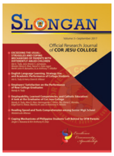

Exceeding the Usual: Struggles and Coping Mechanisms of Parents with Differently-abled Children

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Exceeding the Usual: Struggles and Coping Mechanisms of Parents with Differently-abled Children

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ABSTRACT

It is unplanned for parents to have children with disabilities and this certain phenomenon has been studied across the globe for years. Studies reported that parents with differently-abled children went through bigger challenges, and they experienced rough terrains in their situation.The purpose of this phenomenological qualitative study was to discover the struggles and coping mechanisms of parents having differently-abled children. The study employed a qualitative design using phenomenological approach. Through purposive sampling, fifteen (15) participants willingly responded to questions regarding the struggles they encountered as parents of differently-abled children and their coping mechanisms through key informant interview technique. Results revealed six themes as regards their struggles. Participants were challenged communicating with the child, stressed of child's frequent sickness, troubled about child's misdemeanor, wounded by the slur of bullying and rejection, burdened financially, and strained emotionally. Furthermore, eight themes emerged as their coping mechanisms. A range of struggles experienced by the parents impacted them and their family. Furthermore, coping mechanisms applied by parents were geared towards children's well-being. And, they served as their weapons in overcoming their day-to-day struggles.

Keywords:
Social Science, struggles of parents, coping mechanisms, differently-abled children, qualitative study, phenomenology, Philippines

Introduction

> *"Appreciate your parents. You never know what sacrifices they went through for you."*
> ***—Anonymous***

Parents have always been there to support, strengthen, and guide their children. It is by nature that parents want only what is good, if not best, for them. They would not like their child to be ill, disabled, or harmed in anyway. However, it is not under anyone's control to decide whether or not a person will have a child with disability; it is always unplanned (Brown, Goodman, Küpper, 2003; Venkatesh Kumar, 2008). Studies revealed that parents who were gifted with differently-abled children had bigger challenges to overcome (Di Giulio, Philipoy, & Jaschinski, 2014; Guttierez, 2009; Parish, Rose, Grinstein-Weiss, Richman & Andrews, 2008; Sivberg, 2002; S'lungile, Ntinda, & Hlanze, 2015; Venkatesh Kumar, 2008) and the journey of going through rough terrains had never been easy (Brown, et al., 2003; S'lungile, et al., 2015). Hence, struggles for parents of children with special needs were unavoidable.

Unfortunately, a huge number of individuals suffered from disabilities. In fact, the report of the 2005 United Nations Children's Fund estimated about 150 million children with disabilities under the age of 18 (World Health Organization 2011). Moreover, in the Association of Southeast Asian Nation (ASEAN) context, the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) and the World Report on Disability 2011 conducted by the World Health Organization (WHO) reported that there were at least 15,691,031 million persons with disabilities (Swedish International Development Cooperation Agency, 2014). In the Philippines, according to the 2010 Census Population and Housing, there were 935,551 recorded persons with disability; around 71,000 were from Region XI (Philippine Statistics Authority, 2013). And, parents of these children had to attend to their needs.

Many of the struggles in parenting a differently-abled child were universal (Williams, 2001). A few of the common struggles would include difficulty in accepting their child's condition (Nahial, Molina, Natividad, Nicdao, & O'Brien, 2011; Siklos & Kerns, 2007) and emotional impact on the family (Di Giulio, et al., 2014; Goudie, Havercamp, Ranbom, & Jamieson, 2011; S'lungile, et al., 2015; Smith, 2003; Stein, 2005). In addition, these parents also had financial problems (Boyd, 2015; DeRigne, 2012; Di Giulio, et al., 2014; Goudie, et al., 2011; S'lungile, et al., 2015), parental struggles (Boyd, 2015; Ong, Chandran, & Peng, 2000; Williams, 2001) and physical exhaustion (Heller, 2016; Stein, 2005; Williams, 2001). Moreover, other problems they experienced were finding right information and services for their child (Sivberg, 2002; Smith, 2003; Stein, 2005; Williams, 2001), and worrying about their child's future (Björquist, Nordmark, & Hallström, 2016; Sivberg, 2002; William, 2001). Based on these findings, to be a parent of a child with special needs took a lot of sacrifices not only for the parents, but for the entire family as well.

Considering the challenges these parents faced, they normally followed a path that was often filled with strong emotions (Smith, 2003). And, the emotional strains they felt were denial, fear, guilt, anger, confusion, powerlessness, and disappointment (Smith, 2003). Furthermore, they had feelings of emptiness, loneliness and rejection (Di Giulio, et al., 2014). Likewise, Ergün and Ertem (2012) affirmed that parents also experienced sadness, anger, and loneliness. For Brown et al. (2003) several reactions by parents could vary to some extents. Some might experience higher levels than others, but it was considered completely normal and valid. Hence, parents experienced different emotions in varying extents.

Despite the challenges they experienced, parents had their own various ways in addressing their problems (Di Giulio, et al., 2014). Specifically, their coping mechanisms would include getting all the possible information about their child's disability (Brown, et al., 2003; Resurreccion, 2013; Smith, 2003; Wright & Taylor, 2014), accepting the fact that God has reasons for everything, even the condition of their child (Nahial, et al. 2011), giving unconditional love and support to their child (Resurreccion, 2013), getting support from support groups or other families that could help them in their situation (Brown, et al., 2003; Nahial, et al., 2011; Sivberg, 2002; Smith, 2003;), and admitting their child to health care homes and service providers (Drummond, Looman, & Phillips, 2012; King, Baxter, Rosenbaum, Zwaigenbaum, & Bates, 2009). Others, having loved ones with special needs, could also learn from the aforementioned strategies.

Studies, records and data globally, regionally, and locally showed that differently-abled children were affecting parents and families. However, in our locality, this phenomenon is poorly explored by researchers. With this, there was a need to investigate on the struggles that Filipino parents experienced through this qualitative study. Moreover, this study took on a different angle of parents with differently-abled children, as it discovered not only their struggles, but also their coping mechanisms. The findings of this study contribute to the body of literature on the experiences of Filipinos with differently-abled children. In addition, other parents who had same experience could also gain knowledge from the coping mechanisms they shared.

Theoretical Lens

This study could be viewed best through the lens of the Family Stress Model developed by Conger and Elder (1994). According to Scaramella, Sohr-Preston, Callahan, and Mirabile (2008), the model pointed out that most parents who have differently-abled children encountered severe economic pressures because of the demands of their situation. Such pressure might weaken parents' mental health and their adjustment towards their child's condition. This model could explain why participants of the study were stressed because they had various struggles as parents of children with special needs. Their children experienced frequent sickness and hospitalization. As a result, they were burdened financially.

Struggles were inevitable to every family but most, if not all, could handle those. According to the Family Adjustment and Adaptation Response (FAAR) Model developed by McCubbin and Patterson (1983), parents have a "pre-crisis adjustment and post-crisis adaptation". The model identified variables in the aspects of an individual's psychology, intrafamilial orientation, and society. It stated that families went through cycles of adjustment, crisis, and adaptation. Likewise, parents could experience various struggles, but eventually, they developed coping mechanisms to conquer them and adapted to the crises they encountered.

In terms of strategic actions in dealing with struggles, training or counseling would not be enough to cater to the needs of parents with differently-abled children according to Simultaneous Counseling and Training Model developed by Gupta, Sood, and Kukreja (2014). To have operative intervention, enhanced counseling and training must be given in order to have the results respectively: balance their emotions so as to motivate them and help them recognize that their children are unique, hence, they should take care and raise them well. This model presented concrete ways on how parents should deal with their struggles. It could be a foundation of the implementation of programs which were rooted on intervening operatively to the needs of parents with differently-abled children.

Purpose of the Study

The purpose of this phenomenological qualitative study was to discover the struggles and coping mechanisms of parents having differently-abled children in Davao del Sur.

Research Questions

1. What are the struggles of parents who have differently-abled children?
2. What are the coping mechanisms of parents in dealing with their struggles?

Review of Related Literature

In this section, different literatures and studies associated to the study were reviewed, particularly struggles of parents having differently-abled children and their coping mechanisms.

Struggles of Parents having Differently-Abled Children

Information came as a tremendous blow as soon as parents knew that their children had a disability or chronic illness (Di Giulio, et al., 2014; Russell, 2003; Sivberg, 2002; Smith, 2003). It put them into a situation bursting with strong emotions, critical choices, interactions with different kinds of professionals and specialists, and the unending exploration for information and services (Smith, 2003) which had profound effects on the family (Di Giulio, et al., 2014). They had no choice but to address different kinds of problems and higher demand for resources (Venkatesh Kumar, 2008).

Parental Stress. Parents usually experienced increased levels of stress because of the presence of differently-abled children (Powers, 2001) and such stress was affected by some factors (Boyd, 2015). Some of the parental stress they encountered were the difficulty finding the right services (Sivberg, 2002; Smith, 2003; Stein, 2005; Williams, 2001), worrying about their children's future (Björquist, et al., 2016; William, 2001), and experiencing behavioral problems (Jones & Passey, 2004). However, stress was not good for families having children with special needs for it may cause poor adjustments to their special situations; much more when it increased over time (McGlone, Santos, Kazama, Fong, & Mueller, 2002). Parents could be burdened of their children's condition, but they had to cope with it for them to easily adjust to their situation.

In addition, the parenting care differed relatively to the amount of care needed from a normal child to a child that was more than normal (Boyd, 2015) which could increase exhaustion and stress (Beresford, Rabiee, & Sloper, 2007). The degree of parental stress was usually relative to the amount of care needed. Feeding, bathing, moving, clothing and diapering an infant were much easier physically than doing the same tasks for someone who weighs 80 pounds. The child might have more physicians and other health-care appointments than a typical child and might need close medical monitoring (Boyd, 2015). Parents also experienced varying difficulties depending on the child's stature and physical built.

Parents of differently-abled children experienced other concerns. They were worried about how their children would survive in the future. In fact, Björquist et al. (2016) enumerated five concerns of parents: distress and stress they have experienced, uncertainties of the future, their reliance for support, apprehension on how they cope, and their experiences of cohesion. These concerns were seen to be struggles in parenting their children because it also affected their way of taking care of their children knowing the presence of these concerns.

Furthermore, perceived caregiving stress of children with special needs was correlated to external and internal factors (Sethabouppha & Kane, 2005; Shin & McDonaugh, 2008). In addition, the level of parental stress experienced by a parent was determined by traditional gender roles (Di Giulio, et al., 2014; Shin & McDonaugh, 2008), frequent use of acceptance, religious and optimist coping styles, and presence of maternal depressive, anxiety and stress symptoms (Norizan & Shamsuddin, 2010), and demographic location (Tait & Mundia, 2012). Generally, it was discovered that mothers were more affected by the children's situation (Ong, et.al, 2000; Shin, Nhan, Crittenden, Hong, Flory, & Ladinsky, 2006; Sivberg, 2002). The more existing stressors were, the higher the level of stress, contributing to the hardships of parents or even the whole family (Bender, 2008; Sethabouppha & Kane, 2005). Thus, struggles of parents were comprised of several internal and external factors.

Stress brought by having differently-abled children could lead to significant effects on parents' mental health (Ong, et al., 2000) and might even have effects on their cardiovascular, immune, and gastrointestinal systems (Miodrag & Hodapp, 2010). Likewise, Grosse, Flores, Ouyang, Robbins, and Tilford (2009) found that caregivers of children with spina bifida had less sleep, less leisure time, and fewer social activities and were twice as likely to report feeling "blue" most of the time. Additionally, when parents had less time for sleep, socializing and other leisure activities, health-related problems arose (Miodrag & Hodapp, 2010) which might include higher levels of fatigue (Smith et al., 2010). Because of the number of struggles parents experienced, it could also take a toll on their mental and physical health.

Emotional Struggles. There were different cases of emotional struggles that parents had to overcome for them to remain as inspirations for their differently-abled children. According to Boyd (2015) and Goudie et al., (2011), emotionally, parents of differently-abled children commonly experienced a gamut of emotions over the years. They often struggled with guilt (Beresford, et al., 2007; Boyd, 2015; Heiman, 2002; Sivberg, 2002; Smith, 2003). One or both parents might feel as though they somehow caused children to be disabled, whether from genetics, alcohol use, stress, or other logical or illogical reasons (Boyd, 2015; S'lungile, et al., 2015) or they blamed each other for the condition of their children (Scorgie & Sobsey, 2000). Although parents experienced different emotions, it was undeniable they succumbed to certain level of emotional stress.

Some parents struggled with "why" and experienced a spiritual crisis or blamed the other parent (Boyd, 2015). Because of their aspirations for their children, they experience severe disappointment (Boyd, 2015; Di Giulio, et al., 2014; Sivberg, 2002; Smith, 2003). Boyd (2015) stated that parents were displeased that their children would not be professionals someday. Unfortunately, there were some occasions wherein parents felt embarrassed or ashamed of their differently-abled children (Beresford, et al., 2007; Boyd, 2015). Some parents also went through different kinds of feelings such as anger and depression (Beresford, et al., 2007; Gupta &Singhal, 2004; Heiman, 2002; Smith, 2003), emptiness (Di Giulio, et al., 2014; S'lungile, et al., 2015), helplessness (Gupta &Singhal, 2004; Smith, 2003), loneliness (Di Giulio, et al., 2014; Smith, 2003), rejection (Di Giulio, et al., 2014; Smith, 2003), denial and confusion (Heiman, 2002; Smith, 2003), fear (Beresford, et al., 2007; Smith, 2003), and bereavement (Beresford, et al., 2007; Blachar & Bakar, 2007; Hill & Rose, 2009). Their painful situation indeed affected them emotionally. However, Boyd (2015) warned parents to remain positive about all aspects affecting their emotional state so that children would overcome this crisis as well.

Educational Struggles. Parents encountered more challenges especially at school according to a study in the Shiselweni region (Mazibuko, 2011). To boot, in school-related issues, parents of children with developmental disabilities dealt with complex issues related to education; either a private education must be sought, or an adequate public education must be available (Boyd, 2015). This often required close parental contact with the school system. In addition, parents had to monitor their children's interactions with others to ensure they were not bullied. Transportation to and from school would also require a specialized bus or van, and children with severe disabilities had to be schooled at home. Thus, parents played a crucial role in giving their children quality education that would likewise benefit them as a family (Boyd, 2015; Lewis & Doorlag, 2006).

Additionally, in most growing countries, Graham (2014) reported that children with mild or hidden disabilities, which include intellectual disabilities, were disregarded in schools. Because children struggled in learning various subject areas, parents had difficulty enrolling them in any school. Moreover, differently-abled children often encountered multifaceted classroom challenges which required special attention from instructors and active engagement from their families (Ferrel, 2012). He added that even though it is vital for the learning experience of a differently-abled child. Furthermore, it was discovered in the study of Ferrel (2012) that home-school partnerships were hampered by several barriers of all persons involved; instructors and families in particular had trouble attaining children's optimal learning experience. Unarguably, parents had to go through this strenuous process just to ensure that educational needs of their children were met.

Financial Struggles. In terms of finances, raising a differently-abled child could be more expensive than raising a typical one (Boyd, 2015; Di Giulio, et al. 2014; Goudie, et al., 2011; Stein, 2005). These expenses could arise from medical equipment and supplies, medical care, caregiving expenses, private education, tutoring, adaptive learning equipment or specialized transportation (Boyd, 2015; Kansas Special Health Care Needs Family Advisory Council, 2013). Besides, the care of the child might last a lifetime instead of a usual 18 years of support. And, parents even had to set aside money in a trust fund for the children's care when they pass away (Boyd, 2015) since most of them were less likely to be employed (Goudie, et al., 2011; Mailick Seltzer, Greenberg, Floyd, Pettee & Hong, 2001; Reichman, Corman, & Noonan, 2004). All of those contributed to higher levels of financial struggles of parents.

Psychological Struggles. Parenting differently-abled children also brought psychological struggle, coupled with availability of resources (Smith, 2003). Di Giulio et al. (2014) stated that parents with differently-abled children had to find more inner strength compared to other parents to deal with various struggles and cope with their everyday life. However in India, according to Gupta and Singhal (2004), people looked at disability as a "tragedy" with "better dead than disabled" perspective, and foresaw disabled people as having a miserable life.

Coping Mechanisms of Parents with Differently-Abled Children

Generally, parents coped with their situation by getting all the information they could about their children (Brown, et al., 2003; Resurreccion, 2013; Smith, 2003; Wright & Taylor, 2014). According to Björquist, et al. (2016) and Smith (2003), the concerns faced by parents of differently-abled children could be minimized through experience and support of people who could guide and give them hands-on aid. In the Philippine context, Resurreccion (2013) discovered that the best practices of parents in coping with children's autism were classified as "instrumental" and "emotional". Example, for instrumental, parents constantly procured knowledge about autism, and for emotional, they gave unconditional love (emotional). Thus, it could be implied that in order for parents to cope with struggles they encountered, they must work hand-in-hand.

Right Information. It is essential for parents to be fully knowledgeable of their children's condition. In that way, they would be able to know how to act accordingly when an emergency occurred. Parents should get information about their children's disability, the services that were available, and the specific things they could do to help their children at maximum extents (Trute, Hiebert-Murphy & Levine, 2007). Moreover, right information about the latter's condition was considered a critical part of parenting care. Parents could gain right information by seeking assistance on other parents. Also, right information could be obtained through the internet (Smith, 2003). Having the right information also meant learning the terminology in order for the parents not to be hesitant about their children's condition. Finding programs that would help their children was another way of finding right information for it allowed parents to get the right data on how to take care of their children (Gona, et al., 2016; Smith, 2003). Furthermore, Brown, et al., (2003) also discovered that parents could gain right information through reading materials written by and for parents who experienced such phenomenon.

Support Groups. It was discovered that one of the coping mechanisms of parents was getting any form of support or information from other parents who experienced the same situation (Brown, et al., 2003; Nahial, et al., 2011; Sivberg, 2002; Smith, 2003). Parents looked for other parents who also have differently-abled children so that they could seek assistance from them. They could involve themselves in support groups in order to know the insights and thoughts of other parents (Smith, 2003).Within such groups, parents could share information, emotions, practical support and concerns with one another. By doing this, parents were able to gain strength to combat feelings of isolation, confusion, and stress (Brown, et al., 2003). However, the support groups were not only limited to other parents in different families; it could also be a parent's partner. Brown, et al. (2003) stated that the relationship of parents was a determining factor of their family's well-being, so parents should take care of each other while they, too, were in the process of taking care of their child. Parents should also make time for each other. And, they should recognize that they were not alone—that they had other people to rely on, and other parents who fully understood their situation.

Professional Help. To help parents in raising their children with special health care needs (CSHCN), Drummond, et al., (2012) found that they were doing better when their children were in a health care home. Moreover, parents who coped better recounted that the care given to their children was family-centered and parents were more contented with communication for they received enough care coordination. The literature on the adaptation of families of children with special needs repeatedly indicated that it was important for service providers to understand family belief systems, both in a general sense and entity. Researchers documented the importance of understanding families' worldviews, values and spiritual beliefs and day-to-day priorities and concerns (King, et al., 2009). Because each family system was unique, each family might have different coping strategies. Hence, professionals should know what coping strategies were helpful for each family. One should not assume that one specific strategy would work well for all families. They should identify family sources of support and promote the utilization of both formal and informal support systems. Also, nurses who worked with parents must understand how to assist the mothers in coping with their stressors. To make this possible, nurses could help parents realize their abilities and strengths, identify problems, develop problem-solving strategies, and identify new coping strategies (Hockenberry & Wilson, 2014; Woodgate, Ateah & Seccol, 2008). The professional-parent relationship was also very important. While professionals could suggest ways to help a differently-abled child and offer information regarding the child's disability, parents were the real experts on their child's likes and dislikes and how he/she communicates. Parents and professionals must work together concerning their child's level of care, as well as individual and family needs. Professionals should also direct their attention towards what was helping the parents cope with the added stressors of raising a differently-abled child (King, et al., 2009; Sivberg, 2002).

Educational Strategies. Once parents recognized that their children had delay in growing, they engaged in various approaches. Nevertheless, in the aspect of education, Smith (2003) identified different strategies parents employed when they learned that their children had developmental delay.

In the field of learning, families had various choices on how to deal with circumstances with their children. Additionally, Elkins, Van Kraaynoord, and Jobbling (2003) stated that parents had different decisions on how to deal with their children's condition in the aspect of education. Parents had different wants for their children which ranged from the desire of inclusion; some favored inclusion if there were additional resources, and the minority wished for special placement. Moreover, parents only reported a few negative attitudes to inclusion. Even so, this was not a general view. There were some parents who still wanted an in-service education for their children as a part of inclusion. In support to this, Yan (2014) stated that many of the parents acknowledged the pros of sending their children with special needs to regular schools together with normal kids. On the other hand, some parents, about 44.8%, still believed that it was better if they sent their children to special schools. Nonetheless, in the study conducted by Janus, Kopechanski, Cameron, and Hughes (2008), it was reported that the impact of the disability on the family having a differently-abled child who was already in school was less than average. In addition, the parents of such children also expressed lower sensitivity to quality of care than parents whose child was yet to enter school which then resulted to delayed school-based support.

Method

Following the protocols and standards in conducting qualitative study, this paper explains the details of the different components of the method being used.

Research Design

We conducted this qualitative study using a phenomenological approach. This approach was primarily focused on the lived experiences of people (Groenewald, 2004). It aimed at deeply exploring the meaning, importance and structure of personal experiences by taking into account the people involved (Christensen, Johnson & Turner, 2011). It also focused on knowing what happened to the lives of the people and how they experienced it (Creswell, 2012). In this study, we explored on the lived experiences of parents having differently-abled children, particularly their struggles and coping mechanisms.

Participants

Fifteen (15) parents having children with disability were involved in this study. As emphasized, participants of a study should be those who could give the best information as stated in the research questions (Creswell, 2009), and should possess experiences that are parallel to the phenomenon (Groenewald, 2004). Particularly, we included in this study those parents in either public or private schools offering Special Education (SpEd) for differently-abled children. Moreover, participants were only limited to those who have children with inborn disabilities which can either be a genetic disorder, mental illness, speech and language impairment, or mobility impairment. Excluded were those who have children with disability caused by accidents or by other means.

Sampling

In this study, we used purposive sampling for it allowed us to get the information we needed from the people who could give accurate details to us. Purposive sampling is widely used in qualitative studies because informants need to be tied with the objectives of the study (Palys, 2008). Likewise, it helps researchers arrive to a certain conclusion wherein the information can only be purposely given by a set of participants who undergo a particular phenomenon (Creswell, 2007). In line with this, we only selected parents of children with special needs based on the set criteria. Moreover, 15 participants were interviewed in the study since Creswell (2007) pointed out that the number of participants might involve one (1) (Dukes, 1984) to 25 (Polkinghorne, 1989).

Data Sources

The data needed for the study were given by the informants through a Key Informants Interview (KII), drawn from the questions from the interview protocol. Interviews enabled the researchers to discover the actual experiences of persons (Kvale, 1996). However, the source of data of the prior and supporting information of the study, particularly in the introduction and review of related literature, were obtained from different online journal articles and from books.

Data Collection

In order to collect the data we needed, we performed several steps required in the study as suggested by Creswell (2007). The first step was searching for the persons who were suitable to be informants in the vicinity of Davao del Sur, Philippines, taking into consideration the given inclusion and exclusion criteria. Moreover, Creswell (2007) accentuated the need to prepare all essential papers such as letters of approval. So, we wrote letters asking permission to conduct the study, including letters to participants. We explained properly the purpose and significance of the study to the participants for them to better understand why we conducted the study. In addition, we assured them that their true identity would not be divulged and anonymity would be strictly observed through the use of coding. Also, we ensured that informants voluntarily and willingly participated in the study which was documented through consent forms. During the interview, we took down important details and relevant information through note-taking and use of audio recorder for proper documentation of the in-depth interview. Lastly, in order to avoid misplacement and loss of data, backup copies of the files were made.

Analysis and Interpretation of Data

After conducting the interviews, the data were clustered in a systematic manner and were analyzed using thematic analysis. This analysis involved the process of classification of themes within the given information (Boyatzis, 1998).We used a table suggested by R. Tudy and I. Tudy (2016), a slight modification of the technique by Anderson and Spencer (2002) and the method suggested by Colaizzi (1978). The table contained four columns for significant statements, participants' code, formulated meanings and recurring themes. We read the transcribed texts of the responses and selected significant statements. From the significant statements, we formulated meanings and identified recurring themes.

Trustworthiness

In order to ensure the trustworthiness of this qualitative study, we strictly observed credibility, transferability, dependability, and confirmability which were emphasized by Guba (1981).

Credibility. Ensuring the credibility of this study was one of our utmost priorities. As Lincoln and Guba (1985) deliberated that among the four factors of trustworthiness, credibility is the most important. Furthermore, credibility involved checking whether the data presented were accurate translations from the responses of the informants (Graneheim & Lundman, 2004). To observe such, first of all, we made sure that informants were comfortable enough for them to openly share their experiences to us. It was also essential that participants were qualified to give the information we needed for they have lived experiences about it. In addition, the questions in the interview protocol for the Key Informant Interview were validated by a set of credible persons who were experts in qualitative studies. As regards accuracy and congruency of information, we employed the member-checking method wherein the participants were able to validate our translation of their answers. Since the goal of this research study was to describe the phenomenon in the eyes of the participants, we encouraged them to evaluate the integrity of the results and we also took our part in translating the actual answers of the participants into our transcription with utmost meticulousness and thorough efforts in order to come up with congruent interpretations.

Transferability. In promoting transferability, we tried our best to draw out conclusions based from the results given by the informants. This meant that generalizations might or might not be applicable to other areas. Based on definition, transferability refers to the generalization of the study which can be applied in other settings and contexts (Bitsch, 2005; Merriam, 1998). Thus, we followed the suggestion given by Shenton (2004) to provide detailed information about the context of the study to help other people understand this study through citing various authors to present the phenomenon in several fields.

Dependability. To ascertain dependability, we ensured that the study has substantial amount of objective information by describing properly the exact methods in data gathering, data analysis and interpretation as suggested by Krefting (1991). Besides, according to Shenton (2004), researchers should strive hard to make their study a reliable source for future use. Similarly, dependability has something to do with how reliable the study is (Creswell, 2007). Therefore, we provided a thorough description of how the data gathering went, especially what happened on the actual interview with the informants as proposed by R. Tudy and I. Tudy (2016).

Confirmability. As to the study's confirmability, we demonstrated findings derived from the gathered data and not based on our own opinions or feelings as emphasized by Shenton (2004). In addition, confirmability was considered to be the degree to which other people can confirm the results and is also associated with the objectivity of the study (Trochim, 2006). With this, we made sure to apply the audit trail, particularly the codes of the participants, in order for us to easily determine who said the statements as suggested by R. Tudy and I. Tudy (2016).

Ethical Considerations

Anything that would happen during the in-depth interview, most importantly the interaction of the researchers and informants, were subject to various ethical issues, including issues of privacy, honesty, openness, and misinterpretations (Waruszynski, 2002). So, we made sure that the informants voluntarily participated. We also built mutual trust and understanding with them in order to establish a supportive and respectful relation as it was stressed by Silverman (2015). Furthermore, we strictly observed the following: anonymity, confidentiality, and informed consent to guarantee ethical consideration of the study as suggested by Richards and Schwartz (2002).

Anonymity. We used code names for the participants so as to prevent any revelation of identities. It was accentuated that anonymity should be highly observed so that the identity of the participants was protected (Corti, Day, & Backhouse, 2000).

Confidentiality. Confidentiality was considered to be in line with anonymity and should be sustained to the highest extent (R. Tudy & I. Tudy, 2016) and it has a goal of protecting the participant's identity (Crow & Wiles, 2008). With this, the researchers made sure that any information, including the names, places, and other details, and other personal information were kept confidential.

Informed Consent. We made sure that we got the permission from the participants in conducting the interview. Aside from the letter asking for permission, we asked them to sign the informed consent form which contained the following: purpose of the study, duration of the conduct of the whole study, including the preparations and writing the manuscript, methodology, possible benefits and risks, and explanation about voluntary involvement of the participants and their rights to withdraw from the study. The informed consent helped ensure the confidentiality of the information of the study and was a form of agreement between the researchers and the informants.

Results

The results were presented into two clusters based on the two research questions. The first part centered on struggles of parents who have differently-abled children and the second part focused on their coping mechanisms.

Struggles of Parents who have Differently-abled Children

In this study, six sub-themes were revealed as struggles of parents who have children with special needs. They were challenged communicating with the child, stressed of child's frequent sickness, troubled about child's misdemeanor, wounded with the slur of bullying and rejection, burdened financially, and strained emotionally.

Challenged communicating with the child. Most parents revealed they struggled communicating with their children having autism, and speech and language and/or hearing impairment. It was evident in the succeeding responses of informants.

A parent expressed, "Karon sa amo, sa communication kay number one jud na kay amang man siya" *(Communication is our main problem because he is mute.)*(KI1, Q.1.1). A parent added, "Di siya makapapgsalita." *(He cannot speak.)* (KI13, Q1.1.).

Parents also had to learn the sign language for them to communicate with the child. Another informant shared her difficulty, "Tapos ang communication kay lisod kay dapat maningkamot sad ta ug sign language." *(Communication is a challenge since there is a need for us to learn sign language.)*(KI11, Q1.2.). Likewise, parents having children with autism struggled in communicating because of their children's speech and language disabilities. Undeniably, communication was considered to be a major concern for our informants.

Stressed on child's frequent sickness. Parents were also stressed with children's physical challenges and medical needs, including frequent confinements to the hospital and check-ups. One informant, a mother of a child with speech and language impairment, sadly shared: "Katong 2012, naa siya'y sakit sa kasingkasing."(*Last 2012, she had a complex heart condition.*) (KI6, Q1.1.). Parents also reported that their children were sickly as they expressed the following:

"Kanang sauna, ang problema nako sa iyaha kay pirmi siya ma hospital kay masakiton kaayo." *(The problem with my child before was his frequent confinement at the hospital because of being ill.)*(KI14, Q1.1.) and "Masakiton siya nga bata—ubo og kalintura*." (He always gets sick, like cough and fever.)* (KI3, Q1.1.). Their children's health problems, aside from their disability were additional struggles experienced by parents that caused them stress and burn out.

Troubled about child's misdemeanor. Differently-abled children have different behaviors. They would easily cry or get mad if they could not get the things they wanted or whenever they could not do what they liked. It could explain why some parents simply provided children with things they wanted just to avoid scenes of lengthy crying or tantrums. Moreover, parents were anxious of their children's misbehavior since they acted very hyper and stubborn. A parent of an autistic child complained, "Hyper gud kayo siya ug kung unsay gusto niya, dapat naa; ug dili mahatagan kay muhilak" (*He is so hyperactive. You should provide him the things he wants; otherwise, he would cry.*) (KI10, Q1.1.). Another parent of a child with similar disability expressed his struggles saying, "Nagkalisod jud mi karong dako na siya kay di na nimo siya mapugngan kung unsa iyang gusto buhaton." (*Now that he has grown, we are struggling because we could no longer stop him from doing the things he likes.*) (KI15, Q1.6.).

Children with special needs also get vexed sometimes especially when they were disturbed when doing something. Another misdemeanor of the child was murmuring when they were told to do some errands. And, at times, they would even fight their parents. Furthermore, a father of a child with mental disability particularly stated that his child would not stop without getting even. "Dili siya ma yagayagaan. Kanang hilabtan siya, kailangan jud siya makabalos."*(You could not tease him. When you do so, he really gets even at you.)* (KI5, Q1.1.). Also, three parents reported that their differently-abled children occasionally fought with their siblings. Reasons for such battles would include fighting over the television and the siblings' childish attitude. Hence, parents' struggles with their children could also be triggered by numerous misdemeanors.

Wounded with the slurs of bullying and rejection. Society could also inflict direct and indirect pressures to parents. With this, although some people chose to understand the situation they were going through, parents were most wounded by the fact that their children experienced all sorts of bullying and mockery depending on the environment they were in. A mother of a child with mental disability glaringly told us, "Ginabully jud siya sa gawas sa school. Mga silingan, ginaingnan na walay bout."*(He was bullied outside the school. Our neighbors would say he is immature and childish.)*(KI10, Q1.2.). In addition, their child experienced being relatively abused by their incapability of comprehending things. Particularly, he was fooled by not giving him exact change when he would purchase something. However, a parent indicated that previous problems with bullying passed by with time.

Society also inflicted direct pressures on parents having differently-abled children. A parent explicitly shared being pressured by relatives to give importance to the child's education. In addition, he was told by his relatives that the child should finish her studies for her to avoid being subjected to bullying and pity. Besides, parents informed us that some of their relatives did not fully accept their child and did not understand the situation they were in. The reason for their relatives' rejection was that: "Dili daw siya katabang in the near future. Wala daw siyay pulos ug mag kina-unsa."*(He is deemed useless and incapable of giving help in the near future.)* (KI10, Q1.4.). Another experience of a parent was when the doctor questioned him for not giving attention to the child's condition while the child was still young. Although some relatives rejected the condition of their child, there were still others who wholeheartedly accepted the child despite and in spite of his condition.

Burdened financially. Financial concern was one of the prevalent struggles parents encountered with children having special needs. Several parents expressed finances as a major concern and a struggle to their lives. A parent of a child with hearing impairment even expressed, "Financial—mao man jud na ang number one." (*Our primary problem is financial.)*(KI3, Q1.2.). Parents expressed that finance was considered to be their problem due to the distance of their house to the child's school since educational needs of their differently-abled child was one of the main priorities, leading them to sacrifice other priorities for the sake of their child. Another parent whose child has a learning disability even stated, "Kinahanglan jud ka mugasto para sa iyang projects para magkainterest pud ang bata mutuon." *(You need to spend money on her projects so that the child too would be eager to learn.)* (KI7, Q1.2.). Furthermore, because of expensive therapy and lack of money, a mother voiced out her struggle saying, "Wala pa pud namo na siya napa-therapy kay wala lagi kuwarta." (*We have not yet subjected him to any therapy because we do not have the money to do so.)* (KI15, Q1.2.). Lastly, some parents viewed finance as a problem because demands and needs would always be present but money was not.

Strained emotionally. Parents experienced different emotions with regard to their differently-abled children. Regrets came to their minds as they reflected on not paying full attention on their children's condition when they were still young, resulting them to become guilty. The father of a child having communication and orthopedic disabilities remorsefully said, "Sa una jud, sa amo sa akong misis, mura jud mig na guilty kay dapat sa gamay pa na siya, dapat amo na siyang napa check." (*My wife and I felt guilty for not giving much attention to her situation through check-ups when she was still young.)*(KI1, Q1.3.). A parent also encountered problems about the distressing behavior of her child which made them feel weary. There was also a feeling of disappointment and concern about the child's well-being. For instance, the child might not be able to help the family in the future. Moreover, a parent expressed being pained by the thought that her child could not assist them when she would grow up.

Some parents seemed to be pessimistic about their children, but others were not. Most parents still conveyed optimism. They did not see their children as burden notwithstanding their impairments and they fully accepted them as their children and as blessings from above. A mother, having a child with communication and learning disability wholeheartedly shared, "Hindi po ako nagsisisi sa anak ko. Ni minsan hindi ko naitanong kung bakit naging ganoon siya kasi tanggap ko kung ano man siya." *(I do not feel remorse with my child's situation. I did not even question why he is having that condition because I accept him.)*(KI13, Q1.3.).

Because parents gave extra attention to their children with special needs, they were likewise emotionally strained resolving jealousy issue felt by other children. Siblings sometimes felt neglected which could be attested by a response of a parent who said, "Ginapasabot jud nako sa iyang manghud kay naa may time nga magselos man ang iyang manghud, kay napangutan-an ko sa akoang anak nganong ginapaboran nako iyang ate. Maong ako jud nang ginapasabot sa iyaha na wala ko'y gipaboran, ug gimahal nako silang duha*."(I tried to make her sibling understand the situation because there was a time when her sibling was jealous of her. The child's sibling once asked me why I favored the child much more than her. That is why I always try to make the child's sibling understand that I am not favoring anyone—that I love them both.)* (KI9, Q1.4.). Truly, the condition of the children did not only affect their parents, but the other members of the family as well.

Coping Mechanisms of Parents in Dealing with their Struggles

Results showed eight sub-themes as regards coping mechanisms of parents: open communication, proper discipline, ample attention, faith in God, optimism, involvement in recreational activities, adjustment on finances and monetary assistance from others, and moral support.

Open communication. It was best for parents to be open towards their children about disability, their attitudes, and many other things. "Communication jud sa anak." (*There is a need to communicate with the child.*) (KI9, Q2.1), a parent of a child with communication disability accentuated. Moreover, for parents having children with such disability, they really tried to communicate with their respective children through use of hearing aids or through sign language. A parent pressed, "Dapat makatuon jud kag sign language"*(There is a need to learn sign language)* (KI9, Q2.1.) for them to be able to converse with each other. Nevertheless, discoursing with them and bestowing on their child wisdom of what they were going through was a way for them to let their child understand their situation. They also gave counsel and advice to their child for their sake. Moreover, a parent emphasized "coordination" (KI1, Q2.3.) within and among their child for them to be able to fill the lapses they had as parents and their child's shortcomings. Whenever their child had a problem, a parent of a child with learning disability stated, "Kung nay problema istoryahan sa bana." *(Whenever there's a problem, my husband would talk to her.)* (KI7, Q2.4.). In addition, parents also kept on reminding their child of the things they should do such as building sense of responsibility in school. "Gina sultian jud nako na siya nga dili magbuhat og lain. Kung naa man siyay kalain sa school, akong ginaingnan nga dili lang pansinon. Kung sungogon siya kay dili pansinon*" (I always remind him not to do bad things. If he has any resentment in school, I advised him to ignore it. If he gets teased, he should neglect it.*) (KI15, Q2.2.). A parent also constantly instilled within the minds of her child what is right and wrong. Thus, communication could be a great help to the parents in coping with their difficulties for it enabled them to connect with their children.

Proper discipline. In handling children's misdemeanors, parents expressed that they disciplined them properly. For instance, when the child got into a fight with his sibling, one informant indicated that he must separate them by all means. In handling such situation, parents shared that they had to employ necessary actions to discipline their children properly. Most parents of differently-abled children reported that they usually practiced discipline through teaching them what is right and what is not, making them understand the binary of good and evil—a way of guiding them to the right path. A mother of a child with speech and language impairment said, "Ginaingnan lang nako siya kung unsay tama ug unsay mali*." (I would tell him what is right and what is wrong.)* (KI4, Q2.3.). Parents also reminded their children that what they did was bad and that they should not commit the same mistakes again. In this regard, an informant said, "Gina tudluan nako siya kung unsay maayo, nga dili mag-bad bitaw." *(I train him to do right things and not do bad things.)* (KI15, Q2.2.). After all, parents had different ways of discipline but it always boiled down to teaching them what is right and telling them not to do the opposite.

Ample attention. Most parents reported that they gave more time to their children to support and give more attention to them. A parent of a child with learning disability voiced out, "Mas hatagan jud nig focus ang special kay naa jud siyay deperensya." *(I would give her more attention because she has a disability.)* (KI8, Q2.2.). Furthermore, some parents would set aside other responsibilities just to prioritize their child. Another parent of a child with mental disability emphatically stated "Syempre sa oras, tagaan jud ang bata ug pagtagad. Byaan jud ang mga responsibilidad sa gawas if magkinaunsa ang akong anak." *(Undoubtedly, I would give my child attention and time. I would leave other priorities behind when he needs me.)* (KI14, Q2.2.). Also, a parent said, "Mas ginauna nako akong anak kay sa laing mga butang." (*I always prioritize my child over everything.)* (KI3, Q2.2.). Some parents also helped their children whenever they ate or took a bath. Moreover, parents gave their children ample attention by accompanying them to school because their safety was the former's main priority. As shared by a parent, she still accompanied her child even though their home was far away from school. Another parent stated that she would go with her child up to their classroom. Moreover, in the aspect of education, other parents shared that they really motivated and helped their children with their homework. Indeed, it was truly a great responsibility for parents to give more attention to their children even though they had other responsibilities to attend to.

Faith in God. Regardless of children's disability and despite the struggles they faced, parents still focused their lives on God. Most parents expressed that praying is one of the many ways that would help them cope with their struggles. "Wala'y impossible sa Ginoo" *(Nothing is impossible with God*) (KI2, Q2.1.). Parents emphasized that prayer is important. As one informant shared, "Sa panahon nga murag wa naka'y maduolan naa raman jud ang Ginoo andam maminaw" *(At times when you feel like the whole world is against you, God will always be there to hear your distress.)* (KI9, Q2.6.) and "Maski unsaon nato pag disiplina ug walay Ginoo wala juy pulos." *(No matter how hard we try to discipline our child, if God is not present, everything is pointless.)* (KI11, Q2.6.). Parents prayed and got strength from God to ease their struggles. Additionally, they also reported that they went to church to ask for guidance and to serve Him through the Eucharist as one family. Also, one parent voiced out that their family recites the Holy Rosary every day. Thus, one of the coping mechanisms of parents in dealing with their struggles was their faith in God despite and amidst all circumstances.

Optimism. Results also revealed that parents had to be optimistic to easily cope with the struggles confronting them. And, they found various ways on how to be optimistic despite the situation they were in. Parents indicated that in order to avoid stress and other emotional strains, they need to have positive outlook in life, establish their motivation, and encourage themselves as they strive in parenting their children. Secondly, parents of differently-abled children expressed they simply neglected comments and turned a blind-eye from other people who brought no help at all. A parent of an autistic child said, “Dili nako paminawon ang uban, i focus nako akong sarili sa akong anak. I reject ang ubang tao kay dili man gihapon sila makatabang.*”(I would not listen to other people [negative comments]. I would just focus on my child. I would reject other people because they were still of no help at all.)*(KI10, Q2.1.). Another parent said, “Ginapakita man nako nga dawat nako akoang anak ug lipay ko sa akoang sitwasyon. Proud man ko so dili sila makahatag ug negative nga response sa akoa.”*(I would show them I fully accept my child and I am happy with my situation. I am proud [of my son] so they cannot throw any negative response at me.)*(KI9, Q2.6.). Hence, there were several ways to be optimistic despite the struggles parents encountered.

Involvement in recreational activities. Parents took their children and the rest of the family to the mall, park or other places in order to relieve their stress. Some parents practiced this for the benefit of their beloved children. A parent stated that “Pinapasyal ko siya sa mga mall at park para hindi siya masyadong mabagot, para matutunan rin niyang makipagsalamuha sa ibang tao.” *(I would take her to the mall and park so that she would not get too weary, so that she can also learn how to socialize with other people.)* (KI13, Q2.1). Some parents also let their children play with other children or their siblings in order for them to experience joy as part of their childhood. Thus, having some physical or recreational activities and keeping their minds away from problems was an effective coping mechanism for our participants.

Adjustment on finances and monetary assistance from others. In dealing with financial struggles, the prevalent strategies as expressed by parents were adjustment on their budget and receiving financial assistance from other people. Parents adjusted their budget so that they could cater all their needs. Nevertheless, there were exemptions, specifically in situations when the child urgently needed something; parents would always find a way to provide their children’s needs. One informant said, “Mangita pud ko’g pamaagi para lang siya makaeskwela.” *(I always find a way to make ends meet so that she can go to school.)* (KI6, Q2.2.). In addition to that, another parent expressed, “Bisag unsa kalisod, kailangan jud paeskwelahon ang anak. *(No matter how hard it is, it is deemed necessary for my child to be sent to school.)* (KI4, Q2.2.). A parent stated, “Natural, nag adjust jud mi sa among budget sa kwarta. Pero kung need jud niya, pangitaan jud namo nag pamaagi.”*(It is natural to have adjustments financially. But if she badly needed something, we would always try to find ways to provide it.)* (KI1, Q2.2.). Parents had more demands financially so this resulted to their monetary adjustment.

The second way of dealing with financial problems was receiving financial assistance from relatives, society, and even government. In line with this, parents expressed that they received financial assistance from the government through the Pantawid Pamilyang Pilipino Program (4P’s) and the school. When asked who or what helped them in their financial struggles, a parent of a child with learning disabilty said, “Ang gobyerno kung bahin sa financial kay 4P’s man mi.” *(The government helps us through 4P’s (Pantawid Pamilyang Pilipino Program))* (KI8, Q2.5.). Receiving help from others, especially from the government was truly helpful to our parent-participants.

Moral support. Parents of differently-abled children gained moral support from a variety of people. Most parents appreciated the pieces of advice given by their relatives. As expressed by an informant having a child with communication and orthopedic disabilities "Sa relatives, maghatag sila'g kwarta pero kasagaran jud kay moral support, mabalaka jud na sila pag ma ospital na siya." *(Our relatives would give us money but most of the time, moral support is what they provide us. They showed concerned whenever the child is admitted to the hospital.)* (KI1, Q2.7). Similarly, a parent gained encouragement from her best friend and received pieces of advice from neighbors. One example is a response from a parent (KI3, Q.2.7.), "Akoang bestfriend, ginatabangan ko niya in terms sa akoang emotions." *(My bestfriend helps me in handling my emotions.)*Additionally, parents have their spouses, too, with whom they could seek moral support. Likewise, a parent sadly shared, "Yung asawa ko lang ang aking karamay sa mga bawat problema na aming nararanasan kalakip sa aming anak." (My spouse is the only person I can count on whenever we encounter a problem regarding our child.) (KI13, Q2.5.). Hence, parents of differently-abled children were still grateful that they were not alone in dealing with their struggles.

Discussion

Parents with differently-abled children experienced a range of struggles. They were challenged communicating with the child, stressed of child's frequent sickness, troubled about child's misdemeanor, wounded with the slur of bullying and rejection, burdened financially, and strained emotionally.

We discovered that parents were challenged communicating with their children, especially those with speech, language and/or hearing impairment and autism. They exerted much effort to learn the sign language so as to converse with their children. Likewise, they had to furnish information in a simple language that their children could understand. Undeniably, parents were willing to go extra mile and to learn various strategies no matter how difficult they were just to have an effective communication with their child. It was also evident in a study that communication was crucial for learners with cerebral palsy (CP) (Bourke-Taylor, Cotter, Johnson & Lalor, 2018). In fact, teachers were trained before dealing and communicating with children having special needs, the more for parents who spent most of their time with them. They had to educate themselves as well. Moreover, it would lessen their burden when their beloved children belonged to any health care program (Drummond, et al., 2012).

Aside from the fact that their children had disabilities, our parent-participants were stressed of their frequent sickness. Not counting their usual check-ups, they still had to confine their children to the hospital because of other sickness. This poor health condition of children caused parents to worry. Actually, it was one of the most draining and difficult tasks parents could handle. Moreover, according to several studies, when a child was diagnosed with chronic illness, it could be particularly devastating to learn (Di Giulio, et al., 2014; Russell, 2003; Sivberg, 2002; Smith, 2003). In addition, knowing that their children had a disability and health or chronic problems, it was but normal for parents to feel depressed (Brown, et al., 2003). Indeed, unstable health condition of children could be stressful to our participants. Nonetheless, parents still managed to handle their emotions at times of despair and addressed their children's medical condition so that they themselves and their children could experience greater well-being.

Additionally, parents shared problems with their children's misdemeanor. Parenting a differently-abled child could be a challenge particularly in managing the child's behavior. Parents found their children's behavior to be quite unpleasant at times; and their children had a tendency to be hard-headed, disobedient, and stubborn. These disturbing behaviors of children caused exhaustion to parents (Jones & Passey, 2004). However, parents dealt with their children's misdemeanor through disciplining them. They found discipline as their most important responsibility. Amidst all these struggles, parents still managed to discipline their children's actions by showing them what is right and wrong, what is acceptable and what is not. And, no matter what burden and ordeals came to the parents, they were still confident and committed to always give their children essential discipline.

The parents also cried within upon seeing how their beloved children with special needs were bullied and rejected by other people. Other people scoffed at them or fooled them because of their incapability to understand things. It saddened our participants more when they shared that some of their relatives whom they expected to support them were the ones who could not fully accept the situation of their children. It truly pierced their hearts as well when their children were rejected by them since they had the notion that their differently-abled children could never help them in the future. Our participants appeared to have fully accepted their children's condition. On the contrary, a study by Boyd (2015) found out that parents were displeased that their children would not be professionals someday. In addition, there were some occasions wherein parents felt embarrassed or ashamed of their differently-abled children (Beresford, et al., 2007; Boyd, 2015). Those unwelcoming behaviors of some parents in other studies were opposite to our parent-participants.

Our participants were bleeding for pity and sympathy of their children which ignited them to admit their children for continuous therapy sessions. Yet, the question on where to get the hard cash to pay for the cost was like a double-edged dagger that pierced their bleeding hearts. No wonder why parents were burdened financially. Likewise, various studies reported that raising a differently-abled child could be more expensive than raising a typical child (Boyd, 2015; Di Giulio et al., 2014; Emerson, 2007; Goudie et al., 2011; Stein, 2005). In addition, these expenses could arise from medical equipment and supplies, medical care, care-giving expenses, private education, tutoring, adaptive learning equipment or specialized transportation (Boyd, 2015; Kansas Special Health Care Needs Family Advisory Council, 2013). Scramella, et al. (2008) in their Family Stress Model attested that most parents who have children with special needs encountered severe economic pressures due to the demands of their situation. Similarly, it was found to be true in the context of the study because it was discovered that most of our participants struggled financially. Parents had to provide the needs of their differently-abled children (Gona, et al., 2016), especially in the aspect of education.

Caring for children with special needs might also last a lifetime instead of a usual eighteen (18) years of support. Parents might even have to set aside money in a trust fund for children's care when they pass away (Boyd, 2015) since most of them were less likely to be employed (Goudie, et al., 2011; Mailick Seltzer, et al., 2001; Reichman, Corman, & Noonan, 2004) which would contribute to higher levels of financial struggles.

All those struggles that our participants faced made them strained emotionally. Some felt guilty about their children's disability. They thought the condition of their children could have been better if they had taken actions early through check-ups. Similarly, studies pointed out that these emotions prevailed because of regrets which eventually became guilt (Beresford, et al., 2007; Boyd, 2015; Heiman, 2002; Sivberg, 2002; Smith, 2003). Furthermore, our participants felt weary of their children's misbehavior, worried about their future, and stressed of resolving jealousy conflict with other children. And, these strong emotions experienced by parents were affirmed by Smith (2003). Moreover, other researches found akin emotions that parents had to hurdle: weariness because of children's distressing behavior (Jones & Passey, 2004), disappointment on incapability of helping their family in the future (Boyd, 2015; Di Giulio, et al., 2014; Sivberg, 2002; Smith, 2003) and concern about their children's well-being (Beresford et al., 2007; Smith, 2003). Moreover, though not everyone felt this crisis, some parents also experienced the struggle of asking "why" their children had to experience their disability (Boyd, 2015).

No matter how heavy or how hard the struggles they might encounter, parents would still be able to survive through them. And, they managed to cope with them through: open communication, proper discipline, ample attention, faith in God, optimism, involvement in recreational activities, adjustment on finances and monetary assistance from others, and moral support. It could be further explained by McCubbin and Patterson's (1983) Family Adjustment and Adaptation Response (FAAR) Model which posited that parents would always learn to adjust and adapt to their situations.

Even though communication was considered to be a problem, having open communication with their children was considered a coping mechanism because parents considered an open and honest conversation with their children a good place to start dealing with their struggles. In fact, through open communication with their children, they were also able to impose discipline to them. Furthermore, through it they were able to properly explain to other siblings their situation and address jealousy issues among them. They gave their children, especially those with special needs, pieces of advice. And, they counseled them, too, in order to have a harmonious day-to-day life. In a study conducted in Netherlands, the "Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline for Child Care (VIPP-CC)" was proven effective to caregivers since it made them manifest better behavior towards care-giving (Werner, Vermeer, Linting, & Van IJzendoorn, 2018, p.1). Likewise, parents had to obtain correct information for them to be more knowledgeable on taking care of their children (Gona, et al., 2016; Smith, 2003). Undeniably, when they employed proper approaches towards child care, positive outcome would likely occur.

Aside from open communication and proper discipline, parents also highlighted giving ample attention to their children. This was also affirmed in the study conducted by Ferrel (2012). Giving attention was a big responsibility for all parents, but for parents having differently-abled children, it was a bigger responsibility for them because they had to give not just the average amount of attention but ample. Particularly, our participants shared they accompanied their children to and from school every day just to ensure their safety, which somehow contributed to their struggles, making them exhausted and weary. They also prioritized their children over anything else, sacrificing other priorities. There were times when they would prioritize their children's needs over the needs of other family members. The child, with special needs might bring about challenges in the family, but still, he/she was equally considered to be important. And because of this, it was etched that differently-abled children were still deeply loved and taken care of by their parents despite all the circumstances and hardships parents went through.

Nevertheless, parents were not the only ones who should adapt to children's disability. Life changed for the entire family. Since they focused primarily on their children with special needs, other family members might feel neglected, most especially other siblings. It was discovered that other children in the family often felt unnoticed and jealous of their differently-abled sibling because he/she got all the attention of their parents, and their relatives. They felt like they were no longer part of the family because all of their parents' time was given to the child with disability. With this, it implied that parents were not the only ones affected by the differently-abled children, but the siblings as well.

Despite and amidst all the struggles parents have been through, they still decided on living a God-centered life (Gona, et al., 2016). All the more, they clung to God for comfort and remained faithful in serving Him. In addition, our participants gave so much significance on leading their children to the Lord through prayer, going to church and reciting the Holy Rosary. Truly, parents committed everything to the Lord and regarded Him as the center of their lives for them to surpass all the challenges. In fact, the struggles they encountered strengthened their faith in God.

One of the major struggles experienced by the parents was they were wounded with the slur of bullying and rejection of their children. In the same way, it was discovered that differently-abled children were discriminated, labeled and bullied (Link & Phelan, 2001). And, parents also felt the pain of their children whenever they were bullied and rejected. In other words, the feeling of their children reverberated to them. Additionally, they also experienced different kinds of pressure from the society—their relatives and other people. They were often pressured to do things well for their children's welfare. Some parents reported that other people, including relatives, did not fully accept their situation, which in return, affected them and their mindset. Despite all those adverse experiences, parents also stated that it is better to be optimistic (Boyd, 2015; Smith, 2003)—to just neglect other people's negative comments about their children and their situation and to focus purely on giving more love and attention to them. Moreover, parents also engaged themselves and their family with recreational activities to ease their minds and just simply bond with each other, enjoying each other's company. Although, there were others who put nothing but pressure and additional struggles to the parents, there were still some who were willing to help them through their advice and acceptance of the child.

Since parents had difficulties in financing their child, their condition and their needs (Boyd, 2015; DeRigne, 2012; Di Giulio, et al., 2014; Goudie, et al., 2011; Parish, et al., 2008; S'lungile, et al., 2015; Stein, 2005; Williams, 2001), it was just apt for parents to adjust and manage finances properly. Similarly, our participants dealt with their financial problems through accepting financial assistance from others. Parents reported being aided by one of the government's program, Pantawid

Pamilyang Pilipino Program (4P's). To boot, the 4Ps of the government was effective and was etched in helping families who have differently-abled children. Aside from receiving assistance from others, it was necessary for parents to budget their money wisely so as to cater and suffice not only the needs of their differently-abled children, but the whole family as well.

In handling situations, parents often dealt with counseling. They had to find more inner strength through the help of others (Di Giulio et al., 2014). As they went through tough times, parents knew they were not alone—that they had their spouse, their family, their relatives, and the society, who, mostly, were willing to lend a hand and give solace and comfort in times of despair. Aside from God, our participants also found comfort from the moral support they received from others. Furthermore, they deeply appreciated the pieces of advice they heard from them. This concurred with the Model of Simultaneous Counseling and Training developed by Gupta, et al. (2014). Though training was not particularly eminent in the responses of the participants, most parents reported counseling by which they were able to recognize that they should take care of their children and raise them well, give importance and attention on their behaviors and education. Also, parents found it necessary to communicate with their children, to counsel them, even though some of the parents have children with communication disability. In such cases, parents taught themselves sign language in order to converse with their children effectively.

Limitation of the Study

This study focused only on struggles and coping mechanisms of parents with differently-abled children in Davao del Sur. The results of the study were only limited to the responses provided by the fifteen (15) informants. It excluded the experiences of the siblings of children with special needs and other members of the family who were likewise affected by their condition.

Implication of the Study

Based on the results and the discussion of the responses of the participants, it can be implied that parents have their own different ways of coping. For parents having difficulties with their children's misdemeanor, they could maintain and inculcate discipline to their children through open communication. Moreover, it is essential to inculcate to their children what is good and what is not, and to reprimand them, if perceived to be necessary. Also, the study further called for parents to give ample time to their children and to look after their welfare and safety and to monitor them all the time. And, since in their children's cases, expenses were greater than normal, it would be best for parents to have proper budgeting. Besides, it would not diminish parents' self-worth if they asked for other people's and government's financial assistance. They could seek moral support from others, too, whenever they felt down or whenever they needed some pieces of advice from them.

The government could also coordinate with the Department of Education (DepEd) and increase the number of educational institutions offering Special Education Program so that more differently-abled children would not be deprived of their rights to education. Likewise, the government had to continue and strengthen further the Pantawid Pamilyang Pilipino Program (4P's) since it greatly helped the parents financially. The government could also implement more programs, conduct symposia and seminars, and make policies which could make the lives of parents with differently-abled children easier, understanding the fact that they went through a wide variety of struggles in their situation.

In addition, the National Council on Disability Affairs (NCDA) would not only focus on the children with special needs but also set eyes on the children's parents. The council could also create concrete programs that would help the parents cope with the struggles they faced, such as conducting small gatherings within a community for parents with differently-abled children, wherein they could share all their experiences and insights. Through this, other parents could learn how other parents apply techniques that were deemed effective in their current situation.

Furthermore, for other researchers, they could conduct studies particularly on how parents dealt with siblings of their differently-abled children since it revealed that parents did not only have struggles with their children having special needs, but also with the other siblings in the family.

Concluding Remarks

Having children with special needs was never easy. Parents had to give more, exceeding the usual care they could extend to their children. And, struggles were inevitable for our parent-participants. They were challenged communicating with the child, stressed of child's frequent sickness, troubled of child's misdemeanor, wounded with the slur of bullying and rejection, burdened financially, and strained emotionally. A range of struggles experienced by the parents impacted them and their family. However, their painful experience never altered their love for their children.

In spite of the struggles brought by their children's condition, parents still managed to cope with them by applying different techniques such as open communication and proper discipline, ample attention, faith in God, optimism, involvement in recreational activities, adjustment on finances and monetary assistance, and moral support from others. In addition, coping mechanisms applied by parents were geared towards child's well-being. And, they served as their weapons in overcoming their day-to-day struggles. Lastly, the upshots of the struggles would always depend on parents' decisiveness to manage them against all odds and the extent of all the efforts they were willing to give. After all, their children, despite their disability, are gifts from God.

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