CHALLENGES OF FATHERS WITH AUTISM SPECRTUM DISORDER CHILDREN: A DESCRIPTIVE PHENOMENOLOGICAL STUDY

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CERTIFICATE OF PANEL APPROVAL

In partial fulfillment of the requirements for the degree of Bachelor of Science in nursing, this research output entitled **"**CHALLENGES OF FATHERS WITH AUTISM SPECTRUM DISORDER CHILDREN: A DESCRIPTIVE PHENOMENOLOGICAL STUDY**"** is hereby recommended for acceptance and approval.

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ABSTRACT

Raising a child with special needs presents unique challenges for parents, requiring additional care due to physical, emotional, health, or developmental needs. Research indicates that fathers of children with autism spectrum disorder (ASD) face greater difficulties compared to fathers of typically developing children, significantly impacting their psychological health (Rafferty et al., 2020). Contributing factors to paternal stress include financial difficulties, anxiety, and a lack of social support (Illias et al., 2018). This study aims to understand the challenges faced by fathers of children with autism spectrum disorder (ASD) in Ozamis City, which utilized Sister Callista Roy's Adaptation Model of Nursing to explore their coping processes, adaptive responses, and quality of life. Employing a descriptive phenomenological research method, this study analyzed data using Colaizzi's seven-step method, with four participants selected through purposive sampling. Interviews revealed three main themes: emotional responses (disbelief, sadness, worries), difficulties experienced (work cancellation, paternal involvement, financial challenges), and fatherhood roles (supporting learning, monitoring needs, consistency in instructions, encouraging peer interaction). The researchers recommend education on childcare and collaboration between LGUs, BHWs, and health officials to support fathers of children with ASD. The study highlights the crucial role of fathers in the development of children with ASD, emphasizing their emotional resilience and active involvement.

Keywords: *acceptance, autism spectrum disorder, emotional response, challenges, difficulties experienced, father roles*

DEDICATION

This research paper is dedicated to those whose support, guidance, and encouragement have been essential throughout this journey. To our parents, for their steadfast love, sacrifice, and faith in our dreams. To our classmates, for their camaraderie, support, and the shared experiences that have enriched our academic lives. To our friends, for their encouragement, understanding, and the joy they bring into our lives. To our mentor, Mrs. Chona J. Robles, RN, MAN for her insightful guidance, patience, and dedication. Above all, to Almighty God, for His divine guidance and blessings.

The Researchers

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The Researchers

TABLE OF CONTENTS

INTRODUCTION

Rationale of the Study

Families are often the major source of support for people with autism throughout much of life and need to be considered, along with the perspectives of autistic individuals, in both research and practice (Lord et al., 2020). Parenting a child with ASD can be stressful. Meeting the needs of individuals with ASD can be challenging due to the severity and chronicity of the condition, the mental health comorbidities, intensive interventions needed by persons with ASD, and the difficulty obtaining services. Caring for a child with ASD is associated with greater parenting stress than any other disability, and caregivers also endure significant financial burdens in the process (Manning et al., 2020). Furthermore, Huang et al., (2021) discovered in a narrative review of international research that many fathers actively want to be involved in the care of their child with ASD and recognize the importance of their involvement.

Autism spectrum disorder (ASD) is a neurodevelopmental disorder in which genetic and environmental factors play a role in this condition and is common among children (Almandil et al., 2019). It is categorized by symptoms of limited communication skills and repeated behavioral patterns occurring early in a child's development (Tian et al., 2022). Autism spectrum disorder is a term used to describe a constellation of early-appearing social communication deficits and repetitive sensory-motor behaviors associated with a strong genetic component as well as other causes (Lord et al.,2018). Other characteristics include unusual patterns of activities and behaviors, such as difficulty transitioning from one activity to another, a focus on details, and unusual reactions to sensations (Ghebreyesus, T.A., 2023). According to Hyman et al., (2020), ASD is diagnosed by observing and evaluating a child's behavior and development and there is no medical test for it.

Autism spectrum disorder (ASD) affects one in every 100 children worldwide, with reported prevalence varying widely between studies (Ghebreyesus, T.A., 2023). Raising a child with special needs can be a difficult task for parents because they may require additional care and attention due to physical, emotional, health, or developmental needs. Special needs can range from simple allergies to

serious illnesses or developmental delays that have an impact on the child's growth and development.

Literature shows that fathers of children with autism spectrum disorder experience more difficulties than fathers of typically developing children, which harms their psychological health (Rafferty et al., 2020); financial issues, anxiety, and a lack of social support can also contribute to paternal stress (Illias et al., 2018). A study by Burrell et al. (2019) discovered that fathers often experience feelings of grief and loss following the diagnosis of their child with ASD. They may also experience psychological distress as a result of the unique parenting demands that come with raising an ASD child (Seymour et al., 2020). A study conducted in urban China discovered that ASD is associated with significantly higher employment and financial burdens than other developmental disorders in families with preschool children (Chen et al., 2020).

Moreover, Jordan et al., (2021) stated that fathers may experience anxiety, especially if their children with ASD have anxiety as well, leading to emotion-focused responses. Paynter et al. (2018) emphasized the challenges faced by fathers in Queensland, Australia, when seeking formal help for their children. These fathers reported having to "fight" for various aspects, including their children's needs, resources, inclusion, and a better future. The need for this fight raises questions about why fathers encounter such difficulties and who or what they are fighting against. The study suggests that the bureaucratic nature of support systems contributes to fathers' feelings of isolation, highlighting the importance of addressing systemic issues to better support fathers in advocating for their children. Additionally, Camilleri's (2022) study, utilizing narrative inquiry, explored the lived experiences of fathers of autistic children, aiming to uncover the stories these fathers share about their parenting experiences. These showed that fathers experience different circumstances when caring for their children with autism spectrum disorder.

There have been studies conducted to understand the lived experience of parents with special needs in the context of America, Canada, and European countries with little representation of other regions such as Asia and Africa (Sanjaya

et al., 2022).

Thus, in this study, the participants came from different areas where autistic children are identified, such as the SPED class of one of the primary educational institutions in Ozamiz City. No comprehensive study has been done in understanding the challenges experienced by parents of children with ASD in this area, specifically from the perspective of fathers. Most participants/respondents of related studies were focused only on the perspective of mothers (Sullivan et al., 2020).

The primary aim of this study is to provide a comprehensive description of the lives of fathers who have children with autism spectrum disorder (ASD) and to elucidate the specific challenges they encounter in raising their children. Given the inherent complexities and demands involved in parenting a child with special needs, particularly ASD, the researchers are dedicated to exploring and documenting the unique difficulties faced by these fathers. By shedding light on these challenges, the study sought to contribute valuable insights that can inform healthcare professionals, policymakers, advocacy groups, and community support organizations. Ultimately, this research aimed to foster a deeper understanding of the needs of fathers with children on the autism spectrum and to propose effective interventions aimed at enhancing their well-being and supporting their caregiving roles.

Theoretical Framework

This study utilized Sister Callista Roy's Adaptation Model of Nursing to explore the challenging experience of fathers with children having autism spectrum disorder, helping to better understand their coping processes, adaptive responses, and quality of life.

The Adaptation Model of Nursing is a holistic framework developed by Sister Callista Roy in 1976 to promote successful recovery and improve patients' quality of life. The model recognizes the individual as a set of interrelated biological, psychological, and social systems, all of which strive to maintain balance with the external world (University of Tulsa, 2023). The model's key concepts include the person, health, environment, and nursing (Petiprin, 2023).

The person is viewed as a bio-psycho-social being in constant interaction with a changing environment, while health is seen as a state of adaptation that allows the individual's energy to be directed towards responding to other stimuli (Petiprin, 2023). The environment comprises focal, contextual, and residual stimuli, which can be influenced by nurses to facilitate adaptation (Ursavaş et al., 2019). Nursing, within this model, aims to promote adaptation in the four adaptive modes, thereby contributing to health, quality of life, and a dignified dying process. These adaptive modes encompass physiologic needs, self-concept, role function, and interdependence (Petiprin, 2023).

The Adaptation Model, developed by Sister Callista Roy, has been widely used in the healthcare industry. It has been especially useful in assisting nurses in managing stimuli to facilitate adaptation through goal setting, planning, intervention, and evaluation (Ursavaş et al., 2019). This model has been essential in evaluating adaptive reactions in a variety of nursing scenarios, including research with parents of adults dependent on opioids and patients undergoing bariatric surgery. Its development was influenced by the writings of theorists like as Helson, Lazarus, Mechanic, and Selye (Mount Saint Mary's University, 2024). These applications highlight its adaptability in comprehending and promoting adaption in people experiencing difficult situations (Martínez et al., 2021), which makes it especially pertinent for comprehending and helping fathers of children with ASD.

Additionally, the Roy Adaptation Model has been used in various nursing contexts to assess and support adaptive responses in different populations, which highlights its potential applicability to studying the adaptation of fathers with ASD children (Petiprin, 2023). The Adaptation Model can be applied in this study to understand how fathers adapt to the challenges of raising children with autism spectrum disorder in different adaptive modes such as physiological, self-concept, role function, and interdependence (Jennings, 2017).

Conceptual Framework

This study describes the challenges of fathers with autism spectrum disorder children. There were four respondents in the study. They were fathers living in Ozamiz City, with a child diagnosed with ASD. The study found three themes based

on their responses, and these are emotional response, difficulties experienced, and father roles.

Emotional Response. It is a complex psychological state that involves three distinct components: a subjective experience, a physiological response, and a behavioral or expressive response. These may include hurt, confusion, anger, fear, surprise, or embarrassment. Emotional responses have a variety of ways, some are helpful, and others are not. This guide to developing a full repertoire of reactions to strong emotional responses designed to help us take care of ourselves and then decide how to react most effectively. Some of these reactions are effective, and some are not. What results we choose to depend on our inner resources and the dynamics of the situation (Kendra, C., 2023).

Fathers frequently have a variety of emotional responses when they find their kid has autism spectrum disorder (ASD). Disbelief, despair, and worry are some of the possible responses. The diagnosis of ASD can be a momentous and life-changing event for fathers, causing shock and bewilderment as they come to terms with their child's condition. This discovery can elicit sentiments of despair as they adjust to new expectations and doubts regarding their child's future.

Furthermore, fathers may be concerned about how to effectively assist their child and manage the special problems that come with ASD. These emotional responses illustrate the enormous impact that the diagnosis of ASD can have on fathers and their mental well-being, emphasizing the significance of support and coping strategies in navigating this journey (Rudelli et al., 2021).

***Difficulties Experienced*.** In some cases, the additional roles adopted by families will last only a little while; in others, and depending on the severity of the child's disability, they may last a lifetime. The need for constant care of their children cannot always be met by fathers, as their involvement always depends onthe time their jobs allow them to spend at home. In fact, this was one of the central themes in their narratives. For all, having a child with special needs at home has in one way or another affected their jobs, having to adapt and reduce their working hours or give up work (Morales, B.M., 2022).

Raising a child with a disability typically incurs significantly higher

expenses compared to raising a child without a disability. Many families of children with disabilities experience financial strain due to reduced work hours or job abandonment to provide full-time care. Furthermore, securing health insurance is a significant concern for these families, as they face high healthcare costs and limited support from public healthcare providers (Henderson, 2019). Also, children with ASD may display challenging behaviors that can be difficult for fathers to handle, increasing their parenting burden and stress (Rafferty et al., 2020).

Father Roles. Fathers play a diverse role in their children's life, which includes disciplining them, supporting their children's learning, monitoring their needs, and fostering peer interactions. Fathers discipline their children by teaching them lessons, setting limits, and instilling respect for authority, as well as leading them through consequences and teaching personal responsibility (Qualls & Qualls, 2021). They encourage their children's learning by instilling values, sharing knowledge, and offering direction, as well as contributing to cognitive growth through activities that foster emotional relationships and teach life skills (Lewis, 2023). Fathers help safeguard their children's safety and well-being by studying their social milieu, getting to know their friends, and creating safe environments for them. Furthermore, fathers encourage healthy interactions with classmates by cultivating social skills and offering opportunities for positive social engagement (Tift, J.N., 2020). Fathers' involvement in therapy can enhance their child's cognitive, social, and emotional development, leading to better outcomes for the child (Haque, 2020).

RESEARCH METHODOLOGY

This chapter represents the research methodology. This includes the research design, research participants, research environment, research instrument, data gathering procedures, and ethical considerations.

Design

This study utilized the qualitative approach of research, specifically the descriptive phenomenological research design. The research method emphasized the verbal descriptions and explanations of a specific phenomenon regarding the challenges faced by fathers with children on the autism spectrum disorder (ASD). The qualitative phenomenological method of research was the initial design that was utilized in this study. This design was considered the most appropriate for the investigation as it surveyed facts and conditions that existed in a particular locale. A descriptive phenomenological study was a rigorous qualitative research method that aimed to provide a deep understanding of the essence of human experiences within a specific phenomenon.

Environment

This study was conducted in one of the public schools attending children with special needs located in Ozamiz City, Misamis Occidental. The participants in this study were fathers of children with autism spectrum disorder who were studying in Ozamiz City. The researchers chose this institution as the research setting because Ozamiz City provided special needs programs for kids who had challenges or disabilities that interfered with learning. They provided support that was not normally provided in general education programs. This institution and its programs tailored learning to address each child’s unique combination of needs.

Participants and Sampling Procedure

The participants in this study were selected using purposive sampling, a nonprobability sampling technique where researchers intentionally select individuals who meet specific criteria. The participants in the study were 3 fathers

residing in Ozamiz City, Misamis Occidental, with a child diagnosed with autism disorder. The participants' criteria were as follows: 1.) had a child diagnosed with autism spectrum disorder; and 2.) were willing to participate in the investigation. Purposive sampling was employed to ensure that the selected participants had relevant experiences and perspectives related to parenting a child with ASD. This method allowed the researchers to gather in-depth and meaningful data from individuals who could provide valuable insights into the research topic.

Instrument and Data Gathering Procedure

Before gathering the data, the researchers secured permission from the College Dean to conduct the study. After obtaining permission from the College Dean, the researchers sought permission from the Division Superintendent, Ozamiz City. After being approved by the Division Superintendent, the letter was then sent to the school principal as evidence to let the adviser of the SPED program to identify the list of their students who belong to the autistic spectrum. After identifying the list, the researchers then submitted letters to the parents, specifically the fathers, containing the purpose of the study and emphasizing confidentiality, also asking permission to have them as participants in the study. The interviews were conducted face-to-face, and the participants were guaranteed that their answers would be kept confidential and that their names would remain anonymous. A semi-structured interview guide created by the researcher was used to collect data. The questions were designed to obtain information about the participants' challenges as fathers of children with autism spectrum disorder (ASD). Questions were directed towards gaining information regarding the participants' difficulties, struggles, and adjustments.

The researchers informed the participants that participation would be voluntary. The participants were asked to fill out an informed consent. The researchers obtained consent from the participants to use a voice recorder during the actual interviews, which were done on separate days. The tape interviews were used purely to evaluate conversations in order to cite direct quote statements and

group them into topics. During the interpretation of the data, researchers did not just rely on the participants' words but also on their actions/gestures. The researchers removed the recorded audio after the research paper was published. Each interview lasted around 30-40 minutes.

To begin the interviews, the participants were shown courtesy, and the researchers explained the goal of the interviews. Participants were advised of their ability to withdraw at any time, and confidentiality was respected. Participants were requested to evaluate versions of the study's written report and provide additional input to ensure the correctness of the findings. This type of member checking is one of the techniques for ensuring the accuracy of the data (Creswell, 2019).

To ensure that every aspect had been included and to further assess the participants' ideas, feelings, and perspectives, data was obtained using an interview guided questionnaire with core questions and follow-up questions. The participants understood that the researchers would provide the data acquired after each interview session as part of the validation procedure.

To come up with the findings, the researchers followed Colaizzi's (1978) seven-step method of data analysis. The steps are 1) making sense of acquiring feelings from the interview protocol; 2) extracting significant statements; 3) formulation of meanings; 4) organizing the cluster themes; 5 & 6) integration of results and exhaustive description; and 7) validation.

Mode of Analysis

Fathers with autism spectrum disorder children who were willing to participate in the investigation were the unit of analysis. Every father with an ASD child shared their personal challenges with caring for an ASD child, making them unique information sources. It involved a systematic process of data collection, analysis, and interpretation to uncover the meaning and structure of lived experiences. Colaizzi's (1978) method of data analysis was used. Colaizzi's method was a phenomenological research technique used to uncover people's genuine experience of a phenomenon under investigation. This method was used for data

analysis in qualitative research to explore and understand people's experiences. The steps are: 1) making sense of acquiring feelings from the interview protocol; 2) extracting significant statements; 3) formulation of meanings; 4) organizing the cluster themes; 5 and 6) integration of results and exhaustive description; and 7) validation. Analyzing each participant's narratives, point of view, and responses is important to understand this study phenomenon.

Ethical Consideration

Before the researchers conducted face-to-face interviews with the participants, they secured permission from the Dean of the College of Nursing, Midwifery, and Radiologic Technology to conduct the study. After obtaining permission from the College Dean, the researchers sought permission from the Division Superintendent, Ozamiz City. After being approved from the Division Superintendent, the letter was then sent to the school principal as evidence to let the adviser of the SPED program to identify the list of their students who belong to the autistic spectrum. Once the participants were identified, a researcher-made semi-structured interview guide was used to gather data on the challenges faced by fathers with children on the autism spectrum. After acquiring the list and identifying the participant’s, informed consent was obtained from the identified participants, explaining the study's purpose, detailed procedures, benefits, potential risks, and their right to withdraw without consequences.

The researchers observed ethical principles such as beneficence, confidentiality, and respect for autonomy. Participants were given the freedom to express their thoughts and informed that they could decline to answer any questions they felt uncomfortable with. Dignity and confidentiality of the participants were respected, with strict maintenance of confidentiality throughout the study. Personal information and data collected were kept confidential, and participants' identities were protected. The researchers acknowledged the potential emotional distress participants might experience when discussing the challenges of raising children with autism. There was no bias or discrimination based on age, gender, sexual

orientation, religion, race, ethnicity, or disability. The autonomy of the participants in deciding to participate and share their experiences was respected.

The research investigation rigorously followed scientific methods and maintained high standards of research ethics. All phases of data gathering, analysis, and interpretation were conducted in an unbiased and transparent manner, with a commitment to preventing fabrication, falsification, or biased reporting of findings.

RESULTS AND DISCUSSION

The objective of the study aimed to discuss the challenges of fathers with autism spectrum disorder children in Ozamiz City. There were four participants in this study, all of whom were fathers. Each of the participants had a child diagnosed with autism spectrum disorder.

The three central themes were derived from analyzing and interpreting the interview transcript using Colaizzi's (1978) method of data analysis. The three themes identified are Emotional Responses, Difficulties Experienced, and Father Roles. The researchers did the interview transcription by listening to the recordings. To develop the findings, the researcher followed the seven-step method of data analysis of Colaizzi.

Using Colaizzi's (1978) approach to data analysis, the 6 interview scripts were analyzed and interpreted to provide the primary themes. The researchers used Colaizzi's seven-step data analysis procedure to arrive at their conclusions (1978).

Colaizzi's Seven-Step Method of Data Analysis

Reading and re-reading the transcripts of interviews to make sense of them.

Before conducting data analysis, the researchers first familiarized themselves with the established protocols developed for this study. The researchers thoroughly engaged with the data by reading, watching, and listening to it until they could comprehend the occurrences. Additionally, the researchers transcribed the information provided during the interviews and read through the transcripts multiple times to ensure the accuracy of what was recorded. The researchers' reflective journal was filled with ideas, thoughts, and feelings that may have arisen from their experiences in the domains of group operation and facilitation. The researchers formulated their questions in layman's language to ensure that the

participants could easily understand and respond to them. Furthermore, the researchers tailored their questions in a way that would allow them to effectively validate the responses provided by the participants. To protect the privacy and anonymity of the participants, the researchers did not use the name of each participant in the written transcription.

Extracting significant statements.

The researchers' next step was to translate or make maximal comments by returning to each tape and removing phrases or statements that directly pertain to the subject under investigation Colaizzi (1978). The critical statements were organized into a table to help in transcribing what the participants felt or thought. Following the interview, each transcription was read, including each participant's key statements. The 4 participants on the record summed up to 54 significant statements when asked.

Formulating meaning to the statements.

After identifying the significant statements, the researchers' next step was to formulate meanings based on their significance, as per the Colaizzi (1978) method. The 54 significant statements yielded 54 formulated meanings. Given the complexity of formulating meanings, the researchers ensured that the meanings they derived did not diverge into other meanings unrelated to the study. To maintain accuracy and consistency, the researchers double-checked and double-verified the formulated meanings. According to Colaizzi (1978), the process of finding these formulated meanings requires the researchers to "discover and illuminate the hidden meanings" while considering the various contexts and horizons of the phenomenon described in the original transcript. The researchers were also cautioned to "not formulate meanings that have no connection with the data." To guide and focus their efforts, the researchers conferred the formulated meanings with their adviser for validation. After completing the formulation of all the meanings, the researchers proceeded to create cluster themes based on the defined meanings.

Repeating steps 1-3 for each interview to create themes based on formulated meanings.

The data's interpretations were gathered and structured into common themes. The 54 coded formulated meanings were organized into 9 themes. These are 1) Sadness and Worries, 2) Acceptance, 3) Cancellation of Work, 4) Paternal Involvement, 5) Financial Difficulties, 6) Being Consistent of Instructions, 7) Monitoring of Needs, 8) Supporting Child's Learning, 9) Encouraging Interaction with Peers.

The 9 themes were reduced into 3 cluster themes namely: 1) Emotional Response, 2) Difficulties Experienced, and 3) Father Roles. These 3 cluster themes were considered as the main themes of the study. Each theme cluster is comprised of themes as shown below:

Theme Cluster 1: Emotional Response

Theme 1: Sadness and Worries

Theme 2: Acceptance

Theme Cluster 2: Difficulties Experienced

Theme 3: Cancellation of Work

Theme 4: Paternal Involvement

Theme 5: Financial Difficulties

Theme Cluster 3: Father Roles

Theme 6: Being consistent of instructions

Theme 7: Monitoring of needs

Theme 8: Supporting child's learning

Theme 9: Encouraging interaction with peers

The researchers validated the three cluster themes by re-reading the original interview transcripts and reviewing formulated meanings and significant statements to ensure no new themes were introduced during analysis. After reviewing the transcripts, the researchers discussed the formulated meanings, themes, and three cluster themes with their research adviser for an external review to confirm the

themes were well-supported by the data and accurately captured the essence of the interviews. This rigorous approach of systematically re-examining the transcripts and discussing the analysis with the researcher's adviser to validate the three cluster themes were grounded in the interview data without introducing any new themes, ensuring the credibility and trustworthiness of the research findings.

Integration of results and developing exhaustive description.

The fifth and sixth steps of Colaizzi's analysis approach involved combining the study's findings into a comprehensive description and defining its underlying structure. This was accomplished by combining the themes and cluster themes to form a description. The researchers also examined the transcriptions, significant statements, and formulated meanings.

Discussion of the Themes

Theme Cluster 1: Emotional Response

Raising a child with autism spectrum disorder (ASD) requires emotional responses that are nuanced and varied. Fathers with children with ASD go through a spectrum of feelings, such as tension, anxiety, joy, acceptance, as well as pride. A number of factors including the intensity of the child's symptoms, the presence of support networks, and the father's own coping strategies affect these reactions.

Sadness and Worries. According to a study by Pisula & Dorsmann (2021) fathers with children diagnosed with autism spectrum disorder experience elevated levels of stress as compared to those fathers rearing typically developing children. In their study they highlighted that the stress experienced by fathers of ASD children are often related to their child's impaired social-communication skills, delayed cognitive capabilities, as well as behavioral issues, which posed as relatively taxing for the fathers.

Upon knowing that their child was diagnosed with ASD, fathers had substantially similar emotional responses. As participant 1 stated:

> "*Sa matag higayon nga naa mi sa gawas mag suroy-suroy, naa gyud siyay mga kinaiya nga manggawas unya nay mga tawong nakaila nato sama sa*

mga tigulang ug mga ka trabaho sa akong asawa, murag maulawan mi sa publico ba. Naa pud siyay kinaiya nga manipa pero dili gud niya ginatuyo, wala ko kabalo pero murag dli guro niya gusto ang usa ka tawo maong iyang sipaon ug mag singgit-singgit."

("Whenever we are out, he exhibits behaviors that stand out, and we encounter acquaintances like elderly people and my wife's colleagues, making us feel uncomfortable in public. He also has a tendency to push people, but it's not intentional. I'm not sure, but he probably doesn't like certain individuals, so he pushes them and shouts.")

This was also the sentiment of participant 2:

"Masakitan oy kay one and only biya na namo unya dugay pa gayod mi gitagaan ug anak 18 years nami mag 6 years aw 7 years naman nasiya 11 years mn pd mi gihatagan ug bata. Lisod kayo kanang ma dilian nimo lisod gyud imoha nalang gyud agwantahon para ma focus gyud siya".

("It is painful because he is our one and only child, and it took us a long time to be blessed with a child. We've been married for 18 years, and he is already 7 years old. It took us 11 years before we were given a child. It's very difficult when you deprive him of something; you just have to endure it so that he can focus.")

On the other hand, participant 3 stated:

"*Syempre, sad jud kay dili ka kadawat na ning ana diay atong anak. Naa gani time nga maskin akong mga igsoun, dili ko gusto maminaw sa ilang mga side nga opinion nga mga batiba. Ingnon ka nga, imong anak murag monggoloid, diba?"*

("Of course, it's really sad because we can't accept that our child is like that. There are even times when I don't want to listen to my siblings' negative opinions. They would say, 'Your child looks like a mongoloid,' right?")

Moreover, participant 4 also mentioned:

"First namo is na down jud mi no pero isa ka doctor ang ga kuan sa amoang ipacheck up ang imong anak kay nay something, so na find out niya so

murag pattern siya in all autistic kaning mag line up ug mga toys, so mga ingon ana, dayon naa gyud nay sequence so nahibaw an siya."

("At first, we were really down, but there was a doctor who advised us to have our child checked because there might be something. So, he found out, and it seemed to follow a pattern of autism, like lining up toys, things like that. There is always a sequence, so it was discovered.")

Acceptance. Fathers typically serve as the model for the rest of the family when it comes to handling the special needs of the child. Fathers who have accepted their child's diagnosis and are positive about the circumstances will probably inspire the rest of the family to follow their lead (Shapiro, A. F. et al., (2019). As what participant 2 stated:

"Sa akoa, akoang side rawala man koy problema unsay ihatag actually kana akoang bata dili mana siya murag in born na autism, na autism siya tungodsa use sa cellphone ba kay akoang misis ug ako busy sa work, amoa gipa yaya ranamo then katung nawal an ang yaya padaladalas akoang misis sai yahang work then usahay busy ang misis nako ipa-cellphone nalang so mao jud nay cause siguro sa iyahang main cause sa iyahang autism."

("For me, I don't have a problem with whatever is given. Actually, my child wasn't born with autism; he became autistic due to the use of a cellphone because my wife and I were busy with work. We left him with a nanny, and when the nanny left, my wife brought him to her work. Sometimes when my wife was busy, she would just give him a cellphone, so that might be the main cause of his autism.")

Participant 4 also stated:

"So amo siyang gipa tan-aw, first namo is hala autistic murag bisag sa akoang paris nako is nag iyak gyud siya no? Nitulo gyud iyang luha, pero we don't consider that kay kabalo man ta nga kung gihatag na sa Ginoo kabalo ta nga that is, naagyuy nay katuyoan. Bisag ingon ana na siya nay purpose ang kadatagsa tagsa no? Naay purpose bisag autistic nasiya nay dakong purpose ang Ginoo ana. We accept gihapon, gidawat namo nga

ingon ana and we are moving gihapon, happy gihapon ko makita nako akong gihapon ngaingon ana no kay dili nako siya gi treat as autistic."
("So, I look at him, first of all, he's autistic. Even if I'm with my friends and he's crying, I just let him cry, but we don't consider that because we know that if God gave him to us, we know that there's a purpose. Even if he's autistic, he has a big purpose from God. We accept it, we receive it like that, and we're moving forward, happy to see him like that because I don't treat him as autistic.")

Overall, the study showed that fathers who were raising children diagnosed with autism spectrum disorder (ASD) went through a range of emotions, from initial anxiety and shock to acceptance and pride in the end. These emotional reactions were greatly influenced by the child's coping mechanisms, support networks, and the severity of their symptoms. Even in the face of initial sadness and disappointment, fathers still managed to accept the special qualities in their child. In their journey, acceptance and optimism—often reinforced by faith—became essential.

Theme Cluster 2: Difficulties Experienced

As defined by the Collins English dictionary (2019), the difficulty is a task, problem, etc., that is hard to deal with, a trouble or embarrassing situation, a dispute or disagreement, an objection or obstacle, trouble or source of trouble, lack of ease and awkwardness. In this study, "Difficulties Experienced" as a theme cluster was further expressed in the following subthemes: cancellation of work, paternal involvement, and financial difficulties.

Cancellation of Work. Fathers in particular sometimes face significant levels of stress as they juggle work and family obligations, which occasionally necessitates changing careers or canceling work to properly care for their children with special needs (Cheng & Lai, 2023). In the context of ASD, fathers experienced the same difficulty. As what participant 2 have stated:

"*So pag leave nako kay naa man pod koy diabetes ba then akoang mata naoperahan pagako nay mag focus niya ang iyaha ramang problema kanang challenges lang jud niya dili maka focus ba kay tungod lage naay autism".*

("So, when I take leave, because I also have diabetes, and my eyes need to be operated on, I will focus on that. His problem is just his challenges, he can't focus because he has autism.") Participant 3 also mentioned:

"Maong nag desisyon ko nga dili nalang ko mosakay ug barko nalang ug balik. Bahalag magka-utang-utang ko, basta ma-okay lang akong bata. Nagstorya man gud mi sa akong asawa gud nga ug kung dili ka mobantay. iyahang side sa iyang pamilya, gikapoy nag bantay ba, syempre kapoyon gyud ta. Ako lang sa, gi-antos, akong gisakripisyo akong trabaho."

("That's why I decided not to take the ship back. Even if I get into debt, as long as my child is okay. My wife and I talked about it, and if you don't watch out, her side of the family gets tired of watching, of course we get tired too. For me, I endured, I sacrificed my job.")

Paternal Involvement. In addition, fathers in special needs families play a crucial role, not only for financial security but also for emotional support and bonding. It is important for fathers to enhance their relationships with their special needs children, but due to work constraints, giving time to their children becomes a challenge (Jonners, 2020). Fathers with ASD children have also experienced this difficulty. As participant 1 have mentioned:

"Ako as police busy man gud pud ko sa mga trabaho, mao ng day off ra pod nako sila ma atiman, sama karon nga wala pud mi helper. Nya sa kanang iyang kahimtang man gud ron kinahanglan gyud siya ug atensyon ba".

("I am a police officer and I am very busy with my work, so I rarely get a day off, and now that we don't have a helper. My child is in a very difficult situation and really needs attention.")

Participant 2 also mentioned:

"As a father tagaan gyud nimog time mo spend gyud kag time sa iyaha mao pod na akong na bantayan na one of the challenges na dapat mo spend sa imohang bata spendan gyud nimo ug time para makita ang progress niya ma tan-aw jud nimo dayon usually pod na sila mao pod na ilahang ginapangayo pod time, busy man gud sa work ing ana".

("As a father, you have to give time, you really have to spend time with him. That's what I've noticed, one of the challenges is that you have to spend time with your child. You really have to spend time with them so you can see their progress, you can see it right away. Usually, that's what they ask for too, because you're busy with work like that.") Participant 4 also stated: *"Time, ug time, ang paghatag ug time sa bata kay they need more attention no? kay sauna nag work ko, dili pa ko diri ga work, akong work is sa whole Mindanao siya nga work so travel travel ko so kana siya nakadako kayo ug kanang impact sa bata nga ma pasagdaan siya, labaw na kani nga mga bata is needs communication na, constant communication sila, kani nga mga bata dili nimo ingon nga pasagdaan, kinahanglan gyud nimo kwaon ang iyang attention to talk to them, dili siya nimo nga pasagdan."*

("Time, giving time to the child, they need more attention, right? Because before I worked here, my work was in the whole of Mindanao, so I travelled a lot. That had a huge impact on the child being neglected. These children especially need communication, constant communication. You can't just neglect these children, you need to get their attention to talk to them, you can't just neglect them.")

Financial Difficulties. Moreover, unlike typical children who are expected to live independently, many special needs children will always require assistance. Parents must plan and save to ensure that their child's long-term care needs are covered, and met (Mynoblelife, 2018). Fathers with children on the ASD spectrum had experienced financial difficulty in meeting their child's needs.

Participant 2 mentioned:

"Usually, ang rason sa pagkakaron wala pa namo gisugdan gud ang therapies usually gud nama-encounter namo kay kato lang lage plano namo sa Cebu kay ako paman gud giuna karon kay sa akoang mga needs sa maintenance dayon sige pod mig monthly pod mi makabalik sa Cebu kay akoang check-up samata".

("The reason we haven't started the therapies yet is usually because that was just our plan in Cebu. I had to prioritise my own maintenance needs first. Then we keep going back to Cebu monthly for my eye check-ups.")

Participant 3 also said:

"Utang, maka-utang jud mi jud, kanang sir M dira, kailamo? Kung sakuan, adtong last namong, adtong, mga dyes mil (10,000 pesos) jud, mag hotel pa man jud ta, 3 days jud mi didto. Pero among mabayad jud namo didto sige kay 4k kapin. Wala pay labot iyang mga resita bitaw: Duha, kay pabalikon pa man ka. Pero silbi kanang ika-duha, nay ihatag sila na resita."

("Debt, we really have to go into debt. You know Sir M, right? In our last, it was around 10,000 pesos, because we had to stay in a hotel for 3 days. But we can pay it back there, it's over 4,000 pesos. Not including his receipts. Two, because you have to go back. But as a second, they give receipts.")

This is also what participant 4 mentioned:

"Due to constraints pud sa budget namona stop mi. Every session? 500-600 so lahinang OT, lahinang sa PT niya lahi nasiya, lahi pa gyud nang sa speech so 500 500 500 so 1,500 na siya in an hour lang na. So, in an hour, one hour ka aw three hours siya tanan no? One hour, one hour, one-hour na siya so tag 500-500. Pero nag increase nato sila sa ilang speech around 800 so na stop jud mi no."

("Due to constraints in our budget, we had to stop. Every session is 500-600 pesos, and that's just for OT, separate for PT, and separate for speech

therapy. So, it's 500, 500, 500, which is 1,500 just for one hour. So, in one hour, it's three hours total, right? One hour each for OT, PT, and speech therapy, at 500-500 each. But they increased their speech therapy rate to around 800 pesos, so we had to stop."

The findings showed that fathers of children with autism spectrum disorder (ASD) suffered considerable difficulty in balancing employment commitments with caregiving. They frequently faced significant levels of stress and may have needed to adjust or cancel work commitments in order to provide adequate care. Financial issues were also frequent, with therapy and medical bills adding to the strain. Despite these obstacles, dads underlined the value of spending quality time with their children and providing emotional support, emphasizing their vital role in their children's growth and well-

Theme Cluster 3: Father's Role

Fathers are essential to a child's emotional development, just like mothers are. Dads are the ones that set and uphold the rules for their children. In addition, they look to their fathers to give them a sense of emotional and physical stability. Children aspire to make their fathers proud, and a supportive father encourages personal development and fortitude. Research indicates that a child's cognitive and social development is significantly impacted by their fathers' affectionate and supporting behavior. Additionally, it fosters a general sense of well-being and self-assurance (Dr. Thomas (Tim) Carr, et al, 2024

Being consistent of instructions. Fatherhood encompasses a multitude of roles that are crucial in shaping a child's development, especially when the child has special needs. Fathers play a vital role in parenting children with ASD, acting as disciplinarians to guide their children towards responsible behavior and serving as role models who influence their children's attitudes and behaviors, which is essential for the child's development and family functioning (Petitpierre et al.,2021

Participant 1 took part of this role and said:

"Naa mana siyay kahadlok nako pananglitan naa rami diri sa balay uban sa iya kuya, behave man siya, ug ingnon nako "sleep ta anak" matulog dayon na siya diritso. Kung akoy makabantay gyud sa balay mahadlok na siya sa akoa gud siga an ra nako ug mata, hunat-hunatan ug bakos, o taasan ug tingog, naa man gud usahay makakita siya disiplinahon nako iya magulang. Mao man pud gud nay tambag sa doctor nga dapat naa gyud isa sa amoa mopatigbabaw, dili nimo ipakita nga makaya-kaya ramo niya: Ang huna-huna man gud niya "ah Makaya ra nako si daddy, mommy" maong dapat ang pagdisiplina sa iyaha magpabilin gyud: iyang mama kay mangasaba iya ra man halok-halokan o e gakos, pero ako kung masuko na gyud ko diha nagyud ma dapatan nako pero hinay lang gyud kung dili na madala ug istorya, para makabalo siya nga dili gyud mayo iya gibuhat".

("He has a fear of me, for example, if we're here at home with his older brother, he behaves. And if I say 'let's sleep, child', he'll just go to sleep right away. But if I'm the one really watching over him at home, he gets scared of me because I just stare at him, hug him tightly, or raise my voice. Sometimes he sees me disciplining his older brother. That's also the doctor's advice, that there should be one of us who takes charge, and we shouldn't show him that we can handle him easily. His mindset is 'ah, I can handle daddy, mommy'. So, the discipline towards him should remain - his mom can scold him, then hug and kiss him, but me, when I really get angry, I have to act on it, but gently, if he doesn't respond to just talking, so he'll know that what he did is not good.")

Participant 2 also made sure that they get to stick to their words of discipline and decisions, as he mentioned:

"Storyahan gyud nimo siya dapat unsay gusto nimo mahitabo sa iyaha stick gyud ka ato ayaw jud namaluoy ka niya stick jud ka ato mao man pod nay advice sa doctor kung moingo ngani ka ug no, no jud mao pod nay advice

sa psychologist. Usahay kung ma cool down nako akoa nalang siyang pasagdahan dayon akoang kuanon nga kung dili na nimo buhaton i-grounded ka mahadlok pod nasiyai-grounded pag ma grounded namo ingon nakog ma grounded pero dili man kayo siya usually nga pareha anang uban mag tantrums namanakit".

("You really have to talk to him about what you want to happen with him, you have to stick to it, don't feel sorry for him, just stick to it. That's also the advice from the doctor. If you say no, it has to be a firm no, that's the advice from the psychologist too. Sometimes, when I cool down, I just leave him alone, then I'll take something away from him, like if he doesn't do it, he'll be grounded. He gets scared when he gets grounded, but he's not usually like those others who have tantrums and get violent.")

Participant 3 also followed the advice of their doctor in disciplining their child by stating that:

"Kanang mag tantrum siya karon, wala tay mahimo, imoha nalang jud siyang labay-labayan, dili pansinon, kay mao may gi-ingon sa among doctor na ayaw pasakiti imong anak, ayaw tagda, pansina, hilak, hilak jud dira."

("When he has a tantrum now, we can't do anything, you just have to ignore him, don't pay attention to him, because that's what our doctor said, "don't hurt your child, don't mind him, don't pay attention, let him cry, let him cry right there.")

Also, he mentioned:

Mo hatag man ko ug unsay pangayo on pero dili jud nga many times ana, kas a ra jud ko mohatag. Kung imong tumanon man gud, mag sige nag pangayo ba, maenad na."

("I will give what he asks for, but not many times like that, I will only give it to him once. If you keep giving in to what he wants, he will get used to constantly asking for things.")

Participant 4 also stated:

“Mag gikan man sa atoa ang kanang ang kung asa siya taman ug unsay iyahang kuan, so protective ta in a way nga dili, dili lang kayo, dili lang kay, ipahibalo nato ug unsay, unsay kanang right gihapon and wrong. Kung naa siyay sayop imong ipaalam jud sa iya nga sayop na no? Dayon prayers gyud no, in all, prayer gyud”.

(“It comes from us, where he goes and what he wants, so we are protective in a way, but not too much. We don't just, we let him know what is right and what is wrong. If he does something wrong, you have to make him understand that it's wrong, right? And then prayers, in all, prayer is important.”)

Monitoring of needs. In addition, fathers' active engagement in decision making processes and treatment planning is crucial for ensuring comprehensive support for children with ASD. The role of father is a significant and potentially lifechanging experience for a man as a parent of a child with or without autism; as a result, a higher level of involvement in the child's care can lead to better outcomes in therapy and overall development (Lashewicz, 2019).

This role is being shown by Participant 1 by saying that:

“Maong dili kaayo ko ka atiman sa akong pamilya kay busy ko sa akong work para mahatag ang mga needs nila, ilabi na sa pa therapy sa akong anak”.

(“I can’t really take care of my family because I'm busy with my work to provide for their needs, especially for my child's therapy.”)

Also, Participant 2 by stating that:

“Goal pod namo next maka adto ako anak sa therapies ang advice man gud atong niagi gipaadto namo sa psychologist na ipadalisiya ug treatment ba kay gamay ra man kuno dili jud pareha anang uban bitaw na grabe lala kaayo ang autism sa iyaha kay dili raman kaayo”.

(“Our goal next is for my child to be able to attend therapies. The advice we got from the psychologist we saw before was to expedite his treatment

because he's only mild, not like others whose autism is really severe. His is not that bad.")

This is also how participant 3 took part of this role by stating that:

"Naa gani schedule karong June 7, every year, kada isa lang, murag ikatulo na ni namo. Balik mi didto sa Cagayan: Naa, kay wala man koy doctor diri, naa sa Cagayan".

("We actually have a schedule on June 7, every year, just one per person, I think this is the third time we've done this. We go back to Cagayan: Yes, because we don't have a doctor here, they're in Cagayan.") Participant 4 also mentioned:

"Nakita man pod namo ang development niya, so continue lang gyud mi ug treat aning gipang tudlo sa mga therapist".

("We have seen his development, so we will just continue to follow the treatment that the therapists have recommended.")

Supporting child's learning. Moreover, fathers who were actively involved in their child's learning, such as putting their child to OT sessions and collaborating with the occupational therapist and SPED teachers could gain a better understanding of their child's needs and learn strategies to support their development at home.

As Participant 1 have mentioned:

"Naa pud na siyay level 2 sa iyang autism, so mao tong gidala namo diha sa sped para maka treatment. Nag OT gani na siya atong miagi diha sa hospital duha ka beses sa usa ka semana ug usa ka oras".

("He is also at level 2 in his autism, so that's why we brought him to the special education program for treatment. He was actually doing OT (Occupational Therapy) at the hospital twice a week, for one hour each session.")

Participant 2 also ensured that his son's learning remained progressive and monitored by stating that:

“Katong kang ma’am sa Ozamiz to mianhi ang psychologist ba naa man gud na silay program nila nga every year man siguro na or unsa ba na every trimester ba na nga muanhi ang psychologist dayon unya 5 raman siguro to ang ilahang slot na ihatag maygani naapil akoang anak so mao to na check-up siya sa psychologist: Mao lage daw to ang problema. Karong summer lage mao na pod nay plano namo na ipa summer namo ba i-one on one namo sa tutor kay para next school opening ma regular class na siya”.
(“The psychologist from Ozamiz will come to visit, and they have a program every year or every trimester, and the psychologist will come then. They have five slots, and I will include my child in one of them, so that's when he will have a check-up with the psychologist. This summer, that's our plan, to have one-on-one sessions with a tutor so that by the next school opening, he can be in regular classes.”)

Participant 3 is also glad to know that his son is learning by stating that: *“Mao na iyang paborito kanang magtuon siya. Dili jud nimo siya istorbohon, kugihan kayna siya magsulat. Basta naa nasiyay assignment, buhaton jud na niya dayon. Mao lang jud nakanindot ana niya. Mother tongue, dugay nana niya na dili ganahan, mag maoy siya. Bintaha nalang ang Filipino kay makasabot ra siya. Pero katong Bisaya jud, gision ang papel na pa answeran. Dili ni siya gusto na mandaran, kabalo na na siya unsay buhaton niya every morning, manilhig, mag-mop magbubo ug bulak, matic na na niya. Katong pag one-on-one nila ni maam sauna, agtong 2023, mao to nausab na siya. Manilhig na siya, mag bubo bulak, kung mang-mop siya karon, makakita na siyag hugaw, mag wild na siya. Mag-wild na siya kay iyaha nana gi-arrange ganiha, mag wild jud siya.”*

(“That's his favorite, when he's studying. You shouldn't disturb him, he's really diligent when he's writing. As long as he has an assignment, he'll do it right away. That's just what's good about him. For mother tongue, he's been disliking it for a long time, he'll just refuse. It's better to focus on Filipino because he can understand it. But for Bisaya, he'll tear the paper

he's supposed to answer. He doesn't want to be told what to do, he knows what he has to do every morning, sweeping, mopping, watering the flowers, he's automatic with that. When they had the one-on-one with Ma'am before, around 2023, that's when he changed. He'll sweep, water the flowers, and if he's mopping now, he can see the dirt, he'll go wild. He'll go wild because he arranged it himself earlier, he'll really go wild.")

Participant 4 also mentioned:

"Ipa try pa lang namo siya kung gusto ba gyud siya unya usahay man gud kanang mag tinapulan lage so sobraan ka salig, mao nang among plan is gusto namo siya ug kanang mga tutorial, i-continue gihapon namo iyang tutorial kay kanang atleast lahi ba kay parehas akoa ug ako man gud mu tudlo basin magsalig rapud siya ba mag lahi siyag murag ba sig kampante ra kayo siya nga ako. Mao nang mas mayo gyud nang naay other person, intervention sa other person dili lang kita. Mao nang ga continue ra gihapon mi kang ma'am, kay atleast naa siyay term bisag ga skwela siyag kinder ga skwela pud siya kay maam dili siya mawala".

("We'll just try him out if he really wants to, because sometimes he can be lazy, so we're too trusting. That's why our plan is we want him to continue his tutorials, at least it's different because just like me teaching him, he might get too comfortable and complacent. It's better if there's another person, an intervention from another person, not just us. That's why we're continuing with Ma'am, because at least he has a term, even though he's going to school in kinder, he's still going to school, Ma'am, so he won't be lost.")

Encouraging interaction with peers. Furthermore, fathers play a crucial role in promoting their child's involvement in social activities and peer interactions. By collaborating with teachers, therapists, psychologists, and other parents to foster inclusive and supportive environments, fathers can help their child engage with peers and form meaningful friendships (Lashewicz, 2019).

Like Participant 2 have said:

"Maayo na siya makig amigo ug halubilo kay example lang usahay kuyogon nako siya ay kuyogon siya sa iyahang mommy sa division ang unahon niyag amigo ana ang guard storyahon na niya ang guard kay kabalo man siya na ang guard may mag pasulod niya mayo siya paghuman niyag kuansa guard migo na sila sa guard pangutan-on dayon niya ang guard kinsay boss niya pinaka boss. Muadto na siya bangko mao pod nay style niya muadto mga kuan mga mall sa akoang ganing work diha sa elim pangitaon gyud to "dy kinsay boss nimo dy" sir M, aw muadto na siyang sir M sa akoang boss istoryahon dayon pod na niya nya English man pod grabe man pod maka English malingaw silang kuan magstorya. Naa napod siyay mga friends diri tawgon gyud na siya diri kay kani pod akong anak maayo pod lage maayo kay mu manipulate jud mayo jud kayo kanang mag leader-leader siya juy leader-leader".

("It's good that he makes friends and mingles, because sometimes when I take him along, his mommy will follow him in the division. The first friend he makes is the guard, because he knows the guard lets him in. After talking to the guard, they become friends. He then asks the guard who his boss is, the top boss. He goes to the bank, that's his style, he goes to the malls in my workplace in Elim, he really looks for "hey, who's your boss, hey" Sir M. Then he goes to Sir M and tells him, and he speaks English too, he's really good at English, they enjoy talking. He also has friends here, they really call him here, because my child is good, he's really good at manipulating, he's really the leader-leader.")

Participant 3 also mentioned:

"Diri, wala jud, pero sa school, naa, madula jud niya. Dili parehas sauna na mahadlok jud siyag bata."

("Here, there isn't any, but at school, yes, he really likes it. He's not afraid like he used to be.")

Participant 4 also stated that:

"Actually, ang iyang friend is dili siya makangalan pero kabalo na, kaila na siya. Naa siyay pillion niya nga iyang kadula, naa siyay pillion nga kadula dili tanan, unya dili siya makig dula sa uban, ang iyaha kay kanang mga uban nga pa gukod gukoron niya, mura siyag supervisor kani maoy buhaton, kani imong buhaton, ikaw ani."

("Actually, his friend is someone he can't name, but he knows and is familiar with. He has a playmate, not all of them, and he doesn't play with the others. His are the ones he chases and supervises, telling them what to do, like a supervisor. This is what he does, you do this.")

The narratives of the participants reflected the profound impact that fathers had on their children's overall development. Whether through discipline, anticipating needs, educational support, or fostering social connections, fathers' involvement was crucial. Their active participation not only aided in managing and treating conditions like ASD but also contributed to the children's sense of security, self-confidence, and well-being. The testimonies provided by the participants reaffirmed the critical role fathers played in nurturing and guiding their children's growth, highlighting the multifaceted nature of fatherhood in contemporary parenting.

EXHAUSTIVE DESCRIPTION

The study emphasized fathers' diverse roles in raising children with ASD, focusing on their emotional, practical, and developmental contributions. Fathers went through a complex emotional journey, beginning with disbelief and evolving to acceptance and pride. This journey was determined by their child's symptom severity, support systems, and personal coping skills. Fathers' emotional resilience and acceptance, which were frequently reinforced by faith, played a vital part in their ability to adjust and prosper in their parental roles.

Fathers encountered significant obstacles, particularly in juggling job and caregiving responsibilities. The need to provide constant care frequently resulted in

career changes, financial difficulty, and substantial stress. Despite these challenges, fathers prioritized quality time with their children, understanding the value of their presence and emotional support. They handled financial challenges linked with therapy and medical bills, highlighting the importance of systemic support and resources to reduce these pressures.

Fathers' roles extended beyond emotional and practical assistance and encompassed active participation in their children's growth. Fathers acted as disciplinarians, setting boundaries and enforcing standards that influenced their children's behaviour. They played an important role in decision-making processes, ensuring that their children received the necessary therapies and educational support. Fathers worked with therapists, teachers, and other experts to improve their child's development, exhibiting their dedication to their child's advancement and well-being.

Fathers played an important role in encouraging their children's social contacts and community involvement. They fostered friendships and encouraged their children to participate in social activities, allowing them to make important relationships and improve their social skills. Fathers' active involvement in their children's life not only benefited their development, but also added to a supportive and nurturing home environment.

Overall, the study emphasized fathers' crucial role in the lives of children with ASD. Their emotional resilience, financial support, and active participation were critical to the child's development and well-being. The findings underlined the importance of more recognition and support for fathers in their caregiving tasks, as well as providing them with the resources and assistance they required to carry out obligations

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

This study revealed the critical role fathers played in raising children with autism spectrum disorder (ASD), emphasizing their emotional resilience and active participation in their children's development. Fathers felt a range of emotions, from astonishment and despair to acceptance and pride. Their journey was filled with difficulties, such as juggling employment obligations, financial pressures, and the ongoing need to provide emotional and practical support. Despite these challenges, fathers prioritized quality time with their children and were dedicated to their wellbeing and growth.

Fathers' roles went beyond caregiving to include active participation in therapy, education, and social activities that were essential for their children's development. They acted as disciplinarians, decision-makers, and facilitators of social connections, ensuring that their children received comprehensive care. The study emphasized the importance of increased acknowledgment and systematic support for fathers, recognizing their critical contributions to their children's development and advocating for tools to help them cope. Overall, the study emphasized the necessity of parent engagement and the positive influence it had on their children with ASD.

Recommendations

Based on the findings of the study and the conclusion formulated, the researchers had come up with the following recommendations:

1. From the result of the study, it is recommended that the study participants continue to educate themselves on how to take care of their child with this condition by visiting the local health provider to orient themselves on the preventive measures on autism spectrum disorder complications.

2. For the local government units in coordination with the barangay health workers and city health officials, to come up with programs specific to cater to the needs of fathers with autism spectrum disorder children.

3. The researchers also recommend that further study be conducted to explore the experiences of fathers from different cultural and economic backgrounds to understand their unique challenges.

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Appendix A

Interview Protocol

Before the interview begins the researchers will:

- Introduce self
- Explain the purpose of the research
- Ask if they have any questions
- Inform the participants that they can discontinue answering if they are not comfortable to answer the questions
- Ask to sign the informed consent form
- Provide test audio recording equipment
- Make participant feel comfortable

Opening questions:

1. What do you understand about autism disorder?
2. What did you feel when you heard that your child was diagnosed with autism disorder?

Core question:

1. Can you share your experience of challenges on having a child diagnosed with autism spectrum disorder?

Probing questions:

1. How did you cope with the situation of having a child diagnosed with Autism disorder?
2. What struggles have you had with raising a child having autism spectrum disorder?
3. How do you deal with the challenges that you have personally encountered as a father?

Concluding statement:

- Thank the participant who answered the question
- Ask if they have any questions

Appendix B

Letter to the Participants

Dear Participants,

The 3rd year nursing students will be conducting a research study entitle, **"Challenges of Fathers with Autism Spectrum Disorder Children: A Descriptive Phenomenological Study"** in partial fulfillment of the Bachelor of Science in Nursing.

The researcher would like to ask you consent for participation in the said research study. The researcher will provide essential information, procedure, and consideration throughout the study period. Research recording and interviewing will be done.

Moreover, all the data gathered from the conduct of the study will be kept confidential and results of the study will be disclosed to you after interpretation and identifying themes. The research also gives you the right to withdraw from the study with any reason that you will feel uncomfortable.

Sa among partisipante,

Ang 3rd year nursing students mag himu ug research study na gingalan ug enititle**"Challenges of Fathers with Autism Spectrum Disorder Children: A Descriptive Phenomenological Study"** para among requirements sa among kurso.

Kami, nagahangyo sa imung pagtugot na ikaw usa ka partisipante sa among research study. Kami usab magahatag og mga impormasyon, pamaagi, ug konsiderasyon taman sa mahuman ang among research study. Ang pag record og pag-interview pagahimoun.

Dungag pa, ang tanang mga datus ug mga result ana among makuha kay among ipabiling pribado. Ikaw sa imong kaugalingon nay katungod nga mobalibad ug mo-undang samtang kami nagahimu sa among research study.

Appendix B Cont'd

INFORMED CONSENT

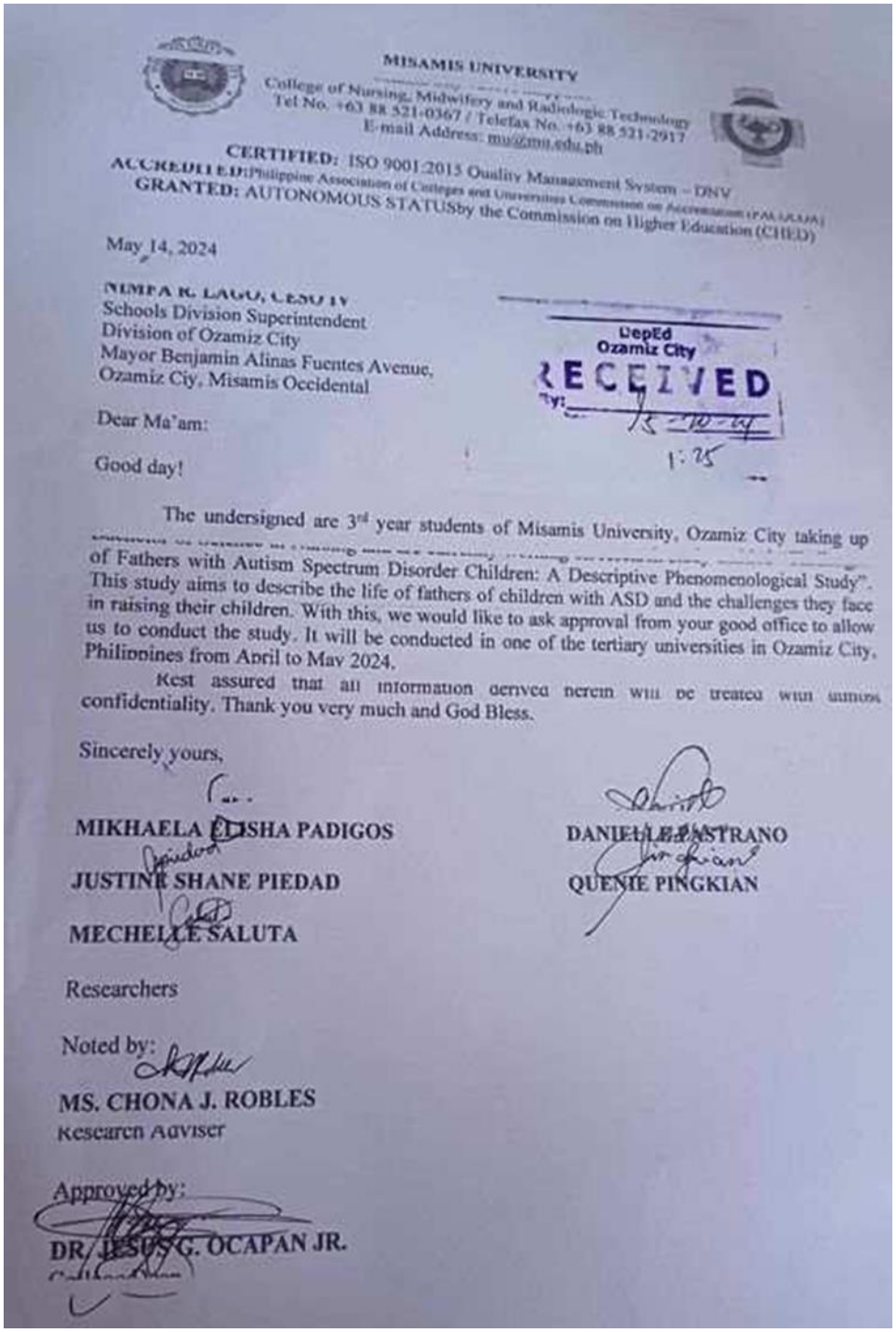
Ako si _____ naga edad ug _____. Nagapuyosa _____, Ozamiz City, nagatugot nga moapil sa gihimunga study nga gihinganlan ug **"Challenges of Fathers with Autism Spectrum Disorder Children: A Descriptive Phenomenological Study".**Ako na hatagan ug impormasyon na kining detalye nga ilang makuha sigurado pribado ug confidential kini pagahimoun sa mga researchers sa lungsod sa Ozamiz City.

_____

SIGNATURE OVER PRINTED NAME

Appendix C

Approved Letter of Consent



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ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)
GRANTED: AUTONOMOUS STATUS by the Commission on Higher Education (CHED)

May 14, 2024

NIMFA R. LAGO, CESO IV
Schools Division Superintendent
Division of Ozamiz City
Mayor Benjamin Alinas Fuentes Avenue,
Ozamiz City, Misamis Occidental

DepEd Ozamiz City
RECEIVED
By:
1:25

Dear Ma'am:

Good day!

The undersigned are 3rd year students of Misamis University, Ozamiz City taking up [redacted] of Fathers with Autism Spectrum Disorder Children: A Descriptive Phenomenological Study". This study aims to describe the life of fathers of children with ASD and the challenges they face in raising their children. With this, we would like to ask approval from your good office to allow us to conduct the study. It will be conducted in one of the tertiary universities in Ozamiz City, Philippines from April to May 2024.

Rest assured that all information derived herein will be treated with utmost confidentiality. Thank you very much and God Bless.

Sincerely yours,

MIKHAELA ELISHA PADIGOS
DANIELLE ASTRANO
JUSTINE SHANE PIEDAD
QUENIE PINGKIAN
MECHELLE SALUTA

Researchers

Noted by:

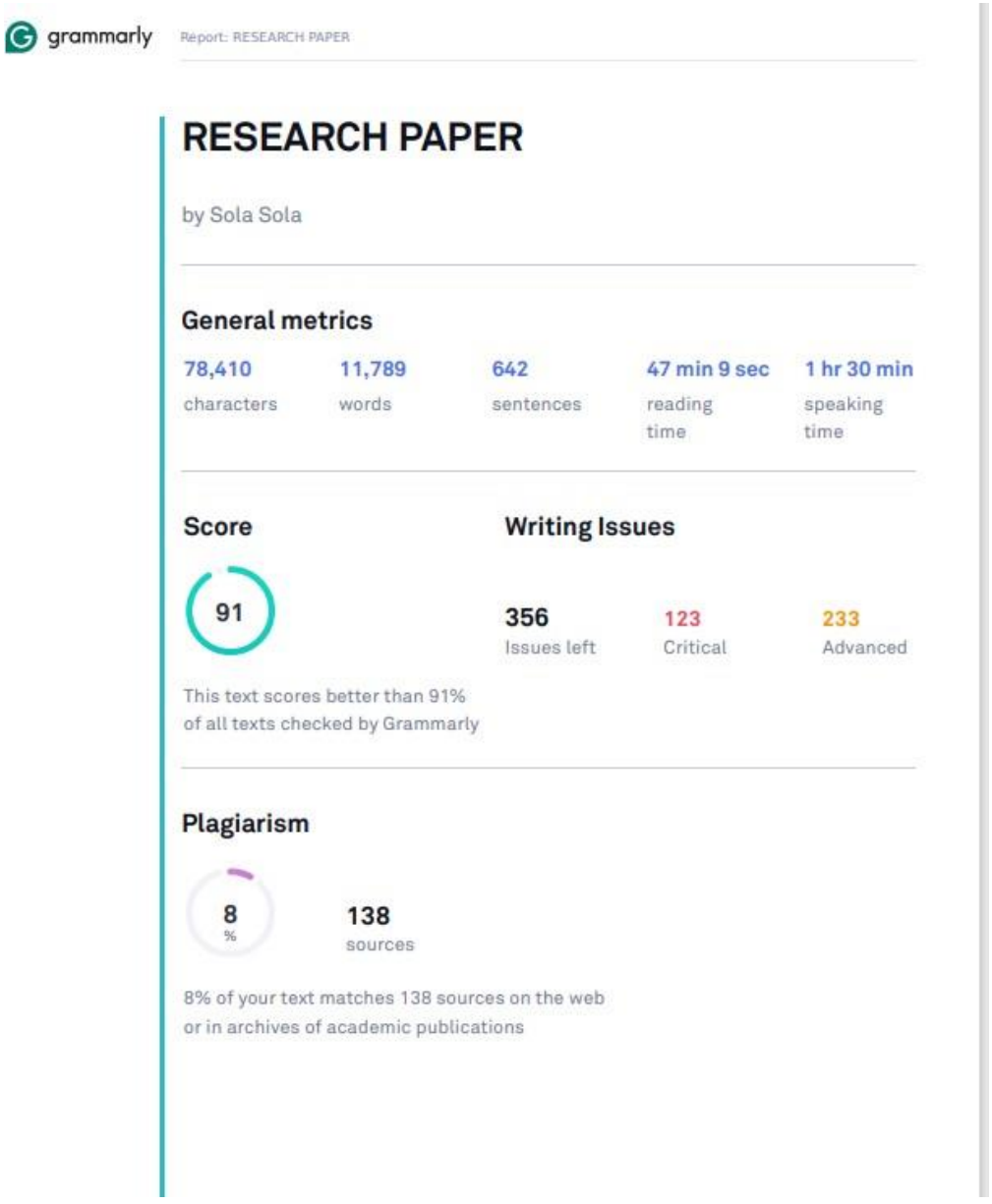
MS. CHONA J. ROBLES
Research Adviser

Approved by:

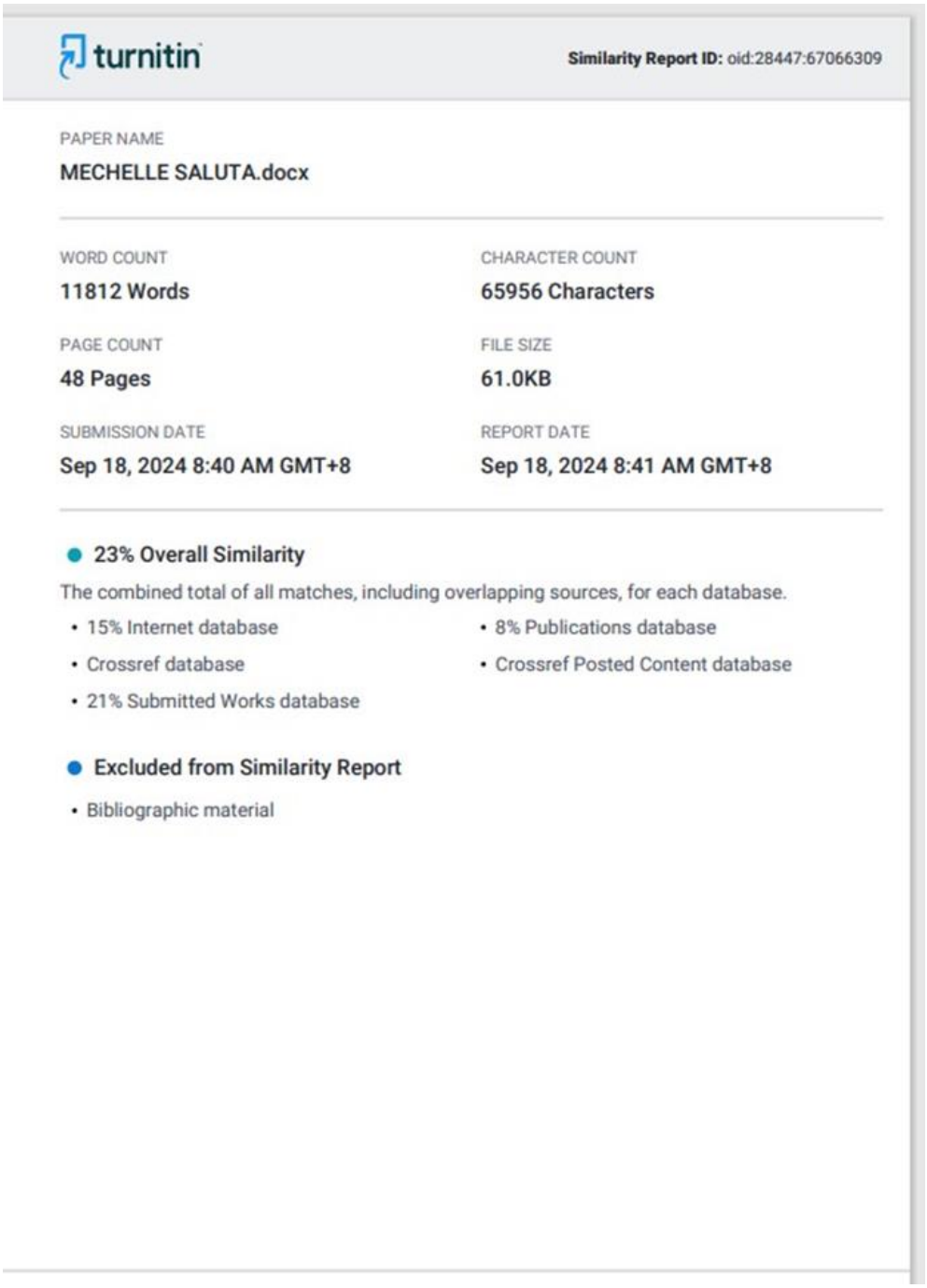
DR. JESUS G. OCAPAN JR.

Appendix D

Grammarly and Turnitin Report



Appendix D Cont'd



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CURRICULUM VITAE

PERSONAL DATA

Name	:	Mikhaela Elisha Padigos
Date of Birth	:	July 29, 2003
Place of Birth	:	Ozamiz City
Home Address	:	Bagong Silang, Tinago, Ozamiz City
Gender	:	Female
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EDUCATIONAL BACKGROUND

Elementary	:	Ozamiz City Central School (SPED Center)
		Tinago, Ozamiz City (2014 – 2015)
Secondary	:	Ozamiz City National High School
		Lam-an, Ozamiz City (2017 – 2018)
Senior High School	:	Misamis University
		H.T. Feliciano St., Ozamiz City (2019 – 2020)
College	:	Misamis University
		H.T. Feliciano St., Ozamiz City

CURRICULUM VITAE

PERSONAL DATA

Name	:	Danielle M. Pastrano
Date of Birth	:	April 19, 2002
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Email	:	daniellepastrano72@gmail.com

EDUCATIONAL BACKGROUND

Elementary	:	Oroquieta City Central Elementary School (OCCES)
		Lower Loboc, Oroquieta City (2014 – 2015)
Secondary	:	Misamis Occidental National High School
		Lower Loboc, Oroquieta City (2017 – 2018)
Senior High School	:	Misamis Occidental National High School
		Lower Loboc, Oroquieta City (2019 – 2020)
College	:	Misamis University
		H.T. Feliciano St., Ozamiz City

CURRICULUM VITAE

PERSONAL DATA

Name	:	Justine Shane M. Piedad
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EDUCATIONAL BACKGROUND

Elementary	:	Sancho V. Capa Integrated School
		Bagakay, Ozamiz City (2012 – 2013)
Secondary	:	Misamis Union High School
		Lam-an, Ozamiz City (2016 – 2017)
Senior High School	:	La Salle University
		Valconcha St., Aguada, Ozamiz City (2018 – 2019)
College	:	Misamis University
		H.T. Feliciano St., Ozamiz City

CURRICULUM VITAE

PERSONAL DATA

Name	:	Quenie S. Pingkian
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EDUCATIONAL BACKGROUND

Elementary	:	Maningcol Central School
		Maningcol, Ozamiz City (2014 – 2015)
Secondary	:	Ozamiz City School of Arts and Trades
		Maningcol, Ozamiz City (2017 – 2018)
Senior High School	:	Misamis University
		H.T. Feliciano St., Ozamiz City (2019 – 2020)
College	:	Misamis University
		H.T. Feliciano St., Ozamiz City

CURRICULUM VITAE

PERSONAL DATA

Name	:	Mechelle M. Saluta
Date of Birth	:	September 29, 2002
Place of Birth	:	MHARS Gen. Ozamiz City
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		Lala, Lanao del Norte
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EDUCATIONAL BACKGROUND

Elementary	:	F.Ylaya Memorial Elementary School
		Daru-Ilaya, Lala, Lanao del Norte (2014 – 2015)
Secondary	:	Christ the King College de Maranding
		Maranding Lala, Lanao del Norte (2017 – 2018)
Senior High School	:	Christ the King College de Maranding
		Maranding Lala, Lanao del Norte (2019 – 2020)
College	:	Misamis University
		Ozamiz City, Misamis Occidental