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Struggles and Coping of Primary Caregivers in Raising Children with Autism Spectrum Disorder

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ABSTRACT

Primary caregivers experience intense confusion before and after they receive an official diagnosis of their child with Autism Spectrum Disorder (ASD). Although the quest to help their child may alleviate some negative feelings, the stress increases when they realize that there is no cure for ASD. This study employed a descriptive comparative design which aimed to compare and contrast the struggles of 93 primary caregivers and their coping strategies in terms of gender and their relation to the child with ASD in Baguio City, Benguet and Dagupan City, Pangasinan. Inventory questionnaires were utilized to gather data. Using Mean Analysis and ANOVA, the more prevalent struggles experienced by the primary caregivers are Financial and Emotional. Males experienced Financial struggle the more while females experienced Emotional. Blood-related primary caregivers struggle more with Financial and Emotional while non-blood related primary caregivers struggle with Health. With the struggles they encounter, the more prevalent coping strategies utilized by primary caregivers are Problem Solving and Social Support. Males utilized Problem Solving the more while females utilized Social Support and Emotional Expression. Blood-related primary caregivers utilized Problem Solving more while nonblood-related primary caregivers utilized Social Support. Despite the various struggles primary caregivers encounter, they find ways to cope with them.

Keywords — Psychology, Autism Spectrum Disorder, primary caregivers, children, descriptive comparative, inventory questionnaires, quantitative, Baguio City, Benguet, Dagupan City, Pangasinan, Philippines

INTRODUCTION

Many families with children who have Autism Spectrum Disorder (ASD) become more stressed than families with typically developing children (Padden & James, 2017). Worldwide prevalence estimates cases of ASD to 62 out of 10,000. While existing estimates are variable, the evidence reviewed does not support differences in Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS) prevalence by geographic region nor of a strong impact of ethnic or socioeconomic factors. Thus, experts estimate that 2 to 6 children out of every 1,000 will have ASD worldwide (Elsabbagh *et al.,* 2012). Prevalence studies of ASD, conducted by the Autism and Developmental Disabilities Monitoring Network (2010, cited by the Centers for Disease Control and Prevention, 2015) show the estimates to be about 1 in 68 children, 1 in 42 boys, and 1 in 189 girls, indicating that ASD is almost 5 times more common among boys than girls. Also, studies in Asia, Europe, and North America have identified individuals with ASD with an average prevalence of about 1 % (Baio, 2010, cited by the Centers for Disease Control and Prevention, 2015) whereas, a study in South Korea reported a prevalence of 2.6% (Cheon *et al.,* 2011). Furthermore, post-industrial countries are also experiencing a trend of rising ASD incidence rates. The United Kingdom reported in 2012 that there was an increase of 56 % of children with autism in the last five years. While ASD is increasing globally, many developing countries are reporting significantly lower rates. In China, it is estimated that 1.1 % in every 1,000 children are diagnosed with Autism (Maguire, 2013). However, in the Philippines, an estimated number of 500,000 children have been diagnosed with this developmental disorder (Endowed & Kopetz, 2012). Thus, ASD is reported to occur in all racial, ethnic, and socioeconomic groups (Baio, 2010, cited by the Centers for Disease Control and Prevention, 2015).

Beyond these statistics are the people who suffer along with those individuals and children who have ASD. These people are the primary caregivers – parents, siblings, grandparents, and other people who take care and are responsible for these individuals and children with ASD. Bryden, Fletcher, and Markoulakis (2012) revealed that primary caregivers struggle in several areas. Firstly, families experience financial difficulties due to the hefty price of availing services (e.g., special dietary plans and private lessons) needed by their child with ASD. Secondly, the health of all members within the family unit can be affected. Many experience physical exhaustion and psychological distress (e.g., depression and anxiety) from taking care of their family member with ASD. Thirdly, families who have a family member diagnosed with ASD find it difficult to maintain social relationships because their child with ASD cannot act appropriately in public. Lastly, family lifestyle may be altered to accommodate the needs of the family member with ASD. Family members tend to place the needs of their family member with Autism above their own needs which in most cases causes familial issues from marital problems to sibling jealousy.

Early intervention programs heighten the intense pressure to use whatever means possible – including placing the family's financial future at risk to secure needed special activities or therapies of the child with ASD. Such activities help those with ASD learn to function in a non-autistic environment. These activities include swimming lessons, and social events, but these activities can be expensive. Parents can spend hundreds or even thousands of their money annually sending their children to these special activities that are imperative for the social development of their child. They would also have to avail of speech and language therapy, other types of one-on-one therapy and other special interventions. Sometimes, children with ASD often cannot attend the same classes or schools as regular children because, based on the assessment of professionals, they require different learning environments and instructions. Special Education (SPED) schools, tutors, and teachers can cost families to spend much every month or every year. With the many activities children with ASD have to do, it requires primary caregivers to monitor these children around-the-clock to provide needed care. Many primary caregivers choose to quit their job and stay home to care for the child with ASD. This implies that they have no choice but to use the available funds they have from their previous jobs to suffice the needs of their child with ASD.

With the various struggles and stresses the primary caregivers are experiencing, previous researchers have found that primary caregivers, families and parents utilize a variety of strategies to cope with struggles related to raising a child with ASD. Gray (2002) found that the most popular coping strategy of families was *support* *from family members*. Other positive coping strategies included *participation in religious and other individual activities*. Findings of Gray (2006) showed that primary caregivers not only participate but also turn to religion for strength and an enlightened perspective on their child's condition. In addition, Glazzard and Overall (2012) discovered that in addition to following a structured routine and relying on familial support, parents cope using the following strategies: (a) physically restraining their child with Autism; (b) ignoring their child's behavior and; (c) avoiding certain social situations.

The researcher was encouraged to conduct this study due to the following reasons: 1) First, a notable fraction of the global community has ASD that translates to a lot of families being affected by the downside of this developmental disability; 2) Second, the disorders associated with ASD are described to be "highly individualized." This means that while all people with ASD share certain difficulties, their condition will affect them in different ways. This means that no two persons with ASD have the exact set of traits that translate to no two primary caregivers experiencing the same struggles and utilizing the same coping strategies. Hence, the third reason is 3) To determine if the relationship of the primary caregivers to the child with ASD brings about a variation in the struggles they encounter and to have a comparative look at the similarities and differences of the coping strategies being utilized by the two groups of primary caregivers. Conducting this research will further broaden the current literature regarding this topic – providing the community with a more extensive look into this developmental disability, which in the long run will be a contributing factor to the growing awareness and acceptance of this developmental disability.

FRAMEWORK

Autism Spectrum Disorder (ASD)

According to the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5), the diagnostic criteria of ASD include: (a) persistent deficits in social communication and social interaction across multiple contexts; (b) restricted, repetitive patterns of behavior; (c) presence of symptoms in the early developmental period; (d) presence of symptoms that cause clinically significant impairment in social, occupational, or other important areas of current functioning and; (e) disturbances are not better explained by intellectual disability or global developmental delay (American Psychiatric Association, 2013).

Struggles of the Primary Caregivers

Primary caregivers are faced with various concerns, such as the chronicity of care and disappointing prognosis, the effects on the family system, increased financial problems, lack of independence, the attitudes of the public towards them and their children *vis-à-vis* the misunderstood nature of the condition, and the very low levels of social support received by primary caregivers (Boyd, 2002; Gray, 2002; Konstantareas & Homatidis, 1992; Trigonaki, 2002; cited by Swanepoel, 2003). Subsequently, different struggles arise alongside with raising a child with ASD. Below are the different struggles primary caregivers experience in raising a child with ASD.

Financial. Due to the immediate and continuous need for interventions for children with ASD, primary caregivers also have to continuously produce financial resources to pay for them and more likely to lead them having financial problems. According to Baker and Sharpe (2007), two factors can contribute to the likelihood of financial problems in the family which include the need for the medical, therapeutic and educational interventions, which have their corresponding, and often, high costs. The second is that families with relatively lower income find that their financial needs outstrip their resources. The parents have difficulty dealing with these costs because of the sudden need for resources to pay for interventions (immediately after the diagnosis), facing the possibility of bankruptcy, and foregoing savings so that money is used for day-to-day expenses (Gould, 2004).

Health. Health problem is a state in which one is unable to function normally and without pain and/or a person who has a physical condition that is caused by disease. Primary caregivers are likewise stressed by the daily hassles caused by caring for a child with ASD. Meltzer's (2008) study showed that parents of children with Autism experience poorer sleep quality, earlier morning wake time, and shorter sleep duration. Parents' continuous experiences of this quality of sleep over a considerable length of time may result to chronic partial sleep deprivation, which may in turn lead to negative mood and higher levels of stress and fatigue.

Social. Socialization problems experienced by the primary caregivers refer to not becoming active participant in the society. Withdrawing from social contacts and activities is a choice that the families find themselves involuntarily making (Biordi & Nicholson, 2008). This is due to the limitations that their children's behavior imposes. They find that they cannot participate in routine activities such as going to church or eating out in restaurants because of the disruptions caused by their child with ASD. Therefore, family life is limited and isolated.

Family. At times, parents become so involved with the child with Autism that they get to pay little attention to their spouses and other children. There are instances when it would seem like the whole family and their activities revolve around the child with ASD. Hence, some researchers have found that, because family life tends to be focused on the child with Autism and gets restricted because of the rules and routines of the child, parents feel that it lacks a sense of "normality" (Woodgate et al., 2008).

Emotional. Findings from a study by Gray (2002) found that caring for a child with Autism causes parents to continue experiencing significant emotional distress which includes depression, anxiety, and anger. Also, many studies (Cuxart, 1995; Belchic, 1996; Baker, et al., 2003; Baker, et al., 2005, cited by Brioso, Pozo, & Sarria, 2011) have examined the emotional adjustment of parents of children with ASD. These studies have systematically documented that compared to parents of children with other disorders or with parents of normally developing children, parents of ASD children have higher levels of stress.

Coping of the Primary Caregivers

Taking into consideration the purposes of this study, the coping mechanisms and strategies used by primary caregivers in dealing with their struggles in raising a child with ASD are presented in the succeeding sections.

Engagement Coping

This type of coping attempts to actively manage the stressful situation or event through social support, cognitive restructuring, expression of emotion, and problem solving. According to the study of Compas, Champion, and Reeslund (2005), engagement coping strategies are characterized by direct attempts to influence either the stressor itself or one's emotions in response to the stressor (primary control coping), or efforts to adapt to the stress by regulating one's cognitions (secondary control coping).

Problem Solving. Raising a child may sometimes lead primary caregivers to construct strategies for altering potentially stressful situations especially those primary caregivers raising a child with ASD. This strategy is defined by Chinaveh (2013) as the self-directed cognitive-behavioral process by which a person attempts to identify for discovering effective or adaptor solutions for specific problems encountered in everyday living.

Cognitive Restructuring. Primary caregivers of children with ASD make assumptions about their circumstance that are not true. They might also make literal interpretations about the situation which impedes their ability to make decisions and responses. However, this kind of situation could be managed. In a study conducted by Shaker-Naeeni, Govender, and Chowdhury (2014), to avoid this kind of state, cognitive structuring enables the primary caregiver to correct distorted conceptualizations and dysfunctional beliefs.

Emotional Expression. The ability to cope with stressful situations to regulate emotions is pervasive over the course of a primary caregiver of a child with ASD. Pottie and Ingram's (2008) study revealed that emotional regulation coping or expression of coping may be adaptive for parents when confronting daily stressful events.

Social Support. Primary caregivers of children with ASD can draw tremendous amount of support from people around them. They can gain support from family, friends, support groups, and professionals. Primary caregivers can get cheap and highly accessible support from their family and friends. Using one's existing network is important, and in fact, Siegel (2008), an expert in the field of autism claimed that maintaining the fabric of the life one had before diagnosis is more important to one's longer-term well-being than forsaking it in favor of life as an Autism-only mother or father.

Disengagement Coping

Unlike engagement coping behaviors which are focused on dealing with the stressful situation or one's emotions, Compas, Champion, and Reeslund (2005) stated that disengagement coping are efforts to distance oneself emotionally, cognitively, and physically from the stressor. Below are the specific coping strategies under disengagement coping.

Problem Avoidance. Primary caregivers who do not want to face a stressful situation may tend to avoid the stressor. This strategy, as stated by C. K. Holahan, Moos, C. J. Holahan, Brennan and Schutte (2005), can be described as cognitive and behavioral efforts focused on minimizing, denying or ignoring dealing with a stressful situation.

Wishful Thinking. Primary caregivers of children with ASD may frequently make judgements influenced by their motivation or based on different factors. They typically hold unrealistic positive beliefs based on their predictions and desire to experience success or to avoid negative outcomes, rather than aspects of the situation.

Self-Criticism. Primary caregivers may often make judgements about their situation that ignore the other side of the picture and as a result apply a negative bias to their thinking rather than a balanced point of view. However, these negative biases can be considered as Self-Criticism which is rooted from ill feelings which contribute to low self-esteem going.

Social Withdrawal. Some families may choose to be secluded from the rest of the community. Some parents explained that being away from people affords them a decent amount of convenience and allows them to avoid awkward incidents that only invite embarrassment (Bedesem, Boyd, & Mancil, 2009). It was revealed, however, that social withdrawal has psychological consequences. At the surface level, parents may have temporarily displaced their concerns, but their unaddressed problems may resurface and bring more stress in the future.

OBJECTIVES OF THE STUDY

The main purpose of this study was to understand the struggles and coping strategies of the primary caregivers in raising their children with Autism Spectrum Disorder (ASD). Further, the study aimed to identify the prevalent struggles of the primary caregivers and how do they differ in their experiences of struggles in raising their children with ASD in terms of gender and relation to the child. Also, the study aimed to identify the prevalent coping strategies that primary caregivers utilize in relation to the struggles they experience in raising children with ASD in terms of gender and relation to the child.

METHODOLOGY

Research Design

This study employed a descriptive comparative design which aimed to compare and contrast the struggles of 93 primary caregivers and their coping strategies in terms of gender and their relation to the child with ASD in Baguio City, Benguet and Dagupan City, Pangasinan. Inventory questionnaires were utilized to gather data. Hence, treatment and analysis of the data gathered was accomplished using Mean Analysis and Analysis of Variance (ANOVA).

Research Site

The study was conducted with the primary caregivers of children with Autism Spectrum Disorder (ASD). The locale of this study was selected from the different schools, clinics, and centers within Baguio City and Dagupan City, Pangasinan which offer services for children with ASD. Respondents were obtained from Easter Colleges – Special Education Department, Baguio City Special Education Center (SPED Center), Play and Say Therapy Center, A Child's DREAM Foundation, Inc., Oakridge International School, Aces Therapy Center Foundation, Inc., and Pangasinan Center for Therapy Services (Theracare). However, aside from these institutions, there were some that do not cater to children with ASD at the moment, but the owners or heads of these institutions referred the researcher to primary caregivers whose information are still in their previous records.

Participants

The sample for the study comprises a total of 93 primary caregivers who were recruited through purposive sampling and snowballing sampling technique. In terms of demographic features, the participants' ages ranged from 18 to 63. Specifically, there were 30 male primary caregivers and 63 female primary caregivers. The ages of male primary caregivers ranged from 18 to 58 whereas, for female primary caregivers, ranged from 19 to 63. Consequently, in terms of the primary caregivers' relation to the child with ASD, there were 71 blood-related primary caregivers (grandfathers, grandmothers, uncles, aunts, fathers, mothers, brothers, sisters, and cousins) and 22 nonblood-related primary caregivers (nannies). The ages of blood-related primary caregivers ranged from 18 to 63 whereas, for non-blood related primary caregivers, ranged from 19 to 34.

Instrumentation

The questionnaire on struggles is a 50-item self-report that measure the prevalence of the struggles experienced by the primary caregivers in raising their children with ASD. The questionnaire on struggles was constructed by the researcher and was content-validated by a co-rater. Items in the survey were categorized into 5 categories namely, Financial, Health, Social, Family, and Emotional. Filipino translations were also provided for the items in the tool. The Cronbach's Alpha Coefficient is equal to 0.88 which shows high internal consistency.

Consequently, the Coping Strategies Inventory (CSI) is a 72-item self-report which was designed by Tobin (1984) to assess how people cope with a specific stressor. Items in the tool are categorized into 8 primary subscales namely, Problem-Solving, Cognitive Restructuring, Social Support, Emotional Expression, Problem Avoidance, Wishful Thinking, Self-Criticism, and Social Withdrawal. Filipino translations were also provided for the items in the tool.

The Cronbach's Alpha Coefficient for the CSI ranges from 0.71 to 0.94. Using the obtained data from the respondents of this study, the Cronbach's Alpha Coefficient is 0.63 which shows high internal consistency.

RESULTS AND DISCUSSION

Raising a child with Autism Spectrum Disorder (ASD) is a long journey. Primary caregivers encounter and experience various struggles along the way. It is difficult to paint a portrait of what it is like to manage the day-to-day life of a child with ASD. Even when primary caregivers have many options and places to turn for help, the help some primary caregivers are receiving may not yet be adequate.

Prevalent Struggles of the Primary Caregivers

Majority of the primary caregivers deemed Financial and Emotional as their more prevalent struggles than the other areas of struggle, F (2.87, 263.94) = 32.69, $p< 0.05$, ($\omega^2_p= 0.2534$). Many people do not know the costs associated with raising a child with ASD. Diagnosis of ASD places a large financial burden on primary caregivers who often pay for expensive treatments out-of-pocket (Taylor, 2014). Early intervention programs heighten the intense pressure to use whatever means possible – including placing the family's financial future at risk to secure needed special activities or therapies of the child with ASD (Baker & Sharpe, 2007).

The financial challenges of raising a child with ASD can be just as equally daunting as the emotional ones or both may also be related with each other. With the high demands of raising a child with ASD such as the child's therapies, schooling and other needs, primary caregivers feel financially drained. This is supported by Bashir, Khurshid, and Qadri (2014) who revealed that primary caregivers of children with ASD had suffered financial problems due to the over expenditure of the child's medication. The primary caregivers are frequently blindsided by the major financial struggles that lie ahead. Publicly funded services often provide fewer services than what they desire and insurance often does not cover certain types of therapies, hence, the primary caregivers end up paying huge sums out-of-pocket. During this time, primary caregivers feel anxious or down when times are hard.

Gender Differences in the Primary Caregivers' Experiences of Struggles

Male primary caregivers experienced Financial struggle more than the other areas of struggle, $F(2.29, 66.47) = 27.38$, $p < 0.05$, ($\omega^2_p = 0.4643$). When people say that a man should be a good provider, what they customarily mean is that he should get a stable job that earns adequate income, one which enables him to provide food, shelter, and the nice things in life to his family. On the other hand, female primary caregivers experienced Emotional struggle than the other areas of struggle, $F(2.22, 137.67) = 28.39$, $p < 0.05$, ($\omega^2_p = 0.3015$). While males provide for the family, females are left with the responsibility of taking care of the child. Women provide more care and spend more time with the child with ASD. This care includes delegating the tasks related to raising a child with ASD and worrying about the child's health and well-being. Research indicates that the brunt of caring falls upon the mother, with fathers helping mainly with supervision rather than physical care or domestic tasks (McGrath, 2006).

Differences in the Experiences of Struggles Considering the Primary Caregivers' Relation to the Child with ASD

In terms of the primary caregivers' relation to the child with ASD, Financial and Emotional struggles were found to be more experienced by blood-related primary caregivers, $F(2.50, 175.10) = 69.69$, $p < 0.05$, ($\omega^2_p = 0.4903$). Families of children with ASD become very supportive of the child's well-being. It means putting their desires aside and prioritizing whatever services or necessities are needed by their child with ASD. They become overwhelmed with the situation and become anxious and depressed if they are not able to do so. On the other hand, Health was found to be more experienced by nonblood-related primary caregivers, $F(4, 84) = 31.65$, $p < 0.05$, ($\omega^2_p = 0.5796$). Nonblood-related primary caregivers are employed by a family and given the task to give proper care to the child with ASD. They are left with the responsibility to feed the child, put the child to bed, handle unruly behaviors and prioritize the child's well-being more than their own. While the parents are away, nonblood-related primary caregivers are given the responsibility of raising the child with ASD. They focus on the child's well-being than theirs. Their primary concern is the welfare of the child with ASD. Otherwise, they are accountable should the child with ASD suffer more or should anything untoward happen to the child with ASD. They have to prevent any health concern of their own that may arise from accepting the responsibility of taking care of a child with ASD. Otherwise, they have to treat it soonest or it becomes a secondary concern. Sometimes, the unnerving task of caring for a child who has ASD requires special caregiving skills which can be detrimental to the physical health of their caregivers. Raina, O'Donnell, Rosenbaum, Brehaut, Walter, and Russell (2005) found that the most important predictors of health concerns of these children's caregivers were the behavior of their child and the demands of the task in raising a child with ASD such as feeding the child, watching over the child's hygiene, teaching the child and letting the child sleep.

Prevalent Coping Strategies of the Primary Caregivers

Problem Solving and Social Support are the more prevalent coping strategies utilized by primary caregivers regardless of gender and primary caregivers' relation to the child with ASD, $F(4.93, 453.41) = 493.78$, $p < 0.05$, ($\omega^2_p = 0.8409$). Several studies report that primary caregivers use problem solving as a coping strategy to help overcome stress associated with raising a young child with an ASD (Baker-Ericzen, Brookman-Frazee, & Stahmer, 2005; Montes & Halterman, 2008; Schieve, Blumberg, Rice, Visser, & Boyle, 2007). One way of utilizing problem solving strategy is to analyze the problem of raising a child with ASD thoroughly. Primary caregivers describe the problem with a specific situation regarding raising a child with ASD. After describing they state or list how it could be worse and how it could be better. They would then determine what is keeping the situation of raising the child from getting better. When they have made all these, they would think and propose solutions for the things over which they have control and then plan actions to achieve the desired goal, that is, decreasing or eliminating the stress they experience in raising a child with ASD. While primary caregivers would look for solutions to alleviate their present conditions, they also ask the help of others – agencies, organizations, friends, families. Primary caregivers will also seek social support from trained professionals who help them by giving moral support and helping them manage their difficult times.

Gender Differences in the Primary Caregivers' Use of the Coping Strategies

When primary caregivers were classified according to their gender, results indicate that male primary caregivers deemed Problem Solving as the more prevalent coping strategy, $F(3.73, 108.02) = 249.17$, $p < 0.05$, ($\omega^2_p = 0.8913$). When faced with struggles, males' natural reaction will be to think through the problem and offer effective solutions to it. Males approach problem solving with less communication. Males sometimes tend to hyper-focus on one problem at a time or on a limited number of problems at a time. Some of them might have an enhanced ability to separate themselves from problems of raising a child with ASD and can intellectually minimize the complexity that may exist to make the problems more manageable. On the other hand, results revealed that female primary caregivers use Social Support and Emotional Expression, $F(4.64, 287.48) = 413.87, p< 0.05$, ($\omega^2_p = 0.8672$). Females consider a relationship to be strengthened if they disclose their problem to others and express what they feel to them. Schieve *et al.* (2007) found that mothers of children with ASD were more expected to seek support groups or others for support in learning about their child's disability and stress related to their child's disability. Mothers or females who use social media are particularly likely to encounter helpful parenting information while looking at social media content and receive social or emotional support about raising children in general and how they cope with the stress of it (Duggan, Lenhart, Lampe, & Ellison, 2015). Aside from leaning on social media for support, female primary caregivers often rely on the forms of help from those close to them when they try to solve a problem.

Differences in the Use of Coping Strategies Considering the Primary Caregivers' Relation to the Child with ASD

Blood-related primary caregivers utilize Problem Solving than the others, $F(3.93, 274.60) = 394.06, p< 0.05$, ($\omega^2_p = 0.8465$). Due to love for a family member, blood-related primary caregivers look for solutions as to how they could alleviate the child's condition. Family members are aware of their responsibilities towards their children with special needs, thus, they are doing their best to provide the necessary care their children need. They would be very supportive of their child's needs and would look for ways to resolve the problem. On the other hand, nonblood-related primary caregivers utilize Social Support, $F(4.54, 95.37) = 254.12, p< 0.05$, ($\omega^2_p = 0.9193$). Since most of these respondents do not have any background of the child's condition or how to raise the child with ASD, they look for people who have the same situation and ask help from them. If needed, they would join associations that will help them be aware of how to help the child with ASD.

CONCLUSIONS

Primary caregivers of children with ASD, especially parents and other blood-related persons, always struggle more with the Financial and Emotional areas.

Their zeal to alleviate the child's condition leads them to the provision of all the possible needs and services even if it means having to spend more than the usual. Not being able to meet the needs of the child with ASD consequently leads to feelings of worry, anxiety and sometimes even depression. It is best then to ascertain that the Financial struggle is successfully overcome as this results to positive feelings and peace of mind hence, a consequent reduction of the Emotional struggle.

Through their prevalent Financial struggle, male primary caregivers experience pride and dignity in being able to meet the expectation of them to be capable of providing financially for the family. While as female primary caregivers go through their prevalent Emotional struggle, on the other hand, they find joy and meaning through caregiving and child-rearing.

Unlike blood-related primary caregivers, nonblood-related primary caregivers' more prevalent struggle in the Health area reflects how their acceptance of their social responsibility sometimes lead to health-related sacrifices as long as they are able to help the child with ASD and his/her family.

The more prevalent coping strategy of Problem Solving leads to the actual special care and adequate provision for the child's special needs thereby making the whole family live a happy and satisfying life. Social Support, as another more prevalent coping strategy, facilitates Problem Solving during more difficult times and it allows for the opportunity to share the joys of the family after Problem Solving has become successful.

The more prevalent coping strategy in male primary caregivers which is Problem Solving supports the frequent tendency or desire in males to showcase how strong, competent and strong-willed they are. In contrast, the more prevalent coping strategies in female primary caregivers which are Social Support and Emotional Expression confirm previous findings about females with regard to their tendencies to discuss emotions in terms of their relationships

Problem Solving as the prevalent coping strategy utilized by blood-related primary caregivers reflect the Filipino value of being family-oriented. Members of the family and kins do everything to help a family member. In contrast, the more prevalent coping strategy in nonblood-related primary caregivers which is Social Support gives them consolation as well as enlightenment that they are not alone.

TRANSLATIONAL RESEARCH

The research can be used as a basis to actualize programs or scholarship grants meant for ASD and other neurodevelopmental disorders so that they will have free or low-cost intervention and educational programs.

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