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UNDERSTANDING THE JOURNEY: A PHENOMENOLOGICAL STUDY OF FIRST-TIME PARENTS RAISING CHILDREN WITH AUTISM SPECTRUM DISORDER

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ABSTRACT

This study investigates the first-hand experiences of first-time parents having a child with autism spectrum disorder (ASD). While numerous studies have extensively focused on ASD in relation to diagnosis, therapeutic approach, and child developmental growth, few studies have been conducted on the personal experiences of first-time parents, particularly in how they work through the physical, emotional, mental, and social pressures of caring for a child with autism spectrum disorder (ASD). This study sought to present these personal experiences and examine the meaning of their caregiving journey. Anchored in a qualitative phenomenological research design, data collection was gathered through semi-structured interviews with purposively selected first-time parents of children with autism spectrum disorder (ASD). The gathered data were analyzed using thematic analysis, which facilitated meaningful patterns and meanings derived from the participants' individual experiences. The study identified several prominent themes, including emotional and psychological adaptation after diagnosis, obstacles associated with caregiving, and everyday tasks, monetary hardships, and social restrictions, adaptive approaches such as obtaining professional aid and drawing strength from familial support. Parenting a child with autism spectrum disorder (ASD) highlights a complex experience and the need for holistic support for parents. Using a phenomenological study, this study enhances a holistic understanding of the actual experiences of first-time parents and the development of support programs, parent education programs, and promotes policies that strengthen both the child and the family's overall well-being. The results offer a foundation for the valuable support for establishing inclusive and responsive programs that align with the specific needs of families of children with autism spectrum disorder (ASD).

Keywords: *First-time parents, Autism spectrum disorder, Phenomenological study*

INTRODUCTION

To most parents, welcoming a child is often associated with parental aspirations, dreams, and plans for the child's future. However, when a child is diagnosed with autism spectrum disorder (ASD), there are many changes that occur, which may become increasingly overwhelming and difficult to manage as parents begin to navigate the child's developmental, behavioral, communication, and social needs. These impairments affect the child's future development, independence, and overall quality of life. The diagnosis may heighten parental concerns about the child's future development, independence, and overall quality of life, compelling first-time parents to adopt new caregiving roles and to access suitable support during this transition period (Parenting From the Inside Out, n.d.).

Autism Spectrum Disorder is defined as a lifelong neurodevelopmental disability that may involve deficits in communication, social interaction, behavior, sensory regulation, and daily adaptive living. Children diagnosed with autism spectrum disorder (ASD) may exhibit behavioral challenges, limited expressive and receptive communication, stereotyped behaviors, resistance to change in routines, sleep difficulties, sensory-seeking patterns, and comorbidities, particularly anxiety, depression, oppositional defiant disorder, and attention-deficit/hyperactivity disorder (Divan et al., 2012; Sauer et al., 2021b). Meeting these challenges involves structured support, consistent therapy, and active parental involvement. Among parents' challenges, these may result in an increase in the complexity of caregiving responsibilities and be emotionally demanding. Existing literature studies show that parents of children diagnosed with autism spectrum disorder (ASD) are more likely to experience higher levels of stress, anxiety, mental health challenges, and caregiving demands as compared to parents of normally developing children (Bitsika & Sharpley, 2004; Scherer et al., 2019; Ahmad, 2026). The emotional, social, and family-related demands of caring for a child with ASD may affect parents' mental health and overall functioning. Increased caregiver stress and depression may also influence the child's well-being and development (Alibekova et al., 2022; Cummings & Davis, 1994). In some cases, parents report experiencing stress beyond their limits, which may affect their parenting capacity, family relationships, and ability to manage caregiving responsibilities effectively (Bitsika et al., 2013; Ludlow et al., 2011). In addition, parents may experience difficulty accessing appropriate and evidence-based services. The need to consult different professionals and locate suitable therapy centers may further contribute to parental stress, especially when children require support for behavioral, emotional, communicative, and social difficulties (Papadopoulos, 2021b; Campbell et al., 2026). Although advances in research have led to the development of evidence-based interventions, parents still need sufficient guidance and support to manage stress, anxiety, and their child's challenging behaviors (Srinivasa et al., 2021; An et al., 2020; Glidden et al., 2006b). Despite existing studies on parents of children with ASD, there remains a need to understand the specific lived experiences of first-time parents. Their experiences may differ because they are adjusting not only to the diagnosis but also to the parenting role for the first time. A qualitative approach is therefore appropriate in exploring these experiences in greater depth. Specifically, a phenomenological framework allows the researcher to examine the meaning of

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individuals' lived experiences from their own perspectives (Chikobola & Mutono-Mwanza, 2026).

Therefore, this study aims to investigate the lived experiences of first-time parents having a child diagnosed with Autism Spectrum Disorder. In particular, this study seeks to investigate their parental experiences across physical, social, emotional, and mental domains, identify the challenges they faced, and identify the coping strategies they employ, as well as determine the support programs needed or utilized by first-time parents. Through this study, the researcher hopes to contribute to the development of more responsive, family-centered, and supportive programs tailored to the needs of first-time parents raising a child with ASD.

Given this gap, a qualitative method is necessary to gain deeper insight and a more in-depth understanding of these experiences. A phenomenological framework is highly suitable, as it focuses on examining and interpreting the core meaning of individuals' lived experiences through their personal perspectives (Chikobola & Mutono-Mwanza, 2026). By investigating first-time parents, this study endeavors to examine the complexities of the challenges they encounter, the coping strategies they utilize, and the specific assistance they need. Therefore, this study aims to investigate the lived experiences of first-time parents who have a child diagnosed with autism spectrum disorder (ASD). In particular, it seeks to investigate their experiences and challenges across physical, social, emotional, and mental domains; examine the challenges they encounter; identify the coping strategies they utilize; and examine the appropriate support systems needed to help them manage their child's condition. Through this research, the study intends to contribute to the enhancement of more adaptive interventions that focus on family involvement and support programs tailored to the distinct needs of first-time parents navigating the demands of caring for a child with autism spectrum disorder (ASD).

Background of the study

The researcher's interest in this study was recognized from both personal encounters and professional engagement. The researcher, who specializes in special education, has ten years of experience working at Therakids Learning Academy Inc. The researcher has worked with pre-school learners and has provided individualized special education therapy and educational support. Through parent-teacher conferences and post-therapy feedback sessions, the researcher had avenues to speak directly with parents and establish a deeper understanding, examine their lived experiences, emotional hardships, constraints, and coping strategies in raising a child diagnosed with autism spectrum disorder (ASD). These interactions indicated that parenting a child diagnosed with autism spectrum disorder can be significantly challenging and difficult, especially for first-time parents who are still in the process of adjusting and understanding parental roles and life responsibilities (Xu et al., 2026). Based on the researcher's regular engagement with parents and their children, it became evident that they encountered ongoing emotional strain and ongoing caregiving responsibilities, particularly in supporting their child in coping with heightened sensory overload, accommodating educational needs, regularly attending school and therapeutic intervention programs, and managing unforeseen behavioral concerns in public environments. Furthermore, sleep-

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disruption challenges among children with autism spectrum disorder (ASD) may result in elevated parental distress and emotional exhaustion, as both the child and the parents may have limited rest (Katz, 2026).

The researcher encountered accounts indicating that managing work, family duties, and personal commitments may impose a considerable burden on parents. According to Lévesque et al. (2020), many parents experience exhaustion as they cope with multiple responsibilities. In the course of the researcher's work with families, in some circumstances, parents are required or forced to resign from employment to focus entirely on providing full-time care and support for their child (McLaughlin et al., 2026). Based on the researcher's observations during therapy feedback sessions, apart from emotional and physical demands, parents may also encounter financial hardship and persistent apprehension about their child's future, particularly in providing continuous care when they are no longer able to fulfill their role (Ahmad, 2026). These experiences greatly influenced the researcher's motivation to investigate the lived experiences, obstacles, and adaptive coping strategies of first-time parents of children diagnosed with autism spectrum disorder (ASD).

Moreover, a gap in current literature was identified; existing studies focus on parents of children with autism spectrum disorder (ASD) on measured outcomes focused on stress, burden, and psychological distress using a quantitative research method, which does not fully capture a more in-depth understanding of parental lived experiences and individual meaning. Moreover, a significant number of existing studies have been conducted in the Western context; these findings may limit the realities of what parents in developing countries go through. Parental experiences vary across cultural and service environments, yet these settings remain insufficiently studied (Cooper et al., 2022). Furthermore, studies show that parents with children with autism spectrum disorder (ASD) are frequently considered as a homogenous group, with limited consideration of subgroups, particularly first-time parents who may have unique adjustment difficulties. Current literature tends to investigate stress, coping, and burden separately, without fully capturing a comprehensive understanding of parents' experiences across physical, emotional, social, and mental domains. Moreover, in the local Philippines context, there is insufficient qualitative research examining the journey of real-life experiences of first-time parents with children with autism spectrum disorder (ASD).

The chapter presents information and relevant literature in connection with the experiences of parents raising a child with autism. To improve understanding of the study, it also provides a synthesis of the art to comprehend the research fully. Areas reviewed include the nature of first-time parents, the challenges and difficulties, as well as the coping strategies for parents raising a child with autism. The researcher focused the literature review on the goals and objectives of this investigation.

Understanding Autism Spectrum Disorder across Global and Local perspectives

Autism Spectrum Disorder is a permanent neurological disorder that has an onset from early age to adulthood and is marked by differences in social interaction, communication deficits, emotional difficulties, repetitive behaviors, and restricted interests (Lord et al., 2020b). It is a chronic condition currently classified under pervasive

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developmental disorders. According to The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013), autism spectrum disorder is associated with both the interaction of genetic and environmental factors that impact the person's developing brain. This chronic condition impacts multiple domains, including behavior, cognitive development, physical well-being, and activities of daily living, with an estimated prevalence of 1% in the population, and is frequently accompanied by various comorbidities (Vacca et al., 2023). Autism spectrum disorder shows a male-to-female ratio of 3:1, and it is more commonly diagnosed among males than females (Napolitano et al., 2022). The Autism and Developmental Disabilities Network of the CDC states that the prevalence is currently 1 in every 54 children in the United States (Maenner et al., 2020). Moreover, a recent study indicates that 700,000 children in mainland China between the ages of 6 and 12 have an approximate prevalence rate of ASD of 0.70%. (Wu, Z., 2022). Based on statistics from the Autism Society of the Philippines (2018), approximately 1.2 million Filipinos, representing 1% of the population or equivalent to 1 in every 100 individuals, are affected by autism (Reyes & Domingo, 2024). It was also revealed that the number of kids with autism spectrum disorder has grown, which poses serious challenges for both the child and their families

Autism spectrum disorder (ASD) remains a public health concern that affects children and their families worldwide (Turnock et al., 2022). These growing rates highlight the urgent need for early detection, timely intervention, and long-term support for people with autism and their families. Globally, the rights of individuals with autism spectrum disorder (ASD) are upheld through the United Nations Convention on the Rights of Persons with Disabilities, which promotes equality, inclusion, equal opportunities, and active involvement for persons with disabilities (Lampinen, 2024). The Philippines ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), signifying its commitment to strengthening national laws and programs to inclusive policies and support systems, particularly to individuals with autism spectrum disorder (ASD). These support programs provide access to healthcare, education, and rehabilitation services across the lifespan.

In the Philippine setting, ASD awareness and understanding have gradually increased over the years; however, families and communities continue to encounter many challenges. A major concern is the absence of a comprehensive national prevalence rate for autism, making it difficult to verify the actual numbers of autism spectrum disorder (ASD) in the country (Salvador et al., 2023). Nevertheless, autism spectrum disorder (ASD) is widely observed in healthcare and educational settings, with a growing need for specialized professional services such as speech and language therapy, occupational therapy, behavior therapy, and special education support (Jurado-Leaño, 2016). Due to the limited specialized services in government institutions, many families rely on private centers, which may create unequal access to care and support.

There are several laws and policies to support individuals with autism spectrum disorder (ASD) was established by the Philippine government. Among these is Republic Act No. 7277, also known as the Magna Carta for Persons with Disabilities, which provides a strong legal framework to safeguard the rights of individuals with disabilities and promotes access to essential services, particularly in healthcare and education (Basa et al., n.d.). In recent years, Republic Act No. 11650 has strengthened the value of

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inclusive education, requiring schools to provide suitable support education programs for learners with disabilities in regular classroom settings (Labarrete et al., 2026). The national awareness programs, which were introduced by the government institution, such as Proclamation No. 711, known as “Autism Consciousness Week,” aim to raise awareness, foster public understanding, and promote acceptance of Filipinos on the autism spectrum (Canoy & Boholano, 2015). Health-related support, such as PhilHealth’s Z benefit package, has been made available. It is designed to give financial assistance that covers early detection and rehabilitation therapy services for children with autism (Otrp & Otrp, 2025). Despite these efforts, more families still had difficulty accessing services, especially those in rural areas. This is a burden to families as they try to support their child’s needs. Considering these global and local situations, there is an increasing need to better understand not only the condition but also the experiences of individuals who are directly involved in caregiving. From a Philippine perspective, only a few studies have focused on the lived experiences of first-time parents having a child with autism. This emphasizes the importance of understanding their experiences to better examine their challenges, coping responses, and assistance needs for more programs that promote inclusivity and are tailored to specific needs.

The nature of Parenthood

Parenthood is generally considered a profound, significant, and life-changing experience (*The New Midwifery*, n.d.). Parenting requires continuous care, emotional comfort, guidance, and protection while supporting the child’s overall development and well-being (Education et al., 2016b). As parents step into this role, they learn to adjust to new responsibilities, make important choices, and provide a nurturing space for their child. Taking on the role of a parent, they experienced feelings of joy, excitement, and emotional attachment, accompanied by favorable dreams and visions for the child’s future (*APA PsycNet*, n.d.-b). For many individuals, parenthood involves the aspirations to nurture a child with love, wisdom, individuality, security, and guidance through various stages of growth and development (*Parenting Begins Before Conception*, n.d.). For many parents, this period becomes a significant phase as they learn to adapt to new parental roles, take on greater responsibilities, cultivate a stronger sense of purpose and belonging, and learn how to respond to their child’s needs across various developmental stages (Jackson & Cooper, 1989).

The birth of a child marks the beginning of an important journey and a new phase of family life (*Family Transitions*, n.d.). As many parents assume their new, profound role in caregiving, they may also encounter a range of physical, emotional, social, and psychological obstacles. These include caregiving duties, balancing work and family life while adapting to changes in oneself and family priorities. Parenthood is a journey marked with moments of joy and hardship, a dynamic and evolving life that requires continuous growth and adaptation (*Becoming a Parent*, n.d.).

Nature of first-time parents

For most parents, having a child is a dream. However, their hopes and ambitions for the child vanished when they learned that the child was diagnosed with ASD. Having

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a family member with ASD affects all members, but parents are the most devastated and hurt (Myers et al., 2009).

This study will assist in determining whether the severity of ASD is a contributing factor to the source and degree of parental burden and caregiver depression. Additionally, the most significant stressors are mostly problems related to language development in children with autism (Baykal et al., 2019).

Each child is unique. A child with autism is different from typically developing children (Bandini et al., 2012). The fundamental characteristics, related symptoms, and behavioral challenges that are connected with autism have a major and detrimental effect on families and the well-being of parents. As a result of their child's impairments, parents face a lot of challenges, particularly with their child's communication and social skills, as well as numerous undesirable behaviors that they experience.

Parents experience a wide range of emotions as they slowly accept the reality of their child's condition. Some parents might go through a period of denial (Gentles et al., 2019). No parent wants their child to be diagnosed with a developmental condition. As a result, parents are more likely to experience a life filled with persistent feelings of despair and depression, which in turn leads to negative attitudes and self-blame rather than a positive outlook on life.

Research has also demonstrated the enormous difficulties that people with autism experience, as well as the difficulties that their families face, and the impact that these challenges have on the well-being of their parents. These problems include emotional stress, the ongoing financial burden of expensive treatments and therapies, a substantial strain on the ties within the family, alterations in the roles, structures, and activities of the family, as well as emotions of shame and blame concerning the diagnosis and the social stigma (Acharya & Sharma, 2021).

Challenges of first-time parents

Despite thorough studies on ASD, medical laboratory tests are unavailable to accurately diagnose autism spectrum disorder (ASD). Currently, there is no known cure for ASD. The precise cause of autism remains unknown, as does the treatment for the condition (Twoy et al., 2007c). Behavioral difficulties such as aggression and irritability are examples of co-occurring issues that can be addressed with medication and therapy interventions (McDougal et al., 2022).

According to Lord et al. (2020), a combination of environmental and genetic factors are some causes of autism spectrum disorder (ASD). On the contrary, researchers are looking into a variety of theories about what causes autism, including the links between genetics, heredity, and health problems (Twoy et al., 2007b; ASA, 2006).

On the bright side, suitable care and evidence-based treatment could be beneficial for those with autism spectrum disorder (ASD). The majority of treatments available concentrate on minimizing and teaching how to manage the primary symptoms of autism, as well as resolving any possible difficulties (Fuentes et al., 2020).

Presently, there is no one standard treatment applicable for autism spectrum disorder (ASD) (*What Are the Treatments for Autism?*, 2021b). The treatment goal is to lessen the symptoms of autism and promote the development of the child. An individual with autism can massively benefit from appropriate support and treatments by giving them

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the best opportunity to realize their full potential when they get the right therapy and interventions.

In developing countries like the Philippines, early diagnosis and early intervention services are not readily available to children with ASD, due to several factors, such as the high cost of intensive therapy in private therapy centers, the lack of trained staff, the few private treatment facilities in the area, and insufficient aid with regards to public special education centers having a ratio of 1 teacher to 30 students. Equitable access to services is limited to children with ASD (Pearson et al., 2019c).

When raising a child with ASD, parents face a variety of difficulties (Mazibuko et al., 2020c; Hoefman et al., 2014). The following recommendations would help in navigating ASD:

Setting up a team. One of the challenges for parents is putting together a trusted therapy team of experts and developing a treatment plan suitable for the child's needs. Some of the necessary steps that parents should take include finding a school or therapy center designed for the behavior that fits their child's needs. Next, look for a developmental pediatrician who will make recommendations regarding the programs or therapies that are most appropriate for your child's unique requirements. After the child is diagnosed with autism spectrum disorder (ASD), one of the responsibilities that parents have toward their child is to search for a special school or intervention center that matches their child's specific needs. Parents need to scout for several therapy centers and special schools that offer services that include special education, occupational therapy, speech and language therapy, and applied behavior therapy. Numerous programs are designed to address several behavioral, linguistic, and social problems that are identified as being associated with autism spectrum disorder. Some programs emphasize reducing undesirable behaviors and teaching new skills to their clients with neurodevelopmental disabilities. On the other hand, some behavior change techniques concentrate on teaching individuals social skills or how to engage with other people effectively. In addition, there is a scarcity of professionals in need of services, such as developmental pediatricians, behavior analysts, occupational therapists, speech and language therapists, and special education teachers. Moreover, intervention services are often scarce or not available due to a lack of training, expertise, and knowledge among healthcare professionals (Mazibuko et al., 2020b).

Behavior Intervention. Applied behavior analysis (ABA) uses a reward-based motivation system and reinforcement strategies to assist individuals with autism in learning new target replacement behavior skills and applying those skills to a variety of general contexts. There have been several studies demonstrating that the Applied Behavior Analysis approach methods based on analytic principles become effective interventions for neurotypical disabilities, in particular, children with ASD (Leaf et al., 2021). To show progress with the children with autism, it is important that they stick to long-term treatment or interventions. Additionally, it was shown that the synchronization and carry-over or generalization of acquired skills at home with parents or caregivers played an important part in assisting mediators in improving the communication and social interaction of children who have autism spectrum disorder (Yu Q et. al., 2020). Parents played a significant role when it came to the progress of their child's intervention (Gentles et al., 2019).

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Educational Placement. Parents have the responsibility of finding an educational institution that caters to the specific requirements of their child. The majority of children with autism who are highly functioning can attend conventional schools alongside neurotypical classmates and others with the assistance of a shadow teacher. On the other hand, some children with autism may not be able to attend regular schools, and some are enrolled in special and therapy schools instead. Children with autism spectrum disorder (ASD) can benefit from early intervention by learning coping mechanisms and effective symptom management techniques. Because young children have neuroplasticity, early diagnosis and intervention can help them develop and improve the areas in which they struggle. This is why early intervention is crucial (Vivanti et al., 2017). In many cases, young children with autism who begin receiving intensive and personalized behavioral interventions at an early age demonstrate significant progress. Most of the time, children who have autism spectrum disorder respond positively to structured educational programs. Most successful programs often consist of groups of specialists working together and a wide range of activities that focus on developing social skills, communication, and behavior change programs (Lord et al., 2020).

Family involvement. Involving the family is one of the most, if not the most, crucial elements in ensuring a child's success both at home, in therapy, and in school. Family involvement refers to consistent and quality interactions among family members, spending quality time, engagement, participation, and communication with the child with autism spectrum disorder (ASD) (Schwartz et al., 2018). The individual with autism may receive assistance from family members such as parents, guardians, and siblings. These family members may educate the individual on skills related to communication and everyday life, as well as accompany them to activities that are carried out at home. It is also possible for parents and other members of the family to understand how to play and interact with their children in a manner that helps them develop skills in social interaction and assists them in managing problematic behaviors (Lord et al., 2020). However, for these children, parents are typically the primary caretakers, and raising a child with an ASD can be a full-time job (Cooke et al., 2020).

Multi-disciplinary team. Working with a multidisciplinary team of professionals (Bowman et al., 2021). The parent is required to collaborate closely with their child support team, starting with a developmental doctor, special education teacher, general education teacher, occupational therapist, speech-language pathologist, psychologist, school administrator, applied behavior analyst, and, if available, a shadow teacher. Parents must work hand in hand with their child's multidisciplinary team. A psychologist can suggest ways to address problem behavior; speech therapy can help with communication skills focused on expressive and receptive; occupational therapy can teach activities of daily living; and occupational therapy can also help with movement and balance, depending on your child's needs (Lord et al., 2020). When it comes to receiving care, children with autism spectrum disorder (ASD) may require multidisciplinary teams to provide high-quality primary care, specialized care, complex and specialized educational childcare needs, as well as recreational and social outlets (Ghanouni & Hood, 2021d)

Medications. Several medications can assist in managing some symptoms, but none of them can change the fundamental conditions that are associated with autism spectrum disorder (ASD). For instance, your child may be prescribed specialized medications if

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they are hyperactive; antipsychotic medicines are occasionally used to address severe behavioral disorders; and antidepressants may be prescribed if your child is worried. Moreover, any vitamins or medications your child is taking must be disclosed to all medical professionals. If some medications and supplements are not disclosed, they may cause adverse effects. Additional challenges that an individual with autism must contend with include medical issues such as trouble sleeping, disorders of the digestive system, and diabetes (Al-Beltagi, 2021). The majority of attention in the management of ASD has focused primarily on behavioral and educational therapies, which target fundamental deficits in social communication and recurrent behavioral patterns. Medication can treat the symptoms of ASD and co-occurring conditions, such as intellectual disabilities, language delays, attention-deficit/hyperactivity disorder (ADHD), anxiety, depression, agitation, irritability, disruptive behavior, and sleep disorders, even though pharmacological intervention is not meant to reverse ASD-related disabilities. Pharmacological treatments for ASD patients can be broadly classified into three groups according to the symptoms they aim to treat: (1) irritability and agitation; (2) hyperactivity, impulsivity, and inattentive-type ADHD; and (3) mood and anxiety disorders, such as major depressive disorder and obsessive-compulsive disorder (Feroe et al., 2021).

Intervention or therapy. Parents of children with autism face several challenges, including trying to find a school or therapy center that is specifically designed to meet their child's behavioral needs; involving the family members in the child's care; and working with a team of professionals that includes developmental doctors, occupational therapists, speech therapists, special education teachers, and behavior analysts. Interventions or therapy are often scarce or not available in the area (Mazibuko et al., 2020c).

Child's ASD characteristics. Moreover, another challenge for a parent is their child's deficit in communication. This will result in frustration for both the child and the parent. If the parents cannot understand the child, this will result in unwanted behavior for the child diagnosed with ASD, as the parents may not understand what the child wants to convey. Other predictors of parenting stress in parents of children with ASD are sensory processing difficulties, problem behaviors, severity of autistic symptoms, verbal IQ and performance IQ, adaptive and maladaptive behaviors, and functioning and sleeping problems (Enea & Rusu, 2020). Compared to typically developing children, children with ASD are said to experience more behavioral and emotional challenges (Dira et al., 2024c; Hastings et al., 2020, p. 4). Behavioral challenges generate an increase in depression and a decrease in the morale of their mothers (Dira et al., 2024c; Yoder, 2022, p. 12). Furthermore, other problems may also occur during the adulthood transition, such as trouble understanding body changes, difficulty understanding social cues, and less tolerance for individual differences. Moreover, mental health problems include depression and anxiety. While most children with autism outgrow their difficulties and learn new skills throughout their lives, most of them will always need some support.

Community integration. Also, taking a child with ASD out of the community is another stressor. People in the community may not be able to understand the condition of the child (Kim et al., 2023). Because of this, parents are reluctant to bring their children to social groups or activities, believing that their child with autism is unable to relate or mingle. As a result, parents may experience a sense of isolation from family, friends, and community (Autism Society, 2011). In addition to the stress they endure, parents of

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children with ASD must cope with stigma and social exclusion because of the behavioral issues the kids have (Mazibuko et al., 2020d; DePape & Lindsay, 2015).

The future of a child with ASD. A child's future welfare is also a source of stress for parents. Fear and anxiety grip parents when they begin to plan for their child's future. All parents desire the best care for their children. Parents need to find somebody to look after the child with autism in case parents are no longer able to care for the child (Autism Society, 2011). Parents with a child with autism must plan for their child's future by considering things like retirement funds, employment, who will take care of them in case parents pass away, education, housing, independence, future insurance, and the services they will need (Lord et al., 2020). The majority of first-time parents were concerned about the difficulties their children with autism will encounter as they grow from early infancy to adulthood. Parents' biggest worry is that they won't be around in the future (Herrema et al., 2017).

Financial constraint. The financial component is another issue that parents could encounter. A child with an autism diagnosis needs a variety of services to help with their care, which can be very expensive for parents. A child's various therapies can be high (Autism Society, 2011). Financial difficulties may arise, and some parents may not be able to support their child's therapies and medical care due to being unemployed or not earning enough income to sustain the child's health and therapies (Mazibuko et al., 2020d). When it comes to financial stability, families with lower incomes are more likely to adopt emotionally charged tactics, lack social support, and have a lower quality of life than those in normal economic circumstances (Dira et al., 2024c; Zhang, Liu, & Wang, 2022:3)

Feeling of grief. Parents may experience stress-related problems, such as feelings of grief. The normal child that parents used to expect is no longer a reality (Fernańdez-Alcántara et al., 2016). The parents may experience these feelings of sadness at various points in their lives, such as events that include weddings, ongoing provision of care, and holidays, among others (Autism Society, 2011)

Psychological and mental problems. It can be difficult for parents to care for children with ASD since it involves more demand, time, patience, and effort than caring for children without ASD. All of these could result in psychological and behavioral health issues that result in stress, anxiety, and depression among parents (Mazibuko et al., 2020d; Hoefman et al., 2014). Dira et al. (2024c) & Salas et al. (2017:59) found that, compared to fathers, moms of children with autism spectrum disorder (ASD) exhibit noticeably greater levels of distress, anxiety, and despair (Da Paz et al., 2018).

Social interaction. Parents of children on the spectrum may often face social isolation due to intensive caregiving responsibilities and challenges in managing their children's behavior in social contexts (Jones et al., 2021). These barriers may restrict their involvement in social activities and limit opportunities for interaction, resulting in feelings of social isolation and detachment

Physical demands. Parents of children on the spectrum may encounter physical burnout as a result of continuous demands of caregiving, including helping with daily routines, handling behavioral problems, and consistently attending therapy or school-related appointments (Ren et al., 2024).

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These responsibilities may result in fatigue, physical exhaustion, and reduced opportunities for rest and personal care. As a result, physical strain may negatively impact parents' overall health, everyday functioning, and ability to sustain caregiving roles.

Coping and support strategies utilized by first-time parents

Autism spectrum disorder (ASD) diagnoses are becoming more prevalent. Parenting children with ASD typically presents difficulties for their families. Taking care of a child diagnosed with ASD can be emotionally, financially, and physically exhausting. That is why a deeper understanding of the coping mechanisms that enable caregivers to triumph and remain resilient in this circumstance is necessary (Ghanouni & Hood, 2021).

First-time parents deal with complex stressors by utilizing a variety of coping strategies, and sometimes combining different approaches (Lord et al., 2020). According to Galli and Vealey (2008), coping strategies are the ways in which people react to and handle difficult situations. The following are the coping and support techniques that first-time parents utilize:

Competent professionals. Find a skilled team that includes educators, therapists, psychologists, behavior analysts, and a case manager or service coordinator who might be a part of a team that your developmental pediatrician coordinates (Pearson et al., 2019b). These are the professionals who support families and children with ASD.

Record keeping. During his or her treatment, your child may be subjected to visits, evaluations, and meetings with a group of professionals involved in his or her care. Parents must maintain an organized file of every meeting to monitor the progress and the treatments or interventions of their child (Hayes et al., 2004).

Seek knowledge and education about the disorder. There is a great deal of misunderstanding and misinformation around ASD conditions. Acquiring knowledge about their child's diagnosis will help parents better understand and comprehend their child's condition (Boshoff et al., 2017).

Self-care. Caring for a child with developmental and behavioral conditions may put stress on your personal relationships and your family. There are times when parents may experience stress, anxiety, and burnout. Parents must take some time out to relax, do some exercise, attend prayer group study, attend support groups with parents with children diagnosed with autism, or engage in hobbies that they enjoy to prevent exhaustion or burnout. Make it a point to spend time with your other children and also to organize date evenings with your husband or partner, even if it's just something as simple as eating together or watching a movie after the children have gone to bed (Gorsky, n.d.).

Support system. The support system plays an essential role in a parent's ability to cope with and manage the stressors of having a child with autism. Seeking out other families of children with autism spectrum disorder (ASD) is a great step forward. Explore the possibility of joining a support group that is specifically designed for parents and siblings of children with autism (Sharma et al., 2022). Learning about the experiences of other parents is not only a helpful experience, but it also provides you with the opportunity to provide prospective guidance and the possibility of gaining information from them.

Stay up to date with the latest technology and treatments. New methods of assisting children who have ASD continue to be investigated by researchers (Szpernalowska et al., 2024). Parents should be innovative and continue to educate

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themselves about their child's condition. Never stop learning. Professionals such as therapists, educators, doctors, and others will not be in your child's life permanently, but parents are the only people who are always present in their child's life.

Theoretical Framework

Guided by Family Systems Theory, this study offers a valuable framework for understanding the lived experiences of first-time parents raising a child on the spectrum. In Family System Theory, each family member is closely linked to the others, and the family is viewed as a unified and interconnected system. As such, encouraging each family member to adjust and support each other (Klinnert et al., 2018; W.H. Watson, 2012).

This theory was introduced by American psychiatrist Murray Bowen. It highlights that families are bound as a unified emotional system, not merely as separate individuals (*Family Therapy in Clinical Practice*, n.d.). It was introduced in the late 1960s. One important idea that underpins the family system's approach is that family members are interdependent and that their emotions, behaviors, and responses are shaped by everyday interactions with one another (Family Systems Approach, 2022). It was believed that the behavior among members might either create balance or result in dysfunction among them. With this, the family systems approach helps families resolve issues within the family unit, rather than individually.

This theoretical framework provided the researcher with a guide as a direction for the study to establish the degree of the connection between first-time parents and their understanding and acceptance of their child with autism spectrum disorder (ASD). Rather than focusing on the child's impairment, this theory guides an in-depth understanding of how diagnosis affects every family member, particularly in terms of emotional challenges, role adjustments, and coping strategies. As first-time parents learn to adjust to unfamiliar parenting responsibilities, their experiences are shaped not only by individual responses but also by family dynamics.

Moreover, this framework emphasizes the family as the child's primary source of support (Kashani et al., 1994). The primary focus of family system theory is the transition from an individual viewpoint to a family-system approach. The study highlights that first-time parents' experiences are shaped by daily interactions, the support they receive from family members, and their collective efforts to navigate parental duties. This perspective portrays the family as an emotional unit (Parke, 2004), showing how families draw together to cope with stress, develop resilience, and maintain meaningful relationships in the face of the difficulties posed by an autism diagnosis.

Family Systems Theory portrays family life as a network of relationship family members bond and support one another. It helps the experiences of first-time parents to be understood, and not isolated, making the family cope with adjustments, resilience, and finding meaning while taking care of a child with autism spectrum disorder (ASD).

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Research Questions

This study aimed to determine the lived experiences of challenges, stress, and coping mechanisms among first-time parents having children with developmental disabilities, specifically diagnosed with ASD.

Specifically, the researcher sought answers to the following questions:

1. What are the experiences of first-time parents having a child with autism in terms of:
    a. physical;
    b. mental;
    c. social; and
    d. emotional
2. What are the challenges of first-time parents having a child with autism?
3. What are the coping strategies utilized by first-time parents having a child with autism?
4. Based on the findings of the study, what support program can be proposed?

Scope and Delimitation of the Study

This study examines the lived experiences of first-time parents who have a child diagnosed with Autism Spectrum Disorder (ASD). The participants in the study are composed of eight selected parents whose children with ASD are currently receiving intervention services at Therakids Learning Academy Inc. The study aims to investigate their experiences in relation to the physical, social, emotional, and mental well-being, as well as the challenges they encounter, the coping practices they employ, and the support services they need or make use of. The data are collected during the 2025–2026 academic year, and the study is conducted at Therakids Learning Academy Inc., located in Bacolod City. The study applies a qualitative phenomenological research design, with data collected through comprehensive, semi-structured interviews to better understand the participants' personal experiences.

This study centers only on first-time parents who are raising children diagnosed with autism spectrum disorder (ASD) for the first time in their family. It excludes parents who have children with multiple disabilities. It is confined to the participant's personal and subjective experiences and does not include the perspectives of teachers, therapists, or other family members. Moreover, the study does not aim to assess the observable characteristics of ASD, the benefits and outcomes of therapeutic interventions, or the child’s developmental improvement. The findings are context-specific and are not intended to be generalized to all parents of children with ASD.

METHODOLOGY

The purpose of this study was to examine and understand the experiences of first-time parents with a child with autism spectrum disorder (ASD). This chapter uses a qualitative phenomenological approach to better understand participants' experiences. This chapter explains the research design, sampling techniques, instruments used in gathering data, study location, participants, and sample strategies that were used in the

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investigation to address the research questions. This study's chapter also covered research instruments, data collection process, data analysis, and ethical considerations.

Research design and methodology

The research design and method used is qualitative, utilizing a phenomenological approach. The qualitative phenomenological design is used to investigate and understand participants' real-life experiences of having a child diagnosed with autism spectrum disorder (ASD). This qualitative research design is appropriate for this study as it investigates and allows a deeper understanding of participants' personal experiences, meanings, and perspectives within their natural environment (*Qualitative Inquiry and Research Design*, n.d.-b). According to Creswell, Phenomenology is a qualitative research method that studies deeper real-life experiences, interpretations, and meanings within natural contexts (Creswell et al., 2007b). Using this approach, the researcher seeks to examine how first-time parents interpret, perceive, and find meaning in their parenting journey of raising a child with autism spectrum disorder (ASD). This approach provides a deeper insight into their physical, emotional, mental, and social journeys, including the burdens and the adaptive strategies they use to cope. This study seeks to capture the shared experiences among respondents while preserving their personal narratives.

Locale of the study

The study was conducted at Therakids Learning Academy Inc. (TLA), a private educational and therapy center located in Bacolod City, Negros Occidental. This school caters to typically developing learners and to children with developmental impairments, particularly with autism spectrum disorder (ASD), with several services, namely speech and language therapy. occupational therapy, special education, and inclusive educational programs. TLA provides a suitable setting for research that focuses on children with autism spectrum disorder (ASD), an institution that works directly with children with developmental delays. Aside from offering therapies to learners, TLA also offers pre-school and elementary education utilizing the School of Tomorrow system. The Accredited Christian Education core curriculum is an individualized, Biblically based, character-building curriculum that draws from a set of workbooks known as Packets of Accelerated Christian Education (*School of Tomorrow System Curriculum - Google Search*, n.d.).

Therakids Learning Academy Inc. (TLA) was selected as the locale of the study because it accommodates a notable number of children with autism spectrum disorder (ASD) and maintains regular communication with parents through parent-teacher conferences and post-therapy feedback. Since the study focuses on the real-life experiences of first-time parents with children with autism spectrum disorder (ASD), the institution provides an avenue to participants who are primary caregivers of their child's educational and therapeutic journey. This environment allows the researcher to obtain the opportunity to gather in-depth information from first-time parents who are directly involved in caregiving and daily support for their children. This supports the selection of the school as a suitable and appropriate location for conducting a qualitative phenomenological study.

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Moreover, the school fosters an inclusive environment that promotes intervention efforts and cooperative engagement among teachers, therapists, staff, and families. The environment is essential for understanding the real-life experiences of first-time parents; they are not only affected by their child's condition but also by the support system available to them. TLA serves as a valuable venue for the researcher to investigate the physical, emotional, mental, and social experiences of first-time parents of children with autism spectrum disorder (ASD). TLA is identified as a suitable and relevant venue for this study.

Participants of the study

The participants of the study are first-time parents of children diagnosed with autism spectrum disorder (ASD) who are enrolled at Therakids Learning Academy Inc., Bacolod City. These participants are qualified for the study because they are the primary caregivers of a child with autism spectrum disorder (ASD), which is the requirement of this qualitative phenomenological research. Drawing from the participants' real-life experiences, the researcher seeks to gain deeper knowledge of the physical, emotional, mental, and social struggles the parents go through, as well as the coping and support networks they utilize.

Inclusion Criteria

Participants to be eligible for the study must meet the following criteria:

1. Must be a parent who is raising one child diagnosed with autism spectrum disorder (ASD) for the first time, regardless of siblings or only child.
2. The participant does not necessarily need to be a biological parent, as long as he or she serves as the main caregiver or performs the primary parenting role in the child's daily life.
3. Must have a child aged 3-7 years clinically diagnosed with autism spectrum disorder (ASD) based on DSM-5 criteria.
4. The parents may have multiple children, but only one child is clinically diagnosed with autism spectrum disorder (ASD).
5. Their child must be enrolled in pre-school or receiving therapy at Therakids Learning Academy Inc.
6. They must be the primary caregiver or one of the primary caregivers of the child.
7. They must be willing to participate in the study.
8. Must be currently residing in Negros Occidental.

Exclusion Criteria

Participants to be eligible for the study must meet the following criteria:

1. Parents who already have more than one child that are clinically diagnosed with autism spectrum disorder (ASD).

2. Parents with a child aged above 7 years old are clinically diagnosed with autism spectrum disorder (ASD.

3. Parents whose child has not been formally diagnosed with ASD.

4. Parents of children with autism spectrum disorder (ASD) who are not officially enrolled with Therakids Learning Academy Inc.

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5. Individuals who are not the child's primary caregiver or minimally involved in the child's daily care.

6. Parents who are unwilling to participate or who choose to withdraw from the study.

Demographic Profile of Participant and Pertinent Characteristics

The study involved eight participants, who were the main caregivers of children diagnosed with autism spectrum disorder (ASD). The profiles below outline their basic demographic information, such as age, educational attainment, occupation, civil status, and pertinent background information about their children.

Participant 1 was a 45-year-old married mother who worked as a teacher and was pursuing a master's degree. Her husband is a businessman. They lived in Bacolod City. Her child, diagnosed with Autism Spectrum Disorder (ASD), was a 6-year-old female. The child had older siblings aged 15, 16, and 20 years. At the time of the study, the child was receiving occupational therapy, speech therapy, and special education services.

Participant 2 was a 42-year-old married mother who was employed as a medical representative and had completed a college degree. Her husband was a seafarer. They lived in Bacolod City. Her child with ASD was a 5-year-old male and an only child. The child was enrolled in pre-school and was also receiving occupational therapy, speech therapy, and special education.

Participant 3 was a 33-year-old married mother who was a college graduate and a full-time housewife. Her husband is a businessman. They lived in Bacolod City. Her child, diagnosed with ASD, was a 5-year-old female and had no siblings. The child was attending pre-school and was receiving occupational therapy and special education services.

Participant 4 was a 33-year-old married mother, a college graduate, and a housewife. Her child with ASD was a 5-year-old female. Her husband worked in London. The family lives in Bacolod City. The child had older siblings aged 15 and 17 years. At the time of the study, the child was enrolled in pre-school and was receiving occupational therapy and special education.

Participant 5 was a 40-year-old married mother who worked as a teacher and had completed a college degree. Her husband is a Seafarer. Their family lived in Talisay City, Negros Occidental. The child diagnosed with ASD was a 6-year-old male. The child had one older sibling who was 16 years old. The child was attending pre-school and was receiving occupational therapy.

Participant 6 was a 40-year-old married mother who was a college graduate and a housewife. Her husband worked as a call center agent. They lived in Bacolod City. Her child with ASD was a 6-year-old female and had no siblings. The child was enrolled in pre-school and was receiving occupational therapy, speech therapy, and special education services.

Participant 7 was a 40-year-old married mother who was a college graduate and a housewife. Her husband is a businessman. Her child, diagnosed with ASD, was a 5-year-old male and had no siblings. The child was attending pre-school and was receiving occupational therapy and special education services.

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Participant 8 was a 39-year-old married mother who worked as a nurse and had completed a college degree. Her husband is a call agent who works from home. Her child with ASD was a 6-year-old female. The child had a 3-year-old sibling. At the time of the study, the child was enrolled in pre-school and was receiving occupational therapy.

A total of eight first-time parents participated in the study, specifically all mothers of children diagnosed with ASD. The participants' ages ranged from 33 to 45 years old. Three participants were in their late thirties, while the remaining participants were in their early forties. Three participants lived with their in-laws, who helped them in caring for their child with ASD, while five participants lived independently. Four participants have other children aside from the child with ASD, while the remaining participants have only one child. Regarding educational background, one participant was a candidate for a master's degree, while seven were college graduates. Six of the participants graduated from the medical field, while two participants are educators. Their occupations are as follows: four are housewives, one is a nurse, two are teachers, and one is a medical representative. According to participants who are stay-at-home wives, they did not work because their husbands' salaries are higher than their own, so they decided to stay at home so that they have time for their child with ASD. The children diagnosed with ASD consist of four males and four females, with ages ranging from five to six years old. Four of the children were only children, while half of the group had siblings aged from three to 20 years old. All children diagnosed with ASD are enrolled in pre-school programs and receive intervention support therapies, including occupational therapy, speech therapy, and special education. Some children are receiving a combination of all interventions, while others are receiving some of the interventions, depending on their developmental needs.

Sampling techniques

The parents were selected using purposive sampling due to their similar characteristics needed for the study. The sample size for the study is eight (8) parents whose child is enrolled in Therakids Learning Academy Inc., Bacolod City. The parents are selected because they have characteristics or similar experiences, which include raising one child with ASD, which is needed as a sample in the study.

In qualitative research, purposive sampling is a method used to choose a certain set of people or units for study. Participants are selected not at random but on purpose (Dovetail Editorial Team, 2023). Furthermore, purposive sampling is sometimes referred to as selective sampling or judgmental sampling. The researcher chose participants with a specific goal in mind. As a result, the researcher's interest in these qualities or traits is taken into consideration when choosing participants. Participants were chosen using a purposive sampling strategy since it was assumed they could provide answers to the research questions (Dira et al., 2024b; Chukwuere, Sehularo & Manyedi, 2022:2). This sampling technique is appropriate as it allows the researcher to purposively choose participants who can share in-depth, relevant, and meaningful real-life experiences related to the phenomenon.

Research instruments

The use of research instruments or a research design ensures that the data gathered are appropriate for the study and designed to meet the researcher's needs. The

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study utilized a semi-structured interview intended for data collection to understand the lived experiences of first-time parents of children diagnosed with autism spectrum disorder (ASD). We carefully prepared an interview questionnaire with open-ended questions to elicit detailed descriptions of participants' physical, emotional, mental, and social experiences, as well as the challenges they face and the coping strategies they use.

The researcher employed a semi-structured approach, providing both balance and flexibility, allowing participants to openly express their insights and experiences while keeping the discussion focused on the research. Participants were invited to share their lived experiences and viewpoints through open-ended questions, providing them to express their thoughts in their own words. To ensure full participation, the interview sessions were planned and scheduled accordingly. To maintain confidentiality and create a comfortable environment, the interview was conducted at the office of Therakids Learning Academy Inc.

The interview guide covers four important areas: personal experiences, the challenges they faced, the coping strategies they used, and the sources of support. It was based on a statement of the problem. Probing questions were utilized to gain deeper insights and to ensure clarity of meaning.

Prior to the interview, the research instrument underwent validation by experts in qualitative research to ensure the questions are well-defined, relevant, and aligned with the study's purpose. Revisions will be implemented based on their feedback.

Data gathering procedure

Prior to data collection, a formal letter requesting participation was sent to selected participants. Informed consent was given to participants, informing them that their participation was voluntary, as well as that they were aware that they had the right to withdraw from the study at any time. They are made aware of their right to anonymity and confidentiality throughout the research process.

This research utilized a qualitative phenomenological methodology, which enabled first-time parents to discuss and express their experiences of having a child with autism spectrum disorder (ASD). Semi-structured interviews were conducted during the data collection.

The interviews took place in a safe, private, and comfortable location preferred by the participants, allowing them to respond freely and at ease. The researcher took notes and documented their responses using audio recordings with their consent. All questions were asked in English, and participants were provided ample time to convey their thoughts and personal experiences.

Each interview lasted for 1 hour or more, depending on how extensively they responded. Throughout the study, confidentiality and privacy were carefully observed to protect participants' identities and personal data.

Data Analysis

The recorded data were transcribed verbatim to ensure that participants' responses were accurately documented. Following transcription, data were systematically analyzed using thematic analysis. According to Braun et al. (2019),

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thematic analysis is a qualitative approach utilized to identify, examine, and interpret meaningful patterns or themes present in data. Thematic analysis is a technique used for examining materials of life stories and reporting patterns (themes) within data (Mazibuko et al., 2020d; Vaismoradi, Turenen, & Bonodas, 2013). This research approach was found relevant to the study because it provided a way to examine more deeply the first-hand experiences, challenges, and coping of first-time parents of children with autism spectrum disorder (ASD).

The thematic analysis was guided by Braun and Clarke's (2006) six-phase framework. Initially, the researcher was carefully familiarizing themselves with the data by reading the transcripts multiple times to gain a deeper understanding of the content depth. Second, generating initial codes by carefully selecting important datasets that were relevant to the research questions. Third, developing potential themes based on common responses. Fourth, the researcher reviews the themes to employ for clarity, accuracy, and alignment with the coded extracts. Fifth, the theme was clearly defined and named to highlight its essential meanings and create a clearer story for each. Finally, the researcher prepared a comprehensive report of selected extracts, referring back to the literature and research questions, and reporting the findings. Throughout the process, careful consideration was made to check the accuracy and integrity of the participants' narratives, and subthemes were identified to provide an explanation of emerged patterns from the data.

To ensure the rigor and trustworthiness of the data, utilizing the four concepts put forth by Mazibuko et al. (2020f) & Lincoln & Guba (1985), namely credibility, transferability, dependability, and confirmability, Mazibuko et al. (2020f) & Maree (2016) maintain trustworthiness throughout the study. By having the participants validate their answers and verbally paraphrase their remarks, the researcher establishes credibility. Along with creating a familiar and trustworthy atmosphere, the researcher also developed a trusting relationship with the participants. The researcher then probed further, looking for clarification in the answers provided. The researcher demonstrated transferability by providing a succinct overview of the data collection technique used. The researcher will utilize field notes to guarantee that the data is transcribed verbatim and a voice recorder to make sure they do not miss any information in order to ensure reliability. The researcher cross-referenced the study's results with the body of existing literature to guarantee confirmability.

Ethical Considerations

As this study was conducted, the researcher was aware of the ethical considerations involved. Ethical considerations play an essential role in upholding the protection, dignity, rights, and overall well-being of participants throughout the conduct of the study. The researcher ensured sensitivity, respect, and discretion in dealing with both the participants and the gathered data. According to Pietilä et al. (2019), ethical considerations in qualitative research involve promoting the participants' safety and well-being throughout the course of the study as mandated by standard ethical guidelines.

Prior to data collection, the researcher obtained approval from the Administrative Office of Therakids Learning Academy Inc. to conduct the study. Selected participants were formally requested to participate in the study. Participants were selected without

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bias and guided by the established inclusion criteria. The recruitment of participants was selected fairly, free from favoritism or personal bias. This measure was done to maintain fairness in the selection process and to safeguard the study's integrity. Involvement in the research was completely of their own free will, free from any coercion or obligation imposed upon them.

Before the interview, every participant was furnished with an informed consent form that clearly detailed the study's objective, the scope of their participation, and their rights as research participants. Each participant was oriented about the purpose, methodology, and procedures of the study. Participants were given an informed consent form, which was thoroughly discussed before the interview. Only those participants who voluntarily agreed to participate and completed the consent form were included in the study. Participants were advised of their right to decline participation, choose not to answer any questions they preferred not to answer, or discontinue their involvement in the study at any time without penalty or consequence.

The researcher further prioritized preserving participants' privacy and the strict confidentiality of the gathered data. To ensure data privacy, all transcripts, interview documents, and study documentation were anonymized. The researcher didn't use any real names in the study. As an alternative approach, each participant was given a pseudonym, denoted as P1 to P8, which represents Parent 1 through Parent 8. The participants were assured that all data collected during the interview would be safeguarded with confidentiality and would only be utilized for academic research. The anonymity and privacy of the participants were protected, and the interviews were carried out in an environment that ensured the safety and comfort of the participants. The researcher safeguarded the participants from any conditions that cause distress, discomfort, and psychological harm. Interview questions were asked with care, sensitivity, and respect to the participants. The interview process was either paused or stopped once the participant demonstrated discomfort or unwillingness to proceed as requested. In this manner, the researcher made certain to uphold participants' rights and place them in a situation that would not negatively affect their emotional or psychological well-being. Prior to the conduct of each interview, an initial briefing was given to each participant to present the objectives of the study, procedures involved, discuss the participants' rights, and safeguard their data. A debriefing was provided to the participants after the interview. At this point in the study, the researcher took this opportunity to sincerely acknowledge and express genuine appreciation to the participants for their valuable time, willingness to participate, and meaningful input they contributed to the study. Moreover, the researcher recognized the participants' active involvement and ensured that any follow-up questions were handled with respect. The researcher maintained objectivity throughout the study. Despite a decade of supervisory experience in the school, the researcher selected 8 participants in an unbiased manner. Moreover, the researcher ensured that the study's results would not affect the quality, fairness, or consistency of services rendered to the participants. The interviews were transcribed and translated from Hiligaynon to English, ensuring that participants' dialect, tone, expressions, and emotional nuances were preserved to uphold the authenticity of their lived experiences. This approach ensured that the meaning, emotional depth, and context of the participants' responses were in accordance with the objectives of the study.

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All recordings, transcripts, and pertinent documents were handled and stored securely by the researcher to safeguard the confidentiality of the research data. All research materials were securely stored and protected for a period of six months after the completion of the study. Following the six-month retention period, all audio files, transcripts, and collected data were permanently disposed of to safeguard participants' privacy and confidentiality.

RESULTS

This study aimed to gain a deeper understanding of the resilience, silent battles, and ways of coping of first-time parents of children with ASD, bringing forward their voices and everyday stories that make them who they are. This chapter opens by revisiting the purpose of the study, highlighting the approach by which qualitative data was gathered and interpreted. This study emphasizes the participants' demographic profiles and relevant characteristics. This chapter helps readers gain a clearer understanding of the parents' experiences, encompassing their emotional, social, mental, physical, and cultural aspects. In doing so, it increases readers' understanding of the situations that influence how parents' perspectives in managing and seeing the world in their everyday lives. This chapter is important in presenting the important themes based on the first-time parents' experiences. These include themes, followed by sub-themes and meaning units, which are a result of a detailed process of thematic analysis based on the framework originated by Braun and Clarke. Each theme is illustrated with conscientious reference to the narratives from the participants, narrating their real-life firsthand experiences. First-hand experts have safeguarded the authenticity of their experiences and offer more detailed insights into the phenomena being studied (Wiltsche, 2025).

Moreover, the analysis not only outlines the themes but also examines their profound meaning and interconnections. This chapter studies how first-time parents having a child diagnosed with ASD are affected physically, emotionally, socially, and mentally; they are not limited to the isolated events but also the ups and downs of reality that affect their various dimensions of life. Based on the participants' own accounts and enriched by insights from existing studies, the interpretation sheds light on the challenges they face, the struggles they endure, and the strengths they draw upon in navigating this parenting journey (Humphries, n.d.). A descriptive summary is presented at the end of this chapter. Themes and sub-themes converge to form an understanding of the phenomenon. We need advocacy for continued understanding, support, and intervention to avoid the complications and difficulties of parenthood in the context of ASD. With their stories, this study would like to explore how first-time parents having a child with ASD carry their burden of emotional difficulties, physical strain, social limitations, and daily demands, yet rely on the power of resilience that shapes their everyday lives.

Review of the purpose of the study

The purpose of this study is to seek a deeper and meaningful understanding of the daily lives of our eight first-time parents raising a child diagnosed with ASD. Hearing their voices, their stories, and their everyday patterns of life, this research listens directly to first-time parents raising children with ASD. Instead of approaching parenthood through

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statistics or patterns, this study aims to directly address the parents themselves, listening to their stories and experiences. Their daily battles speak not only to the everyday difficulties they face but also to their resilience in moments of future uncertainty. The study aims to uncover how first-time parents with children with ASD navigate daily struggles, fit into new roles, and find ways of coping and embracing a life they never imagined. Through phenomenological investigation, this research attempts to uncover the prevailing themes of first-time parents raising a child with ASD. The theoretical underpinnings of family system theory guided the conceptual framework for this phenomenon. Qualitative inquiry was appropriate for this research, as there is a need for more evidence-based information in the context of parents' challenges, and the overarching question aimed to gain a deeper understanding of the participants' lived experiences (Whittaker et al., 2014).

Review on thematic analysis and evaluation.

A total of eight (8) participants were involved in the study, which aligns with the nature of phenomenological research design that prioritizes in-depth understanding rather than a large sample size. Participants were selected, particularly first-time parents of children diagnosed with Autism Spectrum Disorder (ASD), through a purposive sampling technique based on inclusion criteria. The number of participants was determined once data saturation was finalized, indicating that subsequent interviews no longer yielded new themes or valuable insights. This suggests that the collected experiences provided sufficient depth that recurring patterns and variations are related to the phenomenon being studied. Moreover, having fewer participants enabled the researcher to have a deeper exploration for a richer and more intensive examination of each participant’s lived experiences, which is a key feature of phenomenological research.

Virginia Braun and Victoria Clarke explore thematic analysis, a qualitative research method that detects, interprets, and communicates thematic patterns within data. Qualitative research has been significant among researchers as it has the ability to capture in-depth emotions as it listens and narrates specific topics beyond statistics and numbers (*Validity and Reliability in Qualitative Research*, 2025).

One of the key advantages of thematic analysis is flexibility (Braun & Clarke, 2006). In this research, the researchers play an active role in finding themes and meaning in participants' accounts. This indicates that the participants’ accounts were enough to identify both common themes or recurring patterns and variations underlying the phenomenon being investigated. Prior to the interview, the researchers' interview guide was reviewed and validated by Dr. Dondon Buensuceso, an expert Thematician, with a degree of Doctor of Philosophy in Education, major in Educational Leadership and Management. This is to ensure that the question guide was congruent with the research study's objectives and effective in eliciting participants’ experiences. Using Braun and Clarke's thematic analysis, these were the six steps taken. Following the interviews, the researcher transcribed each participant’s responses and repeatedly reviewed the transcripts multiple times to better understand the participants' stories, emotions, and recurring experiences. One hour of interviews was equivalent to many hours of transcribing. The researcher then extracted important words, phrases, and statements within the transcripts and categorized them as initial codes. Following the coding

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process, similar codes were categorized into groups, which enabled the researcher to identify emerging themes that captured the participants' lived experiences. The researcher repeatedly examined the emerging themes to confirm that they accurately aligned with the participants' responses. After themes, sub-themes, and meaning units were identified, they were subjected to validation by Dr. Dondon Buensuceso. The transcripts, concepts, codes, and themes were thoroughly reviewed and analyzed to ensure that they were accurately reflected from participants' responses. Triangulation was also employed by Dr. Dondon Buensuceso to ensure that identified codes and themes ensured consistency and trustworthiness in interpreting the data. Upon completion of the review, the themes were finalized and given distinct and appropriate labels. This stage ensured that the themes were clearly defined, coherent, and reflective of the study's objectives. Finally, the researcher outlined the final themes, supported by participants' responses, and organized the findings according to the research questions.

Lincoln and Guba (1985) suggest that credibility is the most important in establishing trustworthiness. Credibility is the counterpart of internal validity in quantitative research, focusing on the presentation of participants' lived experiences in a way that is believable, honest, and faithful (Korstjens & Moser, 2017c). Credibility is built on trust. The research is presented with fidelity, not distorted, overstated, or detached from context. In this study, the experiences of first-time parents with a child diagnosed with ASD are not simply reported but capture their difficulties alongside the resilience they face along the way. The extent to which a study is judged as credible is achieved by: 1) The clear presentation of essential descriptive information, and 2) The mutual agreement of readers of the description (Sandelowski,1986).

Research Question 1
The experiences of first-time parents having a child with autism in terms of physical, mental, social, and emotional aspects.

Caring for a child diagnosed with ASD involves unending attention, patience, and energy. As a result, parents often experience physical fatigue, the burden of daily caregiving, and lack of sleep that affects their overall physical health.

Theme: Physical Exhaustion From Continuous Care

Subtheme	
1	**Physical strain in parenthood**
2	**Constant care**
3	**Sleep disturbance**

In the course of this study, parents of children with ASD present their real-life experiences of physical exhaustion from taking good care of their child. The theme highlighted the physical difficulties they encounter due to the continuous caregiving demands required for their child, including physical strain, constant care, and disruptions to their daily routines and sleep. This theme was derived from careful analysis of eight

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respondents. As commonly defined, physical exhaustion refers to an intense and persistent feeling of fatigue and low energy that results from continuous physical effort. These findings were supported by some research that has demonstrated a strong positive correlation between the mentioned physical exhaustion from continuous care, namely physical strain, constant care, and sleep disturbance. In our personal lives, we face challenges that test our physical strength more. Schulz and Sherwood (2008) state that caregivers' physical wellness is very important because it directly affects caregivers' ability to provide consistent and high-quality care. When first-time parents experience physical exhaustion, fatigue, and sleep deprivation, it can affect both the caregiver's overall well-being and the child's progress. According to studies, caregivers who are not physically fit may not be able to keep up with daily caregiving responsibilities. When their bodies tire more easily, they feel increased stress and overwhelmed, which may lead to physical burnout, a decline in physical health, and a decreased ability to provide the same level of care (Van Niekerk et al., 2023).

The caregiver's physical health was evident in day-to-day tasks such as going to therapy centers, sending the child to school, managing challenging behaviors, ensuring safety, and maintaining daily care for the child with ASD. These are the amount and duration of care provided. Research indicates that primary caregivers need continuous care too because they, too, are experiencing higher levels of stress, together with high levels of anxiety and depression (Warreman et al., 2023). Depression, as well as feelings of distress directly related to caregiving, has a negative impact on the first-time parents' physical health (Maetzler et al., 2024).

Physical strain in parenthood

The first difficulty highlighted in the interview among the participants was the problem of physical fatigue in taking care of their child with ASD. Caregivers, specifically the first-time parents, in caring for their child, need a full body effort, such as lifting, carrying the child in case of meltdowns, physically restraining the child to prevent inflicted injuries or damages to the property, physically supervising the child from possible danger, physically assisting the child in daily living activities, and other household management activities. Caring for a child diagnosed with ASD takes a toll on the body, as parents need to push their bodies to the limit in order to do everything for their child. Compared to parents of typically developing children, first-time parents of children with ASD were observed to have higher physical burnout, contributing factors including insufficient sleep, poor quality of physical activity, and increased need for social support (Giallo et al., 2011).

During the interview, most of the participants mentioned that taking care of the child with ASD is physically tiring. They shared how their daily endless cycles of physical movements. They mentioned how exhaustion affects them over time, especially if their child has a problem sleeping at night, making them awake for a longer time, or getting limited or interrupted rest. Parents felt tired as their bodies ached from daily routines, yet they endured it every day, sacrificing for the welfare of the child. However, despite exhaustion, parents continue to care for their child - there's strength – the kind of love that grows in parents that, despite their physical well-being, often takes a backseat to their child's needs. Research has shown that caregivers of children with ASD have

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elevated physical fatigue levels and an increase in physical health problems as compared to caregivers of neurotypical children (Van Niekerk et al., 2023).

Participant 1 narrated, when asked about her physical experience in caregiving for his child with ASD, “In terms of physical, it's— Physically tiring and exhausting because a child with ASD needs —constantly needs assistance.”

Participant 1 reported difficulty in meeting the physical demands of caregiving. She must be physically present with the child 24/7, or there must be somebody to watch over the child around the clock. She mentioned that she must be physically present for her daughter, juggling her time between work, her daughter, and the other siblings.

Participant 2 in the interview said, “*Most of the time, it’s just me because my husband is away. It’s really just me.”*

Parent 2 narrated that once she was at home, she made sure to take good care of her child alone without the help of other family members. Since she was working, once she got home, she did not rely on other family members to take care of her child, allowing the two grandmothers to take time to rest and recharge. She admitted that she sometimes feels exhausted handling everything by herself, as her husband is working abroad.

Participant 3 mentioned that “*She really is—super hyper. It’s like she never gets tired*."

The respondent mentioned that her daughter is very hyperactive. It's very difficult to manage her daughter, especially when she has challenging behavior or sensory meltdowns. It was evident that children with ASD are often hyperactive and find it difficult to stay still, which will make daily caregiving more of a challenge.

Participant 4 narrated, “*Physically, it was really hard. As first-timers, it was really difficult for us to manage her”.* Based on the interview with the participant, she mentioned that at first it was hard for her to manage her daughter's behavior. They are clueless about how to handle her behavior on a daily basis.

Participant 5 mentioned that “*Physically, somewhat exhausted because every week, twice a week, thrice a week, he has therapy. You bring him and wait for him, then go home again*."

Participant 5 has difficulty managing work and juggling her parental role with her child, who has ASD. She has to go out of work to send and fetch his son, who has therapy, attends pre-school, and receives other services in line with his son’s developmental needs.

Participant 6 narrated that “I find it difficult, Ma’am. And it is more of a challenge—as a parent—to have an only daughter.”

According to respondent 6, it was physically difficult. The challenge is on her to manage her time in taking care of her only daughter. She also follows up on all the lessons at home by herself. She is physically challenged every time her daughter has consistent progress at school.

Participant 7 narrated that when asked what the physical experiences of taking care of a child with ASD were, “*Very tiring.”*

According to Parent 7, she mentioned that having a child was very easy. As her Mother raised her, she thought it was an easy task. Being a parent with a child diagnosed with ASD is very overwhelming for her. Even in a simple task, it’s quite a challenge for her.

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Participant 8 narrated that "*In the physical aspect, ma'am, the stress is really there, but just recharge, that's all."*

According to Parent 8, she is really stressed physically. She can't always be there for her daughter since she works in the hospital. She also has a small child, and that adds to the difficulties as well, attending to both of her children.

Constant care

Another difficulty of a first-time parent that was identified in this study was the need for constant care of a child with ASD. Constant care and consistent supervision for a child with disability is a 24/7 task - it's never-ending; from the moment the child is diagnosed until adulthood. There must be somebody who is always present with the child, constantly monitoring, caring for, and attending to their needs. First-time parents need to be present with their child, requiring centered attention in helping them eat, guiding them through everyday play, and supporting their communication, as well as preventing sudden behavioral outbursts. The first-time parent had a hard time getting a moment to rest because their child needed continuous monitoring to ensure more safety and comfort. Even simple daily tasks, such as eating, bathing, completing schoolwork, and participating in community integration, can be challenging, as parents must constantly monitor the child. This constant supervision can be physically tiring when paired with the demands of therapy interventions, school responsibilities, and household obligations. Caregiving a child with ASD faces substantial difficulties due to the child's disability that can affect the parents and eventually the whole family as well (Acharya & Sharma, 2021).

In this study, the participants struggled to provide continuous care to their child. Most parents are unsure whether anyone has the competence to provide loving care to a child (Nhlabatsi & Sabone, 2024). As a caregiver, showing care for a child requires enormous patience, but it should also be coupled with understanding, strength, and adaptability. Continuous care in children with ASD needs 24 hours a day and 7 days a week. Some of the participants mentioned that there is no day off as a full-time parent to their child with ASD.

Participant 1 narrated that *"A child with ASD needs—constantly needs assistance*". *You need to be there always for them and assist with their needs.*

A child with ASD needs a lifetime of support from family and community. Continuous care from simple to complicated tasks. Parents must always be available for them anytime they need assistance.

Participant 2 narrated that *"The two grandmothers help since we live in the same house. That helps a lot with his care. When I'm not available because of work, they help. They understand Julian's case.*

There was difficulty in providing continuous care for her son if the mother was working. Two grandmothers from both sides of the family are taking turns caring for their grandson while the mother is at work. According to the Participant, grandparents are sometimes tired from continuously watching and taking care of their grandson's hyperactivity, and they resort to giving him an iPad.

Participant 4 responded that "*As first timers, it was really difficult to manage her*." The respondent is a mother of three, with the youngest child diagnosed with ASD. She has previous experience taking care of the older two siblings; however, raising her

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youngest daughter with ASD is quite challenging for her, as it requires attention and continuous supervision.

Participant 6 stated, *"I find it difficult, and it is more of a challenge as a parent to have an only daughter".*

The respondent narrated that being a first-time parent is already a challenge for them, but what is even more challenging is having an only child who has special needs. It's like learning from scratch without even a basis in continuous caregiving for their daughter.

Sleep disturbance

According to Lord et al. (2021), children with ASD have several co-morbidities, namely: Attention Deficit Hyperactivity Disorder (ADHD), sleep disorders, epilepsy, gastrointestinal problems, affective disorders, and anxiety. Children with ASD experience a challenging condition with these symptoms, and the common problem is sleep disturbance. Most children with ASD find it hard to sleep, or some of them stay awake for long at night. Poor ability to follow bedtime routines, trouble falling asleep, staying awake at night for a longer time, waking up early in the mornings, and co-sleeping with a parent are several challenging issues (Parker et al., 2019), and this affects both the child and the main caregiver in many ways. For the child, lack of sleep can result in an inability to focus, increased hyperactivity, and heightened irritability during the day. Children with ASD have difficulty with emotional and behavioral regulation, and a lack of sleep can make these challenges worse. It can also affect their overall system, mainly their learning process, communication, and overall performance in school and therapy activities. Over time, lack of sleep for the child with ASD may also lead to increased anxiety, sensory problems, and might lead to other developmental delays. Impaired sleep quality in children worsens the severity of ASD symptoms, which mainly affect the emotional and behavioral regulation of the child and limit the child's daytime functioning (Han et al., 2022). Based on the data gathered, first-time parents were able to sustain round-the-clock care, and sleep disruption can be a challenge for the family. Staying awake while looking after the child at night may lead to headaches, stress, physical exhaustion, emotional burnout, and a negative impact on the mental and physical health of family members. And this will eventually lead to irritability, fatigue, and low patience in providing care for the child during the day. Increased levels of parental tension and annoyance are always connected to their child's sleeping problems (Keogh et al., 2019). In this study, it's a never-ending cycle. When a child struggles to rest due to disrupted sleep, the caregiver struggles as well, affecting everyone's overall quality of life.

Participant 1 narrated that "*And sometimes, also, she has a behavior that she wakes up at night and can't go back to sleep. And you need to be there for her. And you need to make her sleep. Again, to ensure that she can have better sleep sometimes*.

Based on the interview, the child frequently wakes up at night and has difficulty going back to sleep. Since the child sleeps with the parent in a room, this affects their quality of sleep, too. Both the parent and the child share sleep fatigue.

Participant 2 mentioned that "*The exhaustion, the lack of sleep, and most of the time, it's just me because my husband is away. It's really just me.*

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According to Parent 2, since she takes care of her son alone once she gets home, it's challenging for her if his son still wakes up at night because it affects her too. When the child lacks sleep, it affects her performance, especially when she works the next day.

Participant 7 said that "*Physically, very tiring. I thought that when you said to put him to sleep at this time, it would be easy, but it's not. You should have his routine for bedtime, now I get how to make him sleep early in the morning."*

Participant 7 has a hard time putting her child to sleep. She mentioned that she thought it was easy to put the child to sleep, but she realized the complications when she became a mother with a child, especially a child with developmental deficits.

In this study, Parents 3, 4, 5, and 6 have no difficulties with regard to their child's sleeping patterns. Compared to other first-time parents facing restlessness and sleepless nights, these parents noted that their children were able to maintain regular sleeping routines, allowing both the parent and child to rest fully.

Theme: Mental Burden From Stress, Worry, And Uncertainty

Subtheme	
1	**Parental stress and anxiety**
2	**Acceptance and denial**
3	**Uncertainty of the child's future**

The second theme that emerged in the experience of first-time parents was the mental burden from stress, worry, and uncertainty about their child with ASD. This research shows that parenting a child with ASD has a big impact on the mental health issues of a first-time parent. Beyond the struggles lies an invisible weight – a continuous mental struggle carried by many parents. Most parents describe their feelings of parental stress and anxiety, feelings of being overwhelmed, uncertain, and mentally challenged as they try to meet their child's needs while balancing other family and work responsibilities. A child with ASD experienced mental distress with regard to their functioning, but also the parents or caregivers, which leads to mental health outcomes like stress, depression, and anxiety (*View of Mental Health Outcomes in Parents of Children With Autism: Implications for Practice and Policy*, n.d.). Stress is generally defined as the feeling response caused by difficult or challenging circumstances, while anxiety, on the other hand, can be described as a state of tension, worry, fear, uneasiness, and relentlessness due to stress. Depression can be defined as a feeling of hopelessness, not taking interest in daily life activities, an upset mood most of the day, which may cause overeating or lack of appetite.

In this study, first-time parents who are told about the diagnosis of their child are most likely to go through a feeling of denial and acceptance. That includes the first feelings engendered by the diagnosis. Parents illustrated a difficult acceptance; some expressed denial and refusal of the diagnosis of ASD (Abid et al., 2022). Moving forward, some may find acceptance by gradually embracing their child's abilities and strengths and finding ways to support and connect.

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Other factors that affect parents' mental well-being are the uncertainty of the child's future. This remains as one of the most significant psychological distresses among first-time parents of children with ASD. The thought that their child might no longer enroll in college due to skill and cognitive limitations, not having their own family in the future, requiring future care when the parents are no longer around, and challenges in financial support and quality of life in the future. These thoughts create a sense of fear and helplessness among first-time parents. It is the fear of tomorrow, the future of the child (Abid et al., 2022).

Raising a child is never easy; however, parenting a child with ASD is far more difficult. Parents of children with ASD report higher stress levels compared to parents of typically developing children and children with other disabilities due to complex autism care responsibilities (Liu et al., 2025)

Parental stress and anxiety

Taking care of a child with ASD can be a very challenging experience, affecting parents and their ability to look after their child. These can stress out parents beyond their limits (Firespring, 2020). Learning that your child has ASD can result in scattered emotions for first-time parents. These parents experienced a heightened level of parental stress, anxiety, and other symptoms of depression. Findings show that mothers have a higher level of parental stress compared to fathers because mothers are usually the primary caregivers of these children with ASD and have more hands in the child's life (Cheng & Lai, 2023).

In addition to stress, parental anxiety is also one of the mental health challenges after the child's diagnosis. First-time parents with a child with ASD tend to overthink about their child's present and future.

Parents often experience parental stress and anxiety if it concerns about the child's future, particularly regarding independence, financial support, social acceptance, and access to lifetime care and support. Furthermore, limited parenting experience, insufficient understanding of research-based intervention strategies, or uncertainty in recognizing developmental milestones may contribute heighten parental anxiety (Andreassen et al., 2025). Chronic anxiety is manifested through irregular sleeping patterns, headaches, and physical fatigue, and symptoms psychologically through low coping mechanisms, irritability, and indecisiveness (van der Lubbe et al., 2025). Parental isolation is often caused by a misconception about autism and social stigma, which leads to feelings of self-blame and low self-esteem. Hence, we must also focus on holistic family care and overall family wellness aside from mental health issues, particularly on parental stress and anxiety.

Parent 1 mentioned that "Mentally, it's stressful. And I feel, of course, anxiety because I am thinking about her future, what will happen to her when we are gone".

Parent 1's narrative states an increased sense of parental stress and anxiety driven by fear, anxiety, and uncertainty about the child's future. The common halo of the parents' head is "what will happen to her when we are gone," which focuses on emotional turmoil among first-time parents with children with ASD. This thought suffers both mental distress and emotional turmoil as parents anticipate their child's future when they reach

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adulthood. Mentally stressful situations signify mental overload as parents experience anxiety with long-term fears.

Parent 3 states that *"It's hard sometimes to deal with her. You need to understand what she wants. But there are times when it's really hard to understand her, especially when she's asking for something, and he doesn't know how to say it. That's why you have to think of a way for you to communicate".*

Parent 3's statement narrates the daily communication struggles and emotional difficulties faced by parents with children with ASD. It shows the challenges of how parents navigate towards frustrations and helplessness when trying to understand their child's weaknesses with regard to verbal communication skills. The parent must find a way to understand their child in order to foster understanding. This may lead to emotional fatigue and increased anxiety as parents worry about misinterpreting their child's needs. Communication difficulties may also contribute to mental sources of stress and anxiety among first-time parents.

Parent 5 mentioned that *"Mentally, at times, you're bothered. It's because you have questions like why delayed, why? You compare. Like for me. Yes. Like for me, two kids. The first kid, normal. The second, I thought, was also normal. Because I didn't know that he would also be like that."*
"Mentally bothered, questioning why he was delayed. I had doubts and was confused about whether it was just a delay or something else. Comparing my two children."

Parents 5's narrated her emotional confusion and mental distress. It reflects the parents' painful experience of what was happening to their child. The painful process that bothers her with her child's uncertainty, her self-doubt, and sibling comparison. The act of comparing the siblings signifies emotional confusion regarding the developmental tasks based on the developmental age of the child. It boils down to parental anxiety about the fear of the unknown and uncertainty in diagnosis, and the impact on a parent's sense of acceptance and confidence.

Parent 6 mentioned *that "Mentally, there were times I felt I was depressed, you know. When I first stepped into Therakids, I felt something different. I was thinking, "What could they be feeling? It's like you feel maybe you're not the only one, or you wonder if you're all feeling the same things".*

Parent 6's statement conveys an intense feeling of mental vulnerability and empathy experienced while observing at the therapy center, such as Therakids. The parent narrated that she was depressed, and it portrays the burden of mental and emotional problems you are experiencing while raising a child with ASD. Going to the therapy center seeking professional support, but also emotional inclusivity, where some parents shared similar challenges. It portrays a moment of perspective on parental stress and anxiety, realizing they are not alone.

Parent 7 narrated that *"At the back of my mind, the fear and anxiety".*

Parent 7 narrated about their experiences of how they face fear and anxiety. It represents the persistent mental and emotional turmoil that a parent with a child of ASD often faces. It conveys parents' thoughts about their worry, fear from uncertainties about their child's future, progress, and expectations of societal stigma. It reflects parental struggles, which may lead to chronic stress and mental fatigue as parents are unable to

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detach from their worries. It becomes a parent's lifelong mental and emotional journey as they face beyond day-to-day challenges.

Acceptance and denial

The parents' experiences with regard to acceptance and denial about their child's diagnosis of ASD may show an increase in emotional and mental impact. Some parents may experience denial, which is often characterized by confusion, shock, disbelief, shame, or refusal to accept their child's diagnosis. Denial often functions as a protective layer of a coping strategy. Some parents may somehow seek second opinions after the initial diagnosis. This is evident in how parents navigate emotional resistance or struggle over their expectations of a typical child versus a child with developmental delays. What follows is the feeling of guilt, blame, or self-doubt. These are often common natural psychological defense mechanisms of denial. However, as time passes by, parents may eventually begin to realize their child's unique needs and strengths, and denial may also transition to a gradual acceptance. Over time, first-time parents may shift towards acceptance. Acceptance occurs when parents focus on their child's strengths and skills instead of their disabilities. Acceptance begins when parents, embracing their child's diagnosis, endeavor to work on their dreams in order to align with their child's capabilities and unique needs (Naicker et al., 2023).

Parent 1 stated, "I accept her. I would not ask for another child."

The statement from parent 1 reveals a deep and unwavering form of acceptance and love for her daughter. It shows the parents love their child completely. This phrase conveys deep love, acceptance, and a sense of contentment. Acceptance is loving your child wholeheartedly and not giving up your dreams for your child.

Parent 2 mentioned that *"When the doctor explained it, I didn't know, I just had acceptance right away. I even felt excited about what kind of treatment or therapy would be for him. It was just immediate acceptance. I told myself it's better to start early."*

Parent 2's statements show a beautiful example of strength and openness. When the parent heard the diagnosis, they didn't feel lost or scared; the parent immediately chose to accept and act with hope. This fast acceptance reflects genuine love and a forward-looking mindset—focusing not on what can be done to help the child succeed, but instead on what was lost. The parents' eagerness to start therapy and early intervention shows how concern turned into motivation, an opportunity to learn, and to support the child better. It captures a parent's heart to choose courage even in the moments of fear, to find strength over uncertainty, guiding her child through every step of the journey.

Parent 3 stated that *"Her daddy only gradually accepted it when she had already started here."*

Parent 3 shared the emotional and mental struggle many fathers face when coming to terms with their child's diagnosis. To the father, acceptance did not come so fast. It was a process coupled with denial, confusion, and silent heartbreak. He needed time to grasp, to mourn, and to come to terms with what the diagnosis truly meant. After watching his daughter attend several therapies, the father slowly accepted his child's diagnosis more fully. Acceptance emerged gradually over time through involvement and understanding.

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Parent 4 mentioned *that "Emotionally, it was really hard, I cried because I did not know if I could accept it".*

Parents 4's statement reflects how strongly the respondent was affected upon learning her child's diagnosis and how difficult for her to process it deeply. The participant went through a lot of emotional and mental weight of a diagnosis marked by grief, disbelief, and uncertainty about her child's future. There was an emotional turmoil between letting go of the dreams she had imagined for the child and eventually learning to embrace the new reality as a first-time parent of a child with ASD.

Parent 6 mentioned that *"It was more on the denial stage at first. It was challenging, especially the denial part at first. Supposed to be—though I don't want to say this about my child—but my brother is a doctor.*

Parent 6 stated that there was a strong emotional resistance to denial at first upon learning the painful information about the child's condition. There was a complexity of emotions, from shock, disbelief, and difficulty in processing it into reality. The parents' hesitation in finding it difficult to accept the diagnosis and holding onto a string of hope that the child's condition might not be as serious. It also added the emotional pressure knowing that the brother of the parent is in the medical field.

Parent 8 narrated that "*Mentally, you get stressed, ma'am? But you also cope, ma'am, because it's only hard at the start, and number one is acceptance, because as if everything else follows."*

Parent 8 emphasizes that acceptance is very important as you start your new journey as a first-time parent with your child with ASD. To provide effective caregiving, to lessen your stress, and to cope with the gradual development of your child, you need to believe that acceptance is the key to coping with your child's diagnosis. Through acceptance, the respondent may have a clearer mindset to focus on their child's growth rather than on their child's disabilities. This shows how the parents foster a sense of control and positivity in facing the difficulties and challenges of raising a child with ASD.

Uncertainty of the child's future

One of the parents' stressors is the child's future welfare. Parents provide the best possible care, love, and understanding for their children, but this effort goes deeper when it comes to raising a child with ASD. As first-time parents, they may experience fear as they plan for their child's future. Future caregiving may add stress for parents because they believe no other family members are as capable of caring for their child as they are. Balser et al. (2023) found that the families of children with ASD expressed worries about the future care of children with ASD, particularly about who would care for their child once they are no longer capable of doing so. These parents expressed feelings of uncertainty and fear, knowing that support services are limited and that no one else can take their place.

Parent 1 states that *"Mentally, it's stressful. And I feel, of course, anxiety because I am thinking about her future, what will happen to her when we are gone. I am— I'm thinking of what will happen to her when she grows up and how she will be able to take care of herself*".

Parent 1 expressed her concerns about the mental stress and anxiety that result from worrying about the child's future someday. The parent is struggling to figure out how

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the child will live when the main caregiver, who is primarily the parent, will no longer be around to provide care, protection, and guidance. This is the main psychological distress among parents of children with ASD living every single day of their lives. It shows the parental stress among families of children with ASD, enduring the emotional weight and parental anxiety that has a lasting impact on parental mental well-being.

Parent 2 states that "*Mentally, I think it's really the fear. My fear is—will he be able to catch up? In the future, when our time comes and my husband and I are no longer around, will he manage on his own? So, it's really about his future care—if he can function as an adult man and live on his own, something like that. Who will take care of him if we're no longer here, or even if he does get married—or not?"*

In her reflection, Parent 2 expressed her mental and emotional strain rooted in fears and future uncertainty for the child with ASD. The respondent is concerned about what will happen to the child when she and her husband are no longer around. The thought of leaving their children behind without their care and protection. These are the common fears and worries among parents of children with ASD.

Parent 4 states that "*I tell her, Hala Day, whatever happens,' because of course that's what's on my mind. Of course, we're getting older; you can't avoid it. Who will take care of her in the future?"*

Parent 5 states that "*Future fears. If I'm gone. Future care. Future care for him. What will happen to him if I'm gone? I'm no longer here. Then, will he be able to handle on his own? Although, of course, now you have to train him so he will become independent, but so far it seems okay, he can handle".*

Both Parents 4 and Parent 5 expressed shared concerns, particularly fear and uncertainty about their child's future. They expressed their concerns and worry over who would care for their child if they were no longer available when they grow older and are not able to provide care for their child in the near future. These sentiments emphasize the emotional and mental anxiety parents face every day. These reflections reveal that beyond the daily caregiving challenges, the most enduring anxiety struggles lie in the unknown future.

Parent 7 states that *"At the back of my mind, the fear and anxiety. Fear for the future. Especially since my child is a boy. He is my only child. I fear that someday he will have his own family. What if he decides to have his own family? Is he gonna have a functional family? Like me and his father. My anxiety is really terrible, like that is my only fear. That's all. In my mental aspect, my anxiety is about the future and his future care later on, if he can function well".*

Respondent's reflection expressed tantamount emotional fear and anxiety about her son's future, specifically concerning his functional and independent ability when he reaches adulthood. Since he is an only child, envisioning what the future holds for the child is what the parent is mostly concerned about. It reflects the future-oriented anxiety of a parent with a child with ASD. It shows the ongoing mental burden a parent carries as they face the unknown future of their child's life.

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Theme: Social Struggles Arising From Isolation, Judgment, And Rejection

Subtheme	
1	Fear of judgment, rejection, and public embarrassment
2	Social isolation and avoidance

The third theme that emerged in the experience of first-time parents was the social struggles arising from isolation, judgment, and rejection. This study explores how parenting a child with ASD has a big impact on the social challenges of first-time parents caring for a child with ASD, particularly fueled by fear of social judgment, rejection, public embarrassment, social isolation, and social avoidance. Mostly, families and a person with ASD often experience social stigma. They are always the victim of social discrimination, ignorance, and prejudice. The term stigma dates back to the ancient Greek practice, which meant cutting and burning marked a person or branded them a slave, traitor, or criminal. A mark on a person was once a sign of shame, punishment, or disgrace that others sought to avoid (Economou et al., 2020). In the modern era, stigma refers to individual traits or characteristics that the community perceives unfavorably, being regarded as less valued or inferior within society (Turnock et al., 2022). Families and individuals with ASD mostly face public scrutiny in daily spaces, like during meltdowns, undesirable behaviors, or sensory difficulties, as they navigate being misjudged or misunderstood publicly. They avoid people by isolating themselves or limiting their exposure to public embarrassment and negative, hostile reactions from the public eye. In response to these experiences, families of children with ASD find refuge in social isolation, limiting community participation, or using avoidance strategies.

Fear of judgment, rejection, and public embarrassment

Having a child for the first time is an overwhelming experience, a feeling of both uncertainty and joy for the parents, yet for the parents who have a child with ASD, their journey extends beyond the struggles of caregiving into more challenging realities of social misconceptions and stigma. One of the obstacles that improves the lives of families and individuals with ASD is the stigma associated with ASD (Younes et al., 2025). Other people misunderstood these parents because of their child's behaviors, such as stereotypical behaviors, meltdowns, or social withdrawal. These unusual acts are often misinterpreted, leading to feelings of rejection, judgment, and public humiliation, prompting first-time parents to shun social interactions in order to shield their families from society's scrutiny. Turnock et al. (2022b) mentioned that social stigma and public misunderstanding of parents with ASD have a detrimental impact on their own well-being, which leads to self-isolation and avoidance in social participation. Being negatively judged and oftentimes misunderstood forces these parents to become extremely protective, limiting their own and their child's participation in the community.

Parent 1 narrated that *"As a parent, of course, there's a limitation. Like, going out or going to the other events because I feel like other people will not understand her."*

"Other people may stare at her and—and will not know or understand why she's doing this or her behavior."

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"I'm scared of her having a tantrum or meltdown. So, you have a problem that other people might judge her based on her behavior, right? Yes Maam."

Parent 1 expressed her concerns, primarily focused on her feeling of apprehension and fear rooted in public judgment and rejection from others. The first-time parent is concerned about how society judges her child's condition, especially when the child is outside the community and having tantrums or meltdowns, which are often misjudged by others. These led her to isolate the child and the family to avoid and prevent from public embarrassment or public scrutiny. It develops a fear of being judged and these results as a barrier to social participation. These experiences reflect a social issue of social stigma faced by many parents with a child with ASD.

Parent 4 narrated*, "The painful part is they don't directly say that they actually observe something in your child, and of course, I already know. You hear from others saying things like, 'Your child is kind of special,' or the term they use is 'kind of abnormal."*

"Others would even say maybe you drink something while you're pregnant. Some would even say maybe you and your husband's blood isn't compatible. Or maybe your husband is much older than the wife. There's so much being said, and on my parents' side, my Mama also wondered, she even said, 'In our whole family, there was never someone like that, where did she get that? Maybe it's from her daddy's side?"

Parent 4 expresses her experiences, focusing on emotional challenges and social scrutiny that often accompany raising a child with ASD. According to the parent, there were other insensitive and indirect opinions from relatives and friends that created a deep sense of hurt and humiliation. She was unfairly judged and blamed, and people are questioning the cause of her child's condition, directly attributing it to her and her husband. The families and children with ASD become targets of public scrutiny and gossip. These experiences may lead first-time parents to distance themselves from the social community as a way or avoid further emotional distress and unjust judgment from others.

Parent 6 mentioned, "*In church, not yet, I still hide it because I want to protect her. Maybe I'm just being paranoid, maybe they will know, and then what will they say to my daughter? It's like you also socially withdraw? Especially in just small talks, I feel paranoid. Will they accept her? Maybe they will judge—of course, it hurts if they compare or talk badly about the child, of course, it's painful as a mommy. I keep thinking, what if they see the signs that my daughter is different from other children? Maybe they will notice that there's something wrong."*

Parent 6 is being paranoid about how other people perceive her daughter with ASD, especially in unguarded places like the church. Church must be a place where people are expected to embrace inclusivity and accept diversity. However, based on the parent experience, it was observed that her child with ASD was compared to a typically developing child. The child was being judged according to her stereotypical behaviors in public, which causes emotional strain and hurt for the parents of a child with ASD.

Parent 7 narrated*, "I think the rejection really is, at first, during the pandemic, I didn't let my son join with other kids. Then I realized that it's really important because when I saw him when things opened already, and then I took him to the playground, Kidzoona, with the toys, he didn't want to share."*

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Parent 7's illustrates the social isolation challenges experienced by a child with ASD, with limited interaction with friends because of the pandemic. This parent with children with ASD chooses to keep their child from engaging with other children out of fear of rejection. It hindered her child's social exposure or ability to share toys with other children since his son did not know how to navigate play with his peers.

Social isolation and avoidance

Different layers of parental experiences regarding involvement with social and family systems result in social isolation and avoidance. Most common social settings are schools, shopping malls, playgrounds, public gatherings, and when a child with autism exhibits differences compared to other neurotypical children. These parents having a child with autism have unique experiences compared to mainstream parenting practices, and this results in social difficulties (Currie & Szabo, 2020). It is a struggle for the family having a child with ASD to enjoy family outings and community involvement. They consistently fear being misunderstood and receiving unfavorable feedback from other people. Parents felt breaking social taboos when a child with autism displayed stereotypical behaviors in public arenas. To protect their child with ASD, they avoid public places, limit social gatherings, or do not go to playdates or parties because they fear that their child's stereotypical behaviors may lead to public criticism, bewilderment, or exclusion. These difficulties for first-time parents make it harder for them to handle their parenting responsibilities. This led to social isolation and avoidance as well as stress among families.

Parent 2 spoke of how her experiences of parenthood were difficult during those times. She described social discomfort because of his son's stimming behaviors in public.

Parent 2: "*I didn't want to expose him to others. Because he had some weird behaviors, I was afraid that he might be judged, that maybe other kids his age wouldn't accept him. At first, that's how it was—I really didn't expose him to others.*"

Respondent 2's experiences show that fear of judgment from other people may lead to social avoidance and isolation among families having children with ASD. The parent is afraid that people might not understand or react negatively to her child's stereotypical behaviors in public places. Social withdrawal and avoidance of public interactions become a coping mechanism to prevent the family from public embarrassment or emotional distress. Social stigma plays a detrimental role in children with ASD and their families.

Parent 3 "*It's hard because sometimes you also want to go out with the family. She really doesn't want to, so we don't go along. Because I can see that I'm okay, I can adjust, but when I see her, she's not comfortable."*

Respondent 3's experience reflects the social problems of social isolation and public avoidance that many parents with a child with ASD encounter. The parent prioritizes her child's comfort over her desire to participate in family outings or other social events, which may lead to limiting their social acquaintances at social gatherings. The parent may feel that she can adjust comfortably to any social situation; however, her child may feel discomfort in a new environment. This shows how a parent's social life is detrimentally impacted, shaped by their child's social deficits in navigating the environment. This shows parents' sacrifices in caregiving a child with ASD – though

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lovingly protective to the child, it can also lead to social loneliness and limit their opportunities in family social gatherings, still, they choose to sacrifice their own interests for their child's comfort and needs.

Theme: Emotional Hardship From Grief, Struggles, And Shock

Subtheme	
1	**Grief and sadness**
2	**Parental emotional struggle**

The third theme that emerged in the experiences of first-time parents was the emotional hardships arising from grief, struggles, and shock (*Families & Change*, n.d.). This study explores how parenting a child with ASD has a big impact on the emotional challenges of first-time parents, fueled by emotional struggles in handling the child's behavior, intensified emotional pain, experiencing emotional depression, struggling with emotional anxiety, enduring sadness, weeping over the child's limitations, and problems.

During their early years of marriage, first-time parents experienced excitement and happiness. Big dreams come about for their child's future. However, when a child is diagnosed with autism spectrum disorder, this experience may trigger an emotionally overwhelming and stressful journey. A major turning point after the diagnosis brings confusion, shock, and intense emotional distress as they process their child's diagnosis and what it may affect their family life (Hughes, 2024). This emotional journey is not about after receiving the diagnosis, it is about life after diagnosis, facing uncertainty, adjusting to a new life after diagnosis, and learning to navigate the unknown path of parenting.

Grief and sadness

The emotional journey of first-time parents of children with ASD includes grief and sadness. Parents grieve and mourn not because parents love their child less but because they mourn the loss of the future they envisioned for their child. Parental grief primarily involves emotional hardships, which are always coupled with emotional pain, confusion, uncertainty for the child's future, ambiguity, and a roller coaster of ongoing emotional pain (Alimohamadi et al., 2024). Most first-time parents may also experience heightened worry and self-blame when they compare their neurotypical child's development to age-appropriate milestones. There are a lot of ways parents are affected emotionally after receiving their child's ASD diagnosis; most of them feel relief after knowing a clearer picture of their child's condition, heavy-hearted, worried, and anxious about the continuous caregiving responsibilities (Sainsbury et al., 2023). Emotional stress can become much harder to manage and overwhelming for first-time parents as they learn to cope with basic parenting responsibilities. There are many emotional hardships as the daily journey begins, from attending therapy routines, managing problem behaviors, and navigating what lies ahead for their child's future. How parents manage these difficulties emotionally when facing their child's diagnosis may impact parents' well-being and the child's development (Clark-Whitney et al., 2026).

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Grief and sadness

Parent 1: "*Did you grieve the moment when she was diagnosed with ASD? Of course, I cried and isolated myself. I did not accept it the moment I heard it*."

Parent 1: "*I cried because at first, of course, it's difficult to accept that your child has a problem and she has a limitation.*
And you were scared that she might, she can't do what the others' normal child will do, and can experience."

Parent 4 "*At first, I still couldn't accept it, the anxiety was still there, the stress, I was really emotional. I cried all the time, and even now it hasn't really gone away. There are times when it feels okay, then soon it comes back*."

Both parent 1 and 4 experience deep sadness and grief over their child's diagnosis. As first-time parents, they suffer emotional breakdowns, crying, and isolating themselves. The diagnosis is very painful and overwhelming, so they struggle with initial denial or non-acceptance. They fear and worry that their child might not have a normal life as compared to what other typically developing children. Parents experience ongoing feelings of stress, emotional burden, and anxiety, which can be somewhat they may feel okay for now, but sometimes emotional heaviness and worry can occur unexpectedly.

Parental emotional struggle

First-time parents of children with autism have experienced emotional complexity and intense struggle over the years, from the diagnostic period to caregiving. Parental emotional roller coaster of emotional struggle commonly noticed are stress, fatigue, burnout, worry, guilt, sadness, shock, alongside they face social stigma that may lead to the family feeling shame and isolation. Parental emotional struggle intensifies as family members continue to cope with their daily lives. These accumulated stressors may include interdisciplinary coordination across different therapies of the child, homeschooling difficulties, navigating a variety of school supports in regular schools, managing challenging problem behaviors, communicating effectively, balancing work, finances, and family dynamics. First-time parents may experience a grieving process due to unmet expectations for their child with ASD (Uysal et al., 2024). There's a feeling of emotional difficulties related to ambiguous loss, primarily related to caregivers of children with ASD. The feeling emerged after the diagnosis and has re-emerged over time.

Parent 3: "*I want to be the first person to understand her, but there are times when you just lose your patience with her. It's like you end up spanking her or something. I spank her when I can't stop her anymore or when he starts having an attitude and starts shouting.*"

Parent 3: "*Yes, compared to before, my child was okay, you know, something typical. Now, it's like the pain is twice as bad. Yeah, you know better what to do and your patience—that's really where you get tested.*"

Parent 4: "*Yes, that was the time when even the doctor, who looked at me differently because I just cried, you know, because I didn't know if I could accept it. It's a good thing my family just supported me, like saying, 'That's okay.*"

Parent 6: "*There are times with emotion when I feel like I'm depressed.*"

Parent 7: "*If I give in to my anxiety, nothing's gonna happen to him because sometimes I also think of just putting him in our room and not letting him go out.*"

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Parents 3, 4, 6, and 7 show intense emotions of unconditional love and responsibility over their children with autism. However, there might come a time when they also experience frustration and guilt when they lose patience during difficult times. Their prolonged patience is sometimes tested, and emotional struggles may lead to regrettable outcomes such as spanking. Most parents express intense heartache and grief, with some stating that the pain feels greater prior to the diagnosis. First-time parents become very emotionally overwhelmed as they have difficulty in accepting the situation, as they feel criticized, unsupported, or judged.

Research Question 2
The challenges of first-time parents having a child with autism.

Parents of children with ASD face a lot of problems in their daily lives (Grace et al., 2018). These challenges include problems that affect their mental, physical, social, and emotional health, particularly when they have to balance work with taking care of their daily needs. Parents have little time for themselves to relax because they have to take care of their kids and work at the same time. Most parents worry about the future of their child, particularly about their child's long-term needs, independence, and future caregiving responsibilities. Parents have a hard time finding time to relax because it's difficult to juggle work and taking care of children at the same time. Many parents are more worried about their child's long-term needs, especially future caregiving responsibilities, independence, and ongoing support throughout their life. This situation worsens, thinking that they may no longer be there for their child with ASD when the future comes. Ongoing problems affect every family's emotional health, as well as their daily chores and planning decisions.

Theme: Parental Difficulties In Managing Work, Caregiving Demands, Future Responsibilities, And Securing Therapy And Appointments

Subtheme	
1	Work-related challenges
2	Constant caregiving demands
3	Future care concerns
4	Difficulty accessing therapy and appointments

Families of children with autism may have broad impacts on family dynamics, including notable shifts in parenting style and family responsibilities, shaping day-to-day experiences and overall well-being. ASD is a developmental condition that begins with early onset and continues into adulthood. Families of children with ASD often experience challenges with ongoing problems, including employment disruptions, constant day-to-day caregiving, concerns about long-term future care, and difficulties accessing therapeutic intervention and medical support. Ozdemir and Koç (2022) emphasized that parents require adequate time, sustainable financial income, and flexible work

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arrangements to meet ongoing family needs. Findings indicated that maternal parents are more likely to endure employment instability and unequal participation in paid work while raising a child with ASD (Zhao et al., 2024). Limited access to behavioral therapy and medical appointments is a major stressor that affects family life by altering family routines, straining economic finances, and affecting work continuity. In many cases, therapy services are often unavailable and costly, that limit a child's opportunity to receive consistent therapy. As a result, these experiences also shape parents' outlook on future care concerns, as they plan for ongoing responsibilities and navigate uncertainty about future dependence, reliable financial resources, and who will provide care in later years (Németh et al., 2024; Nkgaphela et al., 2026).

Work-related challenges

Markhayes (2023) found that parents of children on the spectrum are much less likely to be employed. Due to caregiving demands required in taking care of their child, first-time parents with children with ASD were more likely to have challenges regarding employment and productivity. Parents may have a hard time balancing work and full-time care for their child with ASD. Some parents may choose to take care of the child, reduce the number of work hours, a shift from a full-time to part-time job, move from a part-time employment to a full-time career, work overtime, or exit from a career just to take care of the child with ASD. One parent might stay home to care for a child while the other works more hours at a paid job or even overtime to make up for the lost income. Liao and Li (2019) observed a detrimental effect on parental employment, specifically in terms of income losses or job disruptions. Parents of children with ASD mostly have to juggle their work to send their child to therapy sessions, while adjusting their family life, work, and social activities with their caregiving duties.

Parent 4: "*We just visited Daddy there. We don't do anything with Daddy because we're doing therapy here. He just goes here. Because in London, he can go anytime, he's just there anytime he wants to go. What I'm thinking, Ms., is that as long as my daughter is still young, it's okay if we don't go on vacation to see his daddy. He can just be the one to come here.*"

Parent 4's statement reflects parental employment-related difficulties because the child's therapy is vital. The family has a limited time to travel or spend time with the father in London. Instead, the father chose to visit his family in the Philippines rather than the whole family traveling to London. It shows how family dynamics change if you have a child on the spectrum, specifically in adjusting work and family schedules. Therapy is very important over travel, leisure, and family time.

Parent 5: "*The challenge every day from home to therapy, and he needs to be on time. Then I was still working at that time. The challenge is, how do I balance? As a mom, for him, because he needs me, his time with me, then I'm also working.*"

Parent 5 highlights the everyday struggle of juggling work and caregiving responsibilities while raising a child on the spectrum. There is constant pressure when the parent is working, when there's a need to travel from home to the therapy center, and when ensuring that the child is always on time.

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Parent 6: "*That's why I decided to give up my job. I prioritized her because she is my only daughter. Even if we don't have money, there is always someone providing for us."*

Parent 7 "*At that time, both of us were working, ma'am, but for now, since my husband said he needs more attention… Ma'am, you resigned? You were the one who gave up your work? Yes, because financially his income is higher than mine, that's what he said.*"

Parent 8: "*Yes, that was the time when I was on duty, and my husband had to make a sacrifice to watch over our daughter.*"

Parents 6, 7, and 8 all resigned from their current employment just to focus on caregiving for their child with autism. The parents' professional careers were put on hold. These statements show how having a child on the spectrum may lead parents to make important work sacrifices to meet their child's important needs. Parent 6 is quitting her job to give 24/7 caregiving needs despite financial uncertainty. Parent 7 highlights a family decision to put her career on hold because her child needs more attention, despite a financial decision, while the low-income parent gives up their job. Parent 8 reflects on sacrificing work time and duties due to caregiving demands to closely supervise and care for their child.

Constant caregiving demands

One of the most difficult challenges for families of children with ASD is the constant supervision and care needs that often embed the family's entire day-to-day life. Parents refer to caregiving as "always on" because having a child with ASD requires continuous caregiver monitoring, support in communication and daily functional routines, and consistent management of sensory and behavioral challenges that need to be addressed during transitions, community outings, or changes in daily routine. Based on research, there is a decrease in the quality of life and parental burnout related to parents of children with ASD (Turnage & Conner, 2022). These affect families' mental, emotional, financial, and physical strain (Iadarola et al., 2018; van Niekerk et al., 2023; Ortiz-Rubio et al., 2021; Centers for Disease Control and Prevention, 2025).

Parent 1: "*Sometimes, as I age, I am a little bit tired. I'm tired of chasing her.*"

Parent 1: "*The challenge is how to manage my time with her other siblings because I also need to make sure that I take care of her and her other siblings. I can be a mother to all of them. Sometimes, they have an activity in school. So, I also need to attend. Managing the time with her and her other siblings is also a challenge for me.*"

Parent 1: "*The challenge to me is to look for a person whom I can trust, like a nanny. Before, I had a nanny, but I did not expect that my daughter would be physically abused. I filed a case, and the Court issued a Warrant of Arrest for her.*"

Parent 1 "*The challenges experienced, like when we go out as a family, travel, sometimes there's a limitation, we cannot attend mass because my child is so sensitive to the church sound or music. Sometimes, I stay outside while my other family members stay inside to listen to Mass because she can't tolerate loud sounds. Sometimes, in restaurants, we need to find one that has food she likes. When we travel, we need to give her schedules so that she will not be overwhelmed, and she can also be adopted.*"

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Parent 1's statement refers to constant caregiving demands that require much of her time and are physically draining. The parent feels exhausted by the demands of caring for her child and the ongoing supervision. The parent also needs to balance her time across siblings while ensuring that her child with ASD receives care and attention. The most difficult part is finding a trusted childcare provider to ease the burden of caregiving for her children.

Parent 2 "*He's really hyperactive at home, ma'am—he doesn't stay still, always running around, and the grandmas keep chasing after him. And sometimes when he gets tired from running around, we just give him a gadget to calm down. Sometimes I don't even scold anymore because I feel sorry for them, so I just let it be so he'll settle down. But we only give it to him for a limited time.*"

Parent 4 "*That's one thing I'm scared of—hiring a nanny. It's hard for me to entrust everything, so I'd rather handle it myself.*"

Parent 7 "*When I realized, when I became a parent, and it hit me that he has disabilities, I thought, 'This is really difficult.' You really have to reach out and find a way to get inside his mind."*

Parent 7's concern shows that she experienced shock and emotional difficulties in accepting the child's condition and the parents' effort to build a connection with the child.

Parent 8 "*It's difficult to hire a Nanny because there's a risk she might even physically abuse."*

Parents 1, 4, and 8 illustrate that there is difficulty nowadays in finding non-family caregivers. Parents experienced trust-related barriers, became overprotective, and prioritized safety when looking for their child's nanny due to their child's vulnerability.

Future care concerns

This qualitative phenomenological study examined barriers and future care concerns of these parents that could affect their future planning. The aging journey for the parental caregiver can be alarming and filled with apprehension about the unknown (Marsack-Topolewski & Graves, 2019). Most parents' fears are related to their child's adult future care, financial care support for the future, and what lies ahead for the child with ASD if both parents are no longer available. Such concerns may cause anxiety that gives them limitations in making plans and decisions for the future.

Parent 1: "*I'm thinking about her future care. Like, who will take care of her when we are gone?*"

Parent 1: "*I need to be ready financially; she should have a trust fund or insurance, so she will not depend on her siblings.*"

Parent 1: "*Another challenge is accepting that your child can't have a degree. I also have a hard time accepting her future someday since some of her typically developing siblings are going to be professionals someday, but she can't since she has a disability. Also, she cannot be a burden to her siblings when she grows up.*"

Parent 6: "*I think about how my daughter will grow up, what course she will take. If she can go to regular school or what, especially since she is a girl."*

Parent 7 *"My anxiety is about the future and his care later on—if he will be able to function well. I just hope that he can transition into K to 12."*

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Across participants, future care is the primary concern, particularly long-term independence, education, financial security, and the child's future education. Parents must instill in their children the importance of financial security without burdening siblings.

Difficulty accessing therapy and appointments

Providing healthcare for children with ASD is multifaceted; it involves a client-centered approach and the use of evidence-based behavioral intervention, speech, special education, and medical intervention rooted in the child's individual needs. All these interventions require years of training, are very costly, and labor-intensive. Based on research, not all children with ASD have access to the therapy services needed to address their developmental lags (Masri et al., 2023). Specialized therapeutic therapy is very limited worldwide. The reason is a shortage of professionals, and most of them, after years of employment experience in our country, will work abroad for greener pastures. These professionals include developmental pediatricians, occupational therapists, speech-language therapists, special education teachers, applied behavior therapists, and psychologists.

Parent 1: "*It's really hard to find a school here. We had a hard time scheduling appointments with doctors because there are only a few doctors and schools that can cater to my child.*"

Parent 3: "*It took us a while because we were with Dr. Alejano—we were just waiting in line. When she was 1 or 2 years old, she was kind of okay, but by the end of the pandemic, she no longer responded when you called her, like she wasn't reacting anymore—that's what happened.*"

Parent 4: "*When you call her, it's like she has no focus, that's why when we got home, that's what happened—I immediately looked for a doctor, you know, developmental. The problem was the waitlist—yes, there was still a waitlist. We got an appointment with him in June, we were only able to book in September.*"

Parent 6: "We only have three doctors. The line is really long, and you get so exhausted waiting. It's a good thing that we were able to get into Therakids, because what if we were still pending until now?*"*

The parents' statement highlights a shared journey of limited intervention services for their children with ASD. Across participants, they highlight the scarcity of allied professionals and the shortage of specialized schools, resulting in a long waitlist, delayed appointments, and burdensome queues.

Theme: Financial Hardship From Continuous Care And Future Needs

Subtheme	
1	**Financial strain**

First-time parents may face challenges on the degrees of economic limitations to address the financial demands of their child with autism when their financial resources are limited. These factors contributing to financial burdens include medical expenses, high costs of therapies (e.g., occupational therapy, speech and language therapy, applied behavior therapy, and special education), transportation, dental care, educational

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expenses, food allowances, and other related costs. This can impose a lot of financial burden on families. These accumulated costs can impose an economic burden on family budgets, making it difficult for parents to save enough and making it difficult for parents to cut back expenses, take on an additional job, or quit their jobs to meet caregiving demands. Liao and Li (2019) show empirical evidence that having a child with ASD requires extensive financial strain on parents. These children need extensive therapy sessions, educational support, and other psychological support.

Financial strain

Parent 1: "*I need to be ready financially; she should have a trust fund or insurance, so she will not depend on her siblings.*"

Parent 1: "*Sometimes, having a child with ASD needs a lot of money. It's a luxury to have therapy. It's very—it's very costly. We need to have a source of income and the money so that we can provide the therapies and all she needs, all the help that she needs.*"

Parent 2: "*Financially, at first it was just OT, ma'am, when we started. But now, it's gradually getting bigger. So, I think another important aspect is that you have to be financially prepared.*"

Parent 3: "*As first-time parents, what are your challenges? Financial ma'am."*

Parent 5: "*Then financially. Yes. Of course, because therapy is expensive, it is naturally expensive. That time, he had a lot of therapy since it was still new. His therapy was intensive. On my part, since there are two of them. The eldest, I transferred to public school so I could compensate for my other child. I transferred Yani. Anyway, it was a pandemic and online.*"

Parent 7: "*I want to work again to have additional income for my family. Because it is really expensive when you have a special child.*"

Parent 8: "*I think financially, it is a bit of a struggle, but we're doing our best to keep up with everything and make sure her needs are met.*"

Across participants, financial strain was an evident embodied experience of parenting a child with ASD. They mentioned that all therapy is costly and considered a "luxury" requiring a stable source of income and consistent financial planning, as these therapies increase substantially over time. Participants reported that the therapy costs increased as their child's therapies became more intensive as needs arose. Families must allocate budgets and prioritize expenditures to offset the costs of child therapy and support child development.

Research Question 3

The coping strategies utilized by first-time parents having a child with autism.

Theme: Parental Coping Through Support Systems And Self-Care

Subtheme	
1	**Support system**
2	**Self-care and mental well-being**

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Parental coping through support systems and self-care reflects how parents draw on resilience and strength from individuals and the community. Based on research of parents raising children with ASD, coping is described as a phase of adjustment where first-time parents reach out for available support and emotional comfort and encouragement while studying strategies that restore stability and rebuild resilience in daily life (Yaacob et al., 2022).

Support system coping emerges when first-time parents get help from people around them – family, other parents, friends, teachers, mentors, therapists, and the surrounding community, not only for day-to-day support but also for emotional comfort. Evidence from qualitative findings and surveys indicates that having a strong support system among first-time parents is associated with more effective coping and experiencing a better way of life, while when support networks are restricted, it creates increased social disconnection and greater stress burden, so establishing reliable support networks serves as a pivotal protective factor for parenting resilience (Gao & Drani, 2025b).

Parents who are intentionally serious about self-care and coping with mental health issues must try to take care of their mind and body in order not to experience burnout. To do this, they need to get enough rest and sleep as much as possible, seek help rather than face it alone, and set boundaries, such as taking breaks, limiting stress, and protecting their time. Religiously finding ways to be healthy and cope with day-to-day busy lives. Using adaptive psychological coping strategies such as mindfulness/self-compassion skills, seeking spiritual comfort, and stress management may reduce distress and sustain emotional stability. According to research, parents with children with ASD must support mindfulness and self-compassion-based programs as approaches for improving psychological well-being and reducing stress (World Health Organization, 2022).

Support system

The importance of social and professional support among parents of children with ASD is very crucial, particularly because they are vulnerable to stress. The impact of autism on parents can be an all-encompassing experience; it is more complex, pervasive, and lasting. It is essential that the well-being and ability to cope with stress of first-time parents are given significant attention. The support system includes social support from friends, family members, the community, professionals, and other parents with similar experiences, as well as in-person or online support programs. Through strong support systems – these networks make parents feel understood, reduce loneliness, and provide reassurance during difficult situations. Parenting a child with ASD requires a variety of support in order to feel reassured and to lessen parental stress (Faden et al., 2023)

Parent 1: "*I give, share my responsibility with her siblings and my husband, so that I will not be exhausted.*"

Parent 1: "*I still also do a couple of dates with my husband, and while I do that, I make sure that I also give responsibilities to her siblings while I'm away, they need to take care of their sister. I'm very happy that her siblings are able to take care of her."*

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Parent 1: *“That’s why I really enjoy the family bonding with our family members. He now has a cousin who visits every weekend."*

Parent 1: “*Sometimes I go out with my friends to relax my mind and give myself some time.*”

Parent 1's statements show a strong support-system pattern; caregiving is shared with family members to avoid physical and emotional exhaustion. The parent delegates responsibilities to their children and spouse, reminding everyone to support one another to avoid burnout. Spouses maintain marital connection through going out on dates. Parent 1 also receives support from external family members through weekly visits. With the help of family members, it was able to ease caregiving responsibilities and help lessen the day-to-day burden of caregiving. Support from family members shows less parental stress, promotes emotional balance, and decreases the burden of caregiving. Peer support while spending time with friends fosters social connectedness and provides emotional relief. Moreover, continuous support from families and friends provides reliable help to avoid parental exhaustion or burnout and helps them stay and enhancing parental caregiving resilience.

Parent 2: *"If you are unavailable due to work, ma'am, who will take care of the child?" It’s really the two grandmothers.”*

Parent 3: “*Because it feels like you have no one else to hold on to—only your husband. That’s why you really can’t let yourself be overcome by negativity. You have to share; it can’t just be you handling everything alone."*

Parent 4: *“Mostly, at first, I was kind of emotional. Then that’s it, now my family already understands. Her older sibling is hands-on with her if there are no classes. She helps her younger sibling.”*

Parent 4: “*His older sister, the girl, understands, and the boy too, because they have classmates at school who have 'ASD*.' *That’s why they understand, and the older sibling is hands-on because when there’s no class, they help their younger sibling."*

Parent 5: “*For the coping. I have friends. Number one. Friends who also have the same experiences like me. Then, I’m really open. For example, advice coming from other parents as well who know how to handle children like that. Family, of course. That’s it. Then, aside from that, because I’m also in the medical field."*

Parent 7: “*My sister also helps in looking after my child. There are times when, if I’m working, she visits him. My brother also visits. It’s like they’re making a schedule for visiting my son. I haven’t experienced any family member refusing to take care of him.*”

Parent 8: *“My support system is my husband and my immediate family. Fortunately, I don’t experience judgment from them, as they are understanding and educated.”*

Across these respondents’ personal experiences, the support system is a steady, everyday help that makes things easier. Parent 2 shows that when the parent can’t attend to the child, it's really the two grandmothers who fill in. The parent can work without worrying about babysitting because the grandmother will stay with the child. For others, support keeps parents afloat emotionally. Parent 3 shared the burden with her husband, because it's not only the mother who has to handle everything. It is a shared responsibility between husband and wife. Parent 4 describes how the older sibling becomes hands-on, assisting their younger sibling with ASD. This sibling involvement isn’t something that

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feels obligatory; it simply becomes a natural caregiving rhythm and an established family routine. And for some parents, support feels like having a whole team pitching in for the child. Parent 7 states that they have never had a family member refuse to help their child. Parent 8 echoes that a support system refers to family members who take time to care for the child. Parents don't feel questioned, pitied, or blamed. Finally, family support extends beyond familial and peer-based support. Parents 5 stated that friends were a coping anchor. Friends understand since they're going through it too. Taken together, family support provides steady shared caregiving, dependable childcare, hands-on sibling participation, deepened empathy, structured support, and unconditional acceptance. It is the kind of support that makes parents breathe, the autism journey feel less lonely, because they are not doing everything by themselves.

Parent 3: "*Whatever is being taught here at school, I also see it on social media, and I follow it because I see it helps her. Then sometimes, I also look for intervention activities that could help her, too."*

Parent 5: "*But it's really a good thing that it's with Therakids. The development is really remarkable. And with OT, it really helps a lot."*

Parent 6: "*My support comes from my family, and from Therakids. I was really happy, Ma'am—thank God—because after just three days, she already had improvement. It's really different when there's therapy.*"

Parent 8: *"Teacher would reassure her by saying, 'It's okay, you'll get there soon.' I appreciate how the teachers consistently encourage my child. I believe my daughter is fortunate to have been guided by such supportive teachers."*

These respondents clearly explained that seeking guidance among professionals and attending therapy regularly can make a big difference for their child with ASD. For Parent 3, support includes watching social media for strategies and searching for an intervention that fits their child. Parents 5, 6, and 8 highlight that therapy centers are a core protective source of support. Parents express gratitude and genuine happiness after noticing there's a significant improvement for the child. Professional support helps parents feel reassured, less lonely, and encouraged by their child's progress.

Self-care and mental well-being

Parents of children with ASD encounter challenging and unique daily stressors associated with their child's disorder. They mostly experienced emotional and mental exhaustion due to constant responsibilities related to their ASD child's developmental, behavioral, and communication deficits. These ongoing responsibilities are often overwhelming as they steer through unfamiliar parenting duties while first-time parents try to navigate and understand their child's diagnosis. Parents caring for a child with ASD mostly experience substantially high levels of stress. Amid these difficult challenges, parents adopt coping mechanisms to help them manage the emotional, mental, and psychological pressures of caregiving. It is important for parents to cope through self-care practices and reliance on support systems. Engaging in self-care helps parents sustain their mental and emotional well-being by creating space to rest, self-reflection, and recovery from the daily pressures of caregiving (Brown, 2024). Activities such as setting aside personal time, participating in restorative routines, or engaging in avenues for emotional expression with short breaks that give parents respite, help restore

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psychological well-being. With intentional self-care practices, first-time parents are better able to cope with ASD-related issues while safeguarding their mental well-being and sustaining their caregiving role within their family. It is important for first-time parents to seek beneficial self-care interventions to mitigate the burden on family mental well-being and foster family resilience (Gorsky, n.d.).

Parent 1: "*I like meditations to keep my mind calm. I also need to take care of myself. Like, I do exercise, like yoga, pilates, or running*."

Parent 2: "*I'm also working, and sometimes I get tempted to go out of the house just for a change, to have some time for myself. Things like going to the spa or even just walking around the mall."*

Parent 3: *"Every weekend we go swimming*."

Parent 4: "*I go to the farm. It's so peaceful, and it really de-stresses your mind, like life is so simple there, like that. We chose to stay there on the farm rather than here in the city because it's peaceful there."*

Across respondents, self-care is a very important coping strategy in order to protect mental well-being while parenting a child with ASD. Parents pointed out that creating a relaxed breathing space among themselves, which includes meditation, yoga, Pilates, and running. These activities help these parents regulate stress and to stay calm. Other things to help these parents unwind include personal time and a change of environment, such as going out of the house, going to the mall, and visiting a spa, to improve their mood. Parent 4 chooses nature-based coping, which includes visiting the farm to enjoy the peace and simplicity of farm life over city life. Moreover, Parent 8 mentioned travel as a way to support their child's social exposure and lessen parental anxiety about public behavior over time. To these parents, all their responses show how parents actively focus on self-care to prevent parental burnout, are emotionally stable, and sustain their ability to support their child with ASD.

Parent 1: "*I pray, and I like to visit different churches and offer prayer to her and for my family. It makes me feel good that I'm able to talk to God about my problems. And I feel better when I do that because I know that God will always be there for me and help me. I visited other churches and offered prayers because I know that it's crucial for me to pray to my God. It will give me the confidence to face my fears, knowing God will help me overcome these challenges."*

Parent 2: *"Spiritually, we also go to church. I try to bring him too, ma'am—every Sunday we just go to church."*

Parent 4: "*We reached St. James Church in Talisay, in Vito, I almost prayed to everyone there because I really brought her there*. *So that, you know, she would get better, and so she could speak."*

Parent 6: "*My coping mechanism, Ma'am—number one is always prayer. Because He's the one who gives me strength. In the struggles I encounter, in the things I don't understand—it's only God who truly knows what's deep inside our hearts.*"

Parent 7: "*My coping is prayer. Eating, it's obvious in my body. We go out with my son because it doesn't feel complete if he's not there, and the two of us drive. Take a break, long drives, and vacations impromptu, no planning. Because if you plan it, you'll just end up disappointed.*"

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Across these responses, self-care and mental well-being describe parents as something they importantly protect through a spiritual coping or spiritual reset while taking care of a child with ASD. These patterns include prayer and church involvement as a form of emotional coping. Prayers are parents' way of releasing worries, processing emotional healing, and feeling heard, restoring calm, and reducing stress. Praying to God provides comfort and hope, especially at times when they felt afraid and unsure about the future uncertainty. A way to maintain inner strength and perseverance is to pray and visit different churches. Moreover, seeking relief from unbreakable daily family routines is by taking unplanned drives, short vacations, and socializing with friends – these simple activities improve mental stress, decrease emotional problems, and prevent parental burnout. Including the child with ASD in these simple family breaks may support the parents' well-being and also ease the feeling of guilt and incompleteness. Finding meaning and strength through spirituality can create moments of rest, emotionally and spiritually. Through these, parents may be able to support their child with more patience, stability, and resilience.

Parent 1: "*I enroll myself in the programs, like the special education program, and enroll as a behaviorist analyst. I feel relieved that I can know what my child is experiencing, and I can manage her behavior."*

Parent 1: "*I also read books about children with autism because it helps me to calm down and it helps me not to overthink, because when I know what I will do with my child or if something is happening to her, of course, it also makes me relax and calm down because I know that I can manage this.*"

Parent 1 supports their self-care and mental well-being by actively learning about autism and behavior management. By enrolling in special education and behavior-related training, they feel relieved and more confident because they better understand what their child is experiencing and how to respond. They also read autism-related books to stay calm, reduce overthinking, and feel more emotionally regulated—because having knowledge gives them a sense of control and reassurance.

Parent 1 places importance on self-care and mental well-being by educating and building her knowledge and skills about the condition of her child with ASD. She enrolls in programs related to special education and behavior management to better understand her child. Respondent 1 adopts different behavioral strategies and feels confident in dealing with her child's behavior. In addition, she reads different books about autism. To the parent, learning to understand the condition of her child, it's not only about knowing the struggles and condition of the disability, but also promotes personal coping strategies to strengthen emotional regulation, manage anxiety, and gives her confidence that she can handle different situations when they arise (Hannesdottir & Ollendick, 2007).

Research Question 4
The necessary support programs for first-time parents to help them cope with the diagnosis.

Sustained effort, remarkable patience, and inner strength are often needed when caring for a child with autism, as it involves a complex and multifaceted journey. Feelings of joy, occasional frustration, and helplessness often shape the emotional journey of first-

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time parents raising a child with ASD as they navigate the complex, multifaceted difficulties in caring for and understanding their child's condition. Overall, family welfare and their mental, physical, and emotional well-being are significantly shaped by the unique challenges they experience across different stages of parenting (World Health Organization, 2025). Over the course of life, from early childhood through adulthood, difficulties continue to affect the child in various aspects of development. The ongoing demands of caregiving and emotional strain underscore the critical role of self-care in preserving overall well-being. Support programs are primarily designed for first-time parents with children with autism, providing the needed assistance, comfort, and direction as they cope with caregiving responsibilities and their own emotional and psychological well-being. These support interventions help parents' psychological and emotional well-being while fostering positive changes in children's emotional and behavioral responses. Support system plays an important role in parents' ability to cope and manage the stressors when having a child with ASD (Lai & Oei, 2014).

Rationale

The proposed program was designed based on the lived experiences of first-time parents of children with autism, who participated in this study. The parents' narratives often put an enormous strain and take a tremendous toll on families after their child's diagnosis. Family life changes if you have a child with autism. The World Health Organization further highlights that caregiver training programs can enhance parenting skills, increase caregiver confidence, and contribute to the overall well-being of parents and their children. For this reason, a single type of assistance is insufficient. Empowering families through education, training, and the help of these programs is a valuable approach. The suggested support programs are designed to address the complex and diverse needs of parents. The proposed support programs seek to aid first-time parents of children with autism by providing them with relevant interventions and resources to support them in caregiving demands. These support programs promote a holistic, family-centered approach that meets parents' emotional, physical, social, and practical needs (Berger & Font, n.d.).

Support Program for First-Time Parents to Help Them Cope with the Diagnosis of Their Child with Autism

FAMILY-FIRST ASD SUPPORT PROGRAM

(Fostering Adjustment, Meaningful Interaction, and Lifelong Yield for First-Time Parents of Children with Autism Spectrum Disorder (ASD))

I. RATIONALE

The study revealed that first-time parents of children with autism spectrum disorder (ASD) navigate a gradual transition process rather than a single adjustment. This includes:

- Initial bewilderment and emotional distress (uncertainty, fear, sorrow)
- Struggles in understanding their child's behavior and communication patterns
- Challenges in juggling caregiving tasks with other family responsibilities

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- Restricted availability of clear, reliable guidance and essential services
- Use of trial-and-error coping mechanisms
- Need for familial acceptance and culturally embedded support (e.g., extended family involvement)

Although first-time parents gradually learn to adjust, their adjustment is frequently unstructured, delayed, and emotionally draining.
Accordingly, a developmentally tailored and family-centered support program is essential to:

- Support first-time parents throughout multiple stages of the adaptation process
- Offers a multi-dimensional approach to communication, behavior, and emotional support strategies
- Promote family participation and maintain long-term continuity

II. GENERAL OBJECTIVE

To support first-time parents in addressing caregiving challenges, providing consistent, reliable care, and responding to the child's developmental needs through effective practices and a family-centered program.

III. SPECIFIC OBJECTIVES

By the end of the program, parents will be able to:

- Identify and manage their emotional experiences as caregivers
- Understanding their child's behavior and communication skills effectively
- Provide individualized and practical home-based strategies
- Strengthen family collaboration in caregiving
- Access and maximize available services and community resources
- Develop long-term adaptive coping and caregiving plans

IV. TARGET BENEFICIARIES

- First-time parents of children with ASD
- Immediate family members (e.g., siblings, grandparents)

V. DURATION

6 Months (Stage-Based Program, biweekly sessions)

VI. PROGRAM COMPONENTS

MODULE 1: Parental transition & acceptance journey
(Focus: Emotional processing and meaning making)
Activities:

- Parent guided narrative reflection: "My life as a parent with a child on the spectrum."
- Psychological self-mapping (recognition of stress triggers)
- Guided psychoeducation assistance on the parental journey to caregiving responsibilities
- Individual or group-based counseling interventions

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Output:
Parents cultivate self-understanding, acceptance, and emotional regulation.

MODULE 2: Seeing the Child Beyond the Condition
(Focus: Functional understanding of behavior and communication)
Activities:

- Recognizing the reasons behind the child's actions (why the child behaves that way)
- Overview of the stages of communication (receptive vs expressive)
- Structured video-supported child observation and analysis
- Recognizing sensory and behavioral responses

Output:
Parents gain a deeper, more accurate understanding of their child.
MODULE 3: Communication & Interaction Coaching (SLP-Guided)
(Focus: Practical communication strategies in daily routines)
Activities:

- Training on AAC strategies (e.g., picture cards, choice boards, routines)
- Modeling of parent-child interaction techniques
- Coaching during play and daily activities
- Use of functional vocabulary (e.g., eat, stop, help)

Output:
Improved parent-child communication and interaction quality

PHASE 4: Family Integration & Role Sharing
(Focus: Reducing burden through shared caregiving)
Activities:

- Family meetings and role assignment
- Training for extended family members
- Problem-solving common family conflicts
- Cultural practices integration (Filipino family support systems)

Output:
Stronger family support system and shared responsibility

MODULE 5: Sustainable Coping & Future Planning
(Focus: Long-term resilience and empowerment)
Activities:

- Coping strategy workshops (adaptive vs maladaptive)
- Goal-setting for child development and family well-being
- Resource mapping (therapy centers, schools, services)
- Parent empowerment sessions (rights, advocacy)

Output:
Parents become confident, proactive, and future-oriented caregivers.

VII. DELIVERY STRATEGIES

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- Combination of:
    - Guided a personal one-on-one coaching session
    - Guided personalized activities at home
    - Virtual assistance and caregiver monitoring platforms
- Instructional used:
    - Interactive one-on-one and group coaching (not just lecture-based)
    - Skill acquisition and practical parent demonstration
    - Reflective personal sharing and discussions
    - Practical real-life application
- Facilitators:
    - Speech-Language Pathologists (SLPs)
    - SPED teachers
    - Psychologists / Guidance counselors
    - Experienced parent mentors

VIII. MONITORING AND EVALUATION
Tools:

- Parent Reflection Journals
- Caregiving Competence Checklist
- Stress and Coping Scale
- Communication Interaction Observation (by SLP)

Success Indicators:

- Increased parent-child interaction quality
- Improved parental emotional regulation
- More consistent use of intervention strategies at home
- Active involvement of family members

IX. EXPECTED OUTCOMES

- Parents develop a gradual process in terms of acceptance and emotional resilience.
- Enhanced awareness and understanding of child behavior and communication patterns
- Forster communication between parent and child
- Extend caregiving responsibilities through family assistance
- Better and continuous coping strategies
- Empower parents to advocate and proactively plan for their child's future

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1. **GUIDE PROGRAM**

(Guided Understanding, Intervention Direction, and Empowerment for First-Time Parents of Children with ASD)

I. RATIONALE
Your study highlights that first-time parents often feel lost and overwhelmed during the early stages of their child's diagnosis. Many reported:

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- Lack of clear direction on what to do after diagnosis
- Confusion about therapy options and services
- Delayed intervention due to uncertainty
- Emotional distress linked to “not knowing where to start.”
- Heavy reliance on informal advice or trial-and-error

These findings show that the major gap is not just support, but structured guidance and direction immediately after diagnosis.

II. GENERAL OBJECTIVE

To equip first-time parents with clear direction, informed decision-making skills, and early intervention planning for their child with ASD.

III. SPECIFIC OBJECTIVES

Upon completion of the program, parents will be able to:

- Determine a relevant and therapeutic program personally designed for the child
- Identify the function of multidisciplinary professionals (e.g., SLP, OT, SPED)
- Formulate a systematic home and therapy plan
- Active participation in decision-making about their child’s care
- Decrease levels of uncertainty and anxiety related to parental caregiving roles

IV. TARGET BENEFICIARIES

- First-time parents of children with autism spectrum disorder (ASD)
- Parents within the first 1–2 years post-diagnosis

V. DURATION

6 Weeks (Intensive Early Support Program)

Once a week, longer sessions (2–3 hours)

VI. CORE PROGRAM ELEMENTS

MODULE 1: Initial post-diagnosis orientation

(Focus: promoting early clarity and emotional security)

Activities:

- Structured guide following autism spectrum disorder (ASD) diagnosis
- Validating normalcy of emotional responses
- Autism spectrum disorder (ASD) diagnosis: common misconceptions and mistakes

Output:

Parents develop a better clarity and direction after their child’s diagnosis.

MODULE 2: Understanding Intervention Options

(Focus: Making sense of therapies)

Activities:

- Overview of:
    - Speech Therapy
    - Occupational Therapy
    - Behavioral Therapy

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- When and why each is needed
- Case examples

Output:
Parents can choose appropriate interventions confidently.

MODULE 3: Building a Home-Based Routine Plan
(Focus: Structure and consistency at home)
Activities:

- Creating daily schedules
- Incorporating therapy into routines
- Managing transitions and behavior

Output:
Parents develop a structured and consistent home plan.

MODULE 4: Communication Starter Training (SLP-Focused)
(Focus: Immediate functional communication support)
Activities:

- Teaching basic communication strategies
- Introduction to:
    - Visual supports
    - Simple AAC tools
- Modeling real-life interaction

Output:
Parents can support communication right away.

MODULE 5: Navigating Systems & Resources
(Focus: Access and empowerment)
Activities:

- How to access services (schools, clinics)
- Understanding financial considerations
- Government and community support

Output:
Parents become resourceful and informed.

MODULE 6: Action Planning & Goal Setting
(Focus: Moving forward with confidence)
Activities:

- Creating a 3–6 month intervention plan
- Setting realistic goals for the child
- Parent commitment planning

Output:
Parents leave with a clear, personalized action plan.

VII. DELIVERY STRATEGIES

- Workshop-based (structured and guided)

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- Use of:
    - Visual guides
    - Checklists
    - Real-life case demonstrations
- Facilitators:
    - Speech-Language Pathologists
    - SPED teachers
    - Therapists
    - Parent mentors

VIII. MONITORING AND EVALUATION
Tools:

- Pre/Post program Knowledge monitoring Checklist
- Decision-Making Competence Scale
- Action Plan monitoring and feedback

Success Indicators:

- Parents are able to describe the intervention plan
- Parents formulate and follow a well-organized, structured plan
- Decreased levels of uncertainty and worry

IX. EXPECTED OUTCOMES

- Faster transition from diagnosis to intervention
- Reduced parental confusion and stress
- Improved early support for the child
- More confident and proactive parents

CARE-FIRST ASD SUPPORT PROGRAM

(Coping, Acceptance, Resilience, and Empowerment for First-Time Parents of Children with Autism Spectrum Disorder (ASD))

I. RATIONALE
The findings from the study showed that first-time parents of children with Autism Spectrum Disorder (ASD) undergo a continuous and emotionally challenging transition process, characterized by:

- Continuous emotional hardships (shock, denial, anxiety, guilt, and uncertainty)
- Challenges in comprehending their child's communication deficits and behavioral problems, leading to the child's behavioral meltdowns and parents' self-doubt
- Challenges in balancing parental caregiving roles with other family roles, resulting in physical and emotional burnout
- Restricted availability of clear, consistent, and culturally responsive guidance and services
- Dependence on trial-and-error methods in coping mechanisms, which are often unstructured and unreliable

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- Strong reliance on familial acceptance and extended family involvement support, specifically within culturally rooted caregiving systems

Despite eventual adaptation, parents' coping processes are often delayed, unsupported, and mentally taxing, placing them at risk for burnout, emotional fatigue, and reduced well-being.

Therefore, a structured, comprehensive, and family-centered support program that facilitates parental mental well-being, facilitates strong support systems, offers adaptive coping strategies, and provides respite care to prevent caregiver burnout.

II. GENERAL OBJECTIVE

To enhance the mental health, coping capacity, and support systems of first-time parents of children with Autism Spectrum Disorder through structured psychosocial, family-centered, and respite-based interventions.

III. SPECIFIC OBJECTIVES

By the end of the program, parents should be able to:

- Recognize and manage their emotional responses and mental health needs
- Apply structured and evidence-informed coping strategies instead of trial-and-error approaches
- Develop confidence in interpreting and responding to their child's behavior and communication
- Establish and utilize reliable support systems, including family and peer networks
- Access and maximize available services and community resources
- Implement self-care and respite practices to prevent caregiver burnout

IV. TARGET BENEFICIARIES

- First-time parents of children diagnosed with Autism Spectrum Disorder
- Optional: spouses, grandparents, or extended family members involved in caregiving

V. DURATION

3 Months (12 sessions, once a week, 2–3 hours per session)
Includes scheduled respite sessions integrated into the program

VI. PROGRAM COMPONENTS

MODULE 1: Understanding the Parenting Journey (Acceptance & Meaning-Making)
Focus: Emotional adjustment and acceptance
Activities:

- Guided storytelling: "My Journey as a First-Time Parent."
- Psychoeducation on emotional stages of adaptation
- Normalizing parental experiences (shock, denial, guilt)
- Reflective journaling and group sharing

Output:

- Parents develop self-awareness, emotional validation, and acceptance.

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MODULE 2: Mental Health Support & Emotional Regulation
Focus: Parent mental health (core module)
Activities:

- Stress and anxiety management techniques (breathing, grounding, mindfulness)
- Identifying emotional triggers and burnout signs
- Introduction to basic cognitive restructuring (reframing negative thoughts)
- Access to counseling/mental health referral pathways

Output:

- Reduced emotional distress
- Improved emotional regulation and resilience

MODULE 3: Structured Coping and Problem-Solving Skills
Focus: Moving from trial-and-error to guided coping
Activities:

- Teaching problem-solving frameworks (Identify–Plan–Act–Reflect)
- Coping strategy mapping (what works vs. what doesn't)
- Scenario-based role play (e.g., handling meltdowns, communication breakdowns)
- Development of a Personal Coping Plan

Output:

- Parents use intentional, consistent coping strategies.

MODULE 4: Understanding the Child (Behavior & Communication Support)
Focus: Reducing frustration through understanding
Activities:

- Interpreting behavior as communication
- Basic communication strategies (visual supports, routines)
- Managing challenging behaviors using structured approaches
- Parent-child interaction coaching

Output:

- Improved parent-child interaction and reduced confusion/stress

MODULE 5: Strengthening Family and Social Support Systems
Focus: Culturally grounded support (very important for your study)
Activities:

- Family dialogue sessions (inviting spouse/extended family)
- Educating family members about ASD and parental needs
- Building a family support plan
- Peer support groups (shared experiences and strategies)

Output:

- Increased family acceptance and involvement
- Stronger support network

MODULE 6: Respite Care and Self-Care Program (CORE INNOVATION)
Focus: Reducing caregiver stress and burnout

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Activities:

- Scheduled respite sessions (temporary caregiving support during program time)
- Training parents on micro self-care routines (daily manageable practices)
- Time management and role-sharing strategies
- Linking parents to community respite services or volunteers

Output:

- Reduced caregiver fatigue
- Improved work-life-care balance
- Increased sustainability of caregiving

MODULE 7: Navigation of Services and Advocacy
Focus: Reducing uncertainty and confusion
Activities:

- Securing available therapy services (therapy, SPED, community programs)
- How to access and coordinate services
- Enhancing parental empowerment and advocacy competencies
- Invited professionals (SLP, OT, SPED teacher)

Output:

- Parents are inclined to become informed and confident decision-makers about their child's condition.

VII. DELIVERY STRATEGIES

- Blended mode delivery modalities (face-to-face + online support groups)
- Small-scale group sessions (8–10 parents for deeper sharing)
- Use of:
    - Guided reflection
    - Role-playing demonstration
    - Real-life case scenarios
    - Parent mentorship strategies (experienced parent + new parent)

VIII. MONITORING AND EVALUATION
Tools:

- Pre/Post Knowledge Assessment Checklist
- Parental Stress and Anxiety Self-Screening Scale checklist
- Decision-Making Competence Scale checklist
- Coping Mechanisms Monitoring Checklist
- Implementation Plan progress review
- Session-based reflection records

Success Indicators:

- Decreased reported stress and anxiety
- Increased use of structured coping mechanisms
- Greater confidence in caregiving responsibilities
- Consistent involvement in support networks

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- Indicated use of respite and personal self-care strategies

IX. EXPECTED OUTCOMES

- Boost parental mental health and emotional stability among first-time parents.
- Lower levels of uncertainty, challenges, and caregiver physical exhaustion
- Greater confidence in caregiving practices and decision-making policies
- Strengthened familial acceptance and support structures
- Improved parent-child relationship and mutual understanding
- Long-term coping and self-care routines among parents

DISCUSSION

Summary of findings

The purpose of this qualitative phenomenological study was to search for common essences experienced by participants in a shared phenomenon. The informants in this study shared their experiences of caring for their child with ASD. By seeking and hearing participants' subjective encounters and how they made sense of these occurrences, this research gained a better understanding of their firsthand experiences and how they cope with the phenomenon.

1. The findings that emerged relative to the participants' responses were that parents are experiencing fear of social stigma that includes negative judgment, rejection, public embarrassment, and isolation and avoidance. These findings showed that first-time parents having a child with autism spectrum disorder (ASD) gained awareness of the social burdens that come along with caring for a child on the spectrum. In the Philippine context, prevailing societal perceptions and community views contribute to social stigma, adding to the challenges faced by parents with children with autism spectrum disorder (ASD). Most participants reported that they need to avoid social gatherings to avoid judgment, embarrassment, and uncomfortable situations. The majority of the participants were often judged not only through hurtful words, particularly "abnormal," but also through disapproving looks that made parents feel socially scrutinized and stigmatized.
2. Parents shared deep concern regarding their child's future, particularly in relation to long-term care and support. Many participants feared that their child might not have a dependable caregiver in the future once they are no longer able to provide care. This apprehension reflects the uncertainty and emotional burden carried by participants as they consider their child's safety, protection, and long-term well-being. As one participant disclosed during the interview, her child had been subjected to prolonged physical abuse by her Nanny, highlighting the vulnerability of children in the spectrum and the significant issues related to trust, safety, and dependable caregiving arrangements.

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3. The results suggest that parents encounter difficulty in balancing occupational demands with caregiving roles. In certain families, one parent may be required to discontinue work to focus on the child's everyday care, therapy, and constant supervision. This choice is often guided by the family's financial situation, particularly by which parent earns more to maintain economic security. As a result, caregiving is shaped not only by emotional and physical demands but also by a critical factor in financial decision-making.
4. Caring for a child with autism spectrum disorder (ASD) often places a financial burden on families, due to the high costs of continuous therapies, evaluations, and specialized interventions, and often competes with other essential household expenses. The economic burden is intensified when one parent discontinues work to provide full care for the child, resulting in reliance on a single-income household. Apart from therapy, families also face additional financial demands from medical care, specialized education, transportation, and routine living expenses that place further pressure on the family's financial resources. Results of the study indicate that the majority of the eight participants identified financial constraints as the main challenges they encounter as parents of children with autism spectrum disorder.

Conclusions

The results of this study showed that the firsthand experiences of first-time parents parenting a child with ASD, with particular focus on their experiences, challenges, coping strategies, and needed support. Through detailed analysis of the narratives of the participants, the study captured the intricate realities of the complexities of raising a child with autism spectrum disorder (ASD) in terms of physical, emotional, mental, and social aspects. The findings provided an important perspective on how first-time parents fulfill their responsibilities, respond to challenges, and develop strategies to support their child and their own well-being. Anchored on the findings of the study, the following conclusions were established based on the statement of the problem:

1. The study concludes that social experiences of first-time parents of children with ASD are characterized by social struggles from isolation, judgment, and rejection resulting from social stigma. The findings showed that parents experienced fear of criticism, public discrimination, and public humiliation, as well as patterns of withdrawal and avoidance, which affect their social participation and community engagement.
2. In conclusion, the findings of the study revealed that the experiences of first-time parents having a child with autism spectrum disorder across physical, mental, social, and emotional dimensions were shown to be complex and challenging. Parents experienced physical exhaustion due to continuous caregiving. The study found that parents experience physical strain due to continuous caregiving responsibilities, round-the-clock child supervision, and inadequate sleep. These

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circumstances contribute to physical tiredness, lowered stamina, and overall burden on parents' physical well-being.

3. From a mental perspective, the findings highlighted a significant mental strain due to stress, anxiety, and unpredictability. Parents encountered intensified levels of emotional distress, struggled with acceptance of their child's condition, and had persistent apprehension about their child's future and ability to live independently. These experiences indicate the considerable psychological pressures faced by first-time parents with a child on the spectrum. The future for the child to live independently. These experiences indicate the considerable psychological pressures faced by first-time parents with a child on the spectrum.
4. In conclusion, based on the findings of the study, the challenges experienced by first-time parents with a child with Autism Spectrum Disorder (ASD) were found to be complicated, difficult, and interrelated, particularly in Parental Difficulties in Managing Work, Caregiving Demands, Future Responsibilities, and Securing Therapy and Appointments. It reflects the diverse roles and responsibilities parents are required to fulfill. Parents encountered work-related constraints, including career setbacks, challenges in job continuity, and income instability as a result of caregiving obligations. Simultaneously, they encountered continuous caregiving duties, including round-the-clock supervision, physical and emotional exhaustion, and, at the same time, difficulty managing the needs of other family members. Furthermore, parents expressed worries about their child's future, especially with regard to future care, self-sufficiency, and dependence on family members. Challenges in securing therapy and medical services were also evident, as parents experienced challenges in scheduling pediatric developmental appointments, limited access to services, and challenges in sustaining consistent intervention. These results reveal that first-time parents face challenges in balancing multiple responsibilities that significantly affect their daily functioning and overall sense of stability.
5. In conclusion, based on the findings of the study, the challenges experienced by first-time parents with a child with Autism Spectrum Disorder (ASD) result from financial hardship, continuous care, and future needs. Parents dealt with financial burden as a result of costly therapeutic services, healthcare services, and ongoing interventions, placing pressure on economic resources and future planning. The persistent financial obligations further increased the difficulties associated with caregiving and long-term preparation for their child's future needs.

Recommendations

Considering the findings and conclusions of the study, the following recommendations are proposed:

1. On the experiences of first-time parents, parents are recommended to focus on their overall well-being by engaging in consistent, structured self-care routines, such as at least 30 minutes of uninterrupted personal time for daily activities like relaxation exercises, yoga, praying, meditation, pilates, journaling, and brief physical activity. This involves ensuring sufficient rest, turning to family members

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for emotional support, and engaging in stress-management activities such as relaxation exercises and mindfulness practices.

2. Parents are encouraged to establish structured daily routines that allocate specific periods of caregiving, therapy sessions, household chores, and personal rest to minimize work overload. Utilizing tools like planners, smartphone calendars, or visual schedules enables parents to keep track of appointments, prioritize tasks, and reduce scheduling clashes.
3. Parents are encouraged to attend financial management training and explore investments for future financial support for the child with ASD. Parents are advised to plan for their child's long-term financial needs. If financial capacity permits, parents may allocate funds to savings, trust funds, or insurance policies with return benefits, and may consider investing in small-scale income-generating ventures such as rentals or small businesses. To ensure the child's future well-being and continuity of care, parents are encouraged to arrange early caregiving by designating a trustworthy sibling, guardian, relative, or other trusted person to assume caregiving responsibility when they are no longer able.
4. On the coping strategies of first-time parents, they are encouraged to build positive coping strategies by joining small parent support groups, allowing them to receive encouragement, obtain emotional support, and learn applicable caregiving techniques. Fostering resilience through acceptance and patience is also recommended. Utilizing professional guidance, including counseling services or parent education training, to further reinforce coping skills. Furthermore, sustaining open communication among family members can support shared responsibilities and ensure emotional stability.
5. For our government, full implementation of the PhilHealth Z package that covers individuals with autism as financial assistance for assessment and diagnosis and therapy services, and also strengthening the benefits of the PWD ID among children with autism in terms of discounts specifically in transportation, therapy services, 20% discount and VAT exemption, educational assistance, healthcare benefits, additional discounts on basic needs, and other privileges. More coverage for these government assistance programs.
6. For schools and therapy centers, it is recommended to have parent-teacher collaboration and a mental health support program at Therakids Learning Academy Inc. They are encouraged to facilitate regular parent education seminars, support group sessions, and partnership meetings to promote parent involvement.
7. The study suggests that private institutions promote charitable care initiatives comparable to the services by Cottolengo in Manila, to aid families of children with ASD. These programs can increase access for families with limited financial resources and low incomes. If adapted to the local context of the study, this approach would serve as a significant support to families raising children with ASD.
8. Future studies may consider a larger and more varied group of participants, including fathers and other main caregivers, to gain more comprehensive insights.
9. The school may adapt the proposed program created by the researcher.

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