

Extra Treatment, Fear, Problem, and Care: Lived Experiences of Mothers Raising Children with Autism Spectrum Disorder in the Island Province

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ABSTRACT

Autism Spectrum Disorder (ASD) presents significant emotional, social, and economic challenges for families worldwide. Globally, the prevalence of ASD has increased over the past decades, posing growing challenges for families and healthcare systems. Mothers, who often serve as the primary caregivers of children with ASD, experience substantial emotional, financial, and caregiving burdens. This study explored the lived experiences of mothers raising children diagnosed with Autism Spectrum Disorder in the island province in the Philippines. Using a qualitative descriptive phenomenological design, in-depth interviews were conducted with three purposively selected mothers who have children aged 5–15 years diagnosed with ASD. Data were analyzed using Creswell's six-step qualitative data analysis procedure. Four major themes emerged from the narratives: (1) treating own child differently, (2) fearing for them, (3) problematizing therapy, and (4) caring challenges. Findings revealed that mothers experienced emotional distress, social stigma, financial strain, and difficulties accessing therapy services due to geographic isolation and limited availability of specialists. Despite these barriers, participants demonstrated resilience, adaptability, and strong parental commitment in supporting their children's development. The study highlights the need for accessible therapy services, inclusive education programs, and government-supported interventions for families raising children with ASD in geographically isolated communities. Thus, mothers of ASD children should have extra treatment, fear, problems, and care for their ASD children. This study recommends a quantitative research to support the qualitative findings that will serve as the foundation for developing comprehensive intervention programs for these mothers of children with ASD.

Keywords: Autism Spectrum Disorder, lived experiences, mothers, care, qualitative research, Philippines

INTRODUCTION

Autism Spectrum Disorder (ASD) is clinically defined as a persistent deficit in social communication and social interaction across multiple contexts. As established by clinical frameworks, it manifests as deficits in social-emotional reciprocity, nonverbal communicative behaviors utilized for social interaction, and in the development, maintenance, and understanding of interpersonal relationships. Over the past few decades, global literature has demonstrated that ASD occurs universally and that the number of recorded cases is rising; however, determining precise prevalence figures remains a substantial challenge, particularly within developing nations (Onaolapo & Onaolapo, 2017).

Raising a child diagnosed with ASD is a highly complex task that frequently imposes a heavy economic burden on both society and the family unit. Because these individuals require considerable specialized care, a significant amount of financial resources must be continuously allocated by the primary caregivers (Salari et al., 2022). Consequently, the lived experiences of mothers navigating these demands often reflect a complicated and deeply challenging existence (Gobrial, 2018). These hurdles are well-documented internationally. For example, a qualitative inquiry conducted by Chu et al. (2018) in Malaysia outlined primary caregiver challenges surrounding a baseline lack of knowledge about ASD, heavy personal impacts on parental lifestyles, obstacles encountered when seeking active speech interventions, and navigating views concerning

speech therapy. Similarly, the findings of Acharya and Sharma (2021) in Nepal revealed that mothers encounter acute emotional distress (including denial, sadness, and worry), intense financial strains triggered by therapy costs and job losses, and social isolation due to public ostracism regarding their child's atypical behavior .

Within the Philippine context, parenting a child with ASD is frequently met with initial disappointment; however, mothers often report experiencing a shift in perspective, ultimately viewing their children as a blessing and recognizing hidden talents. Despite this eventual acceptance, mothers in the Philippines continuously battle ongoing financial deficits, heavy emotional distress, and difficulties providing physical comfort to their children (Magnaye, 2019).

In the specific setting of a geographically isolated island province, these systemic and personal challenges become severely compounded. Preliminary observations in this locality indicate that mothers possess a baseline deficit in their knowledge concerning ASD. More critically, there are no active specialists or specialized medical practitioners for children with ASD operating within the island province. Consequently, families with sufficient financial mobility are forced to seek external help in distant cities, while economically disadvantaged households are forced to absorb severe caregiving burdens. This localized neglect is exacerbated by a definitive lack of government programs offered in the island province intended to alleviate the burdens of raising a child with ASD.

While international and national scholarship has extensively examined the lived experiences of mothers raising children with ASD—such as studies across South Africa, Kenya, Turkey, and metropolitan areas like Mandaue City in the Philippines—there has been no research targeting the distinct experiences mapped to isolated island provinces. This absence of localized literature represents a substantial research gap.

Therefore, this study aims to explore and understand the lived experiences of mothers raising children with ASD in an island province in the Philippines. By bridging this gap in the existing body of caregiving literature, the resulting insights are intended to serve as a baseline foundation for the Provincial Social Welfare and Development Office (PSWDO). This data will assist local governing units in mapping out sustainable intervention programs that accurately correspond to the localized financial capacity and specialized needs of Filipino mothers situated in the island province.

METHODS

This study employed a qualitative research design, specifically adopting a descriptive-phenomenological approach. As established by Creswell (2014), qualitative research serves as an inquiry process founded upon distinct methodological traditions to explore and understand complex social or human problems. A phenomenological study allows researchers to describe the lived experiences of individuals regarding a specific phenomenon over a prolonged period.

Participants

The study utilized a purposive sample of three mothers. While Creswell (2014) provides a general baseline for qualitative sample sizes, phenomenological authorities emphasize that the value of the data lies in its depth and richness rather than the quantity of subjects. For instance, Smith et al. (2009) stated that a sample size of three to six is ideal for a detailed, line-by-line analysis of rich experiential data. Similarly, Dukes (1984) notes that studying a very small number of individuals (even a single case) is entirely appropriate in phenomenology when the researcher aims to illustrate the foundational structure of a rare or highly specific lived experience—such as mothering children with ASD in an island province.

The participants were required to meet the following parameters: 1.) must be active residents of the island province; 2.) must have children aged 5 to 15 years clinically diagnosed with ASD; and 3.) must be the individuals directly responsible for taking care of their child with ASD.

To protect identity and maintain strict privacy, the participants were assigned the pseudonyms Mitch, Monica, and Merriam. First, Mitch is a 40-year-old working mother of a 13-year-old daughter with ASD. Both Mitch and her husband serve as government employees within the island province. Second, Monica is a 38-year-old mother of two sons; her eldest is 10 years old and diagnosed with ASD. She has been a professional teacher for over eight years, and her husband is also a public school teacher. Third, Merriam is a 37-year-old working mother with an 11-year-old son with ASD. She is a government employee and her husband is working in a private company.

Research Instrument

The primary data collection instrument was a semi-structured, in-depth individual interview. Interviews serve as the standard method for collecting rich data and uncovering the underlying narrative behind a participant's lived experiences (Creswell, 2014). By utilizing in-depth interviews, the researchers were able to prompt respondents to discuss what they valued most in raising their children with ASD, ensuring the conversation delved deeply into the respondents' core assumptions.

Data Collection Procedures

In accordance with phenomenological research standards (Creswell, 2014), data collection procedures involved setting strict boundaries for the study, collecting information through semi-structured interviews, and establishing clear protocols for recording data. After selecting participants via the purposive inclusion criteria, the researchers conducted face-to-face interviews to capture rich, accurate information, including crucial nonverbal cues. Audio recordings and physical note-taking were utilized concurrently during data collection to ensure accuracy.

Data Analysis Procedure

To avoid coloring the data with personal biases, the researchers utilized phenomenological bracketing before data analysis. This allowed the researchers to set aside preconceived notions, personal prejudices, and individual parenting ideas to accurately capture the participants' lived experiences. Throughout the process, the researchers maintained an open perspective to ensure new information could be appreciated unfiltered.

Trustworthiness and Ethical Considerations

To ensure the scientific value of the data, the researchers addressed the four metrics of trustworthiness, including credibility, transferability, dependability, and confirmability. Regarding ethical considerations, informed consent was secured from all participants. This document clearly outlined the potential risks and benefits of the study, the vulnerability of the researchers, and the guaranteed maintenance of strict privacy and confidentiality. The study actively adhered to the ethical principles of justice, beneficence, and respect and protection of human participants.

RESULTS

Thematic Analysis

Using Creswell's (2014) six processes in qualitative data analysis, four themes captured the lived experiences of mothers with children with ASD in the island province.

Theme 1: Treating Own Child Differently

- a. Keep on comparing
- b. Treat like a baby

Theme 2: Fearing for Them

- a. Fear to be bully at school
- b. Fear for the future

Theme 3: Problematizing Therapy

- a. Lack of therapy and therapist
- b. Costly and Lack of financial for therapy
- c. Lack of government assistance
- d. Therapists' availability in the island

Theme 4: Caring Challenges

- a. Work and care conflict
- b. Need extra time
- c. Frustrating as a parent
- d. Difficulty in taking care
- e. Needs a helping hand

Theme 1: Treating Own Child Differently

This theme highlights how mothers treat their children with ASD. Two subthemes emerged from this theme: "Keep on comparing" and "Treat like a baby".

Keep on comparing

Mothers tend to compare their children with others. Comparison can be in terms of attitude, physical appearance, gestures, demands, needs, and conditions. Mitch admitted that she compared her daughter to a normal kid because of the condition and needs of having ASD. Mitch stated from the interview that "Okay, it is difficult compared to a normal kid because it is very costly, aside from the fact that she is exorbitant. She has a health condition because she has asthma, and she is a special child. You have to consider her from time to time and should not neglect her needs." (lines 3-8). Monica also found difficulty in the rearing of her diagnosed ASD child, especially because of her condition, which needs better care and extra attention. Monica also compared her child to other normal kids. Monica stated, "Why is it that other mothers have normal children? They have normal growth, behavior, and in dealing with their environment and other people" (lines 31-32). While, Merriam mentioned difficulty in the rearing of her diagnosed ASD child and tends to compare it with other children. Merriam stated that "It is difficult to rear him, especially since he is the eldest. You need to have extra time and care sometimes compared to his younger sister" (lines 22-23).

Treat it like a baby

ASD children have delayed development in many areas. Their comprehension is very low; for this, the mothers also do not expect their children to behave like other normal kids. Like, for example, in Monica's statement, "If it's in the family. We will have a child to take care of forever. Both sides of our families support us to some extent. They understand her needs. Her personality is being understood. The beauty is that we have a baby forever".(lines 146-148; 247-248). While Mitch also shared her experiences with her child, emphasizing her as a baby and special. She said, "Whoever she is comfortable with, then he/she will be the one to be with, or if

she often sees the person, then she will not be with the person. However, if you are new, she will not come to you, and she wants to be carried at all times, even at 5 years old. Until now, she has been considered a baby".(line 33-36). Moreover, Merriam mentioned that she had experience treating her child with ASD as a baby. She said that "He had tantrums and fought with his younger sister. So, I need to treat him as a child by comforting him to put him at ease." (line 40-41).

Theme 2: Fearing for them

This theme shows the fears of mothers with children who have ASD. Two subthemes emerged from this concept, namely: "Fear to be bully at school" which indicates that mothers with ASD children have fears that their children will be a subject of bullying in school; and "Fear for the future" which reveals that a parent with an ASD child is afraid that her/his child cannot take care themselves in the future.

Fear of being bullied at school

Good mothers would always ensure that their children are in good condition. Mothers are afraid their children will get into trouble or be bullied. More than ever, mothers with children who have ASD are more concerned and afraid that their children could be bullied because of their condition and unusual behavior. As Mitch said in her interview, "That is actually my Fear that if she goes to school, she will be bullied, which my husband told me, but I insisted that she will not be bullied because of the condition. However, if she were bullied, I would go to the school immediately and check it. Meanwhile, she is not being bullied because of her condition".(lines 85-90). More so, Monica mentioned in the interview that her child will be bullied. She mentioned that "We do not assume that everyone will understand his situation, we fear that the others will bully her and we could not see it" (lines 123-125)

Fear for the future

Fear for the future is a manifestation of uncertainty, Lack of confidence, and the inability to succeed in the future. One of the intense confessions of one of the two mothers is the Fear for the future of their children. Monica, while having a heavy emotion, said, "We do not have assurance for the future (crying). We do not have assurance on our situation later on (still crying with sentiments), what will happen when we are gone (crying). We are asking if he can finish college or even high school (crying). Even though he has a younger brother, we are asking what will happen to them (crying)".(lines 110-114). Furthermore, Mitch detailed her everyday struggles in waking up her child with ASD to prepare for school. She stated that "The problem is she doesn't want to go to school. She will be pressured. One time, she didn't want to go to school. I had difficulty forcing (encouraging) her. For her, she will go to school and attend classes. It is not with her mind that they really need to go to school." (lines 243-248). While, Merriam mentioned her Fear for her child with ASD. She said, "I am afraid when he grows up. How will he be when he is in high school and in college? I am thinking that if he can work, what will his life (career and income) be like? It will be okay if he is taken care of by his younger sister if we are gone." (lines 82-84).

Theme 3: Problematizing Therapy

This theme highlights the mothers of children with ASD and their experiences with therapy problems. There are four subthemes that emerged from this theme, namely "Lack of therapy and therapists", "Costly and Lack of financial support for therapy", "Lack of government assistance", and "Therapists' availability in the island".

Lack of therapy and a therapist

Therapy is essential to any person who suffers from something that needs to be cured. This therapy can be given by a qualified and licensed therapist. However, our society lacks professional and licensed therapists. With this, the mothers of children with ASD have difficulty communicating with the therapist. This is why the mothers have experienced a lack of therapy for their children with ASD. One of the reasons is the availability of the therapist. The other reason is the distance of the therapists. Mitch said in the interview that "The speech is hindered because she can't speak well, which hinders her ability to socialize, and she has fears that were

recovered due to therapy. Another problem is that we are on an island, so we have difficulty if it rains. I can't bring her to the OT in the City. The therapy is in Robinsons and the typhoon that feels me mercies." (lines 53-64). While, Monica has difficulty with the presence of the therapist and the distance from our place to the therapist. This is why Lack of therapy and a therapist is one of the experiences of the mothers with ASD. Moreover, Monica also stated in the interview that "For the Speech Therapist, we lined up for the appointment, and it has been more than a year to wait for the scheduled appointment. Right now, when we availed the short course during summer 2022 with the speech therapist. Thankfully, there is one Speech Therapist now in the nearby City. She is a licensed graduate of UST and is affiliated with Ma'am Nina. This has given us relief because our major concern is her speech". (lines 68-75). In addition, Merriam had struggled with the psychologist and therapist on the island. She stated that "I had him check with the psychologist, but it was in the city. I had him for speech therapy because we could not understand him. We had difficulty before with the therapist because there are few." (lines 85-57).

Costly and Lack of financial resources for therapy

In therapy, money for payment is needed since it requires the services of professionals. Mothers with average or below-average earnings will have difficulty accessing therapy for their children with ASD. Thus, money for therapy is an extra need and a budget of the mothers with children with ASD. Mitch stated that "Therapy is necessary for her. We are actually advised to have the check for thrice a week; however, we can't afford the payment. It will be 600 per hour. There is only one OT." (lines 10-11; 215). Moreover, Monica shared her struggle with financial problems in therapy. This includes the high cost of payment from the payment to the professionals, and other expenses per session. She said in the interview that "We struggle with the (therapy) period even though we have somewhat of an access to service. Finance is the problem. The biggest struggle is to sustain the financial resources for the therapy, and at the same time, the availability of the therapist since our area (place) is on an island. We travel to the nearby province three times a week. In that period, our therapy is 500 pesos per hour, and our (other) expenses are not covered in that thrice-a-week travel check-up." (lines 63-68).

Lack of government assistance

The mothers of the children with ASD have difficulties. Thus, they need assistance from the community and the government. Mitch shared in the interview that there is a lack of government assistance. Mitch stated that "She availed the yearly financial assistance for the PWDs. However, it was only 1,000 pesos, and it is not enough for the therapy. She is in the drop-in center before. That is only (help). If the government could provide an occupational therapist who could cater to the needs of the special children." (lines 148-150; 157-158; 202-204). Furthermore, Monica has shared a similar experience with Mitch in relation to the government assistance; however, it is not enough or substantial for them. Monica asked for the sustainable support of the government. She stated that "He can avail by his PWD ID to avail 20% discount on his goods and medicines. Aside from that, there are (discounted) services; if it is private (therapy services), then the expenses will be from us. Plus, the expenses, especially in therapy, there are no other means or support (for us). I am not after the monetary support of the government, but the sustainable support to the mothers and at the same time to our (ASD) child for the future. For instance, for us mothers, let us say with or without work, the government can support us to avail the benefits that we can give time to our (ASD) child, especially to undergo therapy." (lines 179-182; 215-219)

Therapists' availability on the island

In the island province, there is only one known Occupational therapist (OT), which makes the life of mothers with children with ASD difficult. An occupational therapist is an allied health professional who uses everyday activities, or occupations, to treat physical, mental, developmental, and emotional ailments that impact a patient's ability to perform daily tasks. They are not specialized to train the speech of children with ASD, which Mitch's child needs. Mitch stated that "Of course, we are on the island, so it is not accessible with the needs, and she is now in puberty, so I have the target to have her with the speech therapy, but it is limited. It seems that there are only two speech therapists in the nearby City. We are queuing for the lineup, so I don't know how long until I can avail that therapy (for her) and how I can pay because it is costly, and who will

accompany her to the center." (lines 124-131). Moreover, Merriam mentioned that she is struggling with the therapist, especially the occupational therapist, for her child with ASD. She mentioned that "There is no nearby psychologist or therapist to bring him. I am struggling because I need to bring him to the city, and I had him diagnosed and tried for an occupational therapist." (lines 87-88)

Also, Monica shared the same struggle of finding a speech therapist since only OT is available on the island. Monica stated, "We are in a struggle as we are thinking of it (crying). Unlike other places, they are fully supported by the government. Unlike here in the Philippines, it is difficult, and we are struggling because here in the island province, there is limited access. You are not free to have the therapy (for him) because there is only one therapist, and it is difficult to get a slot. If ever there will be a therapist, it is difficult because we are here in (the island province) and you need to travel to the nearby City, and someone will sacrifice his/her time." (lines 115-122)

Theme 4: Caring Challenges

This theme highlights the mothers of children with ASD in their experience of caring challenges with their children. There are five subthemes that emerged from this theme, namely "Work and care conflict", "Need extra time for", "Frustrating as a parent", "Difficulty in taking care", and "Needs a helping hand".

Work and Care Conflict

Work is essential for mothers since it is the source of their bread and butter. For their intentions to provide enough needs of their children, mothers are usually in a dilemma when it comes to what to prioritize, their work or attending to their children with ASD, especially during their therapy sessions. Mitch detailed that "I am not (most of the time) hands-on because I am working, so there is a helper. Another problem is that she will not go to a stranger (new to her). Also, she may be neglected by the maid (helper), will not talk to her, and just let her play because she will not listen. It is different if there is the presence of the parent because she will somewhat have fears." (line 31-33; 138-141). Moreover, Monica also shared the same heartaches when it comes to what to prioritize, work or care with her child with ASD. Monica stated, "We are asking what will happen to him when he is in high school. How can we take care of him? Honestly, I am struggling because both of us are already in the academe. I am guilty because most of the time I could attend to his needs." (lines 129-132).

Need Extra Time

Giving time to mothers with their children helps them to connect, understand, know, and assist their needs. The mothers of the children with ASD would always ask for and need extra time for their children since they need more assistance and help because of their condition. The mothers of the ASD children seek more time for their children, such as assisting them in their studies, work, or tasks, medication, therapy, and others. Mitch said that "The teacher will have to make advancement (learning) or make ways to have learning for their students. There are teachers who are like this. There are times when I teach her, so it is tiring because I am a teacher too. I would teach her at home and even during the summer. During Christmas break, I would teach her also so that she will not be late because she has delayed learning." (lines 223-229)

Moreover, Monica stated in the interview that "The support of the government that we can avail the benefits that we can give time to our (ASD) child, especially to undergo therapy, is my concern. We, mothers, are in a dilemma on whether to give up our time at work or spend time on the therapy of our child with ASD. That is why it always feels lacking to me as a parent. Yes, I can avail the services to have a therapy, but my concern is the time." (lines 218-223)

Frustrating as a Parent

A parent could have a possibility to feel frustrated. To some extent, a parent could have the possibility to feel frustrated even to her/his self because of being a parent. When a parent struggles, there is a possibility of feeling frustrated with some aspects. For instance, a parent could blame his/herself because of what happened

to their children. Mitch said in the interview "Sometimes I felt bad, like during school programs, because my (ASD) child is not capable of doing the activity and assignments because she has a condition. Like she is expected to dance, but she could make it because her dance moves are awkward. Sometimes it is frustrating as a parent, and you keep comparing it to other kids. Of course, I am just putting in my mind that she is special." (lines 99-102; 106-109). Moreover, Monica expressed that there is a denial situation and will turn into frustration in the case of being a parent of an ASD child. Monica clearly said that "We (my husband and I) are adjusting to the situation. There are times that we had frustrations and we argued because both of us were in denial of the situation of our child." (lines 35-38).

Difficulty in Taking Care

Taking care of a child is not an easy job. More so, taking care of a child with ASD is more difficult because of their condition and needs. As a parent with a child with ASD, it is a difficult task, job, and challenge. Mitch expressed that "The management (caring and rearing) to her is different because she is special. You have to consider her from time to time. You should not leave her alone. You should pay attention to her." (lines 5-8). In addition, Monica shared the same experience that it is not easy. She stated, "It is necessary because anything can happen to the family. This means that we oriented him because any abrupt changes will trigger him to have tantrums or frustration. It is because his daily routines are (literally) his routines." (lines 85-88).

Needs a Helping Hand

Mothers with an ASD child face a lot of struggles and challenges in their everyday lives. Raising children with special needs requires a lot of support from family members, employers, and especially from the government to lessen their burden. Mitch stated, "It is their behavior, and hopefully the government can provide an OT Occupational Therapist who would cater to the needs of the special children. It is because not everyone can afford a SPED teacher. So, there are cases where the OT is needed, and not all can afford to have OT with their (special) child. If that is the case, if these children are with the OT once a week, then it will be a great help since we are on the island of (province) and we need to travel to the nearby City. What if there is a cancellation of trips?" (lines 202-204; 208-210). Monica also shared the same sentiments, which is the need for professional services and government assistance for their children. Monica expressed that "That is lacking to me as a parent. Yes, I can avail the services, I have the capacity to avail the therapy services for my child with ASD. My concern is my time. How about the support of the government or the support of my workplace (institution) to meet the needs of my (ASD) child to undergo therapy, especially with the demands of work (working) hours." (lines 221-226).

The two mothers with an ASD child have experienced caring and rearing challenges, including how to cope with their situation, the need for extra time, their conflict with work since they are working mothers, and the need for extra hands and assistance from the family, community, and government.

The Essence of the Experience: "Extra treatment, fear, problem, and care."

The essence of the participants lived experiences, which surfaced from the four themes, is described as "extra treatment, fear, problem, and care". The emerging mothers with ASD experienced difficulties that were present before and after their children were diagnosed with ASD. The difficulties continue as their children grow and their needs increase. Caring for and rearing children with ASD is very different from caring for and rearing children without ASD, since children with ASD have special needs that must be met, such as extra understanding and patience from their mothers and other people, as they exhibit behaviors different from those of children without ASD. Most important is the presence and need of therapists, who could train them to cope with their everyday struggles. Along with the need for the therapist, financial needs and government assistance are necessary. With this, the mothers of the ASD children should have extra treatment for their special child; extra Fear for the future and possible bullying for their kids; extra problems with the needs of their ASD children for therapy; and extra care and rearing for their ASD children because of their special condition. These experiences were presented in the first and fourth themes in the study.

Furthermore, the second and third themes illustrated the extra problems and fears of mothers for their children with ASD for their future and acceptance by society. Children with ASD are known to have deficits in social-emotional reciprocity, nonverbal communicative behaviors used for social interaction, and developing, maintaining, and understanding relationships, which is why their mothers are very anxious about their future. Mothers are also securing their children's future by mainstreaming them in a public school that is not supposed to be for children with special needs. It happened because there was only one SPED school in the island province.

DISCUSSION

This section discusses the themes with the help of relevant literature to support the study's findings.

Treating Own Child Differently

Mothers treat their children with love and care. In the case of mothers with children diagnosed with ASD, it is becoming different, and more care and love are needed to be exerted. The mother treats their ASD child differently because of their developmental delays and other conditions.

This is connected to the study of Acharya and Sharma (2021), where mothers' training interventions help to foster children's development by enhancing parent-child interactions. Moreover, it implies that the mothers should give extra care and rearing to their child with ASD.

Fearing for them

The mothers could experience emotional problems. One of these emotional problems is Fear. This Fear is considered Fear or worry for their child's situation and future with ASD. In the study of Acharya and Sharma (2021), emotional problems include denial, upset/sadness, and worry. This worry, upset, and sadness could give mothers emotional problems throughout their lives.

The fear of the mothers of children with ASD in the study is that they have uncontrollable behaviors. This is relevant to the study of Acharya and Sharma (2021), that each mother has a unique experience with their child's disability. They experience physical exhaustion, sleep disturbance, and loss of appetite, as well as become emotionally disturbed during the early diagnostic phase and suffer from Fear of judgment in public events, anger due to the child's annoying behavior, and worry about their child's future (Acharya and Sharma, 2021).

Further, it implies that the mothers of ASD children would experience Fear because of the condition and the future of their ASD children. With this, they should have extra preparation for the possible situations and the future of their ASD children.

Problematizing Therapy

Having a child with special needs, like an ASD child, requires consistent therapy. However, along the way, the financial needs and availability of the therapists are needed. With this, the sad reality is that the mothers like Mitch, Merriam, and Monica could lack finances. Moreover, the therapist's availability is needed, and finding the right professional is difficult.

This is an affirmation of the study of Salari et al. (2022) that ASD imposes a heavy economic burden on society and the patient's families. These patients require considerable care, demanding significant financial resources. Moreover, a study conducted by Chu et al. (2018) in Malaysia discovered four major themes in the challenges they experienced in raising their children with ASD. These include a lack of knowledge about ASD, insights into the impacts of ASD on mothers' lives, their perceived challenges when seeking speech intervention, and their views about the positive aspects of their children receiving speech therapy. In addition, according to the study by Magnaye (2019), mothers also reported struggles regarding their financial problems, emotional issues, and providing comfort to their children. In the study of Acharya and Sharma (2021), the economic problem was also acute among mothers due to job loss, costly medical treatment, and therapies.

This implies that mothers of ASD children have problems in therapy, specifically with the finances and availability of the therapist. With this, the mothers of children with ASD should have extra budget and funds for the therapy of their children with ASD. More so, the mothers should ask and connect with those individuals who have knowledge about therapy and therapists.

Rearing and Caring Challenges

Caring for children is one of the challenges of being a parent. Through the mothers' care, we can partly tell what kind of mothers they are. More so, being a parent of an ASD child is more challenging than having a normal child in terms of caring, as experienced by Mitch, Merriam, and Monica. This is supported by the study of Gobrial (2018), which states that mothers' experiences raising a child with ASD depict a complicated and very challenging life. Furthermore, having to care for a child with special needs can affect the equilibrium of the family's state. Mothers have difficulty balancing work and their family life (Roxas et al., 2022). The needs of the mothers to assist them in caring for their children with special needs could be lightened through the help of the government. In the study of Acharya and Sharma (2021), they suggested that healthcare professionals need to pay more attention to addressing the problems of mothers while treating their autistic children.

This implies that the mothers could experience challenges in caring for and rearing their child with ASD. With this, assistance from the family, community, and government is essential. The moral, social, spiritual, psychological, and financial support from society, families, and the government is of great help to mothers with children with ASD.

CONCLUSION AND RECOMMENDATION

The lived experiences of the mothers with children with ASD provided insights into how difficult it is to be a parent to them. It is significant to fight against all the challenges and difficulties in raising an ASD child. It is a great challenge to take care of them despite the lack of therapy, availability of therapists, and support from the government institution. This phenomenological study explored the lived experience of two mothers with children with ASD aged 10-15 years old in the island province. This study limits the findings' ability to generalize and conclude the whole population of mothers with children with ASD. However, it provides the voices of the mothers of children with ASD.

This study implies that mothers of ASD children should have extra treatment for their special child; extra fear for the future and possible bullying for their kids; extra problems with the needs of their ASD children for therapy; and extra care and rearing for their ASD children because of their special condition. When these kinds of "extras" are provided by mothers to their children with ASD, they will be more comfortable and can cope with their everyday tasks. As part of the collaborative efforts of the Department of Social Welfare and Development, policymakers, mental health professionals, and other institutions, quantitative research may also be done to support the qualitative findings that will serve as the foundation for developing comprehensive intervention programs that will pay attention to and support these mothers of children with ASD.

Moreover, mixed methods design combining qualitative insights with quantitative measures of financial burden, therapy accessibility, and mental health could support stronger policy recommendations. Comparative studies between isolated provinces and urban areas could highlight systemic inequalities and inform targeted interventions. Researchers could explore cultural, societal, and community-support factors that influence caregiving experiences.

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