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Unfolding Filipino Parents' Acceptance Process of their Children with Disability

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ABSTRAK

Memiliki anak dengan disabilitas (ABK) tidak terjadi pada semua keluarga. Orang tua dari anak dengan disabilitas harus melalui proses penerimaan tanpa cetak biru yang spesifik karena orang tua menggunakan mekanisme koping yang berbeda dan dipengaruhi oleh beberapa faktor. Penelitian ini bertujuan untuk mengalisis proses penerimaan orang tua dan aspirasi mereka terhadap anak mereka yang mengalami CWD. Tujuh partisipan dipilih melalui metode snowball sampling dan menjalani wawancara mendalam semi-terstruktur untuk pengumpulan data sedangkan instrumen yang digunakan adalah lembar wawancara. Analisis data dilakukan dengan menggunakan pendekatan fenomenologi interpretif (IPA) yang menghasilkan tema-tema tingkat tinggi. Hasil penelitian menunjukkan bahwa proses penerimaan orang tua meliputi proses internal yang berbeda yang dikategorikan ke dalam tema-tema superordinat yaitu: menemukan disabilitas, menghadapi kenyataan, merekonstruksi normal baru, menghadapi situasi, berdamai, mengharapkan masa depan yang lebih baik, dan mengadvokasi hari esok yang inklusif. Sehingga dapat disimpulkan bahwa orang tua anak penyandang disabilitas (CWD) menghadapi proses penerimaan yang unik dan kompleks setelah mengetahui kondisi disabilitas anak mereka. Implikasi dari penelitian ini adalah pentingnya intervensi yang berfokus pada peningkatan dukungan sosial dan fasilitas kesehatan yang memadai bagi keluarga dengan CWD.

ABSTRACT

Having a child with a disability does not happen to all families. Parents of children with disabilities have to go through an acceptance process without a specific blueprint as parents use different coping mechanisms and are influenced by several factors. This study aims to analyze parents' acceptance process and their aspirations for their child with CWD. Seven participants were selected through snowball sampling method and underwent semi-structured in-depth interviews for data collection while the instrument used was an interview sheet. Data analysis was conducted using the interpretive phenomenology (IPA) approach which resulted in high-level themes. The results showed that the process of parental acceptance includes different internal processes that are categorized into superordinate themes namely: discovering disability, facing reality, reconstructing a new normal, dealing with the situation, making peace, hoping for a better future, and advocating for an inclusive tomorrow. It can be concluded that parents of children with disabilities (CWD) face a unique and complex process of acceptance after learning of their child's disability. The implication of this study is the importance of interventions that focus on increasing social support and adequate health facilities for families with CWD.

1. INTRODUCTION

Disability is a circumstance of an individual's impairment of the body or of the mind, which induces difficulties and limitations of one's actions and ability to connect with their environment (Bê, 2022; Begon, 2021). Special needs are frequently used as catchall or euphemism to refer to disability, but actually promotes segregation and negativity, contrary to its attempt to lighten its meaning or sound which has become a dysphemism it self (Apgar, 2023; Boda, 2021). To further corroborate, the National Disability Authority considers the terms special or special in the context of education to be "patronizing" and recommends that the terms "disabled person or person with a disability" be used instead, especially when

referring to parents' children in a respectful manner. Furthermore, parenthood, regardless of a child's condition, has underlying hardships, and especially so for parents of Children With Disabilities (CWD). The moment they give birth to one, it becomes a distressing situation. Giving birth to a child with a disability or even the period of discovering their disability is seen as an intense event in the parenthood stage. Their initial reaction towards the revelation of their child's condition is likely negative and leans toward questioning, sorrow, and trauma, which may go on for the family even years after the birth (Bayuo & Wong, 2021; Fennell et al., 2021). Other factors which may compound the situation include financial problems related to their child's medications, treatments, and consultations, as well as emotional distress, change in their plans or goals, expectations that may hinder their lifestyle, the negative inputs and stereotypes from the 'conventional' society, and the absence of special education or inclusive institutions and disability-friendly places which are also accessible and affordable (Junaidi & Dewantoro, 2020; Karaca & Konuk Şener, 2019).

Additionally, stress is encountered by parents of children with disabilities. Nurturing and caring after a child is already a demanding task, but raising a child with disability, regardless of the category of the disability, imposes significantly more stress to the parents as compared with raising a neuro-typical child (Lee et al., 2023; Tyszkiewicz-Gromisz et al., 2024). This, in turn, puts parents in a higher risk of distress whether in emotions or their mental health. In the Philippines, there has been an increase in the number of CWDs and a study revealed a correlation between the parents' stress levels and their educational attainment. In addition, the correlation between stress levels and coping strategies suggests that parents are prone to emotional difficulties (Achterberg et al., 2021; Cruz, 2019). In addition, parenting a child with CWD is associated with more significant parental stress than parenting a typical child (Finke et al., 2019; Fu et al., 2023) Parenting stress can affect parenting effectiveness, either directly or indirectly, through child development, indicating a relationship between parenting stress and parenting effectiveness (Fu et al., 2023). To further support parenting stress, parents will experience impacts such as reduced income and employment, distress, mental health issues, and stigma (Marquis et al., 2020; Matthews et al., 2021). The most prevalent psychopathology found in mothers of children with intellectual disabilities in India is depression. This psychopathology is exacerbated by avoidant, fatalistic, and expressive parental coping mechanisms.

Looking at the family level, a family's equilibrium is disrupted, leading to crises of "change, personal values, and morality" that, once surmounted, lead to the acceptance stage for parents. This is some type of coping mechanism for the parents, which varies for each parent who has given birth to a disabled child. Consequently, there are parents who instinctively adapt to the circumstance and acknowledge and accept that their child is a CWD. The parents of children with disabilities must acquire various coping skills to care for their children effectively. Skills such as "building communication, establishing a routine, connecting with supports, and learning acceptance, advocacy and discipline" aid parents in their child's development and their process of accepting their child with a disability (Karaca & Konuk Şener, 2021; Matthews et al., 2021). Furthermore, the parents' acceptance process comes down to resilience, an undertaking to resume their condition or state with a stronger mindset. It is their adaptation and resourcefulness, such as making use of the cooperation of the whole family, which can aid in their mental well-being. Although this coping mechanism is highly dependent on factors such as the family's 'personality, support system, education, financial situation, spousal relations, family cohesion, and the level of the child's handicap,' there are differences between families in how they adapt to their situation, how their resilience manifests itself, and whether or not they accept the reality of their child's disability.

The solution offered through this research is to develop more effective coping strategies for parents, including a more systematic approach to supporting parental resilience through psychosocial guidance and community support. Previous research reviews have shown that the development of coping and resilience skills is crucial in helping parents deal with the challenges of caring for a child with a disability (Ameis et al., 2020; Cusinato et al., 2020; Fu et al., 2023; Matthews et al., 2021; Sagone et al., 2020; Twum-Antwi et al., 2020) This study offers novelty in the form of a religion and spirituality values-based approach as one of the less researched coping mechanisms in the Philippines, which is known as a highly religious society. One of the coping mechanisms of parents, specifically mothers, when it comes to their children is religion and their religious practices. Other parents rely on serving the community, while others find their support through their family and religion. Religion, or values and beliefs, is used for coping whenever issues arise such as stress, fear, or a disease. That said, spirituality and belief in religion increases as parents cling to hope due to their sufferings. It helps them find meaning in their situation and grasp what they are experiencing. It helps their will to push through; and eventually, accept the situation and their children (Canete, 2021; Karaca & Konuk Şener, 2019; Kirenko & Gindrich, 2021). In addition, Filipinos are known to be religious, specifically for having a strong religious faith. The Filipinos' resilience also factors in their religious faith, which remains unwavering and devoted regardless of their situation, whether it be a minor inconvenience or a major catastrophe. They cling to their faith and express it wholeheartedly as a conviction to be saved or to be helped.

The urgency of this study lies in the importance of raising public and government awareness regarding the emotional and psychosocial needs of parents of children with disabilities. It is also important to fill the information gap on parents' experiences of accepting a child with a disability, especially in the context of Filipino society where disability is still socially stigmatized. This study sought to contribute to addressing the gap regarding the lived experiences of Filipino parents' with CWDs and the process they go through in accepting their child with a disability. how they have accepted their child as it is oftentimes goes unnoticed due to the limited knowledge of Filipinos when it comes to disabilities. Since not every household or family experiences CWD, a lack of comprehension is still prevalent, as the lived experiences of families, particularly parents, remain untold. Consequently, there are informational and experiential gaps for parents of CWD. The purpose of this study is to describe the lived experiences of parents in accepting their children with disabilities, identify factors that influence the acceptance process, and explore the role of religion and spirituality-based coping mechanisms in strengthening parents' resilience. This study also aims to provide policy recommendations and interventions that can help parents go through the acceptance process better and improve their psychological well-being.

2. METHOD

A qualitative research design was implemented in this study to collect and analyze the lived experiences of parents in accepting their children with disabilities. A qualitative research approach aims to address questions in connection with the development and understanding of the meaning and experience aspect of human's life and social world and to create a rich description of the phenomenon of interest (Hodgetts et al., 2020; King & Hicks, 2021). Further, it is done in a natural setting, as it allows the researchers to examine people's experience in detail. For this study, an interpretative phenomenological analysis (IPA) approach was utilized to gather and analyze data from the respondents. IPA is a qualitative approach developed to investigate and understand the lived experiences of an individual (Smith & Fieldsend, 2021; Vries et al., 2023). This phenomenological study aims to understand and analyze the difference in the acceptance process of parents in regard to the disability of their children. It will cover the challenges, coping mechanisms, parental reaction, and the acceptance process of parents. To satisfy the objectives of this study, primary data collection was conducted through semi-structured interview sessions with each selected participant. The researchers contacted qualified participants and presented them with an informed consent form subject to their approval for participation. Further, the interview session was recorded and transcribed for data and reference purposes. Usually, the duration for semi-structured interviews ranged from an hour or more as it takes a considerable amount of time depending on the people involved and the depth of the topic.

While the data collection instruments used are interview sheets. A semi-structured interview was employed in order to gather pertinent information and data from the participants. Semi-structured interview allows the researchers to have a greater flexible coverage of the interview and tends to produce richer data. As for this study, the interview questions were focused on the challenges, reactions, coping mechanisms, and acceptance process of parents towards their children with disabilities in order to address the objectives. The IPA studies are relatively conducted in small sample sizes as the detailed case-by-case analysis of each participant is already time-consuming to transcribe and as the aim is to analyze and interpret the perceptions and understanding of a particular group rather than to make general claims (Smith & Osborn, 2007). Some recent studies using IPA have recommended five to six participants as a reasonable sample size although there have been studies that utilized nine to fifteen. More so, Smith and Osborn suggested that for an IPA first timer student, three is a highly useful number for sample size.

The study employed a snowball sampling method which is a type of non-probability sampling by which the researchers seek help or referral to locate other suitable individuals by asking assistance from the participants (Boda, 2021; Canete, 2021; Hazari, 2023). The selected referred participants are those knowledgeable about the specific phenomenon being studied. Further, it allows the researchers to better communicate to the other participants as they are acquaintances with the first participants, which are linked to the researchers (Bê, 2022; Schmid & Garrels, 2021; Smith & Fieldsend, 2021). Thus, participants should have met the following criteria: 1. Has a child with inborn disabilities/special needs; 2. Has gone through the acceptance stage in terms of their child's condition. A summary of the participants' demographic characteristics is presented in Table 1.

Only child

2nd born

First-born

2nd born

Only child

Type of Child's Marital Gender of ID No.# Age of CWD **Chronological Order** Status **Disability CWD** 23 Parent - 01 Married Autism Male First-born Parent - 02 9 Married Autism Male First-born

Male

Male

Male

Male

Female

Speech delay

Autism

Intellectual disability

GDD with Autism

GDD

8

7

12

9

9

Table 1. Socio-Demographic Profile of the Participants

Married

Married

Married

Married

Married

Responses from the semi-structured interview were transcribed word for word on a computer. Using the thematic analysis method, transcripts were read multiple times, since every reading may give rise to new insights. Data analysis in IPA does not test any predetermined hypothesis, rather its aim is to flexibly explore in detail a specific area of concern (Smith & Osborn, 2007). The researchers then looked for any connections from the transcript responses regarding any emerging themes according to their similarities. In accordance with Osborn and Smith (2007), it is suggested to do these first in a chronological order based on how they appeared on the transcript flow. Though themes have been clustered, some appear to be superordinate where in an identifier is added to aid in finding the main source and some unconnected parts of responses can be omitted. In this study, similar responses were gathered to develop several categories such as type of disabilities, challenges, parental reaction, coping mechanism, and acceptance process. Further, once sub-themes were compiled according to its superordinate themes, they were then tabulated along with the relevant and extracted data transcript or quote situated beside the sub-theme (Noon, 2018).

3. RESULT AND DISCUSSION

Result

Parent - 03

Parent - 04

Parent - 05

Parent - 06

Parent - 07

This theme focuses on how parents recognize and understand their child's disability. The participants in this study shared their experiences of the signs they observed when they learned of their child's diagnosis. Suspicion of disability arises when the child begins to exhibit different behaviours compared to other children. The birth of a child is a blissful moment that parents look forward to. At first, most parents see their child as usual because there are no visible physical abnormalities. However, as the child grows, parents and other family members begin to observe various signs of unusual behaviour and compare them with the development of other children. For parents who have a child with a diagnosis of autism, patterns and signs of autism are seen in the child's development from 1 to 4 years of age. For example, parent-01 and his family observed unusual behaviour in their child during a family gathering. Parent 02 also noticed specific behavioural patterns as the child grew, but these signs were ignored as they were considered cute and harmless.

Similarly, parent-04 saw signs that corroborated their suspicions that their child was growing up differently, showing developmental delays and difficulty focusing. Meanwhile, parent-03, whose child was diagnosed with a speech delay, did not notice any signs at birth. The suspicion arising from the observed signs prompted each parent to get their child's condition checked. Emotions such as guilt, denial, confusion and anger are the most common reactions felt by parents when having to deal with their child's unexpected condition. For example, in the case of parent-01, the initial responses were denial and anger when relatives suggested a medical examination of their child. After the doctor confirmed the diagnosis, parent 01 could only cry and question everything that happened. They felt a heavy burden of confusion and guilt. Parent 02 experienced a similar situation. She went through a stage of denial when people around her suggested having her child examined.

However, after the diagnosis was confirmed, parent 02's first reaction was to cry and question everything. Parent 07 felt the same way when the doctor stated that her child had a developmental delay. Initially, she did not believe it and continued to deny the condition despite having been screened for early detection since birth. In addition, parent-04 admitted to feeling guilty when she first received a diagnosis about her child's condition. A denial reaction also occurred for parent-06 when the paediatrician identified an unusual condition in her child. When the diagnosis was confirmed, the initial response was fear and sadness. It can be concluded that most participants recognized that the discovery of their child's disability took a long time, as the diagnosis was often only made when the child was older. A variety of adverse reactions emerged when parents had to accept this reality. Especially for mothers, they frequently questioned what they might have done wrong that could have affected their child's normal development.

The diagnosis of a child's disability significantly affects not only the child's life but also the family's overall dynamics. Parents of children with disabilities (CWDs) often face unique challenges due to the financial, medical, and social needs associated with the disability, which requires additional care and understanding of their child's behaviour. As a result, they must confront these realities and assume greater responsibilities in managing the adversities and setbacks accompanying their child's condition. This overarching theme encompasses various difficulties that parents encounter, including financial hardships, lack of social services and support, behavioural management of CWDs, limited movement, fears about the future, and discrimination from society. Raising a child comes with its own set of financial responsibilities. However, these burdens are heightened when caring for CWDs who require continuous therapy sessions and specialized medications. For instance, Parent-01 shared that due to the high cost of therapy and limited financial resources, they had to withdraw their child from therapy sessions. Parent 02 expressed a similar concern, stating that while they considered speech therapy for their child, it was unaffordable because their budget was only sufficient for basic needs. Parent-04 also noted that the financial expenses for a CWD are not comparable to those for a typical child. Although Parent-06 was initially able to meet its financial obligations, the rising living costs due to global economic conditions later made it difficult to sustain its CWD's needs. Additionally, Parent-02 mentioned that an unexpected accident affecting their family's breadwinner significantly impacted their financial stability. Consequently, most participants struggle to provide for their CWD due to limited income, expensive therapy costs, and inflation rates.

Access to essential social services is a fundamental human right; however, disparities persist, especially in rural areas, which leave vulnerable groups such as women, Indigenous people, and families of CWDs at greater risk. The participants in this study, residing in rural areas like Rizal and Laguna, reported a lack of access to essential services such as Special Education (SPED) programs and free medical checkups. Parent-02 highlighted that their CWD could not enrol in a SPED school after moving to a rural municipality due to its unavailability. Similarly, Parent-07 had to travel long distances to access a SPED school, adding to their burden. Although some parents managed to acquire Persons with Disabilities (PWD) IDs for their children, government financial assistance was inconsistent and limited to a specific period. In some cases, parents opted not to seek help due to an unorganized government workflow, further emphasizing the inadequate support system available for families of CWDs. The unique behavioural traits of CWDs often pose significant challenges to parents. Each child's needs are different, requiring more attention, time, and patience. Due to their distinct characteristics, many parents find managing their child's behaviour difficult. For instance, Parent-02 shared how their child's behaviour sometimes unintentionally hurts family members. Parent-03 faced difficulties in disciplining and managing their child's behaviour, while Parent-04 struggled to maintain patience as their child occasionally caused physical harm.

Additionally, Parent-06 expressed concern about their CWD's fear and reluctance when visiting doctors, which exacerbates stress and trauma. Parent-01, on the other hand, is still navigating how to teach their child and considering how to enrol them in a regular public school. Consequently, most parents find it challenging to gauge effective teaching and training methods for their children. Providing constant care for CWDs limits parents' ability to engage in activities outside their homes and pursue personal or professional interests. Parent-02, Parent-03, and Parent-04 stated they could not leave their CWD without someone to look after them. Parent 07 also shared similar concerns and expressed hesitancy in leaving their child alone due to uncertainties. Parent-05, however, mentioned that as their child grew older, leaving them unattended for short periods became more manageable. Parent-06 noted that they had learned to navigate and manage their movements as their CWD grew older. Most participants acknowledged that their daily activities underwent significant changes due to having a CWD, making employment or pursuing other interests nearly impossible.

Parents of CWDs often worry about their children's future, particularly those who will take care of them once they pass away or when they are no longer able to provide support. Parent 05 expressed deep concern about who would care for their child when they are gone. Similarly, Parent-01 shared worries that despite having other children, their CWD's condition might not be fully understood or supported. Parent 06 wished for someone to understand and accept their child when the time comes. Parent-04 and Parent-01 also voiced concerns about their child's social exclusion in the future. Furthermore, Parent-02 feared having more children due to the possibility of reencountering similar conditions. This shared anxiety about their child's future, particularly regarding care and social acceptance, is a common sentiment among all participants.

CWDs often face inequality in accessing essential services such as healthcare and education. Moreover, they are susceptible to stigma, bullying, and exclusion, reflecting society's lack of awareness and understanding of disabilities. Parents of CWDs must navigate these challenges and confront discrimination for the sake of their child's well-being. Parent-01 recounted instances of their child being bullied by peers and facing ineligibility for admission in regular schools, leading to emotional distress. Parent 02 reported

harsh comments from the community and relatives, causing emotional hurt. Although Parent-03 stated that discrimination was not an issue for their CWD, Parent-04 felt pity when facing judgment in public places. Parent-06 noted that discrimination was prevalent in both schools and public areas. Despite these difficulties, parents must continually demonstrate resilience and determination to protect their CWDs from the harsh realities of societal discrimination. Overall, the challenges faced by parents of CWDs are multifaceted and intertwined, ranging from financial difficulties to discrimination. Addressing these issues requires personal strength and determination, societal awareness, government support, and access to comprehensive social services.

In response to the various challenges brought by having a child with disabilities (CWD), parents must adapt and implement strategies to support their child's development and well-being. This theme explores the different adjustments, interventions, and changes parents have made to address these challenges and establish a new sense of normalcy. For most participants, financial limitations pose a significant challenge in providing for their CWD's needs. Participants such as Parent-01 and Parent-07 take on additional jobs to supplement their family income. When faced with limited financial resources, participants like Parent-02 and Parent-04 often resort to borrowing money to ensure they can meet their child's needs. Meanwhile, Parent-05 and Parent-06 manage their finances through careful saving and budgeting. In times of desperation, borrowing money, taking on extra work, and making do with what is available have become common strategies for parents to overcome financial constraints.

Despite the limitations imposed by their child's condition, participants remain proactive in supporting their child's development. Parents such as Parent-03, Parent-05, Parent-06, and Parent-07 enroll their child in free Special Education (SPED) schools and supplement this education with at-home teaching. Parent-04, despite financial and time constraints, continues therapy sessions to promote their child's growth. Similarly, Parent-01 uses a manual from their child's former therapy center to train their child at home, even if it evokes emotional distress. Parents also make efforts to facilitate continuous learning by adding labels around their house to improve memory recall. They often stay up late, regardless of exhaustion, to supervise their child, who might remain awake throughout the day.

Addressing discrimination is an inevitable challenge that each participant navigates uniquely. Due to repeated rejections from public schools, Parent-01 resorted to hiding their child's disability to gain access to regular education. Parent-02 and Parent-04 confronted the offenders, requesting them to avoid judging without understanding their struggles. Parent-07 chose direct confrontation with neighbors who discriminated against their child, while Parent-05 taught their child to simply avoid people who bullied or discriminated against them. While responses varied, all participants emphasized a common appeal for society to keep an open mind and practice empathy, even if they have not personally experienced the challenges faced by families with CWD. This collective effort of adapting financially, actively engaging in their child's development, and handling discrimination reflects the resilience and determination of these parents in reconstructing a new normal for their families amidst the complexities of raising a CWD.

Despite adjustments and interventions, support from social networks was utilized by participants to cope with the situation. This superordinate theme includes the influence of different religious roles, formal and informal networks that contributed to how participants found ways to cope with the difficulties and challenges of dealing with CWD. Religion is deeply rooted in Filipino culture, containing beliefs, values and morality that define what is right and wrong. Religion provides emotional and spiritual support, guidance and a more profound sense of belonging. For Parent-01, Parent-02, Parent-03, Parent-04, Parent-05, and Parent-07, their faith influenced how they accepted the situation and strengthened their faith for the good of CWD, which manifested through their prayers. Family is the basic unit of society. For CWD, the family is the central support system that provides care and support. For Parent-01, Parent-06 and Parent-07, their families fully supported the parents' decision. They tried to understand CWD's condition by not adding to the burden through negative judgment or denying the fact that their child had a disability. In the case of Parent-01 and Parent-04, the presence of siblings provided a sense of community and support for CWD. For the parents, these siblings became a new hope as an additional source of support. For example, although doctors advised against having any more children, Parent-01 ignored the advice and gave birth to a second child, who then supported their decision to treat CWD like any other child.

For Parent-04, CWD's sibling became a model of courage who protected CWD. Parent-04, Parent-05 and Parent-07 also received more comprehensive support from extended family, relatives and even neighbours who could be relied upon to provide help and care. In Parent-01's case, her relatives provided words of reinforcement to encourage and provide resilience for them to persevere. In addition, there was a significant division of responsibility between the mother and father in dealing with childcare demands. They sought strength and support from each other. This was seen in the case of Parent-06, who depended on her husband during difficult times. For Parent-02, she helped her husband accept the reality of their child's condition by providing understanding and support. Spousal support was used as a resource to take

their child's condition.

Upon the discovery, struggles, adjustments, and changes encountered by the parents of CWD, understanding and learning keeps growing. As time passes by, parents are able to transform their perspective through various reflections along the way. This superordinate theme deals with how parents have come to terms with accepting their CWD. Having children is often seen as a beautiful gift from God. Neither parents nor children control who they are born to or whom they give birth to. For parents with Children with Disabilities (CWD), their dreams and expectations might be altered, but their hope and faith remain steadfast. While some may perceive having a CWD as a burden or curse, many parents view their children as precious gifts and blessings. For instance, Parent-07 described their child as 'luck' and a blessing, stating that the child has helped them escape poverty and other life difficulties.

Although many parents initially search for reasons or answers as to why they have a CWD, they gradually come to a phase of acceptance, realizing that their powerlessness to change their child's condition does not diminish their love. This acceptance helps them focus on embracing their children rather than denying or abandoning them. Parenting CWD is not solely about the additional challenges; it also involves cherishing the joyful moments they bring. For Parent-02, the CWD's innocence and sweetness provide immense joy. Similarly, Parent-03 shared an unmeasurable happiness in having a CWD. Parent 04 expressed her pleasure in witnessing her child's priceless smile and unique organizational skills. Other parents also highlighted the joy and pride they experience from their children's small yet significant developments. In the case of Parent-01, every little milestone and achievement reached by their CWD brings pure happiness and an immense sense of pride. Despite the unique challenges, parents of CWD find profound joy and blessings in parenting, where every little smile, gesture, and progress becomes a source of immense happiness and fulfilment.

Discussion

The results show that the presence of a child with disabilities (CWD) has a significant impact on the family, especially for parents. They experience mixed emotions as their hopes, plans and dreams for their child's future change drastically. This finding aligns with other researchers' research, which states that parents' hopes and aspirations are essential factors in shaping optimistic attitudes towards their children's future. This hope plays a vital role in helping parents face the challenges of parenting CWD, as it can reduce psychological stress and improve subjective well-being (Shenaar-Golan, 2016). In particular, parents' coping mechanisms vary because each family has different backgrounds, resources and social support. This finding is also supported by another researcher's study, which revealed that parents' aspirations for children with Autism Spectrum Disorder (ASD) include expectations for happiness, independence, education, and good social relationships. More than 77.4% of parents in the study hoped their child would develop skills, achieve future employment, and live independently (Finke et al., 2019; Kirenko & Gindrich, 2021). These results indicate that parents' expectations of CWDs focus on their emotional well-being, educational success, and social participation. In the context of this study, many parents made efforts to enrol their children in Special Education (SPED) schools available in their area despite having to travel long distances and allocate additional transportation funds. Parent 07, for example, showed a high level of commitment by supporting her child's education despite the long distance.

In addition to educational aspirations, the results of this study also show the importance of parents' involvement in their children's learning process. This is consistent with research, which found that parental involvement contributes positively to children's academic achievement and life chances (Begon, 2021; Fortin-Bédard et al., 2023; Schmid & Garrels, 2021). Participants actively helped their children at home by creating a conducive learning environment, motivating them, and helping with schoolwork. This form of involvement is essential in supporting CWD's academic development and building confidence in the child. The strength of this study lies in its in-depth exploration of the aspirations and expectations of CWD parents and the coping strategies used to deal with the challenges of parenting. The study makes a significant contribution by revealing that social and spiritual support plays an important role in shaping parents' positive mindsets. In addition, this study provides important insights for professionals and policymakers on the importance of creating more inclusive and affordable social services, which can assist CWD families in obtaining the resources they need.

The implications of this study include the importance of interventions that focus on improving social support and adequate healthcare facilities for CWD families. The government and relevant agencies need to consider the needs of CWD families in designing social and educational policies, including providing more comprehensive access to counselling services, special education facilities, and training programs for parents to help them deal with parenting challenges. However, this study has several limitations. First, the sample used was limited to a particular region, so generalization of the results of this study needs to be done with caution. Secondly, this study only explored parents' experiences from a subjective point of view, so

quantitative measurements regarding stress levels, well-being, or parental involvement cannot be objectively obtained. Therefore, future research should expand a more diverse sample and use quantitative methods to more objectively measure the impact of CWD parenting on family well-being and quality of life. In addition, future research is expected to explore the interaction between social, cultural and economic factors that influence coping mechanisms and parental expectations. This will allow for a more holistic understanding so that more appropriate and targeted interventions can be developed to support families with CWD in various social and cultural contexts.

4. CONCLUSION

Parents are the common primary caregivers of children with disabilities. Discovering a child's disability poses different reactions and implications. Various factors play a significant role and influence parents' acceptance process, as each process of acceptance is unique for all. Within the acceptance process, several challenges arise which parents of CWD had to deal with and cope with. Regardless of the participants' uniqueness and personalities, the acceptance processes all stem from the discovery of the disability and continually carries on to hoping for a better tomorrow. Despite how easy it sounds to discover a disability, it bears various negative emotions such as guilt, questioning, denial, and despair especially for parents of CWD. Along with these are unique challenges and a process of a never-ending journey. Taking into consideration the varying backgrounds, status and small sample size of participants, the challenges they encountered within the process of acceptance remains to be congruent with one another, which therefore validates its existence in the acceptance process.

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