

Discourse and Communication for Sustainable Education,
vol. 14, no. 1, pp. 57–71, 2023

Mothers' Voices on Autism Spectrum Disorder: Leaning Towards Sustainable Inclusive Education in Maragusan, Philippines

Robie V. Catubigan

Davao Oriental State University, City of Mati, Philippines

Abstract

The birth of a child is the beginning of a woman's motherhood. It is genuinely illuminated in her raising and rearing responsibilities. This study explores the understanding and experiences of Mansaka mothers about autism before and after diagnosis. This qualitative phenomenological inquiry employed face-to-face semi-structured interviews with five Mansaka mothers in the countryside of Maragusan having a child diagnosed with Autism Spectrum Disorder. Colaizzi's method was applied to analyze the data through transcribing, coding, and theming. The result of the study revealed that mothers have personal observations about their children's behavior and share their rearing issues, retrospection, and standpoint of their children's condition before diagnosis. It was highlighted in the result that parents had different reactions, realizations, and responses about their children's condition after the diagnosis. The implication of the study infers development of sustainable inclusive practices and reviews of policy.

Keywords: ASD, Mansaka mothers, Mindanao, lived experiences, disability

Introduction

The concept of inclusive and equitable quality education is laid down in the United Nations Sustainable Development Goal 4. It aims to eradicate disproportionate opportunities for vulnerable populations regardless of gender, ethnicity, culture, and disabilities (United Nations, 2020). It is reported that anyone can be diagnosed with Autism Spectrum Disorder (ASD) irrespective of race, gender, culture, and ethnic affiliation (Durkin et al., 2017). Despite established ambitions, the resounding concept of inclusive education for persons with disabilities has a grey area regarding implementation and actual practices in the field.

International Labour Organization (ILO) revealed that Indigenous People with disabilities are the vulnerable groups that experience rejection, exclusion, oppression, and discrimination based on their disability, ethnic origin, and gender (Rivas Velarde, 2015). However, despite higher rates of disability in indigenous communities, little or no attention is given to their situation (Gurung, 2021). Also, lacking social inclusion is

caused by several barriers, specifically attitudinal, environmental, and institutional barriers (Ekas et al., 2010; Rohwerder, 2015). It results in an unequal representation of people with disabilities in meaningful community participation that breaches the right to equal access (United Nations, n.d.). Centers for Disease Control and Prevention (CDC) reported that 1 in 44 children aged 8 years old is now diagnosed with ASD (Maenner, 2021). This developmental disorder has no cure but is treatable relative to its severity (Bolte, 2014). Children with ASD may have unique characteristics that negatively impact adaptive self-efficacy (Van der Crujisen & Boyer, 2019).

Families with a child diagnosed with ASD face their own challenges, and mothers are the most affected individuals while fronting their journey (Estes, 2019). Family stress is one of the common effects experienced in all families living with a member having a disability, regardless of their social status, race, ethnic group, and type (Berhane, 2016). Most parents having a child with ASD share common feelings in raising and handling a child with ASD, which is “stressful” (Rao & Beidel, 2009; Iadarola et al., 2019; Papadopoulos, 2021). Thus, close parenting is one of the indispensable factors that necessitate parents or guardians to spend enough time caring for their children (Petrongolo, 2014).

Consequently, the National People with Disabilities and Carer Council (2012) states that family, friends, and other caregivers felt abandoned by both government and the community and had too little support for their all-important role. Jamaylin (2014) reported that parents from low-income families are unaware that their children have ASD due to the inaccessibility of expert diagnosis, which prevents them from proper treatment and intervention. Lapeña (2011) featured the different experiences and feelings of parents having a child with autism. On her note, “we won’t be around forever” was the head-banging phrase that came out from the mouth of the parents. There are deafening sentiments of other adults with ASD who experienced prejudice and unequal treatment during their school days and even in workplaces and communities (O’Nions, 2018).

Despite many studies conducted about autism; still, people from minority groups with diverse cultures are not well-represented. To shed light regarding the claims of the different research projects, knowing an ethnic group is of great help in illuminating the diversity of people at the same time, their culture. This paper aims to unfold the understanding and experiences of Mansaka mothers about autism before and after diagnosis. Thus, there is a need for further investigations and exploration of cultural conceptualizations of Autism Spectrum Disorders.

Methods

This qualitative phenomenological inquiry research sought to understand underlying reasons, opinions, and motivations that provided information based on face-to-face knowledge of individuals and social groups in their natural settings (Creswell, 2014). It intends to explore the broad, complex set of factors surrounding the central phenomenon and present participants’ broad, varied perspectives or meanings. Moreover, Johnson and Christensen (2014) explained that the core essence of the interpretive phenomenological approach is to refrain from classifying things but to understand how people experience a phenomenon from each person’s perspective.

Participants and Sampling

The study was conducted in the countryside of Maragusan. The participants were (5) five selected mothers who met the criteria: (a) The informants must be a Mansaka and acknowledged by the tribal council. (b) The informants must have a child having autism diagnosed by the developmental pediatrician. (c) The informants must be a member of any barangay in Maragusan. Critical case sampling techniques were employed in selecting the informants. It is a sampling technique instrumental in qualitative research with limited resources and research with a single case (or a small number of cases). It can be decisive in explaining the phenomenon of interest (Patton, 2001). The information and data needed in the study were gathered through a semi-structured interview to tell their stories freely using their own words (Adhabi & Anozie, 2017).

Data Analysis

Using Colaizzi's method, the semi-structured, face-to-face interview data were analyzed. The following steps represent the Colaizzi process for phenomenological data analysis (Sanders, 2003; Morrow et al., 2015). First, the researcher ensured that data from the transcript were thoroughly read and fathomed its depth and essence. Then, each transcript was properly scrutinized and digested to extract significant statements about the phenomenon under study. Then, extracted meanings formulated from the significant statements. Then, the formulated meanings were sorted into categories, clusters of sub-themes, and themes. The advisor and experts also checked the arrived themes and sub-themes. Finally, after thorough validation of the themes, the themes were discussed in the context of the phenomenon. Also, the researcher allowed the participants to compare the researcher's detailed results with their experiences.

Ethical Consideration

Aligned with ethical protocols, the researchers ensured and maintained careful attention to ethical principles of recruitment, informed consent, confidentiality, anonymity, and risks and benefits throughout the study. The researcher asked permission from the participants to participate in the study by providing written consent as an agreement between the participant and researchers. The researcher provided the utmost confidentiality of subject data. The privacy of the information coming from the participants was taken with the utmost confidentiality and the identity of the participants was properly secured through pseudonyms. It emphasized the voluntary nature of the participant's involvement, highlighting the affiliation and intention. Also, the participant's right to withdraw from the study without any consequence was clearly elaborated. The researcher ensured that the participants were not harmed in any way whatsoever. This study disclosed no conflict of interest to the researchers, and its core intention is for the greater welfare of society.

Results and Discussion

This paper presented the highlights of Mansaka mothers' experiences before their children's diagnosis, wherein most of the struggles in handling their children were shared in detail. Mansaka mothers' journey elicits a great experience while raising and rearing

their children before the child's diagnosis. The researcher scrutinized each response through the interview to identify different themes. It had the mother's retrospection, their understanding of their children's behavior, their rearing struggles, their means of handling and the effects on their children's behavior, and their reasons for decision-making towards the diagnosis of their children.

Personal Notes in Plain Sight

Mansaka mothers recollected the behaviors manifested by their children at the onset of their development. Through observation, parents took personal notes to monitor children's actions, expressions, gestures, and behaviors and listened to their talk and interactions. Mansaka mothers vividly recalled the atypical behaviors they observed that imprint many questions regarding their child's development.

Delayed in speech. One of the signs that Mansaka mothers observed was about the child's communication skills. Mansaka mothers shared that they watched their children unable to talk phrases or words. The child only stammered, and mothers had difficulty interpreting their gestures. Iadarola et al. (2019) supported that children with autism generally do not initiate interactions, or social skills training, including how to respond in social situations.

Uncoordinated body movement. The other manifested behavior was awkward body movement. One of the Mansaka mothers shared the delayed motor movement of her child. It was explained by Baio et al. (2018) most children with autism are less frustrated when they can follow predictable and organized routines. According to Ludlow et al. (2012), routine changes as a challenge, resulting in a more difficult child's behavior.

Poor social engagement. The typical story shared by the Mansaka mothers was the problem of engaging with people. Their children failed to exhibit a behavior that is common among other children. Their children's different behavior inflicted pain on themselves, which was considered self-injurious behavior. Another thing manifested by the child was disruptive behavior once he was not given the thing he wanted. Further, children with more challenging temperaments can negatively affect the parent-child attachment (Weiss et al., 2014).

Attribution of the Unknown

Another theme emerged in Mansaka mothers' viewpoint on the state of their children based on the manifested activities found. Concerning their child's situation, parents have a different opinion. Each parent has a particular connotation about their observations of the actions of their children. These sub-themes emerged as these Mansaka mothers shared their experiences as they looked at their child's behavior.

Lack of knowledge. As the Mansaka mothers raised and reared their children, they observed different behaviors manifested by them. They have shared experiences and common points of view about their children's condition, which is quite strange to them. It was odd since that was their first time observing such behaviors. The following mentioned stories of the Mansaka mothers implied a lack of knowledge regarding the observed behaviors of their children. The detailed data conveyed that they did not know personally what those behaviors were. Mthimunye (2014) reported that parents could not understand the signs of ASD. It was concluded that participants could not identify the disorder

immediately due to a lack of knowledge. It was evident from the results that the mothers were not aware and informed about the symptoms of ASD.

Supernatural cause. Another thing culled out from the understanding of Mansaka mothers to their children's condition was attributed to a supernatural being. It was primarily the problem of Mansaka mothers about the unanswered condition of their children. They thought that supernatural beings were the cause of their child's behaviors. They felt their children's behavior was caused by the spirits or being played by "not-like-ours" beings. Marfil (2014) elaborated that Mansaka believed in their gods. They have their Baylan (priest/priestess), who performs a ritual or ceremony to heal a sick community member. Limikid (2002) described the Mansaka tribe as pagans since they have rituals and ceremonies offered to their Magbabaya. In line with their culture, anything beyond their comprehension was directly attributed to a supernatural being.

Raising and Rearing Struggles

From the researcher's encounter with the shared experiences of Mansaka mothers, their journey of having a child exhibiting different behaviors from a typical child was restricted and full of solemn obligations. From this theme, various sub-themes arose and were given emphasis.

Restricted to work. Another concern raised by parents during the interview was the necessity of close and strict supervision to the extent that they were restricted to work. Although parents innately provided protection and supervision to their children, the case of having a child with atypical behaviors made the mother's roles more complicated. Begum and Mamin (2019) mentioned that the stressful nature of autistic symptoms and associated behavior problems and the lack of public understanding and tolerance for children with autism contribute to a higher stress level for parents having a child with ASD.

Requires long patience. Patience was the most important thing to survive the day handling a child with atypical behavior. Mansaka mothers recollected their experience that they did not know what to do. The mother was at the peak of giving up on those hardships. Huinker (2012) examined an individual's experiences with a sibling diagnosed with ASD; siblings developed positive traits such as empathy and patience. Children's challenging behaviors are incredibly stressful, often unpredictable, and difficult to manage (Ludlow et al., 2013). Some parents viewed atypical behavior as a tester of patience; considering the children's mysterious nature, the true essence of patience will be measured throughout time.

Sort of misery. Mansaka mothers confessed that raising and rearing a child with atypical behavior was somewhat a misery. They labeled it distress due to its demanding time, adjustments, and raising and rearing the child. The stressors linked to ASD undoubtedly affect the health of family members and can also influence the overall functioning of the family unit (Thomson 2016). It consumed not only one's energy but also one's self-concept. Parents' depression and anxiety increase attributions of parenting failure. Parents who feel distressed are likely to feel less capable, and parents who feel less capable are more likely to feel distressed (Smart 2016). Gosztyła (2015) supported that parents of children with ASDs suffer the worst marital adjustment and a negative association between marital satisfaction and the number of typically developing children within a family.

Demands strict supervision. Raising and rearing a child with manifested behavior problems requires strict control. All the Mansaka mothers shared that their experiences fostering a child with atypical behavior are challenging. The roller coaster journey of a

Mansaka mother has strongly imbued a significant account of how difficult it is to handle children who manifest atypical behaviors. Families who have a child with autism shared the same feelings of frustration, stress, and constant need for schedules (Sarris, 2019).

Personal Quest on Behaviors

Parents who have not heard anything about their child's strange condition find personal ways to cater to the child's needs. Mansaka mothers featured how they handled the child's atypical behavior in their own way. The unique and instinctual manner of handling the child's atypical behavior allowed Mansaka mothers to test how they managed their child's behavior.

Demonstrating Behavior. Most Mansaka mothers were not capacitated to manage their children's behavior. Since it was pretty strange, doing their means could answer the needs while raising and rearing their children. One of the Mansaka mothers emphasized that she portrayed the role of a model. Through the imitative behavior of the child, she took it as an opportunity to teach something to her child. Modeling was considered a strategy for modifying behavior. According to Bandura (1998), this strategy would strengthen and allow the child to learn through imitation. As the mother used this strategy, she did not know whether it would be helpful.

Establish Moment of Communication. Mansaka mothers employed a natural conversation. According to some mothers who shared their experiences, they were just like talking to a young man. They explained that they talk using natural language and avoid "baby talk" when conversing with their children. Most mothers believe that despite the atypical behavior of their children, they still hold that there is still a chance to change their child's manifested behavior. Treating children like an average children would lighten their social situation. A common perception from the parents was that others tended to judge their children as just "naughty" children and that they, as parents were not effective in their parenting (Ludlow et al., 2013).

Locomotive control. The following technique utilized by Mansaka mothers was physical locomotive control. To regulate disruptive behavior, Mansaka mothers have personalized handling of their child's behavior by embracing the child for the child to minimize its movement. Thomson (2016) found out that participants spent time studying different resources to learn how to manage the behaviors of children with ASD, such as talking with other individuals who had similar experiences and the trial-and-error technique. This finding was consistent with the trial-and-error technique that many family members spoke about using the study when learning how to manage children with ASD.

Ignoring tantrums. The same to those parents who tend to select that manifested behavior that would be given much attention and the one that is necessary to be neglected or ignored. Children with this kind of action had the pleasure of disturbing others and gaining their wants. The study revealed that children with ASD have a higher risk of being manipulative. It is sometimes used to get what they want or need. The usual tantrum is an example of manipulation (Nascati, 2017). Ignoring those behaviors sometimes lightens those behaviors.

Punishment. Another technique employed by Mansaka mothers while rearing their children was implementing punishment to the child. Parents would have difficulty establishing authority over their children without proper management control. It was also affirmed by Weiss et al. (2014) that parental exhaustion is reported as resulting from

the wearying requests or necessities their children place on them unknowingly daily. Parents should establish a punishment to regulate those behaviors; they worry that their child would get hurt or may cause harm to other people (Sarris, 2019).

Preventive measures. Parents' role in handling and raising their children goes beyond the limit. Preventive measures were one of the means of taking a child's behavior with atypical behavior. Some of the Mansaka mothers reminisced about their experience of managing their children's behavior and securing those dangerous materials at home to avoid accidents. The statement shared by Mansaka mothers highlighted that parents familiarized the behavior pattern of their children. Kalia (2020) mentioned that anticipating their child's disruptive and atypical behavior helped the parents predict and assist the child in preventing accidents and helping the child feel comfortable.

Outcomes of Curbing Behavior

Fostering those techniques of personal behavioral management was evaluated by the parents to the extent of its effect and benefit they earned by employing those techniques or means. The feedback they shared was solely based on the impact of their strategies in managing their children's behavior. The effect was on their standards relative to their experiences.

Parental advantage. The researcher could hear the parents' standpoint and feedback concerning the said techniques. It gave a parental gift in caring for their children. It was advantageous since a behavior change helped a parent lighten his burden. Bearss et al. (2015) purported to that inconspicuous agreement about 'good' parenting, describing it as being warm and affectionate and setting boundaries and standards for children.

Improved behavior. Another impact of personal management was the improvement of interpersonal behavior. Mansaka mothers expressed that throughout the entire years of handling and managing their child's behavior, it improved the child's behavior. Krakovich et al. (2016) found that the amount of visible stress experienced by the parents seemed directly related to how severe the child's behaviors were. Personal management lessens the burden on the parents sometimes. Lindly et al. (2016) mentioned that mothers reported more generous perceived support led to lower stress. Hence, the parents' assistance creates a big venture for them to explore their skills in managing their child's behavior.

Build self-control. The other sub-theme that occurred was the establishment of self-control. Making personal adjustments makes an individual discipline oneself. The contribution of personal behavior management somehow built a solid bond with the child. The approaches for autism include medical, intensive behavioral, and educational intervention strategies, but these usually only help manage ASD (Sarris, 2019). Despite the limitations, change of behavior was observed to children having atypical behavior.

Grounds of Decision-Making

Every action has its reason. This part talked about the different considerations why Mansaka mothers decided to let their children be diagnosed. Mansaka mothers elicited four sub-themes: advised by friends, free diagnosis, a requirement for intervention, and persuaded by professional peers.

Advised by friends. Mansaka mothers found their resort of help through their friends. It was considered their extended home when they found solace with them by sharing

their burdens and asking for help. The given statement exposed that public knowledge about autism helps other people with limited knowledge about the said condition. Estes et al. (2019) discussed that most parents began questioning their child's disposition when unusual behaviors and developmental patterns started to occur. It has implications for the healthcare system, specifically for pediatricians, who often are the primary source of referrals for children suspected of autism (Begum & Mamin, 2019).

Free Diagnosis. The next thing being considered by Mansaka mothers was that they were pushed to let their children be diagnosed with a free diagnosis. By knowing the informants' social status and source of income, the free diagnosis was an opportunity for them. Mansaka mothers' experiences contradicted the findings of Tadesse (2014) that the disability service system was characterized as broken and broke, chronically underfunded and under-resourced, and struggling against a vast tide of unmet needs. This best practice should sustain and serve a more significant number of individuals and help the indigenous communities.

Requirement for intervention. Another factor that parents considered for letting their children be diagnosed because it required intervention after admitting them to the Special Education program. As parents observed atypical behaviors from their children, most of their friends, knowledgeable on behavioral problems, convinced them to admit their children to SPED center. It requires parents to diagnose their child, which was another milestone in accessing the assessment procedure. It is an advantage of our Special Education program since SPED teachers can accommodate the child's need if there is a diagnosis. Early intervention treatment services can significantly improve a child's development (Peck, 2013). Having a child with a diagnosis allow professionals and teachers to help the child improve their condition.

Persuasion by professional peers. The last reason why parents gave their permission to let their children be diagnosed was that professional peers persuaded them. Mansaka mothers' decision-making in diagnosing their children was greatly affected by the influence of their friends and peers. Mansaka mothers believed in the people related to and close to them. It is similar to Kalia (2020), where parents tend to listen to those influential professionals. In this sense, their trust was quickly gained, which resulted in submitting their will to let their children be assessed.

After gaining strength and absorbing the grave reasons that parents led them to assess their children, insight is an instance of apprehending a thing's true nature, primarily through intuitive understanding. This part unveiled three themes: reaction after diagnosis, realization after diagnosis, and response after diagnosis.

Reaction after Diagnosis

After assessing the Mansaka mothers' children, they shared different reactions to their experiences. Some parents directly accepted the result, but there were some heightened emotions after hearing those findings. The Mansaka mothers conveyed various stories as they shared and recollected their unforgettable journey in raising and rearing their children.

Repudiation. The first reaction expressed by the Mansaka mother was the denial of the truth about their child's condition. It is considered a situation of avoiding fact or reality. One of the Mansaka mothers questioned herself about her reaction because she noticed it should not be a mother's reaction. At that moment, she only demonstrated

that she was just a natural woman who somehow did not understand the things around her. Mann (2013) reported that most mothers expressed despair, sadness, or feeling overwhelmed, with several reporting denial feelings similar to those of Mansaka mothers. The sense of denial resulted due to unforeseen possibilities and fear.

Shocked and Confused. Another reaction of Mansaka mothers after the diagnosis was shock and confusion about the situation. They were also confused about the nature and status of their children's condition. Mostly, the moment they knew their children's condition was a hanging moment for them. They were floating in the air. They were confused about their child's condition and the people's reactions. The diagnosis of autism came as a shocking event, as they heard for the first time that their child is developing differently from others and is likely to always be different in some ways (Brei, 2014).

Anxious about pain. The next reaction manifested from the interview was being worried about pain. The feeling of Mansaka mothers emphasized anxiety regarding their children's pain. The pain here felt by the mother was not caused by any wounds, but rather it was represented by the worries and effects of rejection. The person that ultimately experiences pain from her children is the mother. Berhane (2016) confirmed that parents demonstrated several reactions to the result. However, pain and anxiety were prominent and common reactions to mothers having children with autism.

Fear of Exclusion. The next reaction was that Mansaka mothers feared their children being left or isolated. Most mothers fear rejection because they know a child diagnosed with autism experienced prejudice and bullying. Our society's stigma about the condition of children with special needs was not yet eliminated. Most mothers fear rejection because they know a child diagnosed with autism experiences prejudice and bullying (Harper et al., 2013).

Apprehensions about the future. The other reaction mentioned by the Mansaka mothers was the feeling of uncertainty about the future. Mansaka mothers worried about their children's future when they were gone. Safe et al. (2012) emphasized the mothers in their study accepted and loved their children just as they were and wanted a "normal" life. The mothers' paradoxical and fluctuating attitudes and feelings towards their children were a constant battle creating a need for support for themselves and their children (O'Nions et al., 2018).

Realization on Diagnosis

Parents shared their views after having the diagnosis of their children. Thus, different sub-themes emerged from this interview, like unfamiliar cases, displaying early signs, emanating delinquent behavior, and regulated activities.

Unfamiliar case. After the diagnosis, Mansaka mothers realized their children's condition was strange. It was an unknown case to them since autism is not common in the Philippines. The parents grasped the concept of autism, including its nature. Furthermore, for them, their view about autism after the diagnosis was still a strange case. It was verified that the real cause of autism is still unknown and continues to puzzle researchers, and only a tiny portion is known about its cause (Iadarola et al., 2019; Baio et al., 2018).

Display early signs. Mansaka mothers viewed autism as having something to do with displaying early signs. Mansaka mothers discovered different behaviors from their children, testified by the parents. The sign that was observed by Mansaka mothers was

their guide about the condition problem of their child. The behavior observed by the Mansaka mother indicated the child's condition as she consulted the pediatrician. It was stated by Nascati (2017) in her study that autism displayed aberrant behavior along with the presence of restricted, repetitive, and stereotyped interests and behaviors. The observation of the Mansaka mothers affirmed the signs and symptoms of autism as manifested by their children's behavior. It was helpful to them that they consulted the pediatrician for correct information.

Emanate delinquent behavior. Most of the Mansaka mothers inferred that after the consultation with the pediatrician, autism emanates in delinquent behavior. This realization was also observed during the early years of their children. Mason et al. (2018) affirmed that the manifestations of ASD vary greatly depending on the child's developmental level and chronological age. It includes behavioral symptoms such as hyperactivity, impulsivity, aggression, self-injurious behavior, temper tantrums, and delayed toilet training.

Regulated activities. Mansaka mothers perceived autism condition consists of regulated activities. Mansaka mothers viewed autism as a condition that could be improved. Even though it has no cure, one can do something to improve it. Moreover, they shared their experience of changing their point of view about autism after diagnosis. Peck (2013) stated that focused interventions are specific practices intended to change a targeted behavior quickly. One of the Mansaka mothers shared that there were different ways of giving intervention to regulate such behavior. She mentioned already something that she learned after the diagnosis. Interventions can also vary according to the assumptions on which they are based, such as intensity and degree of parent involvement (Loepp, 2015).

Response after Diagnosis

After diagnosis, the theme that emerged after analyzing the informant's responses discussed the impact and what parents did after the diagnosis. Parents revealed the consequence of diagnosing their children. It resulted in different sub-themes – empowerment, establishing deep empathy, enlightenment of the consequences, and witness improvement.

Empowerment. After consulting with a developmental pediatrician, parents automatically observed the suggestions coming from the experts. They were able to acquire knowledge and gaining of know-how. After diagnosis, Mansaka mothers learned different things about their children's condition. They also grasped insights to be done to help uplift the condition of the child. It manifested that diagnosis brought changes to the behavior of the Mansaka mothers and how they manage and deal with the behavior of the children with autism. Formal supports such as respite care, parent training, treatment, and support groups can positively impact the family (Howell, Littin, & Blacher 2015).

Established deep empathy. After diagnosis, parents viewed the track that they had taken. Instead of asking questions about the child's condition, they focused on finding sufficient answers. Something in common with particular research mentioned that parents had already begun to think about the skills their child would need to be independent and had begun planning for their child's care in the future. However, several mothers said they tried not to overthink the future and coped by taking life a day at a time (Roth et al. 2016). After the children had been diagnosed and the appropriate help was offered,

parents felt that accepting their child's condition was impeccably important. They all tried to lead an everyday life and include their child daily (O'Nions et al., 2018). Parents hoped their child could have a "normal" life, acquire a skill, or have increased independence, including increased literacy (Meadan, Halle, & Ebata, 2010). It was expected to ask parents to describe their future vision for their children after knowing their conditions and possibilities (Lindly et al., 2016).

Enlightenment of the consequence. Mansaka mothers witnessed the improvement and difference between their traditional rituals and the services coming from the doctors. Though we are now in a modern age, Mansaka mothers still hold on to their traditions and rituals. Mansaka mothers considered that their practices have limitations. It cannot accommodate the needs of the people. Thus, they said it would be better to consult doctors and specialists to have comprehensive, at the same time, recent or updated information about their queries. Parents commented that when it comes to the consistency of the findings' results on their rituals, they admitted that there were limitations. It was noticeable that parents eventually changed their perception as they experienced the child's diagnosis (Mason et al., 2018). It is indicated that parents sought practical possibilities that could cater to their needs and give valuable opinions and factual information.

Witness improvement. The mothers' last perception was about their progress after consulting and attending therapy with the pediatrician. They compared their experiences with the limited knowledge of rituals and consulting with an expert. It was perceptible that parents were alarmed by the little information they gained from their Balyan. Mansaka mothers emphasize with regards to autism as a condition that is not familiar to them. It was an indicative point that people change and learn throughout time. If there is a change of behavior, there is learning. Indeed, the observation of the Mansaka mother was seemingly gradual throughout the years. Mann (2013) noted that mothers of children diagnosed with ASD aspire to be child advocates to other mothers. They reflected on their own experiences with the same struggles as others. It is essential to immediately obtain services for their child and their desire to gain independence and skills.

Conclusion and Implication

The life of Mansaka mothers was not easy, and it was full of challenges to survive and dwell in that state. The keen observation of parents plays a vital role in determining developmental red flags that affect children's adaptive skills. Lack of knowledge and awareness of parents about different disabilities and their symptoms can prolong the agony of children who are at risk for disabilities, and it can hinder the intervention of the child's condition. Having a child with ASD affects the family-work relationships and impedes their personal life. On the other hand, Mansaka mothers' initiatives help them handle children's behavior using their personal techniques despite a lack of training and an idea of the condition. It is worth noting that information and raising awareness can enlighten the minds of confused parents about their children's condition. The role of professionals and free diagnosis can help parents to encourage them to subject their children to diagnosis. Several reactions were experienced by Mansaka mothers after the diagnosis. The diagnosis of children with ASD opens different realizations of the nature and characteristics of ASD and gives Mansaka mothers a clearer picture and better understanding of ASD. Consequently, Mansaka mothers become empowered, empathetic, and enlightened about ASD.

Despite the label as they were considered a minority group, the fact remains that they deserve equal rights and privileges similar to other people. There is a need to boost awareness and capacitate the community by educating parents on sustainable inclusive programs to advocate for people with disabilities that open proportional opportunities for all regardless of gender, ethnicity, culture, and disabilities. Also, the government should initiate reviews of policies and strengthens the implementation that would ensure regenerative futures of inclusion and sustainable education for all.

References

- Adhabi, E., & Anozie, C. (2017). Literature review for the type of interview in qualitative research. *International Journal of Education*, 9(3), 86–97. doi: 10.5296/ije.v9i3.11483
- Baio, J., Wiggins, L., Christensen, D. L., Maenner, M. J., Daniels, J., Warren, Z., & Dowling, N. F. (2018). Prevalence of autism spectrum disorder among children aged 8 years – autism and developmental disabilities monitoring network, 11 sites, United States 2014. Morbidity and mortality weekly report. *Surveillance Summaries*, 67(6), 1–23. doi: 10.15585/mmwr.ss6706a1
- Bandura, A. (1998). Health promotion from the perspective of social cognitive theory. *Psychology & Health*, 13(4), 623–649. doi: 10.1080/08870449808407422
- Bearss, K., Johnson, C., Smith, T., Lecavalier, L., Sweezy, N., Aman, M., & Scahill, L. (2015). Effect of parent training vs. parent education on behavioral problems in children with autism spectrum disorder: A randomized clinical trial. *Journal of the American Medical Association*, 313(15), 1524–1533. doi: 10.1001/jama.2015.3150
- Begum, R., & Mamin, F. A. (2019). Impact of autism spectrum disorder on family. *Autism Open Access*, 9(244), 1–6. doi: 10.35248/2165-7890.19.09.244
- Berhane, H. (2016). Reactions, challenges and coping mechanisms of mothers raising children with autism spectrum disorder (ASD): The case of Addis Ababa City (Master's dissertation, Ababa University). <http://etd.aau.edu.et/handle/123456789/11036>
- Brei, N. (2014). Parenting stress in parents of children with autism spectrum symptomatology (Master's dissertation, University of Wisconsin Milwaukee). <https://dc.uwm.edu/etd/667>
- Bölte, S. (2014). Is autism curable? *Developmental Medicine and Child Neurology*, 56(10), 927–31. doi: 10.1111/dmcn.12495
- Case-Smith, J., & Arbersman, M. (2008). Evidence-based review of interventions for autism used in or of relevance to occupational therapy. *American Journal of Occupational Therapy*, 62(4), 416–429. doi: 10.5014/ajot.62.4.416
- Creswell, J. W. (2014). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (5th Ed.). Boston, MA: Pearson.
- Durkin, M. et al. (2017). Autism spectrum disorder among US children (2002–2010): Socioeconomic, racial, and ethnic disparities. *American Journal of Public Health*, 107(11), 1818–1826.
- Ekas, N., Lickenbrock, D., & Whitman, T. (2010). Optimism, social support, and well-being in mothers of children with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 40(10), 1274–1284. doi: 10.1007/s10803-010-0986-y

- Estes, A., Swain, D. M., & MacDuffie, K. E. (2019). The effects of early autism intervention on parents and family adaptive functioning. *Pediatric Medicine*, 2(21), 1–14. doi: 10.21037/pm.2019.05.05
- Gosztyła, T. (2015). Marriage satisfaction of parents of children with autism. Introductory exploration of the problem among Polish married couples rearing children with autism. *Wokół Kultury Fides et Ratio*, 4(24), 228–247.
- Gurung, P. (2021). *The indigenous world 2021: Indigenous persons with disabilities global network*. https://www.iwgia.org/en/indigenous-persons-with-disabilities-global-network-ipwdgn/4269-iw-2021-indigenous-persons-with-disabilities-global-network-ipwdgn.html#_ftn6
- Harper, A., Dyches, T. T., Harper, J., Roper, S. O., & South, M. (2013). Respite care, marital quality, and stress in parents of children with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 43(11), 2604–2616. doi: 10.1007/s10803-013-1812-0
- Heasley, B., & Iliško, Dz. (2022). Editorial: Towards a more regenerative and resilient post-pandemic world. *Discourse and Communication for Sustainable Education*, 13(2), 1–4. <https://doi.org/10.2478/dcse-2022-0013>
- Howell, E., Littin, S., & Blacher, J. (2015). Family impact of children with autism and Asperger Syndrome: A case for attention and intervention. *Austin Journal of Autism & Related Disabilities*, 1(2), 1–9. doi: 10.35248/2165-7890.19.09.244
- Huinker, H. (2012). *The experiences of individuals with a sibling diagnosed with an autism spectrum disorder* (Master's dissertation, St. Catherine University). https://sophia.skate.edu/msw_papers/40
- Iadarola, S., Pérez-Ramos, J., Smith, T., & Dozier, A. (2019). Understanding stress in parents of children with autism spectrum disorder: A focus on under-represented families. *International Journal Developmental Disabilities*, 65(1), 20–30. doi: 10.1080/20473869.2017.1347228
- Jaymalin, M. (2014, April 10). *Number of people with autism increasing*. The Philippine Star. <https://www.philstar.com/headlines/2014/04/10/1310840/>
- Johnson, B., & Christensen, L. (2014). *Educational research: Quantitative, qualitative, and mixed approaches* (5th Ed.). Sage Publishing.
- Kalia, B. (2020). *The role of family dynamics in receiving autism and neurodevelopmental services: A needs assessment* (Master's dissertation, University of San Francisco). <https://repository.usfca.edu/capstone/1092>
- Krakovich, T. M., McGrew, J. H., Yu, Y., & Ruble, L. A. (2016). Stress in parents of children with autism spectrum disorder: An exploration of demands and resources. *Journal of Autism and Developmental Disorders*, 46(6), 2042–2053. doi: 10.1007/s10803-016-2728-2
- Lapeña, C. (2011, November 10). *A dream village for Filipino adults with autism*. <http://www.gmanetwork.com/news/news/specialreports/238063/a-dream-village-for-filipino-adults-with-autism/story/>
- Limikid, B. (2002). *The Mansaka*. National Commission for Culture and the Arts. <http://ncca.gov.ph/subcommissions/subcommission-on-cultural-communities-and-traditional-arts-sccta/central-cultural-communities/the-mansaka/>
- Lindly, O. J., Chavez, A. E., & Zuckerman, K. E. (2016). Unmet health services needs among children with developmental disabilities. *Journal of Developmental & Behavioral Pediatrics*, 37(9), 712–723. doi: 10.1097/DBP.0000000000000363

- Loepp, M.S. (2015). *Stress-related growth of parents raising children with autism* (Master's dissertation, University of Windsor), Canada. <https://scholar.uwindsor.ca/etd/5315>
- Ludlow, A., Skelly, C., & Rohleder, P. (2012). Challenges faced by parents of children diagnosed with autism spectrum disorder. *Journal of Health Psychology*, 17(5), 702–711. doi: 10.1177/1359105311422955
- Maenner, M. J., Shaw, K. A., Bakian, A. V., Bilder, D. A., Durkin, M. S., Esler, A., & Cogswell, M. E. (2021). Prevalence and characteristics of autism spectrum disorder among children aged 8 years. Autism and developmental disabilities monitoring network. 11 *MMWR Surveillance Summary*, 70(11), 1–16. doi: <http://dx.doi.org/10.15585/mmwr.ss7011a>
- Mann, A. (2013). *The experiences of mothers of children with autism in Jamaica: An exploratory study of their journey* (Doctoral dissertation, University of South Florida). <https://digitalcommons.usf.edu/etd/4722/>
- Marfil, J. (2014, September 10). *Fieldwork report on the Mansaka of Davao*. <https://www.hawaii.edu/cps/fieldwork-report-on-the-mansaka-of-davao/>
- Mason, D., McConachie, H., Garland, D., Petrou, A., Rodgers, J., & Parr, J. R. (2018). Predictors of quality of life for autistic adults. *Autism Research*, 11(8), 1138–1147. doi: 10.1002/aur.1965
- Mthimunye, B. S. (2014). *The knowledge and experiences of single mothers raising an autistic child in a low-income community in the Western Cape* (Master's dissertation, University of Western Cape). <http://hdl.handle.net/11394/4182>
- Morrow, R., Rodriguez, A., & King, N. (2015). Colaizzi's descriptive phenomenological method. *The Psychologist*, 28(8), 643–644.
- Nascati, V. (2017). *How having a child with special needs affects family functioning in families of different types* (Master's Thesis, Rowan University). <https://rdw.rowan.edu/etd/2401>
- National People with Disabilities and Carer Council. (2012). Shut out: The experience of people with disabilities and their families in Australia. Australia: National Disability Strategy Consultation Report. Can Print Communications Press (pp. 22–28). https://www.dss.gov.au/sites/default/files/documents/03_2022/shut-out-standard.pdf
- O'Nions, E., Happe, F., Evers, K., Boonen, H., & Noens, I. (2018). How do parents manage irritability, challenging behavior, non-compliance, and anxiety in children with autism spectrum disorders? A meta-synthesis. *Journal of Autism and Developmental Disorders*, 48(4), 1272–1286. doi: 10.1007/s10803-017-3361-4
- Papadopoulos, D. (2021). Mothers' experiences and challenges raising a child with autism spectrum disorder: A qualitative study. *Brain Science*, 2, 11(3), 309–325. <https://doi.org/10.3390/brainsci11030309>
- Patton, M. (2001). *Qualitative research and evaluation methods* (2nd Ed.). Thousand oaks, Sage Publications.
- Peck, J. (2012). Parents' and practitioners' perceptions of supports, interventions, and the home visiting process used in early intervention (Doctoral dissertation, Iowa State University). doi: 10.31274/ETD-180810-752
- Petrongolo, M. (2014). Stress in mothers of newly diagnosed children with autism spectrum disorders: Barriers to care, use of support services, and child behavior (Doctoral dissertations, Philadelphia College of Osteopathic Medicine). https://digitalcommons.pcom.edu/psychology_dissertations/300

- Rao, P. A., & Beidel, D. C. (2009). The impact of children with high-functioning autism on parental stress, sibling adjustment, and family functioning. *Behavior Modification*, 33(4), 437–451. <https://doi.org/10.1177/0145445509336427>
- Rivas-Velarde, M. (2015). Indigenous persons with disabilities: Access to training and employment. Discussion Paper. https://www.ilo.org/wcmsp5/groups/public/—ed_emp/ifp_skills/documents/publication/wcms_396412.pdf
- Rohwerder, B. (2015). *Disability inclusion: Topic guide*. UK: GSDRC, University of Birmingham. <https://gsdrc.org/wp-content/uploads/2015/11/DisabilityInclusion.pdf>
- Roth, B. M., Karlovic, S., Roizen, N. J., Spannagel, S. C., Minich, N., & Knapp, J. (2016). Impact of autism navigator on access to services. *Journal of Developmental & Behavioral Pediatrics*, 37(3), 188–195. doi: 10.1097/DBP.0000000000000261
- Safe, A., Joosten, A., & Molineux, M. (2012). The experiences of mothers of children with autism: Managing multiple roles. *Journal of Intellectual and Developmental Disability*, 37(4), 294–302. doi: 10.3109/13668250.2012.736614
- Sanders, C. (2003). Application of Colaizzi's method: Interpretation of an auditable decision trail by a novice researcher. *Contemporary Nurse Journal*, 14, 292–302. <https://doi.org/10.5172/conu.14.3.292>
- Sarris, M. (2019). Stress and the autism parent. Interactive Autism Network. <https://iancommunity.org/ssc/stress-and-autism-parent>
- Smart, L. (2016). Parenting self-efficacy in parents of children with autism spectrum disorders (Doctoral dissertation, Brigham Young University). <https://scholarsarchive.byu.edu/etd/5842>
- Tadesse, A. (2014). Families living with a child diagnosed with autism: Challenges and coping mechanisms (Master's dissertation, Addis Ababa University). <https://www.semanticscholar.org/paper/Families-Living-With-a-Child-Diagnosed-With-Autism%3A-Tadesse/20b33b98a50386dcee5f731dff6ed59d667a3f26>
- Thomson, L. (2016). *The bigger picture: Piecing together the experiences of family members living with high-functioning children with autism spectrum disorder* (Master's dissertation, Wilfrid Laurier University). <https://scholars.wlu.ca/etd/1831>
- United Nations. (n.d.). *Disability and the media: Promoting an accurate image and enhancing the voice of persons with disabilities in the media*. Department of Economic and Social Affairs Disability. <https://www.un.org/development/desa/disabilities/resources/disability-and-the-media>
- United Nations. (2020). *Policy Guidelines for Inclusive Sustainable Development Goals: Quality Education*. Office of the United Nations High Commissioner for Human Rights. <https://www.ohchr.org/sites/default/files/Documents/Issues/Disability/SDG-CRPD-Resource/policy-guideline-sdg4-education.pdf>
- Van der Cruisen, R., & Boyer, B. E. (2021). Explicit and implicit self-esteem in youth with autism spectrum disorders. *Autism*, 25(2), 349–360.
- Weiss, J., Wingsong, A., & Lunskey, Y. (2014). Defining crisis in families of individuals with autism spectrum disorders. *Autism*, 18(8), 985–995. doi: 10.1177/1362361313508024

Correspondence concerning this article should be addressed to Robie V. Catubigan, Davao Oriental State University, City of Mati, Philippines. Email: catubiganr@gmail.com