledge</p>	<p>3.Initial Reaction Towards Diagnosis</p>	

<p>I1 (Father): Syempre tinanggap ko agad alangan namn hindi ee yun ang kailangan ng bata. kailangan tanggapin mo para matulungan agad siya “I accepted it right away because it is what my child needs. My child needs acceptance so we could help him right away.”</p> <p>I1 (Father): Walang nagbago sa mga pangarap, sabi naman ng doctor mild lang, syempre alam ko ma o-ok din yun bandang huli “My hopes and dreams for my child hasn’t changed. The doctor said he has only mild condition, I know that he will be ok someday.”</p> <p>I2 (father): Sabi ko siguro, kapalaran na lang siguro, tanggapin na natin. Sa umpisa masakit siya pero wala ee, wala tayo magagawa yun talaga ang kapalaran. “I said to myself, maybe this is destiny, let’s just accept it. At first, it hurts, but then, we can’t do anything about it, it is our destiny.”</p> <p>I2 (mother): Nabigla lang maam parang hindi ako makapaniwala. Syempre masakit na ganiyan na ang kalagayan niya. “I was shocked, I can’t believe it, it is painful that my child’s condition is like that.”</p> <p>I3 (mother): ipinasok namin siya sa private school, baka kako kailangan lang na matutukan ng attention “We enrolled him in private school, I thought maybe he just needs more attention.”</p> <p>I3 (mother): nakakapanghinayang pero hindi naman po ako nawalan ng pagasa “I didn’t lose hope.”</p> <p>I3 (father): Nagalala din mam syempre po tapos ayun iniisip ko po baka hindi ko nagabayan ng maayos “I felt worried, and then I thought I haven’t guided my child properly.”</p> <p>I3 (mother): madami po nagbago, una syempre po nung pinanganak po siya hindi ko akalain na ganun, akala ko normal siyang bata yung makaksabay siya sa mga kaedad niya.</p>	<p>Acceptance, Importance of Accepting the Child’s Disability</p> <p>The hopeful feeling of recovering from the disability</p> <p>One’s Destiny, Acceptance, The feeling of no control over the situation</p> <p>Shocked, Disbelief, Confusion, Pain</p> <p>The hopeful feeling of recovering from the disability</p> <p>Regret, The hopeful feeling of recovering from the disability</p> <p>Worried, Questioning Oneself</p> <p>Shocked, Sense of Dismay</p>		
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<p>“There are so many changes, at first when I gave birth to my child, I haven’t thought of it, I thought he was normal, that he can do things just like other children.”</p>	<p>Refusal, Denial</p>		
<p>I3 (mother): nung una po bago ko siya ipasok sa private may nag offer na sa akin maam pumasok sa SPED isip ko na hindi ko matatanggap yung ganun. Sabi ko ay hindi ganun ang anak ko,</p>	<p>Shocked, Sense of Having no control over the situation, Unconditional Love</p>		
<p>“Before we enrolled him in private school, someone offered us to enrol him in SPED Program, but I can’t accept it, I told them that my child is not like that.”</p>	<p>Pain</p>		
<p>I3 (mother): Sabi ko hindi ko expected na ganito, kaya lang anong gagawin ko nanay ako lahat gagawin ko para sa anak ko.</p>	<p>Questioning Oneself,</p>		
<p>“I didn’t expect it to be like this, but what can I do, I am the mother, I will be the one who will do everything for my child.”</p>	<p>Denial, Refusal, Trust Issue</p>		
<p>I3 (mother): yung dinibdib ko pangalawa po kasi siya parang ito na yung pinakamasakit sakin</p>	<p>Denial, Refusal</p>		
<p>“He is my second child, and it is the most painful for me.”</p>	<p>Denial, Refusal</p>		
<p>I3 (mother): Marami pong katanungan marami po, gusto ko malaman bakit ganito, dahil saan. Hindi naman nagkulang kasi fully vitamins ako nun, semi – private naman ako nanganak. Ang daming katanungan.</p>	<p>Denial, Refusal</p>		
<p>“I have so many questions on my mind, I want to know why this happened and what’s the cause. I know we gave everything I took all the vitamins I need during pregnancy and I even went to a semi – private hospital. I have so many questions.”</p>	<p>Denial, Refusal</p>		
<p>I4 (father): sa Amang Rodriguez siya noon dinala hindi pa tayo naniwala noon</p>	<p>Denial, Refusal</p>		
<p>“We brought our child to Amang Rodriguez (Hospital) and we didn’t believed what they told us there.”</p>	<p>Denial, Refusal</p>		
<p>I4 (mother): dinala pa namin siya Labor ganoon din sinabi, e doon, kasi feeling namin normal lang si kuya</p>	<p>Denial, Refusal</p>		
<p>“We brought our child in Labor (Hospital), it is the same just like what was said in other hospitals, but we felt our child is normal.”</p>	<p>Denial, Refusal</p>		

<p>I4 (mother): Ako po may napansin ako sa kaniya na sa mata nga niya kakaiba tapos yung sa tainga pero hindi ko naman pinansin yun. “Being a mother, I noticed that there’s something unusual with his eyes, ears, but I didn’t had my full attention to it.”</p> <p>I5 (father): syempre maam di ko akalain na ganun nangyari. Nagtanong sas arili ko kung bakit nangyari. Tinanong ko po anong nagawang kong kasalanan na ganun nangyari yung anak ko. “I can’t believe that it happened to my child. I asked myself why did it happened, what have I done wrong that made it happened to my child.”</p> <p>I5 (mother): pumunta kami sa pgh, kaya lang sa pgh di maganda ang patakaran nila maraming pakutchi kutchi. Kaya sinubukan naming dalhin siya sa national. “We went to PGH (Philippine General Hospital) but there are so many process there, so we tried to National (Philippine Children’s Medical Center)”</p> <p>I5 (mother): kakaiba po, bilang magulang nagugulat ako syempre anim na taon 3 taon lang may pagitan asan yung 3 nawawala, sabi kong ganun. “It was different, as a parent, I was shocked, my child is 6 years old and there is 3 years gap (developmental milestone). I asked myself, where is the 3 years gap?”</p> <p>I5 (mother): Sabi ko Diyos ko kung talagang ganun siya wala ko magagawa kundi tanggapin. Sa ngayon tinanggap ko na sa sarili ko. “I told myself, Lord if this is what it is I can’t do anything about it but to accept it. I accepted my child.”</p> <p>I5 (mother): hingi ko po lahat ng information lahat lahat para maipasok ko po yun sa sped school “I asked for all the information so I can enroll my child in SPED school.”</p> <p>I6 (mother): alam namin na may ds form the start na pinanganak, accepted na namin yun ang ano lang nun hindi namin alam noong una</p>	<p>Shocked, Questioning Oneself, Blaming Oneself</p> <p>Denial, Refusal, Trust Issue</p> <p>Shocked, Confusion</p> <p>Having no control over the situation</p> <p>Eagerness to address the child’s needs</p> <p>Acceptance, Clueless</p>		
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<p>paano siya tutulungan “We knew it from the day my child was born that she has DS (Down Syndrome), we didn’t know how we can help our child back then.”</p> <p>I6 (father): nung makita yung maawa pero I feel blessed, di ginusto pero yun ang binigay “When I saw my child, I felt pity but at the same time, I feel blessed, we didn’t want it to happen but that is what has been given to us.”</p>	<p>Pity, Feeling Blessed, Having a sense of no control towards the situation</p>		
<p>I1 (Father): Minsan ko lang po nakakasama ang anak ko si mommy po lagi kasama. Hindi nasubaybayan kasi nagtatrabaho kami parehas teacher, napabayaang naming sila dito sa bahay. “(As a father) I am not always with my child, her mother is always with her. I haven’t observed my child’s development because I am always at work. They are always here at home.”</p> <p>I1 (Mother): Nagtrabaho po kasi ako noon teacher sabi ni teacher dapat marunong siya magbasa, napabayaang po teacher “I was working back then, the teacher told me that my should should already know how to read, I haven’t taught my child thath.”</p> <p>I3 (father): kulang siya ng pansin hindi ko po masyado nakakausap nung bata pa ganun po siguro “My child seeks attention, has no one to talk to most of the time.”</p> <p>I5 (father): madalang kasi ako umuwi dito sa bahay maam kaya di ko natututukan ang anak ko “I am not always at home because of work. I haven’t pay attention to my child’s needs.”</p> <p>I5 (father): Malaki na nung nalaman ko maam e. mga pito. Sinabi lang po ng asawa ko kasi nasa trabaho po ako “My child was seven years old when we knew about it. My wife just told me about it because I was at work.”</p>	<p>Lack of time, Lack of guidance</p> <p>Working parent, Lack of guidance</p> <p>Lack of time to talk</p> <p>Lack of time, Lack of guidance,</p> <p>Working parent, Lack of time</p>	<p>4.Moment Together</p>	
<p>I1 (Father): Maraming beses kaming bumalik hindi ko mabilang sa loob ng isang taon mahigit pabalik – balik kami doon. “We went there back and forth for how many times, I couldn’t even count how many times it was.”</p>	<p>Eagerness to know the child’s present level of functioning</p>	<p>5.Exceptional Experiences</p>	

<p>I1 (Father): sabi ko kay dok sa PGH kung anong magandang paraan ee simulant na agad natin para matulungan yung bata “I told the doctor in PGH (Philippine General Hospital) that we will consider whatever it is that will be best for my child and we will do it as soon as possible to help my child.”</p> <p>I2 (mother): noong bata pa siya kailangan siya bantayan “My child needs maximum supervision.”</p> <p>I3 (mother): may pagbabago kasi alam ko naman po maraming paraan para bumalik siya sa normal “There has been changes, I knew from then on that there are many ways to help my child to be as normal as he can be.”</p> <p>I3 (father): ginabayan pa rin po maam tapos hinanapan na po namin ng paraan kung paano siya makakasabay sa mga kabataan niya “We guided our child, and we searched for ways on how our child can develop skills the same with his peers.”</p> <p>I3 (father): Full attention po nasa kaniya. “We gave our full attention to our child.”</p> <p>I3 (father): Bale yun lang po ayaw ko siya palabasin gusto ko nakakulong lang siya sa bahay kapag lalabas dapat kasama kami. “I didn’t want my child to go outside of our house, and if we will allow him to go out there should be a guardian who will look after him.”</p> <p>I3 (mother): try ko muna sa private pero pag nag improve at ano itutuloy ko na po doon. “We tried it first in private (school) if his skills improved then we will continue (his education) there.”</p> <p>I3 (mother): Kaso wala pong improvement maam kaya tinanggap ko na po, ay siguro baka ganito talaga yung anak ko hanggang napasok na po kami sainyo, pero tinanggap ko na rin po. “There is no improvement in our child’s skills, so we accepted his condition, maybe this is just what it is, until we enrolled him in your school (SPED Program), but I accepted it already.”</p>	<p>Eagerness to know ways on how to help the child</p> <p>The child requires Full Attention</p> <p>Eagerness to know ways on how to help the child</p> <p>Guided the child, Eagerness to know ways on how to help the child</p> <p>The child requires Full Attention Worried feeling towards child’s safety</p> <p>The hopeful feeling of recovering from the disability</p> <p>having no control over the situation</p>		
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<p>I3 (mother): May nag advise na rin samin na pinsan ko, ganun din siya noon actually maam naging seaman na nga siya parehas ng kay (child), “My cousin advised us, he has the same condition as my child when he was young, but now, he is working as a seaman.”</p> <p>I3 (mother): kaya sabi ko aa may chance tong gumaling, kaya hindi ko po sinukuan “I told myself that my child has a chance to be cured (develop skills) so I will not give up on him.”</p> <p>I4 (mother): Tapos simula noon hindi ko na siya nilabas kasi ayoko na parang kutyain yung anak ko syempre baby pa yun ee. “Since then, I didn’t let my child go outside of our house. I don’t want others to make fun of him, he’s still a baby.”</p> <p>I4 (mother): Noong nalaman naming siya na ganoon talaga hindi naming siya kinukulong, pinapabayaan namin siya sa labas, kasi ayaw din naming na sabihin niya sa amin na pinagkakait namin sakaniya yung ganoon, kahit na, kahit na kinuktya siya diyan sa labas. “When we found out that he was really like that, we didn’t lock him up, we let him go outside, because we didn’t want him to tell us that we denied him that, even if he was being mocked by others outside.”</p> <p>I4 (mother): Si kuya po kasi mas pinagtutuunan po naming ng attention kasi yung mga kapatid po niya kaya na gawin ang mga bagay bagay siya po kasi kailangan niya ng tulong. “We focused most of our attention to him because his other siblings can do things on their own, but he can’t do things independently.”</p> <p>I5 (father): kaya inano namin mga kapatid niya nandito lang siya sa loob ng bahay di po naming pinapalabas. “We don’t let our child go out of the house.”</p> <p>I5 (father): Wala nagbago mas lalo po namin inalagaan. “Nothing’s changed, instead, we took more care of our child.”</p>	<p>Getting advice from a family member with the same situation</p> <p>The hopeful feeling of recovering from the disability</p> <p>Worried feeling towards child’s safety</p> <p>Letting the child explore and discover</p> <p>Child requires full attention Considering the child’s needs</p> <p>Worried feeling towards child’s safety</p> <p>Provided extra care</p>		
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<p>I5 (mother): marami akong tao na nakakasalamuha sa labas, tinatanong ko sila, na normal bas a bat ana bakit ganun kinakausap naming siya, di man lang niya kami kinakausap. “I met a lot of people in our community, I asked them if it normal that my child doesn’t respond to us when we talk to her.”</p> <p>I5 (mother): Sabi ng mga kaibigan ko, normal lang naman yung ganiyan, gusto mo bigyan pa kita ng mga sign, tinuruan pa nila ko, ... mga pamahiin nila... ako naman si nanay bilang ina, gusto mon a maging normal anak mo, sinubukan “My friends told me that it’s normal, they even gave me some superstitious beliefs, as a mother, I am willing to try these acts because I am willing to do everything for my child.</p> <p>I5 (mother): Sabi ng kapatid ko ate mayroon ata sila diyan sa school na Sped. “My sibling told me that there is a SPED Program in your school.”</p> <p>I5 (mother): Sabi ko po ano yung sped. “I asked them, what is SPED?”</p> <p>I6 (mother): Lahat ng gamot na tinuturok sa kaniya nireresearch ko po iyon maam, pinagaaralan ko kasi syempre diba special siya tapos baka mapaano pa. “I have researched for all the medications that is being injected to my child. I studied about them because, of course he’s special child, and I worried of what might happen to my child.”</p>	<p>Seeking Help and advice from other people</p> <p>Seeking Help and advice from friends Doing Superstitious Beliefs, The hopeful feeling of recovering from the disability</p> <p>Getting advice from a family member</p> <p>Lack of knowledge</p> <p>Researching to understand the child’s disability, Self-paced learning</p>		
<p>I1 (Mother): nagpapsalamat din ako teacher parang natutunan ko na rin paano turuan yung mga bata, paano sila bigyan ng ano, katulad po nito teacher, paano mo sila turuan, kung paano turuan yung may ganiyang klase ng sakit, problema. Parang napalawak din po ang experience ko teacher. “I’m also thankful teacher, I seem to have learned how to teach my children, how to give them something, how to teach them, how to teach children who have this disease (disability), problem. It seems that my experiences have expanded.</p>	<p>Feeling Thankful, Additional Knowledge, Broadened Experience, Experiential Learning, Learning from One Another</p>	<p>6.Fulfilling Experiences</p>	

<p>I1 (father): kahit ganiyan ang sitwasyon niya marami kami natutunan, mga ganiyang klase ng problema di dapat pinapabayaan, yun nga hindi lang siya ang natututo pati kami natututo. “Even though his situation is like that, we learned a lot, those kinds of problems should not be neglected, that’s why he’s not only the one who’s learning, we’re also learning.”</p>	<p>Addressing the needs, Additional Knowledge, Broadened Experience, Experiential Learning, Learning from One Another</p>		
<p>I3 (mother): sobrang saya kasi maalalahanin po siya tulad dito sa bahay maasahan po siya “We’re so happy because our child is thoughtful and is reliable at home.”</p>	<p>Happy towards child’s behavior of being Thoughtful and Responsible</p>		
<p>I3 (mother): blessed po sobra, siguro nga po dahil dati po ano parang kapos kami, ee ngayon blessed po kami kasi kahit papaano nakakaraos kami, yung papa niya swerte sa trabaho tapos ako rin sa pagtititinda. “We feel beyond blessed, maybe because back then we used to be short (financially) but now we’re blessed because somehow we’re able to make ends meet, his dad seems to be lucky at work and on my part, on sales.”</p>	<p>Treating a child as their greatest Blessing, <i>lucky charm</i></p>		
<p>I3 (mother): Siya rin po kasi maam napaka lambing na bata, alam niya agad, nababsa niya agad. “Our child is very loving, he knows right away, he can read (situations) right away.”</p>	<p>Happy towards child’s behavior of being Loving Serving parents</p>		
<p>I3 (mother): kapag masama pakiramdam ko, lalapitan ako niyan sasabihin niya, mama, bigyan mo ako pera pambili ng gamut, bibilhan kita gamot. “Whenever I feel sick, he will approach me and say, <i>Mom give me money and I will buy you medicine.</i>” I3 (mother): Tapos maya maya may dal ana yan baso sasabihin niya inom ka na gamot mama, wag ka na kasi magkakasakit. Yung mga ganon maam, na hindi nagagawa ng mga normal na bata, pero siya nagagawa niya. “Then after a while, here he comes with a glass (of water) saying, <i>Mom drink this medicine and don’t get sick.</i> Things like this that normal kids won’t typically do, but for him, he can do it.”</p>	<p>Happy towards child’s behavior of being Thoughtful, Comparing what the child can do to those who do not have a disability</p>		

<p>I4 (mother): Hindi naman po naming kinakahiya yung anak namin, ok lang po iyon sa amin. “We don’t feel embarrass about towards our child it is fine with us.”</p>	<p>Feeling proud</p>		
<p>I4 (father): masasabi ko po na swerte ako sa pagkakaroon ng ganitong anak katulad kay kuya kasi malambing po siya, yung mga bagay na hindi gagawin ng isang batang normal. Hindi naman naming siya ikinakahiya. “I can say that I am lucky to have a child like my son, because he is sweet, he does things that a normal child won’t do. We are not ashamed of him.”</p>	<p>Treating a child as their <i>lucky charm</i>, Happy towards child’s behavior of being Loving, Comparing what the child can do to those who do not have a disability</p>		
<p>I4 (father): kapag dadating ako, ibibigay niya agad yung isusuot ko “Whenever I will get home, he will immediately give me the clothes I will change into.”</p>	<p>Serving parents</p>		
<p>I4 (mother): Feeling blessed ako teacher sa pagkakaroon ng anak na si kuya. Hindi ko po siya kinakahiya bagkos pinagmamalaki ko po na meron ako anak na tulad ni kuya. “I feel blessed to have a child like my son. I am not ashamed of him instead I am proud to have him.”</p>	<p>Feeling Blessed and Proud</p>		
<p>I4 (mother): Mas marunong pa nga po siya sa gawaing – bahay, magtutupi ng damit, magsampay. “He is more capable of doing household chores like folding and hanging clothes.”</p>	<p>Doing chores at home</p>		
<p>I4 (mother): Tapos malambing po siya teacher. Mapagmahal sa amin. Yumayakap. Na hindi ginagawa ng normal na anak naming pero siya ganun po siya. “He is gentle and loving to us. He hugs us. Things he does that our normal children won’t do to us.”</p>	<p>Happy towards child’s behavior of being Loving, Hugging, Comparing what the child can do to those who do not have a disability</p>		

<p>I5 (mother): matutuwa ka kasi makikita mo siyang mahilig na siyang magpitas ng bulaklak gagawin niya ibibigay niya sayo sasabihin niya nanay I love you. “You will feel happy about him as he likes to pick flowers and then he will give it you and say I love You.”</p>	<p>Happy towards child’s behavior of being Sweet, Loving</p>		
<p>I5 (mother): masaya ko dahil kapag tuturuan ko siya magdasal sasabihin niya nay ano muna tayo our father... “I am happy because when I teach her to pray, she will say, <i>Nay, Our Father..</i>”</p>	<p>Happy towards child’s behavior of being God-fearing</p>		
<p>I6 (mother): wala kami naging problema kay (child) kasi masunurin po siya, gumagawa dito sa gawaing bahay, observant siya maam, promise mabilis siyang matuto kasi observant siya. siya kasi kung ano makita niya gagayahin niya “We didn’t experience any problem towards our child because she is obedient, she does household chores, is observant and quickly learns to do things. She imitates to do whatever she sees.”</p>	<p>Happy towards child’s behavior of being obedient, observant, helpful, Imitate what others do,</p>		
<p>I6 (mother): Kapag nilalabas po namin yan maam tuwang tuwa mga tao sakaniya kasi kapag may matanda magbless siya, tapos kapag Nakita niya na ntutuwa sa ginagawa niya lalo niyang gagalingan, halimbawa sumasayaw, lalo siyang sasayaw, pabibo siya maam in short. “Whenever we bring her outside, the people are fond of her because she bless to older people, and whenever she noticed that people seems to be happy with what she’s doing she will do better with it, for example, dancing, she will dance even more.”</p>	<p>Enthusiastic, Happy - pill of other people</p>		

<p>Research Question 2: What are the day-to-day challenges that parents of learners with intellectual disability encounter at home, in school, and in the community?</p>											
Transcript of Interview	Codes/ Meaning Units	Sub-themes	Themes								
<p>Table 2</p> <table border="1" data-bbox="229 1771 756 2029"> <tr><td>The art of being selfless</td></tr> <tr><td>Sacrificial Love</td></tr> <tr><td>Child’s Behavior Manifestations</td></tr> <tr><td>Disability Misconceptions</td></tr> <tr><td>Health Complications</td></tr> <tr><td>Pandemic Situation</td></tr> <tr><td>Parenting Concerns</td></tr> <tr><td>Economic Problem</td></tr> </table>	The art of being selfless	Sacrificial Love	Child’s Behavior Manifestations	Disability Misconceptions	Health Complications	Pandemic Situation	Parenting Concerns	Economic Problem			<p>The art of being selfless</p>
The art of being selfless											
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Economic Problem											

<p>I1 (Mother): Tumigil po ako nung nalaman ko po yung kay (child). Nagdecide na hindi na mna ako magtrabaho kasi ganiyan si (child). “I stopped (working) when I knew about my child (disability). I decided to stop working because of his condition.”</p> <p>I1 (Father): kahit galing sa trabaho puyat, kailangan dalhin siya sa pupuntahan ng doctor masuri siya kung ano pa kailangan malaman, para maibigay yung pangangailangan nniya. Maghapon nakapila sa PGH walang tulog. “Even though I am tired from work, I won’t mind it and bring my child to the hospital whenever needed to have them check my child and to know the needs of my child. All day we line up in PGH (Philippine General Hospital) not minding even if I don’t have enough sleep.”</p> <p>I2 (father): Sakripisyo sa monthly check – up napakalayo po ng PGH sa Antipolo kailangan niyang ma check – up lagi kapag may schedule yun ang sakripisyo naming na madala kaagad siya sa PGH. “I do sacrifices even though PGH (Philippine General Hospital) is far from our home we will still go there for ourchild’s monthly check – up.”</p> <p>I2 (father): Sakripisyo talaga siya kasi schedule niya yun, kaya kahit na umabsent ako sa trabaho nagpapaalam lang ako ng mayos, “I sacrifice a day of my work to attend to my child’s schedule (check – up in the hospital). I just ask permission to my work.”</p> <p>I6 (mother): Doon po kami natutulog maam wala ako pakialam kahit sa karton kami matulog sa waiting shed. “We sleep in the waiting shed we didn’t mind even if we just sleep on the street using used boxes.”</p>	<p>Gave up work for the child</p> <p>Eagerness to do everything for the child,</p> <p>Eagerness to do everything for the child, The problem in Distance of Hospital from Home</p> <p>Gave up work for the child</p> <p>Gave up one’s comfort</p>	<p>1.Sacrificial Love</p>	
<p>I2 (mother): Sa pag – aaral minsan tinatamad yan si Jessa maam pag papasok, pinipilit siya. “At times, she feels lazy going to school, I am forcing her to go to do it.”</p> <p>I2 (mother): Dati kasi tumatakas siya. Nawawala sa bahay ilang beses. “Back then, she used to run away from home. It happened several times.”</p>	<p>Difficulty coping with the academic requirements</p> <p>Difficulty in Self – Help skills, Child as an explorer, Child as Fearless</p>	<p>2.Child’s Behavior Management</p>	

<p>I3 (father): kasi ayun nga po maam hindi siya marunong sa labas kung ano po yung naiisip niya yun lang gagawin niya “My child is not aware on how to behave outside, he only do whatever pops on his mind.”</p> <p>I3 (father): kapag sinasaway tinatawag hindi nakikinig hindi marunong makipag laro. “when being reprimanded, called, our child won’t listen and doesn’t know how to play with peers”</p> <p>I5 (father): yung pinaghirapan naming na pera ayun pinunit. Nagalit kasi, hindi ko napigilan nagalit ako dun sa sped ko kasi pera yun e. “She will tear apart my hard – earned money. I felt angry and I couldn’t help to be mad to my special child because that is money.”</p>	<p>Difficulty in Socialization, Pain, Child’s Unawareness</p> <p>Inattentive, Difficulty Following directions, Difficulty in Socialization</p> <p>Difficulty in distinguishing things</p>		
<p>I2 (mother): Inaaway po siya sa dun sa school maam. (kinder) Bilang nanay syempre medyo masakit din, sinusumbong na sa nanay niya at si teacher na bahala. “Other kids had conflict with her at school (Kindergarten). It hurts being a mother, I just tell the teacher and the child’s mother about it.”</p> <p>I3 (father): Nagkaroon ng problema sa tao sa paligid may time na may nasaktan siya ng bata sa labas ayun po kaya po, “We had a problem with other people in our community, there were times that my child was hurt by other child.”</p> <p>I4 (mother): Tapos nung nilabas ko siya dito sa kapitbahay naming nung baby pa siya siguro 2 months yun nga sabi ng kapitbahay ko, “bakit ganiyan yung anak mo” syempre masakit yun pero hindi pa rin ako naniwala syempre doctor ba sila para ganoon. “When I brought my child outside of our house, maybe when he was around 2 months old, my neighbor asked, <i>why is your child like that?</i> of course it hurts but I still didn’t believe it and thought that they’re not doctors to say such things.”</p> <p>I4 (mother): sinasabihna siya ng monggoloid, yun ang ayaw ko pong marinig sa anak ko yung sabihan siya ng ganun. Masakit po kasi ikaw nanay, tapos tatawagin nilang ganoon, ganoon na nga yung anak mot apos gaganiyanin pa diba.</p>	<p>Being hurt physically by peers, Difficulty in socializing, Pain</p> <p>Other people’s misconception, Being hurt physically by peers</p> <p>Tagging, Labeling, Pain</p> <p>Labeling, Tagging, Pain</p>	<p>3.Disability Misconceptions</p>	

<p>“He was being tagged as <i>Monggoloid</i>, I don’t want to hear it be said by others towards my child. It pains me as a mother, and then I will hear them say that, having my child’s situation to be like that and others will treat him that way.”</p>			
<p>I2 (father): Syempre ang akin lang nagkaroon pa siya ng sakit sa puso, dala din ng kahirapan, iniisip lang naming paano naming mapa operahan ang bata. “For me (as a father) my child has heart disease, we are poor, I don’t know what to do to let my child receive the operation.”</p> <p>I3 (mother): sobrang sakitin po talaga niya. Pero inisip ko baka dahil napakasakitin niya kaya nagkaganun. “my child is always sick, so maybe I thought because of that, she got the disability.”</p> <p>I4 (mother): noong nagkasakit po siya ayun, matagal po siya hindi nakapasok parang tinamid po siya pumasok. “When she got sick, she hasn’t attended school for long period of time, maybe that’s the reason she felt lazy to go to school again.”</p> <p>I5 (mother): kapag magkakasakit po siya kasi doon po ako natatakot kasi halos 1 linggo po siya nagkakasakit hindi siya kumakain ni hindi din siya hihingi kahit tubig. “I feel worried everytime my child is sick because it took 1 week for her to stay sick. She will not eat nor drink water.”</p> <p>I6 (father): nag ICU siya, dun nagkaroon ng kaunting awa, di ginusto pero yun ang binigay “She was brought to ICU (Intensive Care Unit), I felt pity (towards my child) but I can’t do anything about it.”</p> <p>I6 (mother): pre – mature critical siya, 7 months noong ipinanganak ko siya, nasa ICU siya maam kasi may sepsis siya saka pneumonia. Matagal siya nasa ICU “She was bor pre – mature at 7 – months of pre – natal pregnancy, my child was brought to ICU (Intensive Care Unit) and stayed there for so long and had complications like sepsis and pneumonia.”</p>	<p>Heart Disease, Poverty</p> <p>Always sick</p> <p>Sickness</p> <p>Sickness, Fear</p> <p>ICU, Health condition</p> <p>Premature, Critical Condition, Sepsis, Pneumonia</p>	<p>4.Health Complications</p>	

<p>I3 (mother): kung hindi nga po naglockdown magpapatherapy po siya kaso wala talaga “If it’s not because of the lockdown (Pandemic) my child will still receive therapy sessions.”</p> <p>I4 (mother): kaso lang po ngayon pandemic hindi po naming siya madala sa milestone kasi bawal nga po lumabas “Because of the pandemic, we are not allowed to go out of the house, we cannot bring my child to milestone (Therapy Center).”</p> <p>I6 (mother): ngayon po pandemic sa online lang po kami, kaya kung anong ituturo ni teacher pinag aaralan ko po, yun lang po bilang nanay doon po ako nahihirapan sa paggaya kung paano gagawin dito sa bahay yung mga tinuturo na techniques ni teacher “In this time of pandemic, we only attend online (Therapy sessions), whatever the teacher teaches there, I also make time to learn it for my child. As a mother, it’s hard for me to imitate and apply the techniques taught by teacher.”</p>	<p>Limited access to therapy sessions</p> <p>Limited access to therapy sessions</p> <p>Online Access to Therapy Session, Difficulty in applying techniques at home</p>	<p>5.Pandemic Situation</p>	
<p>I1 (Mother): kawawa namansi (child) kasi kapag gusto pala niyang kausapin yung mama niya wala po siyang makausap “my child is pitiful, whenever my child wants to talk to someone, her mother was not there whom she can talk to”</p> <p>I2 (mother): Medyo parang ano maam madalaspong nag aaway kami maam. May kaunting sisihan. “(as a couple) We often fight, blaming each other.”</p> <p>I3 (mother): wala po talaga akong alam sa ganun “I have no idea about things like that.”</p> <p>I4 (Mother): dumating sa time na nakikipag – away para tigilan “there comes a time that I need to fight back for them to stop”</p> <p>I4 (Father): Nagkaroon ako ng problema teacher nung nagpatahi ako ng ulo ng bata. Ayaw kasi niya yung inaasar siya tapos inaagaw yung nilalaro niya kaya ayun siguro nagalit si kuya nabato niya. “We encountered problem teacher, when I had a child stitched his head. My child (with disability) doesn’t want to be teased or is being disturbed when playing by others, maybe</p>	<p>Pity (towards the child)</p> <p>Couple’s Quarrel, Blame, Misunderstanding</p> <p>Lack of knowledge, Clueless</p> <p>Aggression, Compulsive reaction</p> <p>Consequences Of child’s manifested behavior</p>	<p>6.Parenting Concerns</p>	

<p>because of that he got angry and throw something at the child.”</p> <p>I4 (mother): dati po wala ako pamilya dito kami lang ng asawa ko kasi nasa probinsya si nanay ko, wala po kami ibang katulong sap ag aalaga sa mga bata “back then I don’t have any family member here (in Manila) because they reside in the province, so, we don’t have any one to help us in taking care of the children.”</p> <p>I5 (father): magreklamo yung 3 (siblings) “my other 3 children would complain”</p> <p>I 5 (mother): Ano yung SPED “What is SPED?”</p> <p>I6 (mother): Wala din po talaga kaming alam tungkol sa ganiyan kung paano gagawin, kaya nakikinig din ako maam sa speech therapist “We have no idea on how to do things for my child, so we listen to what the speech therapist will say.”</p>	<p>Difficulty in family and home management</p> <p>Concerns from other children</p> <p>Lack of knowledge, Clueless</p> <p>Lack of knowledge, Clueless</p>		
<p>I1 (father): yun nga teacher ee naghahanap ng mauutangan mapathery lang, medyo may kalakihan kasi ang budget magkano nay un every week “We look for someone who can lend us money for his therapy, it needs a lot of money every week.”</p> <p>I2 (father): natural lang siguro yung kapos ka (Financial) “maybe it’s just normal that we will be short in money”</p> <p>I2 (mother): Maam nashoshort kulang (financial) “Maam, we experienced short, not enough (financial)”</p> <p>I3 (father): ayun po nagkukulang sa pera “our money is not enough”</p> <p>I3 (father): kailangan po ng yung therapy itherapy daw po siya ee kaso mahal po yung sinisingil. “Our child needs therapy, but the fee for each session is expensive.”</p>	<p>Borrow money from other people</p> <p>Insufficient Money</p> <p>Insufficient Money</p> <p>Insufficient Money</p> <p>Insufficient budget for therapy sessions</p>	<p>7.Economic Problem</p>	

<p>I3 (mother): gipit na gipit kami “our budget is really tight”</p>	<p>Insufficient Money</p>		
<p>I4 (mother): nagkaroon po kami ng problema sa pera “we had financial problem”</p>	<p>Problem in Money</p>		
<p>I5 (father): katulad sana niyan naka schedule sana pacheck up kaya lang wala kami pera maam hindi naming madala. laging may sched. Tatawag nanaman sila na dadalhin naming sana kaya lang wala, ipambili naming ng pagkain, syempre mahirap lang buhay namin. “like for example, she was scheduled for check – up, but we don’t have enough money so we cannot bring her to the hospital. They will always call us, but instead of spending the money for check – up, we spend it for food because we are just poor.”</p>	<p>Insufficient budget for medical check-up</p>		
<p>I5 (father): Ang hindi ko lang matanggal sakaniya, kapag magpabili ng manika magmamaktol nay un, magmula noon hanggang ngayon hindi pa rin mabilhan maam. “whenever she will ask to buy for a doll, and we cannot give it to her until now, she will throw tantrums”</p>	<p>Insufficient budget for child’s needs and wants</p>		
<p>I5 (mother): gustuhin ko man na ipatingin siya sa doctor, hindi ko po kaya medyo kulang kami sa budget “even though I want my child to be checked by a doctor, I can’t do anything about it because our budget is not enough”</p>	<p>Insufficient money</p>		

Research Question 3: How did the parents cope with the day-to-day experiences of parenting a learner with intellectual disability encounter at home, in school, and the community?													
Transcript of Interview	Codes/ Meaning Units	Sub-themes	Themes										
<p>Table 3</p> <table border="1" data-bbox="231 1691 758 2038"> <tr><td>The Key to Successful Co-Parenting</td></tr> <tr><td>Parent’s Level of Understanding</td></tr> <tr><td>Family Members’ Involvement</td></tr> <tr><td>Parents’ Unconditional Love</td></tr> <tr><td>Behavior Management Skills</td></tr> <tr><td>Problem-solving skills</td></tr> <tr><td>Religious Faith</td></tr> <tr><td>Togetherness</td></tr> <tr><td>External Support Services</td></tr> <tr><td>Social Support</td></tr> </table>	The Key to Successful Co-Parenting	Parent’s Level of Understanding	Family Members’ Involvement	Parents’ Unconditional Love	Behavior Management Skills	Problem-solving skills	Religious Faith	Togetherness	External Support Services	Social Support			<p>The Key to Successful Co-Parenting</p>
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Social Support													

Ignoring Criticism Financial Coping Strategy			
<p>I1 (mother): binasa ko po ang mga sulat ng doctor inintindi ko po para maintindihan ko “I read the what the doctor have written, I find a way to understand everything.”</p> <p>I3 (mother): Nung naassess po siya dun ko nalaman lahat na hindi lang pala siya ang may kasong ganun. Dun ko nalaman na hindi pala siya nag – iisa, at nung napasok sa sped maramin po pala sila hindi siya nag iisa. “When my child was assessed, I only knew from then that he is not the only one who has the disability. And when we enrolled him in SPED, there were so many other kids like him.”</p> <p>I6 (mother): Lahat ng gamot na tinuturok sa kaniya nireresearch ko po iyon maam, pinagaaralan ko kasi syempre diba special siya tapos baka mapaano pa. “I have researched for all the medications that is being injected to my child, I take time to understand what it is for, as a mother, I worry that something might happen to my special child.”t</p>	<p>Self-paced learning, Understanding the disability</p> <p>Feeling of not being alone, Belongingness</p> <p>Self-paced learning, Understanding the disability</p>	<p>1. Parent’s Level of Understanding</p>	
<p>I1 (father): Wala kami naging problema kasi nakikisali na nga yung iba. “we didn’t have any problem, the others (siblings) join us”</p> <p>I1 (mother): yung panganay po tinuturuan niya rin si (child) “my eldest also teach our child (with disability)”</p> <p>I1 (father): sumasali na rin siya kasi importante pala yun “he also join us, because it seems important”</p> <p>I3 (mother): kapatid ko, takbuhan ng pag nangangailangan. “whenever I needed help, I turn to my sibling”</p> <p>I4 (mother): yung pamilya ko po sila po nagiging katulong naming sa paggabay kay kuya, sa therapy, sa pag – aaral niya. “my family helped me in guiding my son, in therapy sessions, in studying”</p>	<p>Siblings’ involvement</p> <p>Importance of involving family members</p> <p>Receiving help from sibling</p> <p>Receiving help from family members</p>	<p>2. Family Members’ Involvement</p>	

<p>I4 (father): sa mga ibang anak ko po wala naman problema kasama namin sila para kay kuya, kapag lalabas si kuya kailangan kasama mga kapatid niya o kami “we didn’t have any problem with our other children, they help us in caring for my son (with disability), if my child (with disability) needs to go out he should be accompanied by other siblings”</p>	<p>Siblings’ involvement</p>		
<p>I4 (father): madalas nagkakaroon kami family meeting para pag uusapan naming kung paano gagabayan si kuya. “often times, we had family meeting to discuss how we will guide our son (with disability)”</p>	<p>Family meeting, Informing family members</p>		
<p>I4 (mother): Naiintindihan naman po nila na pag sinasabi namin na mas kaialngan ni kuya yung attention namin kasi sila kaya na nila gawin yung mga bagay bagay si kuya hindi</p>	<p>Informing family members</p>		
<p>I5 (father): pinapaliwanag ko naman maam na iba tong kapatid niyo, na sinasabi nila favo favorite sabi ko maam hindi hindi ganun yun, pinapaliwanag ko maam. (siblings) “I explain to my other children that she is different from them, I don’t have any favorite (child) among them, I explain it to all of them”</p>	<p>Informing family members</p>		
<p>I 6 (mother): sa mga kapatid po wala kami problema naiintindihan nila, sab inga po ng panganay ko dati, nung wala pa kaming (child), ayaw daw niya na magkaroon ng kapatid na may disability, pero nung dumating si (child), nagbago daw, actually lahat kami, natutunan naming na magbago yung tingin namin sa mga batang ganun, na kapag may achievements or may makita kaming iba na katulad ni (child) nakakatuwa. “we don’t have any problem with other siblings because they understand (the situation) my eldest said before we had a her sister with disability that she doesn’t want to have one, but, when she was given to us, she changed, actually, all of us (Changed) we learned to change the way we see children like her, whenever she had achievements or see other kids like her, we feel happy”</p>	<p>Siblings’ involvement</p>		
<p>I2 (mother): mahal in yung anak yung si (child), tanggap in at mahal in. tanggap in at mahal in ang anak kahit na sino pa siya, anoman kalagayan niya “love my child (with disability, love, accept, and love my child (with disability) no matter who</p>	<p>Accepting the child no matter what, Loving the child no matter what</p>	<p>3. Parents’ Unconditional Love</p>	

<p>she is, no matter what condition she has”</p> <p>I2 (father): tanggap sa sarili saka pahagalahan saka alagaan “acceptance to oneself, give importance and care for the child”</p> <p>I3 (mother): hindi po ako nawalan ng pag asa magantay “I didn’t lose hope, I will just wait”</p> <p>I3 (mother): kaya hindi ko po sinukuan “I will not give up”</p> <p>I3 (mother): kailangan ko masuportahan ang mga anak ko, gagawin ko lahat “I need to support my children, I will do everything”</p> <p>I4 (mother): tanggapin naten sila ng buong puso wag po naten silang ikahiya “Let us accept them wholeheartedly, let us not feel ashamed of them”</p> <p>I4 (father): mag silbi silang inspiration sa buhay naten para kahit sila ay may disability sila ay mabigyan ng magandang pamumuhay “they should serve as an inspiration to our lives, even though they may have disability let us provide them happy life”</p> <p>I5 (father): Swerte maam Masaya na kahit nagkaroon ako ng anak na ganoon nakakaraos pa rin ako ng kahit papano “Lucky ma’am, I feel happy even though my child is like that we still cope with life”</p> <p>I5 (mother): Kaya ang ginagawa naming tinyatyaga naming yung mainit na tubig lalagay sa ulo maligamgam, lahat po gagwin naming para umayos siya um-ok siya. “That’s what we do, we try to put the warm water on my child’s head, we will do everything so that he will be fine, he’ll feel better”</p> <p>I5 (mother): maswerte ako na nagkaroon ako ng isang (child) hindi ko po yun pinagkakaila bagkus pinagmamalaki ko po iyon sa mga kapit – bahay ko “I feel lucky to have a child like him (with disability), I will not deny it, instead I will boast</p>	<p>Acceptance to oneself, Give importance to the child, Care for the child</p> <p>Hopeful feeling for better future, Optimism</p> <p>Not giving up, Optimism</p> <p>Eagerness to do everything for the children</p> <p>Accepting the child wholeheartedly, Feeling proud, Optimism</p> <p>Child as one’s inspiration,</p> <p>Feeling Lucky, Happiness, Optimism</p> <p>Eagerness to do everything for the child</p> <p>Feeling Lucky, Feeling proud</p>		
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<p>about it to my neighbor”</p> <p>I5 (mother): maaccept niyo yun kung talagang deboto kayo na magkaroon ng isang anak “you will accept it, if you are devoted to have a child”</p> <p>I6 (mother): dapat ipaparamdam mo kanila na mahal mo sila para alam nila kung paano yung dapat din nila gawin sa iba. Sila kasi maam yung mga taong may purest unconditional love, kasi diba maam wala silang alam “you should make them feel you love them, so they will know how to treat others, they were the ones with purest unconditional love, because they are unaware of things”</p> <p>I6 (father): sila yung walang hate na alam puro love “they don’t have hate in them, it’s just pure love”</p>	<p>Eagerness to have a child</p> <p>Child’s purest unconditional Love</p> <p>Child’s purest unconditional Love</p>		
<p>I1 (mother): kakausapin po sila parati hindi po sila papabayaan. “always talk to them, will always care for them”</p> <p>I1 (mother): yung mga anak po natin yung may ganito pong sakit po kailangan intindihin sila kung ano gusto nila, bibigay ang pangangailangan nila, tuturuan po natin sila, bigyan ng attention. “our children who have this kind of sickness (disability), let us understand what they want, provide what they need, teach them and give attention”</p> <p>I1 (father): huwag papabyaan importante yung araw – araw makakausap yung mga bata para hindi mag iisip isip yung isip. “always care for the child, talk to them everyday so they won’t think of anything”</p> <p>I3 (father): Kinailangan lang talaga siya gabayan hindi ko siya hinahayaan magisa sa labas kasi kailangan nakasuporta ako lagi sakaniya kasi kapag hinayaan lang po naming siya wala siya pakialam maam sa labas kahit masagasaan siya wala po siya pakialam maam. “the child really needs guidance, don’t leave the child alone when going out, I always support him, because when I will let him on his own, he is not cautious for whatever happens outside it may be him being involved in accident, he won’t mind”</p>	<p>Talk with the child, Know the needs and wants</p> <p>Understand the child, Know the needs and wants, Give attention, Develop and Enhance skills</p> <p>Talk with the child, Know the needs and wants</p> <p>Always be there for the child. Know the wants and needs, Support the child</p>	<p>4. Behavior Management Skills</p>	

<p>I3 (father): kailangan lang po tyaga at ano importante po yung gabay na bilang tatay ka kailangan niyo po gabayan yung anak niyo. “you need perseverance, the guidance of a father is very important for the child, you need to guide your child”</p>	<p>Responsible parent, Importance of guidance</p>		
<p>I4 (mother): arugain sila ng mas higit pa dahil sila ang mas kailngan alagaan at bantayan at bigyan ng buong pagmamahal “take care of them more because they are the ones who need to be cared for and watched over and given full love”</p>	<p>Provide genuine care and love</p>		
<p>I4 (mother): ituring naten silang normal wag naten I paramdam na sila ay naiiba. “treat the child as normal, do not make them feel indifferent”</p>	<p>Treat the child as a normal one</p>		
<p>I5 (father): kailangan maam maunawaan yung anak niya hindi mapapagalitan, iwasan niya na makarinig yung anak niya. “the child needs to be understood, do not scold the child, refrain from letting the child hear (any unnecessary information)”</p>	<p>Understand the child, Responsible parenting</p>		
<p>I5 (mother): mapapalo mor in hindi na maalis yun mapapagalitan “you might beat the child, you can’t get rid of it (way of discipline), you will scold (the child)”</p>	<p>Discipline the child</p>		
<p>I6 (mother): Pinaparamdam naming sakaniya na normal siya maam. Kasi sabi ni Doc, hindi man sila marunong mag express ng iniisip nila pero yung nararamdaman nila pareho lang din sa atin. “We let him feel just like a normal child. The doctor said, they (the child) don’t know how to express what they think, but what they feel is the same as us.”</p>	<p>Treat the child as a normal one</p>		
<p>I6 (father): kung siya po yung disciplinarian ako po very lahat, ako yung puro harot, laro. “if she is the disciplinarian (mother), I will be the playful one (father)”</p>	<p>Setting parental roles</p>		
<p>I6 (mother): binabalanse lang po naming maam “we balance everything”</p>			
<p>I2 (mother): lahat ng pagsubok kinaya nagiging matatag pa rin. Lahat ng problema kakayanin kapag matatag. “we overcome all the challenges and we become strong, we can overcome all the problems just stay strong”</p>	<p>Self-trust, Tolerance</p>	<p>5. Problem-solving skills</p>	

<p>I2 (father): Pinapabayaan na lang po namin na mamroblema sa amin ang problema. “we just let go of the problems and we won’t be bother by it”</p> <p>I2 (father): Ang magiging payo ko lang naman sakanila, oo masakit sa una may time na bibigyan ka ng pahgsubok, masakit, tanggap mo pero balang araw yung pagsubok makakayanan yan ee, kung anomang problema harapin mo lang “My advise is, at first it is painful because of all the challenges, hurtful, accept it, someday you will overcome those challenges, no matter what the problem is, face it.”</p> <p>I3 (father): yung pagiging matatag po maam at tiwala sa sarili kailangan magpakatatag bilang tatay wag mawalan ng pag asa. “being strong and trust in oneself, you need to be strong as a father and do not lose hope”</p> <p>I3 (mother): wag mawalan ng pagasa kasi nung una tulad ko nawalan ako ng pag asa ee sabi ko no choice naman so go lang ng go, “do not lose hope, because like me, at first I lose hope, but I told myself I had no choice so I should just go on with it”</p> <p>I5 (mother): sa mga nanay na katulad ko na may sped na anak. Huwag nila ipag alinlangan “to all the mother like me who have a special child, don’t doubt about it (don’t think twice)”</p>	<p>Optimism, Tolerance,</p> <p>Face the problem, Optimism, Tolerance</p> <p>Trusting Oneself, Optimism, Tolerance, Hopeful feeling for better future</p> <p>Hopeful feeling for better future, Optimism</p> <p>Taking risks</p>		
<p>I2 (mother): tinanggap lang namin na ayan ang binigay na swerte ni Lord sa amin maam “we just accepted it, that is the luck Lord has given to us”</p> <p>I2 (mother): Sinusubukan ni Lord maam kung matatag kami kaya binigyan kami ng ganiyang anak na may sakit. “God is challenging us if we are strong that’s why He gave us child who is sick (with disability)</p> <p>I3 (mother): sasabayan ng panalangin n asana maging ok na din siya, “we prayed to God that our child will soon be better”</p>	<p>Acceptance, God-given blessing</p> <p>God’s challenge, God-given blessing</p> <p>Power of prayer, Faith in God</p>	6. Religious Faith	

<p>I4 (father): sa una oo masakit, hindi ka makapaniwala pero kailangan mong tanggapin kasi yan yung ibinigay sa atin. “it hurts at first, you won’t believe that it is happening, but you need to accept it because it is what (God) has given to you”</p>	<p>Acceptance, God-given blessing</p>		
<p>I4 (father): Hindi naman tayo bibigyan ng Diyos ng hindi natin kaya. magpasalamat paren tayona binigyan tayo ng panginoon na anak na may disability dahil di tayo bibigyan ng panginoon na di naten kayang mahalin at arugain “God will not give us what we cannot handle. We should still be thankful because God has given us a child with disability because He won’t give it to us if we can’t love and care for the child.”</p>	<p>Faith in God’s plans, God-given blessing, Feeling thankful, Love and care for God’s blessing</p>		
<p>I5 (father): Nalagpasan sa nananalangin lang kami sa Diyos maam. “We overcome everything through prayers to God.”</p>	<p>Power of prayer, Faith in God</p>		
<p>I5 (mother): isang magulang hanggat hindi mo pinakikita na mahal mo, ang pagmamahal mo sa iyong anak pinakikita mo kasi regalo saiyo yung ng Diyos “as a parent until you won’t express your love, show your love to your child because he or she is a gift from God”</p>	<p>God-given blessing</p>		
<p>I6 (mother): tanggapin nila yung anak nila, kasi ibinigay yan sa atin dahil alam ng Diyos kaya natin na tayo yung may kakayahan na mahalin sila tanggapin sila alagaan sila kaya sa atin binigay. Blessing sila, mahalin lang natin sila at gabayan kasi kung paano natin sila gagabayan ganoon din silang lalaki na mapagmahal sa iba. “accept their child, because God gave it to us because He knows we can love the, accept them, care for them, that’s why God gave it to us. They are blessing, love them, guide them, because how they will grow depends on how we guide them.”</p>	<p>Faith in God’s plans, God-given blessing, Feeling thankful, Love and care for God’s blessing</p>		
<p>I6(father): wala naman po tayo magagawa kundi tanggapin kasi hindi iyan ibibigay sa atin kung hindi natin kaya. “We can’t do anything about it so we should just accept it, because it will not be given to us if we can’t handle it.”</p>	<p>Having no control over the situation, Acceptance, Faith in God’s plans, God-given blessing, Feeling thankful, Love and care for God’s blessing</p>		

<p>I3 (father): tinutulongan po ako ng asawa ko Tulongan kasi kulang po sinasahod ko maam. “my wife helped me, we just help each other because my salary is not enough”</p> <p>I4 (mother): kaming dalawa lang po nagtutulongan. “it’s just the two of us who help each other”</p> <p>I5 (father): naguusap lang kami mag asawa klung ano problema sabay sosolusyonan. “we talk about the problem and together we will find solution”</p> <p>I6 (father): ang tip diyan maam walang iwanan. “do not leave each other, that’s the tip”</p>	<p>Helping each other, Not leaving each other, Being there for each other</p> <p>Helping each other, Not leaving each other, Being there for each other</p> <p>Communicating with each other, Facing the problem together, Relying on each other</p> <p>Helping each other, Not leaving each other, Being there for each other</p>	<p>7. Togetherness</p>	
<p>I1 (Mother): Yung sinasabi po ni doktora po pinagiisipan ko, “whatever the doctor will say, I will think about it”</p> <p>I1 (mother): nagtatanong tanong din po ako sa mga teacher kung paano po bai to “I asked teachers how to do things”</p> <p>I1 (Father): kung ano dapat gawin, kasi kung anong advise ng doctor, kasi pumunta rin kami ng milestone para sa therapy niya, “what should we do, whatever the doctor’s advice, because we also went to milestone for his therapy sessions”</p> <p>I1 (father): kung anong sabihin ng doctor sinusunod naman namin kasi yun daw ang kailangan “we follow whatever the doctor will say because that is what we need to do”</p> <p>I3 (mother): Hindi rin po kami tumigil kaya nakapag tanong tanong ng advise kung ano ba pwede gawin naming, ayun po hanggang napunta kami dun sa SPED. “we didn’t stop so we asked people for advice as</p>	<p>Advice from doctors</p> <p>Advice from teachers</p> <p>Advice from doctors and therapist</p> <p>Following doctors advises</p> <p>Advice from other people</p>	<p>8. External Support Services</p>	

<p>to what we should do, until we reached your SPED program”</p> <p>I3 (mother): Binalik ko po talaga icontinue yung therapy para mas gusto ko po talaga siya makahabol “I put him back to therapy sessions, I want him to cope up”</p> <p>I4 (mother): Therapy malaking tulong po. dati tinatamad si kuya magsulat surat, ngayon nagsusulat surat na siya. “Therapy is a big help. He used to be lazy in writing but now he writes on his own.”</p> <p>I4 (mother): sa school po teacher, natuto na siya sa kulay kulay, drawing, masipag po siya pumasok “at school, he learns to color, draw, he likes to go to school”</p> <p>I4 (mother): yung pamilya ko po sila po nagiging katulong naming sa paggabay kay kuya, sa therapy, sa pag – aaral niya. “my family helped me in guiding my son, in therapy sessions, in studying”</p> <p>I5 (mother): kaya hanggang sa ngayon andiyan siya sa sped school. Ayun po, sa ngayon nakakasalita na siya, kaya lang hindi po niya matanggal yung pag guray guray ng papel. Natanggal yung papel plastic naman ngayon. “that’s why until now she’s in SPED school. Now, she can talk, but, she can’t refrain herself from tearing papers apart. She replaced paper with plastic.”</p> <p>I6 (mother): Sa pag – aaral niya maam, napaka attentive po niya sa online class kay teacher kapag may pinagawa si teacher ayun gagawin niya agad “She is attentive in her online class with teacher, if teacher asks her to do something she will do it right away.”</p> <p>I6 (mother): nakikinig din ako maam sa speech therapist niya ngayon po pandemic sa online lang po kami “I also listen to the speech therapist, in this pandemic time we attend online sessions.”</p>	<p>Attending therapy sessions</p> <p>Importance of therapy sessions</p> <p>Attending Special Education Schools</p> <p>Attending SPED School, therapy sessions</p> <p>Progress from Special Education Services</p> <p>Online Classes (Special Education School)</p> <p>Online Therapy Sessions</p>		

<p>I2 (mother): Sa mga kapitbahay naman maam naintindihan nila maam kasi marami na rin sila nakita na katulad niya, ganun, parang wala na rin sakanila yun. “My neighbors understand (my child), they saw a lot of kids like him, it’s nothing to them”</p> <p>I2 (mother): Nung Nawala po siya Tinulungan kami ng kapitbahay maghanap. “when she got lost, my neighbors helped us to look for her”</p> <p>I3 (mother): may nag advise na rin samin na pinsan ko, ganun din siya noon actually maam naging seaman na nga siya parehas ng sakaniya, kaya sabi ko aa may chance tong gumaling “my cousin advised us, he has the same condition way back, and now he is a seaman, so I told myself, my son has a chance”</p> <p>I5 (mother): Para sa akin maswerte na ako, dahil sa kaniyang kalagayan. Nakakakita ako ng may disability nan aka wheelchair, kinakarga, sinusubuan, tapos walang paningin, walang pandinig. Hindi katulad nung sa akin normal siya “For me, I am lucky, because he has that condition. I see kids who has also disability in a wheelchair, being carried, needs assistance in eating, cannot hear sounds. Unlike my son, he is normal.”</p> <p>I5 (mother): Sabi nila swerte daw ang magkaroon ng ganiyan na anak. marami nagsasabi na hindi naman siya disability. “They say, one is lucky to have this kind of child. Many says that it is not disability.”</p> <p>I5 (mother): sasabihin nila oh hwag niyo aawayin yan alam niyo naman na sped siya. Kapag nandiyan ang nak ko sabihin nila halika na laro tayo, “They will say, do not fight with her because she is a special child. Whenever my child is outside they will say, “Come let’s play.””</p> <p>I6 (mother): Yung mga kapitbahay po namin parang nagiging inspiration po kami kasi katulad nung may katulad ng case ni (Child) eee, nangyari Nakita nil ana nilalabas naming siya hindi kinakahiya, ganun na din ginawa nila, na nilabas na rin pinasok sa SPED school sainyo para hindi lang lagi nasa loob yung bata. “We were an inspiration to our neighborhood,</p>	<p>Disability Awareness in the neighborhood, Acceptance</p> <p>Helpful Neighbors</p> <p>Advises from family members with a similar situation</p> <p>Comparing a child’s disability with others</p> <p>Disability Awareness</p> <p>Disability Awareness, Belongingness</p> <p>Child as an inspiration</p>	<p>9. Social Support</p>	
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<p>just like with the case of my child, they saw us that we let her go out, we don't feel ashamed towards her, they do the same thing also, they also let their kid (with disability) go outside of the house and even enroll in your SPED school.”</p>			
<p>I2 (father): huwag magpadala sa galit sa ibang tao atsaka nasa magulang na yung pag didisiplina sa sarili na kahit kutyain yung anak mo “do not be carried away with anger towards other people, it is one's discipline as a parent even though others arr ridicule towards your child”</p> <p>I2 (father): mas importante hindi naman sa amin babalik yun sakanila naman kapag hindi nila tanggap ee yun lang masasabi ko “what's important is, it won't fall back on us, it will be towards them if they will not accept it (my child having a disability) that's all I can say”</p>	<p>Self-control, Self-discipline, Not being bothered by other's opinion</p> <p>Optimism, Self-control, Self-discipline,</p>	<p>10. Ignoring Criticism</p>	
<p>I1 (father) nagkakandarapa ako mangutang “we do everything just to lend money from others”</p> <p>I2 (father): (financial) hihingi ka ng tulong sa kamag – anak may time na pumila kaming dalawa nakatatlo kami kay congressman Acop sa taas. “we ask for help to our family members, there's a time we fall in line just to get financial aid from Congressman Acop”</p> <p>I2 (mother): (financial) nangungutang na lang ako. May mahiraman “we lend money from other people”</p> <p>I3 (father): sinipagan ko lang tyaga minsan po pagka may ano pagkakataon sumasideline din po ako tapos “we just become eager to earn money, if there's a chance, I will have sideline (do multiple job)”</p> <p>I3 (father): magtinda tinda siya kahit papaano makatulong sa pinansyal naming tapos ako po pipick up maam. “(my wife) will sell different products to help in financial needs, then I will pick – up (the products)”</p>	<p>Borrowing money from other people</p> <p>Receiving help from family members, Solicited help from politicians</p> <p>Borrowing money from other people</p> <p>Hard work, Determined, Responsible, Risk-taking, Looking for work opportunities,</p> <p>Helping each other, Hard work, Determined, Responsible, Risk-taking, Looking for work opportunities</p>	<p>11. Financial Coping Strategy</p>	

<p>I3 (mother): Saka yung asawa ko maam hindi namimili ng trabaho, minsan pag walang pasok walang overtime, nagsasideline po siya naggrab ganiyan. “my husband is not choosy in terms of work, if it is his day off or no chance for over time at work, he will do sideline job as a grab rider”</p> <p>I4 (father): kailangan po magtrabaho, kasi kailangan maibigay yung kailangan nung pamilya. “we need to work because we need to provide the needs of our family”</p> <p>I4 (mother):ang gagawin po pagkakasyahin kung ano po meron, “we will just live with what we have or what is available”</p> <p>I5 (father): Kapag hindi magtrabaho hindi makakain “if you will not work, you cannot eat”</p>	<p>Hard work, Determined, Responsible, Risk-taking, Looking for work opportunities</p> <p>Hard work, Addressing family needs</p> <p>Living within the means</p> <p>Hard work, Determined, Responsible, Risk-taking, Looking for work opportunities</p>		
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DISCUSSION

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

This phenomenological study aimed to examine the lived experiences of parents of learners with intellectual disabilities. This chapter includes a description of each respondent and a thorough discussion of the data gathered from the interview done by the researcher. Results were then discussed, and research questions were answered based on themes identified from the data analysis.

Profile of Parent Respondents

These six respondents were carefully chosen in accordance with the criteria outlined in Chapter 3, the respondents' section. All parents provided a clinical evaluation of their child, which included a diagnosis of "Intellectual Disability." Respondents were asked to narrate their experiences as parents of children with intellectual disabilities via a virtual face-to-face interview, which provided critical information for answering the study's research questions. the respondents' real names were withheld To maintain confidentiality.

Respondent 1: The biological parents of an intellectually disabled male learner. The learner is 11 years old and enrolled in Peafrancia Elementary School for the 2020–2021 school year. The family consists of five members: two parents and three children. The father is the sole provider, working as a security guard, while the mother is a stay-at-home mother.

Respondent 2: The biological parents of an intellectually disabled female learner. The learner is 14 years old and enrolled in Peafrancia Elementary School for the 2020–2021 school year. The family consists of five members: two parents and three children. The father is the sole provider, working as a delivery driver for a fast-food chain, while the mother is a stay-at-home mom.

Respondent 3: Biological parents of an intellectually disabled male learner. The learner is ten years old and enrolled in Peafrancia Elementary School for the 2020–2021 school year. The family consists of five

members: two parents and three children. The father is a factory worker, while the mother is a housewife who sells goods in the neighborhood.

Respondent 4: The biological parents of an intellectually disabled male learner. The learner is 11 years old and enrolled in Peafrancia Elementary School for the 2020–2021 school year. The family consists of seven members: two parents and five children. The father works as a foreman on construction sites, while the mother works as a vendor in their sari-sari store.

Respondent 5: The biological parents of an intellectually disabled female learner. The learner is 11 years old and enrolled in Peafrancia Elementary School for the 2020–2021 school year. The family consists of six members: two parents and four children. The father is a construction worker, while the mother is a stay-at-home mom who works as a barbecue vendor.

Respondent 6: The biological parents of an intellectually disabled female learner. The learner is eight years old and is enrolled in Peafrancia Elementary School for the 2020–2021 school year. The family consists of six members: two parents and four children. The father works as a tricycle operator, while the mother is a stay-at-home mom.

Research Question 1: What are the day-to-day experiences of parents of Children with Intellectual Disability focusing on how they deal with the child’s behavior at home, in school, and in the community?

Theme:

Journey to Acceptance

Child’s Level of Functioning
Seek Professional Help
Initial Reaction Towards Diagnosis
Moment Together
Exceptional Experiences
Fulfilling Experiences

Journey to Acceptance

Through an in-depth interview, this theme emerged throughout the data gathered. In this study, the uniqueness of experiences was highlighted as parents’ journey towards accepting their child having an Intellectual Disability. One of a kind as what others may say unique experiences may be. Having a child with a disability manifests different experiences as unique as their child’s capabilities.

Child’s Level of Functioning

The first unique experience highlighted in the interviews with selected parents of a child with an intellectual disability is the child’s level of functioning. There are developmental milestones as the child grows. Milestones are behavioral or physical checkpoints in children’s growth development (Pathways.org, 2020).

The respondents of this study are identified as parents of children with intellectual disability and narrated experiences of the child’s level of functioning, including delay in growth and developmental milestones. For children with intellectual disability as defined by IDEA Individuals with Disabilities Education Act (20024), significant subaverage general intellectual functioning manifests deficits in adaptive behavior that adversely affects a child’s educational performance. According to DSM – 5, intellectual disability manifests deficits in intellectual functioning such as reasoning, problem-solving, planning, abstract thinking, judgment, academic learning, and learning from experience. Also, deficits in adaptive functioning significantly hamper conforming to developmental and sociocultural standards for the individual’s independence and ability to meet their social responsibility (National Academy of Sciences, 2015).

Respondent 1, the father described the child as having difficulty in reasoning or expressing one’s needs and wants. The father said, “Matagal sumagot parang iniisip ang isasagot”. The child needs extra time in processing the information heard and is thinking about the details to say as an answer to whatever information is needed in the conversation.

Respondent 2, father said that the child has difficulty in adaptive behaviors, difficulty in socializing with others, and is easily distracted whenever she is doing something. He then quoted, “Bugnutin, ayaw ginugulo siya, nadisistract siya”. The child is having a hard time focusing on the different activities or tasks given

and preferred to work alone than with peers. The mother also quoted that, “Madumi kinakain niya,” the child does not mind what should be eaten and what should not. She does not care about small details needed in self-help skills, feeding oneself.

Respondent 3, the mother said in the interview that the child manifests delay in speech and language. She said that “delayed speech, nagsasalita pero bulol”. Father described the manifested behaviors as being inattentive and hyperactive. He then said that “Hindi siya nakakapagbigay ng attention ng focus, sobrang hyper, hindi mapakali, takbo ng takbo.” The child may have comorbidities such as communication disorders, and ADHD Attention Deficit Hyperactive Disorder (National Academy of Sciences, 2015).

Respondent 5 has a similar child’s level of functioning to respondent 2, whereas the child manifests difficulty in socialization and difficulty in adaptive behavior. Father said that, “naglalaro mag – isa, nagsosolo, sinisira mga gamit, pinupunit punit mga gamit.” The child prefers to work alone than with peers and is having difficulty deciding between playing and not. The mother stated similar difficulty experienced by respondent 3, the child has difficulty in speech and language, “Kapag kinausap mo siya... titigan ka lang,iiwasan, kapag nagugutom.. mangangalabit, ituturo.” The child is having difficulty expressing needs and wants. Non-verbal gestures were the means of communication to be understood by the people around her.

Respondent 6, the same with respondents 3 and 5, the mother experienced the child’s level of functioning whereas the child has difficulty in speech and language. She quoted that, “nahihirapan, pagsasalita, pagsusulat problem din sa hearing”. The child’s difficulty in expressing one’s needs and wants verbally may be affected by the difficulty in hearing. The child is still undergoing a hearing assessment, so details regarding this matter are not yet confirmed. According to Herer, G. (2013), professional literature reports on the increased prevalence of hearing loss for people with intellectual disability along with undetected ones.

Parents experience varying child’s levels of functioning; some may have similar experiences, and some may have different ones. However, what is unique in this experience is that they experience having a child that is developing not the same as their peers. Moreover, these manifested delays in capabilities were associated with their disability intellectual disability.

Seeking Professional Help

Some parents already knew from the moment their child was born that they have a disability, while some discovered it in the latter part of a child’s growth and development. Either the time of discovery of the disability, all of the respondents seeks professional help to confirm their child’s diagnosis.

Respondent 1, father followed the teacher’s advice wherein the child needed to be assessed by a licensed physician in child development, and he trusted doctors’ convincing power as they treat them as experts in the field. He said that “Sinunod ang advise ni teacher, Expert (doctor) ang magtuturo,”

Respondent 2 is similar to respondent 1. They sought for doctor’s advice and listened to the doctor as they confirmed the child’s disability. He said, “Pinaliwanag ng doctor...”. He needed to hear what the doctor would say about the child to confirm what is really the present level of functioning of the child.

Respondent 3, the father accepted the child’s level of functioning, but he seeks professional advice from an expert in the field, the doctor, to confirm the child’s diagnosis. He quoted that, “Tinanggap pero, ipapatingin sa doctor”.

Respondent 4, mother confirmed the child’s diagnosis when the doctor explained the details to them. She said that “Sabi ng doctor, doon lang nalaman.” They may be hearing opinions from other people about the child, but they want it to be confirmed by the experts in the field, the doctor.

Respondent 5, similar to respondent 1, was given professional advice from a teacher to have the child be assessed by a licensed physician in the child’s development. From then on, they followed the advice and confirmed the child’s diagnosis. She said, “Sabi ni teacher... ipatingin sa doctor.” They trusted the teacher’s advice which drives them to let the child be assessed.

Respondent 6, similar to other respondents, confirmed the child’s diagnosis from a doctor. She said that, “sabi nga po ng Doctor katulad din sila ng mga ibang bata”. She then realized that the child may have a disability but should be treated the same as other children.

A cry for help. In this study, parents trust the doctor’s words more than others’ opinions about the child. It shows that they need professional advice and a doctor’s diagnosis to realize the child’s situation.

Initial Reaction Towards Diagnosis

From the moment the parents confirmed their child's diagnosis of having an intellectual disability, there are various reactions among parents. Some accepted the situation right away, and some needed time to fully understand what had happened and what to do for the child.

Respondent 1, mother's reaction was, "Nasaktan, hindi alam kung paano turuan ang bata, nalilito kung ano dapat gawin, hindi muna tinatanggap, pinagiisipan, di ko alam paano, ano nangyari." A varying reaction from the feeling of pain, confusion, and denial, to the point of questioning oneself as to what happened, how did it happen, and what to do. The mother being clueless and lack of knowledge about the child's disability leads to be hard to accept the current situation.

Being the father, he said, "Tinanggap agad dahil yun ang kailangan ng bata, Mild lang, ma o- ok din yun bandang huli." He accepted the child's disability because he knew from then that acceptance is what the child needs. There is his hopeful feeling that the child will recover from the delay in capabilities.

Respondent 2, mother said in the interview, "Nabigla, hindi makapaniwala, masakit". An initial reaction of being shocked, disbelief, confusion, and pain towards the confirmation of diagnosis.

Father's reaction is somehow similar to respondent 1. He accepted the child's diagnosis as, for him, it is one's destiny. He knew that he has no control over the situation and that he needs to accept it for the child. He said, "Kapalaran, tanggapin na natin, wala tayo magagawa"

Respondent 3, Mother's reaction at first was denial, regret, and a hopeful feeling that the child will recover from the delayed capabilities. She the quoted, "Baka kailangan lang matutukan ng attention, nakakapanghinayang. Hindi nawalan ng pag-asa" She even felt shocked and dismayed towards the situation because all those times, she thought her child is just like a typically developing child, she said, "Hindi akalain, akala ay normal siyang bata". She also refused other's suggestions or help. She denied that her child has a disability, "May nag offer sa akin maam na pumasok sa SPED, hindi matanggap, hindi ganun ang anak ko". She felt pain, questioned herself, and felt a sense of having no control over the situation, but she is willing to do everything for the good sake of her child. She said, "Dinidib ko, pinakamasakit, Maraming katanungan, bakit ganito, dahil saan, hindi naman nagkulang, hindi ko expected, pero anong gagawin ko nanay ako lahat gagawin ko para sa anak ko"

Father reacted by saying, "Nagaalala, baka hindi ko nagabayan ng maayos." He was worried and questioned himself if he has really been a responsible father to his child.

Respondent 4, in the interview, the father and mother said that they did not trust the first doctor they talked with about the diagnosis of their child, so they decided to go to another hospital and have the child assessed again. He said, "sa Amang Rodriguez siya noon dinala hindi pa tayo naniwala noon", mother said, "dinala pa namin siya Labor ganoon din sinabi". From then they just confirmed that their child has an intellectual disability.

The mother said that she noticed some indifferent delay in his son's development but she just ignored them because she felt like he is a typically developing child just like his peers. She said, "Ako po may napansin ako sa kaniya na sa mata nga niya kakaiba hindi ko naman pinansin yun, feeling namin normal lang si kuya." The parents' reactions towards diagnosis are denial, refusal, and trust issues even with professional doctors.

Respondent 5, the father said in the interview, "Di ko akalain, nagtanong sa sarili, bakit nangyari, anong nagawa ko kasalanan". He was shocked and blamed himself to the point of questioning himself on what has he done wrong, and what happened to his child.

Being a mother, she felt denial and refused to accept the child's diagnosis, so she brought the child to two different hospitals just like respondent 4. She thought that they might be mistaken at the first hospital. She felt confused about why is there a gap in the child's chronological age and mental age. She said, "Pumunta sa PGH (Philippine General Hospital), dinala sa National (National Children's Hospital), Nagugulat 3 taon na pagitan, asan yung 3 nawawala." She eventually felt the urge to accept the child's disability because she felt that she has no control over the situation. What she did she ask for all the needed documents to help her child at all costs. She is eager to address the unique needs of her child by sending her to SPED school. She said, "Wala ko magagawa kundi tanggapin. Hingi lahat ng information para maipasok sa SPED school"

Respondent 6, the mother accepted from the moment she heard that her child has a disability though she felt clueless about what to do and how to help her child. She said, "form the start na pinanganak, accepted na naming, hindi namin alam noong una paano siya tutulongan."

Being the father, he said in the interview, “nung makita yung maawa, pero I feel blessed, di ginusto pero yun ang binigay.” At first, he felt pity towards the child as she has disability and health complications. However, he felt blessed because he knew that she is a God-given blessing to their family.

Various reactions from parents of children with intellectual disabilities were identified in this study. Based on the data gathered, parents have mixed emotions as to how they processed the acceptance feeling towards their child’s diagnosis. From the moment they heard the diagnosis, some parents felt denial, refused to accept, and even questioned themselves if they have been good and responsible parents. Some felt shocked, pain, disbelief, and regret, and felt clueless about how to help their child cope with the delay in capabilities.

Some felt the urgency to accept their child’s disability because they knew from then on that acceptance is what the child needs to address his unique needs. Some accepted the child’s disability because they knew that they do not have control over the situation. Some believed that having a child with a disability meant having a special blessing from God.

Moment Together

Time spent together is worth every second, especially if you have a child with a disability. They require attention and affection from people around them. Some of the parents have unique experiences in spending time together with their child with an intellectual disability. Respondents 1, 3, and 5 felt the importance of spending time with their child which greatly impacted their child’s development.

Respondent 1, the father, is working as a security guard, so he lacks time to guide his child. He is not always physically present to help the child and address his unique needs. He said, “Minsan lang kasama ang bata, hindi nasubaybayan.”

Being a working mother, she felt that it is one reason that her child manifested some delayed capabilities, she said, “Nagtatrabaho po kasi ako noon teacher sabi ni teacher dapat marunong siya magbasa, napabayaang po teacher.”

Respondent 3, similar to respondent 1, felt a need to talk with their child because he is not always physically present to address his child’s unique needs. He said, “kulang siya ng pansin hindi ko po masyado nakakausap”.

Respondent 5, similar to respondents 1 and 3, the father felt the need to spend quality time with the child with a disability because he has no time to do it due to his work. In the interview, he said, “Madalang umuwi, hindi natututukan ang bata”.

These parents had a unique experience of realizing the impact of spending quality time with their child with a disability. These experiences made them think that they lack spending time, so they may not be responsible enough for their child.

Exceptional Experience

Every parent, when upbringing a child with a disability, has different stories to tell. Each experience is unique. Each experience is exceptional. It is going to be hard, but hard does not mean impossible. In parenting life, the impossible will be possible no matter how long it takes. This study gathered exceptional experiences the parents have when upbringing a child with an intellectual disability.

Respondent 1, the father seemed to be so eager to know the child’s present level of functioning to find ways to address the child’s unique needs. He wants to do things as early as possible in the hope for the child to develop and enhance the skills needed in life. He said, “Maraming beses kaming bumalik, sabi ko kay doc, kung anong magandang paraan simulant agad para matulungan ang bata.” He seeks professional advice and does not want to waste time waiting for what is going to happen. He wants to make things happen for the child with their help.

Respondent 2, mother’s experience, requires full attention, so she gave it to him. She said, “Kailangan siya bantayan.” She did not hesitate to provide attention to her child because she knew that it is important and what the child needs.

Respondent 3, similar to respondent 2, the father noticed the need for full attention for the child, which is why they provided it to him. He said, “Full attention po sakaniya.” Like respondent 1, he is eager to look for ways to help the child overcome the delay in capabilities because he hopes that the child will recover from these difficulties and somehow develop skills at par with his age group. He said, “Ginabayan, hinanapan ng paraan kung paano makakasabay sa kabataan niya.” Fathers also felt worried about the child’s safety outside their

home, so they did not let the child go out of the house without their physical presence. He said, “Ayaw palabasin, nakakulong lang sa bahay, dapat kasama kami kapag lalabas.”

In the interview, the mother has different experiences such as she tried different strategies to help the child, like sending him to private school to see if he can cope with his peers in his age group, taking advice from a family member with the same situation as her child and is willing to do everything for her child, because she knows that if they address the child’s needs as soon as possible, he can cope with the delay in capabilities and develop skills. She said, “Maraming paraan para bumalik siya sa normal. Try muna sa private baka mag improve. Wala po improvement, tinanggap ko na po baka ganito talaga anak ko. Advise...Pinsan,..Ganoon din siya same kay (child). May chance na gumaling...Hindi sinukuan.”

Respondent 4, similar to respondents 2 and 3, the mother realized the child’s need to pay her full attention. She said, “Mas pinagtutuunan ng attention,kailangan niya ng tulong.” She also experienced hearing negative comments from other people towards their child, so she did not let her child go out because she is worried about the child’s security, similar to respondent 3’s experience. She said, “Hindi ko na siya nilabas, ayoko kutyain ang anak ko.” Eventually, when she realized that she wants the child to experience what the world offers, she let the child go out with other siblings’ guidance and supervision. She said, “Hindi na naming siya kinukulong, pinapabayaan na naming siya sa labas.”

Respondent 5, similar to respondents 3 and 4, the father felt worried about the child’s security when going out of the house, so they let her stay inside the house at first. He said, “Nandito lang siya sa loob ng bahay.” Also, similar to their experiences, he provided the child with extra care than other children because he felt the need for that. He said, “Mas lalo po namin inalagaan”.

Mother said in the interview, “Sabi ng mga kaibigan ko, Pamahiin, bilang ina, gusto mon a maging normal anak mo, sinubukan.” Her eagerness to help her child led her to do some superstitious beliefs in helping the child develop the delayed capabilities. She lacks knowledge about special education. That is why her sister introduced a SPED school to help her be informed and knowledgeable on appropriately addressing her child’s unique needs. She said, “Ano yung SPED, Sabi ng kapatid ko ate mayroon ata sila diyan sa school na Sped.”

Respondent 6, the mother felt that she should be knowledgeable about her child’s disability, so in order to do that, she had self-paced learning by researching and studying about it. It is her eagerness to address her child’s needs that made her do it. She said, “Niresearch ko po iyon maam, pinagaaralan ko kasi syempre diba special siya tapos baka mapaano pa.”

There are varying experiences that made their life exceptional among others, like providing full attention to their child with a disability, having a sense of worry towards the child’s security outside the home without their supervision, trying different means to address the child’s unique needs in hope to be at par with skills of peers among age group and having self – paced learning towards the child’s disability by asking some professionals, doing research and some reading.

Fulfilling Experience

When parenting a child with an intellectual disability, it is not always about hardship. However, there were also unique experiences that made them feel blessed to have a child with a disability. Blessed are the little things the child can accomplish that make a big difference in their lives.

Respondent 1, mother and father feel thankful for having a child with an intellectual disability because it is not only the child who is learning in the process but also them. She said, “Nagpapasalamat, natutunan ko kung paano turuan ang bata, napalawak ang experience.” In their journey, addressing their child’s needs is also experiential learning for every family member. Father said, “Marami kami natutunan. Ganiyang klase ng problema di dapat pabaya, hindi lang siya ang natututo pati kami.”

Respondent 3, mother felt happy towards child’s behavior of being a thoughtful, loving, and responsible child. She even compared these small accomplishments to her child children who do not have a disability as making a big difference in their lives. She said, “Sobrang saya, maalalahanin, maaasahan, malambing, kapag masama pakiramdam ko, lalapitan ako niyan sasabihin niya, mama, bigyan mo ako pera pambili ng gamut, bibilhan kita gamot,” the child will say, “...inom ka na gamt mama, wag ka na kasi magkakasakit” She then said, “Hindi nagagawa ng normal na bata siya nagagawa niya.” From these experiences, she treats her child as the greatest blessing and luck charm in their life. She said, “blessed po sobra, kahit papaano nakakaraos kami, yung papa niya swerte sa trabaho tapos ako rin sa pagtititinda”.

Respondent 4, similar to respondent 3, the mother compared the little things her child does for them to what typically developing kids will not do for their parents. She felt blessed and proud to have a disabled child

because of the child's good deeds of loving, loving, hugging them, and being responsible for household chores. She said, "Blessed. Hindi ikinakahiya bagkos ipinagmamalaki. Marunong sa gaawaing – bahay, malambing, mapagmahal, yumayakap, hindi ginagawa ng normal na anak namin. "

As a father, in the interview he said, "Swerte, kasi malambing, mga hindi nagagawa ng isang batang normal nagagawa niya. Ibibigay agad ang isusuot na damit pagdating ng bahay. " He serves his parents the way he can, and these simple things make his parents so proud of him.

Respondent 5's mother feels happy about her child's God-fearing, sweet, and loving behavior. She said, "Masaya ko, tuturuan ko siya magdasal sasabihin niya" Nay ano muna". Matutuwa ka, Magpipitas siya ng bulalak... ibibigay sayo, sasabihin "nanay I love you."

Respondent 6, mother said in the interview, "Masunurin, gumagawa dito sa gawaing bahay, observant, mabilis siyang matuto kung ano makita niya gagayahin." She was pleased with the child's small achievements of being obedient and learning simple household chores as a result of being observant and imitating adult activities. "Tuwang tuwa mga tao sakaniya, magbless siya," she added, referring to the fact that she is pabibo whenever she wants to showcase her talent to other people, which amazes them and makes them feel happy and proud about it. Nakita niya na ntutuwa sa ginagawa niya lalo niyang gagalingan, halimbawa sumasayaw, lalo siyang sasayaw, pabibo. "

These experiences are not about academic excellence, being given money, or receiving monetary value, but they are gold for parents. These may be small achievements to some, but they make a big difference in their lives. It is the thought that counts. Affection matters most for parents to make them feel accomplished in their parenting life, and this is what a child with a disability can give to them that no one can ever take away.

Research Question 2: What are the day-to-day challenges parents of children with intellectual disability encounter at home, in school, and in the community?

Theme:

The art of being selfless

Sacrificial Love
Child's Behavior Manifestations
Disability Misconceptions
Health Complications
Pandemic Situation
Parenting Concerns
Economic Problem

The art of being selfless

Being a parent is a lifetime commitment that entails responsibilities, and requires love and affection towards family members. Before parents think of their own welfare, they prioritize their children's good sake. When raising children with learning disabilities, parents must be aware of their child's disability and access resources, information, and related services (Disabil, 2017).

Sacrificial Love

In this study, data gathered shows how parents show their love to their children even if it means sacrificing some important matters in their life. They are willing to do everything for their child even if it means sacrificing some important matters in their life.

Respondent 1's mother realized she needed to stop working and focus on their child's special needs. She said, "Tumigil po ako nung nalaman ko po yung kay (child). Nagdecide na hindi na mna ako magtrabaho kasi ganiyan si (child). " Even though they might have financial problems, she chose to give up her work to help her child cope with the delayed capabilities.

Being a father, sacrificing for his child means doing everything for the child, even if it lacks sleep or rest. He said, "Galing sa trabaho, puyat, kailangan dalhin sa doctor, maghapon nakapila sa PGH walang tulog."

Respondent 2, in the interview, the father said, "Sakripisyo a monthly check-up, napakalayo." Distance does not matter if it is for the child. Even sacrificing a day at work will not stop a father from doing everything for his child, he said, "sakripisyo absent sa trabaho."

Respondent 6, giving up one's comfort is one of the parents' sacrifices for their child. In the interview, mother said, "wala ako pakialam, kahit sa karton kami matulog sa waiting shed."

Parents are willing to do anything for their children wholeheartedly, even if it means giving up their job, going without sleep and rest, sacrificing performance at work due to absence, and not caring about their comfort for the sake of their children.

Child's Behavior Manifestations

Parents find it hard to deal with their child's unusual behavior at times. They find it challenging because they did not know how to address the child's manifested behavior.

Respondent 2's mother had a difficult time dealing with her child's tardiness to school, saying, "pag – aaral minsan tinatamad yan si Jessa maam pag papasok, pinipilit siya." The child even manifests leaving the house without informing her parents, and because she is unaware of the community and her way back home, she is unable to return home on her own. Mother said, "Tumatakas. Nawawala sa bahay (child). " Children with special needs seem to be curious and want to explore the things that catch their interest. In order for the child to do that, there are instances where they go out of the house to discover things on their own.

Respondent 3's father appears to be struggling to deal with his child's inattentiveness, difficulty socializing with peers, being unaware of what is going on around him, and difficulty following directions, saying, "Hindi marunong sa labas. Kung ano maisip gagawin lang, Hindi nakikinig. Hindi marunong makipag – laro. " These difficulties made them feel worried about the child's security outside their house without someone supervising him.

Respondent 5, father experienced difficulty in dealing with the child's behavior of not being able to distinguish which are important things not meant for playing and which toys are meant for playing. "Yung pinaghirapan naming na pera ayun pinunit," father said in an interview. This may be one of the most challenging experiences for parents when the money they will use to support family needs is torn apart by their child with a disability.

Disability Misconceptions

One concern over disability labeling is the potential for such labels to cause children to be singled out and even ridiculed (Moreli, 2021). This is one of the most painful challenges a parent faces having a child with a disability. People tend to look at the child's disability rather than their abilities.

Respondent 2's mother reported that her other child was fighting with her disabled child. It was a painful thing to watch because she and her child had no control over it. She just told the child's mother and the teacher. She said, "Inaaway sa school, Bilang nanay... masakit, Sinusumbong sa nanay, Si teacher na bahala. "

Respondent 3, father said in the interview, "Nagkaroon ng problema sa tao sa paligid may time na may nasaktan siya ng bata sa labas." This may be one reason why parents feel worried about their child's security outside the home because they tend to be hurt by others.

Respondent 4 says that labeling children and calling them names is one of the challenges parents face when raising a disabled child. Mother said, "sabi ng kapitbahay ko," bakit ganiyan yung anak mo". Monggoloid, Ayaw ko marinig, Masakit "

Judging someone based on diagnosis is missing one's abilities, beauty, and uniqueness. Challenges to disability misconceptions are that they tend to be hurt physically, emotionally, and mentally by other people. Calling them names and talking negatively about them is so painful to watch and listen to among parents. Disability unawareness may be one of the reasons why other people tend to judge people with disability in their community.

Health Complications

Health issues may be illnesses, injuries, impairments, or physical conditions negatively affecting a person's way of living. In general, health problems among people with intellectual disability are similar to those in the general population, although certain health conditions are more prevalent among people with ID

population (May & Kennedy, 2010). Parenting a child with an intellectual disability is made more difficult by health issues.

In the interview, Respondent 2's father stated, "nagkaroon pa siya ng sakit sa puso, dala din ng kahirapan, iniisip lang naming paano naming mapa operahan ang bata." He finds it difficult because the child has heart disease and, due to poverty, they can not address the child's health needs.

Respondent 3's child is always concerned about his or her health. His mother stated, "sobrang sakitin po talaga niya." Pero inisip ko baka dahil napakasakitin niya kaya nagkaganun. " She even speculated that the child's chronic illness was to blame for his disability.

Respondent 4, mother, sees a child's illness as why she does not want to go to school even when she feels better, possibly because she has grown accustomed to staying at home and resting. She said, "noong nagkasakit po siya ayun, matagal po siya hindi nakapasok parang tinamid po siya pumasok."

Respondent 5's mother is concerned and scared whenever her child is ill because she refuses to eat or even drink water. She said, "kapag magkakasakit po siya kasi doon po ako natatakot kasi halos 1 linggo po siya nagkakasakit hindi siya kumakain ni hindi din siya hihingi kahit tubig." As they can not force the child to do what is needed to feel better, it makes it more difficult for the mother whenever she is sick.

Respondent 6's father and mother have been dealing with health issues since their child was born. Father said, "nag ICU siya, dun nagkaroon ng kaunting awa," He felt so pitiful towards the child's situation that it made it harder for him to look at his child. Meanwhile, mother said, "pre – mature critical siya, 7 months noong ipinanganak ko siya, nasa ICU siya maam kasi may sepsis siya saka pneumonia. Matagal siya nasa ICU. " Due to many health complications, it made the child last long in the Intensive care unit of the hospital. That made both parents feel worried and scared about what might happen to the child.

Health is the greatest gift and wealth one could have. Being parents, it is of the great treasure that their children are in good health and good condition. It may be one of the biggest blessings one could ever wish for.

Pandemic Situation

Research on past pandemics shows that people with disability find it difficult to access critical medical supplies due to scarcity of supplies. They may experience intensified feelings of sadness in response to social distancing measures (American Psychological Association, 2020). Even if you have a disability or none, everyone faces varying challenges during this time of the pandemic. Limitations to mobility, and limitations to access to everything, including basic needs, make it difficult for everyone's daily life.

Respondent 3's mother felt helpless due to the pandemic because, even if she wanted to take her child to therapy sessions, she could not do because of safety precautions. She said, "kung hindi nga po naglockdown magpapathery po siya kaso wala talaga."

Respondent 4, similar to respondent 3, the mother can not take her child to therapy to address his unique needs due to the pandemic situation. She said, "kaso lang po ngayon pandemic hindi po naming siya madala sa milestone kasi bawal nga lumabas."

Respondent 6, unlike respondents 3 and 4, found a way to access therapy sessions during the pandemic; however, because she is the physically present person to teach the child at home, she cannot fully employ the strategies to help address the child's needs. She needs extra time to learn the skills to be taught and to learn the skills how to teach them to the child. She said, "ngayon po pandemic sa online lang po kami, bilang nanay doon po ako nahihirapan sa paggaya kung paano gagawin dito sa bahay." They may have access to therapy services, but it is hard for the mother to imitate the teaching techniques and strategies.

In this study, some parents mentioned the pandemic as challenging when raising a child with an intellectual disability. They say that even if they want to access full therapy services to address their child's needs, a pandemic hinders it. No one could see the virus we are fighting against. That is why people tend to let go of the things they have no control over and just go with the flow to survive.

Parenting Concerns

There are a set of issues and concerns that commonly arise for parents of children with disabilities. Not every concern may apply to every student and their family, some are just unique to families of children with disabilities (Taub, 2006).

Respondent 1, felt pity towards the child because she realized that the child had no one to talk to whenever he needed it. She said, "kawawa naman si (child) kasi kapag gusto pala niyang kausapin yung mama niya wala po siyang makausap."

Respondent 2, a challenge in their parenting life is that, as a couple, there were times that they fought and blamed each other for what happened to the child. She said, "Medyo parang ano maam madalas pong nag aaway kami maam. May kaunting sisihan. "

Respondent 3, one of the concerns of being a parent of a child with a disability, is a lack of knowledge and being clueless towards the child's disability. She said in the interview, "wala po talaga akong alam sa ganun". Parents do not know where to start and what to do because they do not know what the disability is.

Respondent 4, patience of a person has its limitations. Like the respondents, patience was tested due to what other people were doing to the child. She said, "dumating sa time na nakikipag – away para tigilan." She engages herself in quarrels to fight for her child's rights. Other than engaging oneself in the quarrel as a challenge, having no one to turn to or ask for help in caring for the child. She said, "dati po wala ako pamilya dito kami lang ng asawa ko kasi nasa probinsya si nanay ko, wala po kami ibang katulong sap ag aalaga sa mga bata.." It is really a big challenge for a mother to take care of a child with a disability and other kids alone.

As a father, one of the difficulties he faced was transporting someone else's child to a hospital for medication, and worst of all, administering medication for head injuries. This experience is due to the behavioral manifestation of his child with a disability. He said, "Nagkaroon ako ng problema teacher nung nagpatahi ako ng ulo ng bata. Ayaw kasi niya yung inaasar siya tapos inaagaw yung nilalaro niya kaya ayun siguro nagalit si kuya nabato niya. "

Respondent 5, similar to respondent 4, the mother also had no idea what the disability of the child was all about, the ways how to help the child and what to do. She said, "Ano yung SPED."

One of the concerns that the father had was hearing complaints from other children about the attention given to disabled children, which he described as "magreklamo yung 3 (siblings)." It may be difficult to persuade other siblings of the importance of parents devoting their full attention to a disabled child.

Respondent 6, similar to 4 and 5, the mother also lacks knowledge of how to help the child. She said, "Wala din po talaga kaming alam tungkol sa ganiyan kung paano gagawin." It is really hard to be clueless about a child's disability because if you do not know anything, you cannot address your child's unique needs.

Perfection is an illusion created by a parent's lifetime dedication. In this study, parenting concerns include a lack of knowledge about the child's disability, engaging in couple quarrels to the point of blaming each other for what happened to the child, feeling pitiful about the child's situation, hearing complaints from other children, engaging in quarrels with other people to fight for the child's rights, and bringing other kids to the hospital because something happened to the child.

Economic Problem

The respondents in this study belong to low-income families. Most of them experience having only one parent working for the family. Most of them face financial problems, which leads to not fully supporting the child's unique needs.

Respondent 1's father wanted to address the child's needs by sending him to a therapy center, but they needed to borrow money from other people due to a lack of funds. He said, "naghahanap ng mauutangan mapathery lang, medyo may kalakihan kasi ang budget magkano nay un every week."

Respondent 2, father and mother, claim that they lack money to support their child's needs. The father said, "natural lang siguro yung kapos ka (Financial)." Mother said, "Maam nashoshort kulang (financial)."

Respondent 3, similar to respondent 1, wanted to let the child receive therapy sessions to address unique needs but do not have enough money because it costs every session. Father said, "ayun po nagkukulang sa pera, kailangan po ng yung therapy itherapy daw po siya ee kaso mahal po yung sinisingil." This statement is agreed upon by the mother, "gipit na gipit kami."

Respondent 4, similar to respondents 1, 2, and 3, looked at financial problems as a challenge in addressing a child's needs. Mother said, "nagkaroon po kami ng problema sa pera."

Respondent 5's mother and father want to address the child's health needs, but they do not have enough money. Even though they acknowledge that the child needs to undergo a medical check-up, they can not go on with the schedule provided because they do not have money to pay for it. Mother said, "gustuhin ko man na ipatingin siya sa doctor, hindi ko po kaya medyo kulang kami sa budget." Father said, "katulad sana niyan naka schedule sana pacheck up kaya lang wala kami pera maam hindi naming madala.laging may sched. Tatawag nanaman sila na dadalhin naming sana kaya lang wala, ipambili naming ng pagkain, syempre mahirap lang buhay namin." It is also a pain for a parent to not provide whatever the child needs or wants because they lack

funds. He said, "Ang hindi ko lang matanggal sakaniya, kapag magpabili ng manika magmamaktol nay un, magmula noon hanggang ngayon hindi pa rin mabilhan maam."

Money isn't everything, but everything needs money. When raising a child, whether they have a disability or not, they have needs and desires that a parent must meet. One of the greatest challenges in parenting life that emerged in this study is having enough money to address the unique needs of a child with an intellectual disability.

Research Question 3: How did the parents cope with the day-to-day experiences of parenting a learner with an intellectual disability encounter at home, in school, and in the community?

Theme:

The Key to Successful Co-Parenting

Parent's Level of Understanding
 Family Members' Involvement
 Parents Unconditional Love
 Behavior Management Skills
 Problem Solving Skills
 Religious Faith
 Togetherness
 External Support Services
 Social Support
 Ignoring Criticism
 Financial Coping Strategy

The Key to Successful Co-Parenting

In this study, this theme emerged throughout the data gathered. At first, what seems to be a bitter trial for parents of a child with an intellectual disability is often a blessing in disguise. For parents respondents, their child with an intellectual disability strengthens their relationship and brings their family hope, love, and faith. It taught them how to overcome challenges they may face along the way as long as they are together. They have learned to let go of the things they do not control and just let God's plans be done. They were their family's blessing in disguise to have a successful co-parenting life.

Parent's Level of Understanding

Parents' decisions in the intervention process of the child are very important. To ensure that the decision-making process is beneficial for the child in addressing the child's unique needs, parents should fully understand what the disability entails.

Respondent 1, as a mother, is eager to know about the disability of the child for her to address the unique needs. She reads the doctor's assessment results for her to understand the situation fully. She said in the interview, "binasa ko po ang mga sulat ng doctor inintindi ko po para maintindihan ko."

Respondent 3, being in an environment (SPED school) where other children with special needs made the mother fully understand that her son is not alone in this situation. She felt a sense of relief that there was hope that someday her child could cope with the delay in capabilities. She felt a sense of belongingness in society and that they were not alone in this. She said, "Nung naassess po siya dun ko nalaman lahat na hindi lang pala siya ang may kasong ganun. Dun ko nalaman na hindi pala siya nag – iisa, at nung napasok sa sped maramin po pala sila hindi siya nag iisa.. "

Respondent 6 finds time to search on different searching platforms for the information needed to understand the disability of the child. She takes time to learn because she is worried that she is not knowledgeable about the medications to be given, and that her child might be put in a more complicated situation. She said, "Lahat ng gamot na tinuturok sa kaniya niresearch ko po iyon maam, pinagaaralan ko kasi syempre diba special siya tapos baka mapaano pa."

Family Members' Involvement

Family plays an important role in addressing the unique needs of a child with an intellectual disability. Family plays numerous supporting roles, including disability advocates, people who can provide valuable information about children's specific needs to instructors. When families work together, it enhances the likelihood that children with disabilities will have a positive and successful learning experience (Ferrel, 2012).

Respondent 1, the father, and mother stated in the interview that they did not experience any concerns from their other children towards their child with a disability. Father said, "Wala kami naging problema kasi nakikisali na nga yung iba. sumasali na rin siya kasi importante pala yun. " He acknowledged the importance of involving all their family members in the process of addressing the child's unique needs. Mother said, "yung panganay po tinuturuan niya rin si (child)." They let their older child teach and guide the child with an intellectual disability in terms of academic needs.

Respondent 3, whenever they have no other people to turn to, there is always their family to help them at all times. When their family is in need, their mother asks her siblings for assistance, saying, "kapatid ko, takbuhang pag nangangailangan."

Respondent 4, similar to respondent 1, explains the child's situation to their other children. They often have family meetings to discuss the child's unique needs and address them as a family. They engage all their family members, especially other children, in the intervention process because they acknowledge the importance of togetherness in addressing a child's unique needs. "Madalas nagkakaroon kami family meeting para pag uusapan naming kung paano gagabayan si kuya," he explained. Sa mga ibang anak ko po wala naman problema kasama namin sila para kay kuya, kapag lalabas si kuya kailangan kasama mga kapatid niya o kami. Pinapaliwanag ko naman maam na iba tong kapatid niyo, na sinasabi nila favo favorite sabi ko maam hindi hindi ganun yun, pinapaliwanag ko maam. (siblings)". In the interview, the mother also stated that the family is their greatest help in the intervention process. They let their other children understand the child's unique needs, so they do not feel like there is favoritism in the parents' car. She said, "yung pamilya ko po sila po nagiging katulong naming sa paggabay kay kuya, sa therapy, sa pag – aaral. Naiintindihan naman po nila na pag sinasabi namin na mas kailangan ni kuya yung attention namin kasi sila kaya na nila gawin yung mga bagay bagay si kuya hindi.. "

Respondent 5, like respondent 4, explains to his other children that he does not have any favoritism feelings toward any of his children but that the child with a disability requires full attention and special care because she cannot do so on her own. He said, "pinapaliwanag ko naman maam na iba tong kapatid niyo, na sinasabi nila favo favorite sabi ko maam hindi hindi ganun yun, pinapaliwanag ko maam. (siblings). "

Respondent 6, the mother, highlighted in the interview that they did not have any problem with other siblings towards the child with a disability. Instead, she became the family's eye-opener when it came to disabled children. At first, she said that her firstborn stated that she didn't want to have a sister with a disability, but everything changes when God gave the child to their family. They look at these children differently, with joy, pride, and a sense of belonging. She said, "sa mga kapatid po wala kami problema naiintindihan nila, sab inga po ng panganay ko dati, nung wala pa kaming (child), ayaw daw niya na magkaroon ng kapatid na may disability, pero nung dumating si (child), nagbago daw, actually lahat kami, natutunan naming na magbago yung tingin namin sa mga batang ganun, na kapag may achievements or may makita kaming iba na katulad ni (child) nakakatuwa."

Parents Unconditional Love

Respondent 2, mother and father, said in the interview that they accept their child with an intellectual disability no matter what. They give importance to the child's unique needs and that they provide genuine love and care. Mother said, "mahalin yung anak yung si (child), tanggapin at mahalin. tanggapin at mahalin ang anak kahit na sino pa siya, anomang kalagayan niya. " Father said, "tanggap sa sarili saka pahagalahan saka alagaan." He acknowledges that he needs to accept himself first, have a child with a disability, accept the child, and care for her fully.

Respondent 3, nothing can stop a mother from doing everything for the sake of her child. This is the way of unconditional love of respondent 3, she said, "hindi po ako nawalan ng pag asa magantay, kaya hindi ko po sinukuan, kailangan ko masuportahan ang mga anak ko, gagawin ko lahat."

Respondent 4, for a father, his child with a disability is his inspiration in life to keep on going no matter how hard challenges may seem to be. His child gave him the will to overcome all the hindrances that may come

along the way, he said, "mag silbi silang inspiration sa buhay naten para kahit sila ay may disability sila ay mabigyan ng magandang pamumuhay."

Being a mother, she accepts her child wholeheartedly without any doubt, without any hesitation, because it is her flesh and blood. Instead of being ashamed of having a child with an intellectual disability, she felt proud. She said, "tanggapin naten sila ng buong puso wag po naten silang ikahiya."

Respondent 5, similar to respondent 4, the mother is proud that she has a child with an intellectual disability. She felt so lucky and happy to have one great blessing. She said, "Swerte maam. Masaya na kahit nagkaroon ako ng anak na ganoon nakakaraos pa rin ako ng kahit papano. maswerte ako na nagkaroon ako ng isang (child) hindi ko po yun pinagkakaila bagkus pinagmamalaki ko po iyon sa mga kapit – bahay ko. " She even mentioned that, if someone is devoted to having a child, they will accept the child wholeheartedly no matter if the child has a disability or none, because they desire to have one. She said, "maaccept niyo yun kung talagang deboto kayo na magkaroon ng isang anak." She will also tirelessly care for and guide the disabled child, saying, "tinyatyaga, lahat po gagwin naming para umayos siya um-ok siya."

Respondent 6, parents learn the way of unconditional love from their child with disability. They acknowledge that these children were born with only love and goodness in their hearts. So parents should show them how to be loved unconditionally, so they will also love other people how their family loved them. She said, "dapat ipaparamdam mo kanila na mahal mo sila para alam nila kung paano yung dapat din nila gawin sa iba. Sila kasi maam yung mga taong may purest unconditional love, kasi diba maam wala silang alam." Father added, "sila yung walang hate na alam puro love." How you love other people is the same way people will love you back.

A parent's love is the only true love that is selfless, unconditional, and never-ending.No matter how hard challenges may seem, it will be worth risk-taking to ensure that their child is in good and healthy condition.

Behavior Management Skills

One of the challenges parents face when upbringing a child with a disability is managing difficult or defiant behavior (Pietro, 2021). Addressing manifested unusual behavior of a child with an intellectual disability is difficult for parents if they do not know about the disability and access to support services for this. However, it may seem hard for parents, but there is a way out of these challenges.

Respondent 1, for the mother and father, talking to the child, befriending them by letting them tell their story, and spending time knowing what happened to the child every day is important. It allows parents to know the child's interests, wants, dislikes, favorites, and all other things that are going on in the child's daily life. From that, the child will feel cared for and loved and understand whatever the child needs and address it appropriately. She said, "kakausapin po sila parati hindi po sila papabaya.. yung mga anak po natin yung may ganito pong sakit po kailangan intindihin sila kung ano gusto nila, bibigay ang pangangailangan nila, tuturuan po natin sila, bigyan ng attention." father said in the interview, "huwag papabyaan importante yung araw – araw makakausap yung mga bata para hindi mag iisip isip yung isip."

Respondent 3 suggests that, to address the child's behavior of being unaware of the consequences of his actions, parents ensure that they have someone to guide and supervise them until they can do things independently.He said, "Kinailangan lang talaga siya gabayan hindi ko siya hinahayaan magisa sa labas kasi kailangan nakasuporta ako lagi. Kailangan lang po tyaga at ano importante po yung gabay na bilang tatay ka kailangan niyo po gabayan yung anak niyo. "Do not feel tired of guiding the child towards overcoming his or her delayed capabilities because parents' guidance is important as a child will set you as his or her role model on how to behave as a person.

Respondent 4, treating the child as normal as possible is what the mother did with her child. She is aware that her child has a disability, but she allows him to live his life as most children do. She did not make her child with an intellectual disability feel indifferent to others. "Ituring naten silang normal wag naten I paramdam na sila ay naiiba," she explained. She also added that loving the child wholeheartedly and guiding him to address his delayed capabilities is important. She said, "arugain sila ng mas higit pa dahil sila ang mas kailngan alagaan at bantayan at bigyan ng buong pagmamahal".

Respondent 5, the father acknowledges that in order for a parent to manage a child's behavior and unique needs, one must fully understand the disability. Know the needs and wants of the child, give attention to the child's development and skills enhancement to cope with the delayed capabilities, and, most importantly, do not let the child hear negative words that he or she might imitate or feel hurt. He said, "kailangan maam maunawaan yung anak niya hindi mapapagalitan, iwasan niya na makarinig yung anak niya."

Being a mother, she acknowledges that she disciplines her child with physical contacts such as pamamalo, verbal scolding, or mapapagalitan. This is her one way of showing the child that what she did is not good for her or others, so it should not be done again. She said, "mapapalo mor in hindi na maalis yun mapapagalitan."

Respondent 6, similar to respondent 4, the mother treats her child like a typically developing child. As the doctor advised, they too have feelings similar to how we react to things around us. They may not express what they think about their needs and wants, but they can feel how people will treat them. As a result, if a parent treats them indifferently, they will feel and behave accordingly. She said, "Pinaparamdam naming sakaniya na normal siya maam. Kasi sabi ni Doc, hindi man sila marunong mag express ng iniisip nila pero yung nararamdaman nila pareho lang din sa atin."

Other than treating the child like her other peers, they have set out roles in parenting where one will be the disciplinarian (mother), and one will be the playmate (father). They notice the importance of having one or both parents be the authority and one or both will be the child's friend. Father said in the interview, "kung siya po yung disciplinarian ako po very lahat, ako yung puro harot, laro." Mother added, "binabalanse lang po namin maam."

Being a parent, especially for a child with a disability, you will learn how to address unusual manifested behaviors in your way. It seems normal for some to address physical contacts such as pamamalo and verbal scolding or mapapagalitan. However, most parents acknowledge treating the child as normal as possible and showing genuine love and affection to address these behaviors. Setting roles as a disciplinarian and a playmate was also one of their behavior management strategies. Ways of managing may vary, but what is important is, that parents are doing everything so the child can meet the behavior norms to be mainstreamed in society.

Problem - Solving Skills

Problem-solving includes brainstorming, thinking about ways to solve the problem, choosing the most appropriate solution, and evaluating the result. These are the skills needed in parent problem-solving skills (Society of Clinical Child & Adolescent Psychology, 2021).

Respondent 2, mother said in the interview, "lahat ng pagsubok kinaya nagiging matatag pa rin. Lahat ng problema kakayanan kapag matatag." In our journey in life, all of us face problems. It may be a big deal or not, but we still think of it as challenging for us. We must endure everything in order to face the problem and have a solution to it.

As a father, he understands that most problems are beyond a man's control, particularly in family matters, so he lets go and looks for a solution. He is dealing with it by not stressing himself out and is unable to move forward. He knows that in every situation, there is a way out of difficult times. One has to face it and be optimistic. He said, "Pinapabayaang na lang po namin na mamroblema sa amin ang problema. balang araw yung pagsubok makakayanan yan ee, kung anomang problema harapin mo lang."

Respondent 3, being the father of what we so-called say, haligi ng tahanan, is always expected to be the toughest among all the family members. This is the characteristic respondent 3 embodies. He trusts that his family can overcome any challenge they may face, and they have to be tough and look for a solution to it. He said, "yung pagiging matatag po maam at tiwala sa sarili kailangan magpakatatag bilang tatay wag mawalan ng pag asa." Father and mother both strongly believe that if they have hope in them that all problems have their solution, they need to face it, and they will be able to overcome every challenge. Mother said, "wag mawalan ng pagasa kasi nung una tulad ko nawalan ako ng pag asa ee sabi ko no choice naman so go lang ng go."

Respondent 5, mother said in the interview, "sa mga nanay na katulad ko na may sped na anak. Huwag nila ipag alinlangan." Hesitation will not help you overcome challenges. If you doubt yourself that you will find a solution to every problem you face, it will not help you move forward. As a mother, she stands still and faces the problem because she knows that she will find a solution to it no matter what.

In every problem you face, being a parent makes you the toughest soldier in your family. No matter how hard the problem seems to be, face it, and keep it ongoing. Eventually, you will find a solution to it. From then, you can move forward and go on with your life.

Religious Faith

Religion has an increasing impact on parenting. Findings in the study of Petro, M.R. et al. (2017) show that religion influences parenting and that with intervention aimed at increasing specific skills, parenting practices may improve.

Respondent 2, the mother accepted the child with a disability from the moment she was born. For her, she is God's greatest blessing. From her perspective, God is just challenging their family if their faith will be shaken because of this. She said, "tinanggap lang namin na ayan ang binigay na swerte ni Lord sa amin maam. Sinusubukan ni Lord maam kung matatag kami kaya binigyan kami ng ganiyang anak na may sakit. " And so, by loving and caring for the child unconditionally, they accept what they think is God's challenge to their faith.

Respondent 3 says that the power of prayer for mothers is one of their most valuable resources when she has a child with an intellectual disability. She said, "sasabayan ng panalangin n asana maging ok na din siya." She believed in the power of prayer and had a strong faith in God. No matter how long it takes, with parents' guidance and God's answer, her child will soon cope with the delayed capabilities and be at par with his peers' skills.

Respondent 4, father said in the interview, "kailangan mong tanggapin kasi yan yung ibinigay sa atin. Hindi naman tayo bibigyan ng Diyos ng hindi natin kaya. Magpasalamat, dahil di tayo bibigyan ng panginoon na di naten kayang mahal in at arugain. " Similar to respondent 2, their faith in God was not shaken. Instead, it was strengthened. He strongly believed that God gave his family a child with an intellectual disability because He knew they could provide the child with genuine love and care. He is convinced that they were chosen to attend a special care facility for a special child.

Respondent 5, similar to respondent 3, mother and father believed in the power of prayer, and their child with a disability is God's greatest blessing in their family. Father said, "Nalagpasan sa nananalangin lang kami sa Diyos maam." No matter how hard the challenges they may face, they hold on to their faith in God, that they will receive help from Him and everything will be well soon. mother said in the interview, "isang magulang hanggat hindi mo pinakikita na mahal mo, ang pagmamahal mo sa iyong anak pinakikita mo kasi regalo saiyo yun ng Diyos." She believes that their child with a disability is God's gift to them, that they should care for the child and provide unconditional love, just like how God loves us.

Respondent 6, like respondent 4, accepted the child with intellectual disability because she knows God chose them to be the child's guardian here on Earth because they were capable of providing her with genuine love. Mother said, "tanggapin nila yung anak nila, kasi ibinigay yan sa atin dahil alam ng Diyos kaya natin na tayo yung may kakayahan na mahal in sila tanggapin sila alagaan sila kaya sa atin binigay. Blessing sila, mahal in lang natin sila at gabayan kasi kung paano nat8in sila gagabayan ganoon din silang lalaki na mapagmahal sa iba. " Father added, "wala naman po tayo magagawa kundi tanggapin kasi hindi iyan ibibigay sa atin kung hindi natin kaya." The father knew he had no control of the situation, so he accepted his child and provided whatever she needed.

Faith in God changes everything. It is not a feeling that one can have in an instant. It is a decision that one makes every day as a strength to hold on to and as a hope to look forward to. Faith is one's gift that no one can take away.

Togetherness

Being a couple means having two people committed as one. Marriage binds a couple, but it takes two people to take part in the relationship. They vow to live together for richer, or poorer, in sickness and in health, likewise in good times and bad. Togetherness is not leaving one behind but staying side-by-side.

Respondent 3, helping each other at all times, especially in trying times, is what father highlighted in his statement, "tinutulungan po ako ng asawa ko Tulungan kasi kulang po sinasahod ko maam." Lending a hand in financial problems is their solution to having enough money to support their family needs. In simple ways where one can earn money, they do it as a couple and parents for their children and not just waiting in vain for nothing.

Respondent 4, similar to respondent 3, mother highlights in her statement that when their family is facing a problem, being there for each other is their source of strength. She said, "kaming dalawa lang po nagtutulungan." They may not receive any help from other people. What is important is, that they have each other.

Respondent 5, father said in the interview, "naguusap lang kami mag asawa klung ano problema sabay sosolusyonan." Talking to each other and having a healthy conversation gives a solution to every problem they face. They sit down, have time to talk about the situation, then together find a solution to it.

Respondent 6, "ang tip diyan maam walang iwanan". These words are their family's key to success in every situation. They may not have everything, but they will overcome anything because they have each other to turn on whenever they are in need.

External Support Services

Supports are any services, strategies, or situations that may benefit a child with a disability (Watson, 2019). It helps families in addressing the unique needs of their child. When raising a disabled child, a parent must become an advocate and learn about all of the options available to help the child (Watson, 2019).

Respondent 1, the mother, seeks professional advice from teachers and doctors to fully understand and address her child's unique needs. She did not get tired of asking and found means to understand the situation. She said, "Yung sinasabi po ni doktora po pinagiisipan ko, nagtatanong tanong din po ako sa mga teacher kung paano po ba ito." Father also sought doctor's advice and did whatever the doctor asked them to do. He even sent his son to a therapy center to have appropriate interventions regarding occupational therapy needs. He said, "kung anong sabihin ng doctor sinusunod naman namin kasi yun daw ang kailangan, kung ano dapat gawin, kasi kung anong advise ng doctor, kasi pumunta rin kami ng milestone para sa therapy niya."

Respondent 3, similar to respondent 1, the mother addresses the child's academic needs in a special education school. She asked for the teacher's advice on what to do even at home, so there would be continuous learning for the child. She even stated that they sent the child to therapy sessions in the hope of recovering from the delayed capabilities. She said, "Hindi rin po kami tumigil kaya nakapag tanong tanong ng advise kung ano ba pwede gawin naming, ayun po hanggang napunta kami dun sa SPED. Binalik ko po talaga iconinue yung therapy para mas gusto ko po talaga siya makahabol. "

Respondent 4, similar to respondents 1 and 3, the parents let the child receive help in a special education school and therapy center. Mothers acknowledge the importance of seeking professional help as they see progress in their child's abilities and skills are being developed along the way. "Therapy malaking tulong po," she said. dati tinatamad si kuya magsulat sulat, ngayon nagsusulat sulat na siya, sa school po teacher, natuto na siya sa kulay kulay, drawing, masipag po siya pumasok. "

Respondent 5, similar to respondent 4, mother sees progress in her child's development when enrolled in a special education school. She said, "kaya hanggang sa ngayon andiyan siya sa SpEd school. Ayun po, sa ngayon nakakasalita na siya, kaya lang hindi po niya matanggal yung pag guray guray ng papel. Natanggal yung papel plastic naman ngayon. "

Even during a pandemic, respondent 6's mother recognizes the importance of her child attending a special education school guided by special education teachers and in therapy centers to meet his or her child's unique needs. She finds a way to attend online classes for both services to help address the child's unique needs. She said, "Sa pag – aaral niya maam, napaka attentive po niya sa online class kay teacher kapag may pinagawa si teacher ayun gagawin niya agad. Nakikinig din ako maam sa speech therapist niya ngayon po pandemic sa online lang po kami. "

Seeing progress in a child can make parents feel proud and happy. It may be small or big achievements that make a big difference in the child's life and their family. Seeking professional help from available services from special education teachers and therapists makes learning for children with intellectual disabilities more meaningful. It is just that parents need to be open to these services for the child to receive them. If parents do not dream of a better future for their child with a disability, who will?

Social Support

Social support often appears in discussions of relationships. It means having friends and other people, including family or someone you can turn to in times of need. It enhances the quality of life and safeguards a person from adverse life events (Bakken, 2016).

Respondent 2's mother claims that their neighborhood is aware of disabled children. They have already seen a lot of similar cases, the same with the disability of her child. She did not have any problems in their community because her child was accepted. They understand the needs of the child, and they help their family when the child is lost. Their neighbors helped to look for the child and brought her back home. She said,

"kapitbahay naman maam naintindihan nila maam kasi marami na rin sila nakita na katulad niya, ganun, parang wala na rin sakanila yun. Nung Nawala po siya Tinulungan kami ng kapitbahay maghanap. "

Respondent 3, family members are our first people to rely on when in need. The mother asked for advice from her cousin, who has a similar situation just like her son. Her cousin is now a successful seaman. That is why that situation cheered her up, and she hoped that her son would cope with the delay in capabilities just like him. "May nag advise na rin samin na pinsan ko, ganun din siya noon actually maam naging seaman na nga siya parehas ng sakaniya, so sabi ko aa may chance tong gumaling," she explained.

Respondent 5, a mother, felt relieved when she compared her child's disability to other children with comorbidities. She felt lucky that her child has eyes that can see, ears that can hear, and a complete physical body. It is just that she has difficulty with academic functions, delays in speech, and adaptive behaviors. She said, "Para sa akin maswerte na ako, dahil sa kaniyang kalagayan. Nakakakita ako ng may disability nan aka wheelchair, kinakarga, sinusubuan, tapos walang paningin, walang pandinig. Hindi katulad nung sa akin normal. " She went on to say that she considers herself fortunate to live in a community that recognizes the needs of children with disabilities."Sasabihin nila oh hwag niyo aawayin yan alam niyo naman na sped siya," she said, "sasabihin nila oh hwag niyo aawayin yan alam niyo naman na SpEd siya."Kapag nandiyan ang nak ko sabihin nila (child) halika na laro tayo, "

Respondent 6, unlike other parents who receive social support from other people, in their situation, they were the ones who gave social support to other families who have a child with a disability. They were set as role models on addressing the child's needs by letting her play outside, socialize, be enrolled at a Special Education school, and receive therapy sessions. She said, "Yung mga kapitbahay po naming parang nagiging inspiration po kami kasi katulad nung may katulad ng case ni (child) eee, nangyari Nakita nil ana nilalabas naming siya hindi kinakahiya, ganun na din ginawa nila, na nilabas na rin pinasok sa SPED school sainyo para hindi lang lagi nasa loob yung bata."

There are two ways how parents can have social support. First, they are the ones who receive it from other people, and second, they are the ones who give support to other families with a child with a disability. No matter what means you have right now, continue to make a difference. Because the first step towards mainstreaming the child into society is awareness, then the next is acceptance. As Robert M. Hensel quoted, "There is no greater disability in society than the inability to see a person as more."

Ignoring Criticisms

As Ester Seals quoted, "The worst thing about a disability is that people see it before they see you." Many people judge a person with a disability by just looking at what they do not have or can not do. They do not know that if we treat them with love, care, and by teaching them, the disability will be a child's ability. Ignoring criticism is one of the parents' coping mechanisms because they can not get something good. It is the person who hates the most who is not loved. Parents know that even though their child has a disability, they have the purest unconditional love their family is experiencing.

Respondent 2, father highlights in his statement that one should just ignore those people who judge a child with a disability. Parents treat their children as God's blessing, so if one says bad things about God's gift, it is not in his hands to manage these people. He said that no matter how people look at a child with a disability, a parent should learn to control oneself. Be more disciplined, do not stoop down to their level, and learn not to be bothered by what they say. He said, "huwag magpadala sa galit sa ibang tao atsaka nasa magulang na yung pag didisiplina sa sarili na kahit kutyain yung anak mo. Mas importante hindi naman sa amin babalik yun sakanila naman kapag hindi nila tanggap ee yun lang masasabi ko. "

What you give to others is what you will also get from them. Show them love, care, and optimism even though they only know hate. Spread good vibes, and all will be well.

Financial Coping Strategy

Respondent 1, father addresses their financial problem by borrowing money from other people and, eventually, agreed day, it will be given back to the owner. He said, "nagkakandarapa ako mangutang".

Respondent 2, mother and father do not have enough money to address the child's needs, so they borrow money from other people, like from family members, or ask for financial assistance from politicians like Congressman. Father said, "(financial) hihingi ka ng tulong sa kamag – anak may time na pumila kaming dalawa nakatatlo kami kay congressman Acop sa taas." Mother added, "nangungutang na lang ako. May mahiraman".

Respondent 3 addresses their financial problems differently. A father's earned money is not enough to support the child's unique needs, especially therapy sessions and check-ups. He has to work or look for what they call a sideline apart from his permanent job. He works as a factory worker, and his sideline is being a delivery man. From this, he gets extra income to support his family. However, this will never really be enough. That is why his wife sells goods in their neighborhood as additional income for their family. Father said, "sinipagan ko lang tyaga minsan po pagka may ano pagkakataon sumasideline din po ako tapos. magtinda tinda siya kahit papaano makatulong sa pinansyal naming tapos ako po pipick up maam." Mother added, "Saka yung asawa ko maam hindi namimili ng trabaho, minsan pag walang pasok walang overtime, nagsasideline po siya naggrab ganiyan.." They get extra money to support their family and child's unique needs by assisting each other in working on different jobs.

Respondent 4, living within their means is their family's strategy for coping with financial problems. The father works and earns money for the family, so whatever money they have, the mother will budget it to support their family and child's needs. Father said, "kailangan po magtrabaho, kasi kailangan maibigay yung kailangan nung pamilya." Mother added, "ang gagawin po pagkakasyahin kung ano po meron."

Respondent 5's father's strategy for dealing with financial problems is to work hard. For him, one has to work because if you do not do something to earn money, nothing will happen. He said, "Kapag hindi magtrabaho hindi makakain."

As the saying goes, do your best, and God will do the rest. You have to do something in order to overcome challenges that might get along your way. Children with special needs require different services in order for them to cope with their delayed capabilities. Everything we need needs to be purchased with money, so one should earn it in order to have these. There are numerous financial coping strategies identified in this study that one can employ. You can borrow money, but make sure you return it to its owner, work hard, and have multiple jobs depending on your capabilities, but do not push yourself to your limit because you may become ill, and last but not least, live within your means. Live with what you have and prioritize the needs and not the wants. No matter what strategy a parent will do, what is important is, that they will do everything to provide for their family's needs.

Research Question 4: Based on the findings, what training module can be proposed for parents to empower them with the knowledge to cope with the child's day-to-day behavior at home, in school, and in the community?

Based on the data gathered in this study, an inspirational journal was made as to the parents' training module or guide when parenting a child with an intellectual disability. The information in the inspirational journal was based on the data gathered in this study and utmost confidentiality in families' personal information will be provided. The inspirational journal would let readers picture in their minds the wonderful journey of families with children with intellectual disability. Parents experiencing the same situation can learn from the advice given by parents in this study. It can be an awareness journal for other people who may not be living in the same situation as Filipino families parenting children towards having a child with an intellectual disability. Appendix letter E indicates the inspirational journal.

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This phenomenological study aimed to examine the lived experiences of parents of children with intellectual disability and to look for common themes. This chapter presents the summary of the findings, conclusions, and recommendations, particularly for this study.

Summary of Findings

This qualitative phenomenological study aimed to search for common essences experienced by respondents of a shared phenomenon. The respondents in this study shared the experiences of parents of children with intellectual disability. By seeking and hearing respondents' subjective encounters and how they made sense of these occurrences, this research understood their lived experiences and how they cope with the phenomenon.

Four research questions guided the study.

1. What are the day-to-day experiences of parents of learners with intellectual disability encounter at home, in school, and in the community?

A parenting experience is one of the most challenging yet fulfilling life experiences a person could have. This study, describes the day-to-day experiences of parents when raising a learner with an intellectual disability revealed from the actual semi-structured interview done virtually. It was found that a theme emerged relative to the information provided by the respondents, which is, Journey to Acceptance. This theme summarizes that having a child with an intellectual disability makes a parent a special kind of person and that their parenting journey may not be easy. What is important is, that they accept their child as having a disability wholeheartedly. Sub-themes have emerged that enumerate the day-to-day experiences of parents, such as:

Child's Level of Functioning: it described parents' experiences facing different difficulties and delayed child capabilities with an intellectual disability. Difficulties focused on adaptive behavior, speech and language, and socializing. Delayed capabilities in intellectual functioning, motor skills, and difficulty with hearing.

Seek Professional Help: it entails that parents experience seeking professional help because they lack knowledge about their child's situation. Getting professional advice from teachers and doctors in the field of child development.

Initial Reaction Towards Diagnosis: it described the reactions of parents the moment they confirmed that their child has an intellectual disability. Some parents felt pain, confusion, denial, refusal, shock, disbelief, regret, worry, and even blame and questions about what happened and why it happened. Some felt they had no control over the situation, and some admit that this may be their destiny. All of those initial reactions led to the acceptance of the child's disability because, no matter what, they love their child and are willing to do everything in the hope of recovery from the delayed capabilities.

Moment Together: it described parents' acknowledgment that time spent with the child is very important in addressing their unique needs.

Exceptional Experiences: it described the unique experiences of parents of children with intellectual disability. It tells how parents are eager to do everything to address the unique needs of their children. Some of the experiences described in the theme include parents' ways of learning about their child's disability, anxious feelings about the child's safety outside the home or without their supervision, giving the child their undivided attention, seeking advice from others, engaging in some superstitious practices, and having a hopeful feeling of recovery from the disability.

Fulfilling Experiences: not all experiences of parents were worrying ones. Most of them described how happy they are to have a child with an intellectual disability. This sub-theme describes parents' feelings of being thankful, happy, lucky, and blessed because they have a child with an intellectual disability. These feelings emerge from the behavior their child expresses, such as being thoughtful, loving, sweet, caring, serving parents at home, doing chores, and being God-fearing. They may have a disability, but they can have affections that a typically developing child would not display to their parents.

2. What are the day-to-day challenges that parents of learner children with intellectual disability encounter at home, in school, and in the community?

This study described the day-to-day challenges of parents when raising a learner with an intellectual disability revealed from the actual semi-structured interview done virtually. It was found that a theme emerged relative to the information provided by the respondents, which is, The Art of Being Selfless. This theme summarizes that having a child with an intellectual disability means you will not think of your own welfare first, but your child's well-being is the most important. Sub-themes have emerged that enumerate the day-to-day challenges of parents, such as:

Sacrificial Love: it described parents' eagerness to do everything for their child in the hope of recovery from the disability, even if it means giving up a day at work, or giving up at home and staying at home to guide and address the child's needs full-time.

Child's Behavior Manifestations: parents see the manifested behaviors of the child as challenging because they lack knowledge of how to address them. Manifested behaviors include difficulty in coping with academic needs, being independent in doing self-help skills, socializing with peers, being inattentive, hyperactive, and having difficulty in following directions.

Disability Misconceptions: it described how other people see the disability of the child rather than looking at how beautiful and unique the child can do things. It is so painful and difficult for parents to hear mean comments from other people as well as maltreatment of peers towards a child with an intellectual disability.

Health Complications: Most disabled children have comorbidities or health issues, such as being sick due to a weakened immune system or having serious complications such as heart problems, sepsis, or pneumonia.

Pandemic Situation: For all people, the pandemic has been a very tough time, especially for families with a child with a disability. It is challenging for parents because it limits mobility and access to relative support services that help them address their unique needs.

Parenting Concerns: it described how parents face challenges of having a lack of knowledge about their child's disability. Some faced difficulty with home and family management, dealing with concerns of other children, and at times being engaged in couple's quarrels due to blaming and misunderstanding towards children with intellectual disability.

Economic Problem: parent respondents belong to low-income families and have insufficient money to support children's needs such as therapy sessions and medical check-ups, and medications because they need to budget their money for their family's basic needs such as food and shelter.

3. How did parents cope with the day-to-day experiences of parenting a learner with an intellectual disability at home, in school, and in the community?

This study describes various coping mechanisms used by parents when raising a learner with an intellectual disability, as revealed by a virtual semi-structured interview. It was found that a theme emerged relative to the information provided by the respondents, which is, The Key to Successful Co-Parenting. This theme summarizes that having a child with an intellectual disability strengthens their co-parenting relationship and family ties. Sub-themes have emerged that enumerate the day-to-day challenges of parents, such as:

Parental Understanding: to address parents' lack of knowledge about their child's disability study shows that parents did self-paced learning and did some research. Some learn from their co-parents with a disability. Moreover, some parents understand their child's disability after learning that they are not alone and others are in the same situation.

Family Members' Involvement: This study acknowledges the importance of involving family members in the process of addressing the child's needs. Informing the members and helping each other to guide and supervise the child means a lot in skills development for the child.

It described how parents' unconditional love helps them overcome the challenges they face when raising a child with an intellectual disability. Accepting oneself in order to accept the child's disability is important. Being optimistic and having a hopeful feeling for a better future for the child helps them cope with the challenges they face.

Behavior Management Skills: it described some strategies parents employ when a child manifest unusual behavior. Parents take time to talk with the child and understand and know their needs and want, being physically present to supervise and guide the child, setting parental roles (e.g. who will be the disciplinarian, and who will be a friendly playmate), and treating the child as normal as possible.

Problem-Solving Ability: Every problem has a solution. This study described ways parents solve family conflicts, especially concerning children with intellectual disability. Parents find solutions to their problems by remaining optimistic, believing in their ability to cope, not being afraid to take risks in problem-solving, and having a positive outlook on the future.

Religious Faith: it described how parents look at their child with disability as a God's gift to them. They thought to themselves that they were the chosen ones to provide genuine care and love for these blessings in disguise.

Togetherness: parents put importance on being together and overcoming challenges as a couple of sides-by-side is one of their coping mechanisms when upbringing a child with an intellectual disability.

External Support Services: getting professional help helps the family address the child's needs, especially in health, education, and skills development. For health concerns, seeking advice from doctors is best. Enrolling in special education schools and therapy centers is beneficial for the child for skills development and academic needs.

Social Support: it describes that awareness in the family and community helps gain social support needed for supporting the child's needs. Awareness means acceptance from family members and people in the community helps address a child's socialization needs.

Ignoring Criticism: it described how parents deal with other people's criticism of a child's disability. Having self-control, self-discipline, optimism, and not being bothered by these comments were some coping mechanisms of parents.

Financial Coping Strategy: coping with financial needs can be done in various ways. Parents shared some strategies for addressing their financial needs to support their child's needs, such as: borrowing money from other people, working hard, getting some other extra jobs for additional income, and living within their means.

4. Based on the findings, what training module can be proposed for parents to empower them with the knowledge to cope with the learner's day-to-day behavior at home, in school, and in the community?

In this study, the researcher made an inspirational journal as a parent's guide on different coping mechanisms when raising a learner with an intellectual disability. The information in this inspirational journal will be guided by the data gathered in this study. It can be beneficial for parents in the same situation as having a learner with a disability. By reading this, it can also be a journal of awareness for people in the community to picture out in their minds the lived experiences of parents of learners with intellectual disability.

Discussion

The results of this study added a unique perspective to the existing body of literature on lived experiences of parents of children with intellectual disability. This section is meant to connect the previous research and theories with the findings of the study.

Parent Development Theory

In this study, parents play a vital role when upbringing a child with an intellectual disability. It is the parent's role to help the child with skills development and cope with society's norms.

Parenting cognitions include perceptions about attitude and knowledge of all aspects of parenting and childhood (Wessels, 2013). Similar to this study, parenting a child with an intellectual disability is affected by the extent of parents' knowledge about the disability. It affects how they will appropriately address the child's unique needs.

From the study of Wessels (2013), Parent Development Theory (Sperling, 2003; Mowder, 2005; Sperling and Mowder, 2006) is used to increase understanding of the parenting role. What parents believe about themselves and their children as well as what parenting entails will influence their affection, thinking, and behavior when upbringing a child (Kerr, Stattin & Engels, 2008). Likewise, in the result of the study, how they perceive the child's disability greatly affects how they address the child's unique needs.

Sperling & Mowder, (2006), parent development theory addresses parenting from a child's developmental perspective which acknowledges that the parent's role changes over time depending on the developmental stage of the child (Wessels, 2013). This is evident in this study, in which parents' roles change depending on their child's developmental milestone delays. They adjust to where the child is and help the child with an intellectual disability cope with adaptive behavior and delay in intellectual functioning.

Mowder, Rubinson, & Yasik (2009) state that parenting beliefs are found in individuals themselves. When they become a parent, those beliefs adjust to the child's needs, the emerging parent-child relationship; family dynamics, and the sociocultural environment (Wessels, 2013). This is similar to the result of this study, where the parents' beliefs change when they confirm the child's disability. It affects the parent-child relationship and how the family addresses the needs of the child. Their belief also changes how people perceive a child having a disability.

In the study of Sperling (2003), parents of children with special needs rate parenting behaviors associated with general welfare and protection, and sensitivity as most important.

Similar to the findings in this study, parents prioritize the general welfare of their child with special needs and always look out for their child's safety, especially when going out and mingling with other people. They also demonstrate sensitivity to other people's judgments of a disabled child by either engaging in quarrels to fight for the child's rights or silently ignoring the criticism and simply moving forward.

Levine (2003), broader social-cultural context influences how parents perceive their parenting role; parents' religious orientation (e.g. it potentially affects parents' perception of role as well as parenting activities) ((Mowder, 2005). In this study, the social context greatly affects the way parents perceive their parenting role. If they know that there is disability awareness among the people around them, they let them explore outside the house with their supervision. But, if they know that there are possible criticisms of the child, they tend to be worried about the child's safety and limit the child from going outside. Religious orientation is also important in this study because parents who have strong faith in their religious beliefs have a more positive outlook on their child's disability and play a role in the acceptance process.

Coping Theory

Folkman and Lazarus define coping as a cognitive and behavioral effort made to master, tolerate, or reduce external and internal demands and conflicts (Gutenberg, 2002).

Coping is defined in this study as the process by which parents overcome the challenges of raising a child with an intellectual disability.

The review of literature by Folkman & Lazarus (1980) (1984), explains the response or coping process in terms of the problem-focused or emotion-focused coping, also referred to as active and passive coping styles by Jez, Blisse, Buzzell, & Primeau, (2001) ((Walinga, 2021).

Problem-focused coping is used when a person feels that he or she has control over the situation. These are the strategies one can employ for this coping technique: know the problem, look for possible solutions, learn new skills when dealing with the problem, reassess and find new standards of behavior (Gunawan, 2021). In this study, some parents employed this coping strategy as they choose to face the situation of having a child with a disability. They look for possible solutions to all the challenges that come in their parenting life. Some parents even learn new skills and gain additional knowledge of child-rearing that makes their parenting life more meaningful.

Emotion-focused coping is used when one is not able to manage the source of the problem. It includes increasing strategies for adapting to stressors. One can: avoid, distance oneself, acceptance, and seek professional help (Gunawan, 2021). Some parents, especially when dealing with disability misconceptions and criticism towards their child with intellectual disability, choose to avoid people and distance themselves from negativity. Also, as they lack knowledge of addressing the child's unique needs properly, they seek professional help and have advice taken from them. In this study, parents allow their children to receive external support services to address needs in medications, from doctors, needs in academic and skills development, and from special education teachers and therapists.

From the study of Waling (2021), concepts related to coping include optimism, thriving, toughness, self-control, self-efficacy, and all other qualities and capabilities that can influence one coping strategy applied to each challenge faced. This is similar to the experiences of respondents in this study. They cope with problems by having a positive outlook towards them, enduring the tough times, trusting themselves that they can overcome everything, and having self-control towards criticism.

Positive Coping Strategies include a support system or having someone or a group of people you can discuss your stressors with, relaxation wherein training the mind to be calm, and physical wellness, which includes engagement in yoga, cycling, brisk walking, and other forms of physical exercise to release stress or pain (Chowdhury, 2021). This coping strategy is similar to social support. People tend to release their stress by having other people to rely on or turn to in difficult times. These people can be their family, friends, and other professionals who advise and help them overcome challenges.

Religious and spiritual coping by Pargment (1997) encompasses religiously framed cognitive, emotional, or behavioral responses to stress. It can be beneficial in finding purpose in life, closeness to God, hope, peace, connection to others, self-development, and personal limitations (Gellman & Turner, 2013). In this study, most parents rely on their spiritual beliefs to gain strength and have a positive outlook in every trying time. They believe that they were God's chosen ones to provide genuine love and care for His special angels here on Earth. They believe that these children with intellectual disabilities are God's gift and greatest blessing. Their strong faith in spiritual beliefs helps them overcome the challenges they face, especially regarding having a child with an intellectual disability.

CONCLUSIONS

The result of this study showed the lived experiences of parents of learners with intellectual disability. There are unique and fulfilling experiences, yet there were also challenging ones. Nonetheless, their experiences taught them various coping strategies to help them overcome the challenges of raising a learner with an intellectual disability. Similarly in the journal of intellectual disability, parents acknowledged stress when raising a learner with ID, but also, they also stated that their child has brought many positive changes in their parenting life as well as their family (Beighton & Wills, 2017). In this study, several experiences, challenges, and coping mechanisms were identified.

The experiences parents had when upbringing a learner with an intellectual disability focused on dealing with the learner's behavior, seeking professional help, reactions towards diagnosis, acknowledging the importance of spending time with the child, and different exceptional and fulfilling experiences. Difficulty in Adaptive Behaviors, Delay in Intellectual Functioning, Difficulty in Speech and Language, Difficulty in Self – Help Skills, Difficulty in Socializing, learner behavior of being inattentive, and hyperactive, and Difficulty in Following Directions are some of the manifested behaviors that parents deal with when dealing with a learner with intellectual disability. Intellectual Disability is a limitation in cognitive functioning and in skills such as communicating, caring for oneself, and social skills (Center for Parent Information & resources, 2017). Parents also seek professional help to get advice from teachers for academic needs and doctors to be informed about the child's developmental milestones. Johnson *et al.* (2006) described parents as having difficulty looking for resources and support from professionals. There are various reactions from parents of children with intellectual disability when they confirm their child's diagnosis. Some felt pain, shock, disbelief, confusion, regret, denial, worry, and dismay, to the point of questioning themselves. These reactions were similar to the result of studies by Healey (2019), Berdin, W.H. & Blackhurst, A.E.1 (1985), and the journal written by Smith (2010) entitled, "You are not alone." Some parents feel a sense of having no control over the situation and it might be one's destiny to have a learner with an intellectual disability. Some felt hopeful that someday the learner can still cope with the difficulties and delayed capabilities. Parents also acknowledge the experience of spending time with their learners physically as an important aspect of a learner's developmental milestone. It helps parent-child relationships to be more meaningful. When parenting a learner with an intellectual disability, parents' eagerness to understand the learner's disability in order to know how to help the child, providing extra care and full attention that the child requires, being concerned about the learner's safety without their supervision, and practicing superstitious beliefs in the hope of recovery are all exceptional experiences. It is not all experiences that are challenging for parents. There are fulfilling experiences when parenting a child with an intellectual disability. For most families, parenting provides an unending source of happiness and pleasure as well as an increase in obligation, anxiety, and stress (Machalick, Lang, & Raulston, 2015). In this study, fulfilling experiences include being thankful, happy, lucky and blessed because they have a child with an intellectual disability. Fulfilling experiences result from a child's behavior of being thoughtful, loving, sweet, caring, serving parents at home, doing chores, and being God-fearing.

In all parenting experiences, challenges arise to strengthen family ties. In this study, challenging experiences include sacrificial love, learners' behavior manifestations, disability misconceptions, health complications, pandemic situations, parenting concerns, and economic problems. In order to meet the needs of their children, parents may sacrifice a day at work or give up their jobs to attend full-time to address their children's needs. This is similar to the study of Davys *et al.* (2017), where the impact of having a child with an intellectual disability on work there is reduced earnings and losing opportunities for the father's work. One of the biggest challenges parents face is managing the difficult or defiant behavior of children (Child Mind Institute, 2021). Learners' behavior manifestations of having difficulty with adaptive behaviors and delaying intellectual functioning make it more challenging for them. Parents must also deal with other people's judgments, such as labeling and engaging in physical fights with children with disabilities.

Facing this criticism makes parenting life difficult for parents. Children with disabilities often experience discrimination, prejudice, and inequality (Odongo, 2018). Parents also face issues of health complications in learners with intellectual disability. From the study by May & Kennedy (2010), people with intellectual disability often have more health concerns than the general population. It is challenging for parents in this pandemic because it limits mobility and access to relative support services that help the child address their unique needs. Parenting concerns emerged in this study which states that parents lack knowledge about their child's disability. This made it difficult for them to address the child's unique needs and have access to different support services available. One of the tips given to parents of children with intellectual disabilities by

the Center for Parent Information and Resources (2017) is to learn about the learner's disability. The more parents know about it, the more they can help themselves and their children. Another concern of parents is hearing concerns from other children and being engaged in a couple's quarrels to blame each other for what happened to the child. This is similar to the study of Willingham-Storr G. (2014), which stated by Johnson et al. (2006) that parents meet conflicts with their partners and siblings of a child with disability. Another challenge faced by parents with intellectual disabilities is having enough money to support the learner's needs. Learners with intellectual disabilities need access to medical checkups, education, therapy sessions, and other related services that will cost additional funding for parents to provide. This is similar to the study of Olsson and Hwang (2008); Pisula (2007), which states that according to various studies, raising a child with ID is inextricably linked to arising personal and financial adjustments.

Coping is a way of managing stress which includes task-oriented and ego-defense mechanisms, how a person responds to stressful situations, and factors that enable an individual to have an emotional balance after a challenging situation (Jaiswal, Subramanyam, Shah, & Kamath, 2018). The coping mechanisms identified in this study include parents' level of understanding, family members' involvement, parents' unconditional love, behavior management skills, problem-solving skills, religious faith, togetherness, external support services, social support, ignoring criticism, and financial coping strategy. Coping strategies such as (1) characteristics of family members towards children with disability; (2) financial status and stability; (3) educational level for understanding the case of the child and how to properly address it; (4) problem-solving skills; and (5) spirituality are the same with Bonab, Motamedi, & Zare (2017). Parents should have in-depth knowledge about their child's disability because it will help in the process of decision-making to address the child's unique needs. As parents, one of the priorities you should consider is collecting information about the learner's disability, so you know the different services available to help your child to the fullest (Center for Parent Information & resources, 2017). Family members play a significant role in caring for a learner with a disability. Informing everyone about the disability and involving everyone in addressing the child's needs will lessen the burden on the parents. Some of the behavior management strategies of parents stated in the study include allowing time to talk with the child and understand and know their needs and wants, being physically present to supervise and guide the child, setting parental roles (e.g. who will be the disciplinarian, and who will be friendly playmate) and treating the child as normal as possible. Despite all the challenges they face every day, still, being a mother, they feel happy and lucky to have a child even though they may have a disability (Budak, Kucuk, & Civelek, 2018). Being a parent means loving and caring for your child no matter what. Accepting oneself in order to accept the child's disability is important. Being optimistic and having a hopeful feeling for a better future for the child helps them cope with the challenges they face. Similar to the findings of Oti-Boadi's (2017) study, they recounted the importance of their coping strategies such as spiritual beliefs, support received, and hope for the child with an intellectual disability. According to the coping strategy in problem-solving, parents find solutions to their problems by being optimistic, trusting themselves to cope with them, not being afraid to take risks in problem-solving, and having a hopeful feeling for a better future. To the journal of Willingham-Storr G. (2014), "getting on with it" is what fathers describe themselves as a way of coping (Towers and Swift, 2006) and so as other parents (Johnson et al., 2006; Todd and Jones, 2005). In this study, couples rely on each other as a coping mechanism in every challenge they face. Todd and Jones (2005) and Towers and Swift (2006) found out that parents received support from each other and they benefit most from it (Willingham-Storr G., 2014). Having self-control, self-discipline, optimism, and not being bothered by these comments were some coping mechanisms of parents. In terms of financial distress, parents share some strategies they do in addressing their financial needs to support their child's needs, such as: borrowing money from other people, working hard, getting some other extra jobs for additional income, and living within their means. In the study of Davys et al. (2017), work can also have functions other than fulfilling the role of a father, such as a coping strategy (Kimura & Yamazaki, 2017). According to Sileo & Prater (2012), the community can help strengthen the family when unlikely events occur.

Nurturing a learner with an intellectual disability is somehow challenging yet fulfilling. The weight of the diagnosis to family life depends on how the parents perceive it. If you stop dreaming of your child just because of the disability, then who else will? So don't stop hoping for a better future. Instead, start doing something to help your child cope with the delay in capabilities and intellectual functioning. Lend a hand, and be their guide, it's never too late.

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