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Mga Bayaning Walang Kapa: Struggles and Coping of Ivatan Primary Caregivers of Children with Special Needs in the Province of Batanes

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ABSTRACT

Primary caregivers of children with special needs encounter a host of new challenges and face reality and shock of diagnosing the disability itself. This study employed a descriptive research method to identify and describe the struggles of 18 Ivatan primary caregivers and their coping strategies in terms of gender in the Province of Batanes. Inventory questionnaires were used to gather data. Using Mean Analysis and ANOVA One-Way Repeated Measures, the Ivatan primary caregivers' prevalent struggles are Financial, Health, Social, Family, and Emotional. In terms of gender, both males and females experienced all the areas of struggle. With the struggles Ivatan primary caregivers experienced, the more prevalent coping strategies that they used are Problem Solving, Cognitive Restructuring, and Social Support. Male and female primary caregivers used all the coping strategies except Social Withdrawal and Self-Criticism. Males utilized Problem Solving the more while females utilized Cognitive Restructuring. Despite the various struggles that the Ivatan primary caregivers experienced, they find ways to cope with them.

Keywords – Social Science, Struggles, Coping, Children with Special Needs, Primary Caregivers, Ivatan, Descriptive Research, Quantitative, Batanes, Philippines

INTRODUCTION

Children today enjoy healthy childhoods that require little need for specialized health care services. However, some children experience difficulties in early childhood that require access to and consumption of considerable health care resources over time. These children with this developmental disorder experience physical, sensory, communicative, and intellectual impairments and may then have complex limitations in self-care functions.

In 2011, the World Health Organization estimated that around 10% of the world's population live with some form of disability. It affects the individual concerned and the support network (e.g., friends and family) when one of the family members has special needs, whether physical, psychological, or chronic, and care is generally given by the family (Blanes et al., 2007).

According to the International Classification of Functioning, Disability, and Health, children with special needs can be defined as children having impairments, activity and participation restrictions, or disadvantages (World Health Organization, 2007). These children need health and other related services beyond what is required of normal children. This makes families caring for children with special needs face challenges and demands than those caring for children without special needs. On the other hand, Savage and Bailey (2004) defined a primary caregiver as the parent or other family members of the child with special needs responsible for parenting or caring for the child. Also, Billote (2018) categorized the primary caregivers into blood-related primary caregivers and nonblood-related primary caregivers. Blood-related primary caregivers refer to the parents, siblings, grandparents, and other relatives. On the other hand, nonblood-related primary caregivers correspond to a professional trained in Special Education (SPED) or another individual, such as a private teacher, therapist, or nanny. In general, they provide practical and day-to-day unpaid support for a person unable to perform daily living tasks.

With this, families become a critical source of support for children with special needs. Parents and family members absorb added demands on time and emotional and financial resources (Baker-Ericzen et al., 2005) linked to having a child with special needs.

Although caregiving is a normal part of being a parent or a family member of a child, this role takes a full implication when a child experiences functional limitation that would then be a long-term dependence. Evidence suggests considerable disparities in how these caregivers of children with special needs adapt to the caregiving demands and stressors. The varied adaptations in taking care of these children may cause different impacts on primary caregivers' health and well-being (Raina et al., 2005).

Primary caregivers of a child with special needs encounter a host of new challenges and face the reality and shock of the diagnosis of the disability itself. Challenges include learning new medical terms and the new vocabulary of government agencies and programs, rules, and forms. A child with special needs can also significantly impact the family dynamics, and parents are often forced to give all their attention to the child with special needs, which can lead to problems with the siblings. Additionally, caregivers are faced with new financial burdens, such as efficient medical equipment costs that may not be funded by government or insurance agencies, transportation costs, loss of income, extra child costs, and various out-of-pocket expenses needed by a child with special needs (Nuutila & Salantera, 2006; Yantzi et al., 2006; Chambers & Chambers, 2015).

Furthermore, primary caregivers of children with special needs suffer significant psychological and physical changes due to caregiving's burden (Raina et al., 2005). In Nuutila and Salantera (2006) study, caregivers describe the challenges of not knowing what is wrong with their children, the stress of seeking a diagnosis, and procuring needed knowledge and skills to provide medical and physical care for their children. These challenges are in addition to the caregivers' day-to-day practical needs.

The daunting task of caring for a child with special needs requires special parenting skills, which can injure the caregivers' physical health. This is why stress and health are related. Murphy et al. (2007) study findings show that the caregiver's health worsens due to the lack of time and control and decreased psychosocial energy brought about by their roles.

In several studies conducted in the Philippines, being a child caregiver with special needs has been described as complicated, challenging, and frustrating (Gargiulo, 1985). On the other hand, some of the caregivers have given up their careers and devoted their time and energy to the caring of their child with special needs (Liwag, 1987, as cited in Gomez & Gomez, 2013).

With the array of struggles the primary caregivers are experiencing, previous researchers have found that they utilize various strategies to cope with raising children with special needs. Coping includes behavioral strategies that individuals use to lessen the effect or demands of stress (Khan & Humtsoe, 2016). Coping is usually done through increasing one's resources, changing beliefs, improving control over surroundings, taking help, or decreasing emotional responses to stress. Primary caregivers of children with special needs are more likely to turn towards religion, prayer for reassurance, and increased religious activities to feel less stress (Kamaruddin & Mamat, 2015). Additionally, Smith (2003) identified different strategies these caregivers employ once learning their child's diagnosis. Strategies include components of seeking social support, positive reassessment, careful problem solving, and emotional regulation.

The researchers were encouraged to conduct this study due to the following reasons. First, the difficulties faced by children with disabilities are "highly individualized." This means that children's disabilities will affect them in different ways. No two children with special needs have the same traits that translate to no two primary caregivers experiencing the same struggles and applying the same coping strategies. Therefore, the second reason is to determine if the primary caregivers' gender brings about a deviation in the struggles they encounter. In this way, there will be a comparative look at the similarities and differences of the coping strategies being utilized by primary caregivers.

Conducting this research will further broaden the current literature regarding this topic – providing the community with a more comprehensive look into the different special needs, which will contribute to the growing awareness and acceptance of people with special needs in the long run. When primary caregivers' challenges are identified and understood from their perspective, interventions can be designed to address their needs more adequately. School counselors and teachers can respond by forming parent support groups or referring them to existing support groups at the school level. This can serve as a source of support and encouragement to the primary caregivers. When given interventions to cope with the struggles primary caregivers experience and when given support, children with special needs will receive the proper social and emotional tools to go through challenges. This makes them grow more resilient and face and overcome difficulties.

FRAMEWORK

Presented in this section is a brief description of the different variables that underpin the study.

Children with Special Needs

Under the Individuals with Disabilities Educational Act (IDEA), children with special needs are individuals who need early intervention services. This is because, firstly, they are experiencing developmental delays in one or more of the following areas: (1) cognitive development, (2) physical development, (3) communication development, (4) social or emotional development, and (5) adaptive development. Secondly, these children have a diagnosed physical or mental condition with a high probability of developmental delay. However, it must be noted that these delays are measured by appropriate diagnostic procedures and instruments (National Dissemination Center for Children with Disabilities, 2009).

Furthermore, IDEA lists thirteen different disability categories for individuals under 3 to 21 years old that may be eligible for services. The disability listed in IDEA are: 1) autism; 2) deaf-blindness; 3) deafness; 4) emotional disturbance; 5) hearing impairment; 6) intellectual disability; 7) multiple disabilities; 8) orthopedic impairment; 9) other health impairment; 10) a specific learning disability; 11) speech or language impairment; 12) traumatic brain injury and; 13) visual impairment, including blindness.

Characteristics of Children with Special Needs

The following definitions apply to the 13 categories of exceptionality as defined by the Individuals with Disabilities Education Act (IDEA, 2004).

Autism. It is a neurodevelopmental disorder that affects verbal and nonverbal speech and social contact and usually manifests before the age of three. Other prominent characteristics associated with autism are engagement in repetitive activities and stereotyped movements, resistance to changes, and unusual sensory experiences responses.

Deaf-Blindness. It is concomitant hearing and visual impairments. This combination causes severe communication and other developmental and educational needs.

Deafness. It refers to a hearing impairment that is so severe that it impairs an individual's processing of linguistic information through hearing.

Emotional Disturbance. It is a disorder in which a child's educational success is negatively impacted by one or more of the following characteristics over a long period and to a significant degree: 1) An inability to understand that is not due to intellectual, sensory, or health issues; 2) An inability to establish or sustain satisfactory interpersonal interactions with peers and teachers; 3) Inappropriate forms of actions or emotions in usual situations; 4) A general pervasive state of unhappiness or depression; and 5) A proclivity to experience physical manifestations or fears associated with personal or school issues.

Hearing Impairment. It is damage in hearing that may be either permanent or fluctuating.

Mental Retardation. It is a general intellectual functioning that is significantly sub-average. It exists alongside deficits in adaptive behavior and manifested in the developmental period of an individual.

Multiple Disabilities. These are concomitant impairments such as mental retardation-orthopedic impairment, mental retardation-hearing impairment, etc.

Orthopedic Impairment. This includes impairments caused by congenital anomaly, disease, and other impairments from other causes such as cerebral palsy, fractures, amputations, etc.

Other Health Impairments. These refer to having limited strength and vitality that is due to chronic or acute health problems. This includes asthma, ADHD or ADD, diabetes, epilepsy, a heart condition, leukemia, lead poisoning, rheumatic fever, nephritis, lead poisoning, hemophilia, and sickle cell anemia.

Specific Learning Disability. It is a problem with one or more of the fundamental psychological mechanisms involved in comprehending spoken or written language. This could show up as a lack of ability to listen, think, talk, interpret, write, spell, or perform mathematical calculations.

Speech or Language Impairment. It is a communication disorder that involves stuttering, flawed articulation, or voice impairment.

Traumatic Brain Injury. It is an acquired injury by an external physical force. This results in an impairment in one or more areas such as cognition, language, memory, attention, reasoning, judgment, problem-solving, etc.

Visual Impairment. It is an impairment in vision (which includes blindness), even with correction.

Parenting Children with Special Needs

Families are dynamic functioning units that strive for stability and balance to development and change. However, a child's birth with special needs creates a severe breach of this balance since families undergo a difficult existential experience (Kandel & Merrick, 2003). They raise children whose mental, emotional, cognitive, or developmental difficulties reduce their capacity to be educated in the same ways as other children. This gives them different roles to play in raising and caring for children with special needs.

Throughout history, the birth of a child with special needs has been considered heartbreaking, threatening, distressing, and painful for parents or primary caregivers (Lizasoáin & Peralta, 2004, as cited in Lara & de los Pinos, 2017). The majority of the scientific literature for more than decades about family and disability has been focused on recounting the child's effect with special needs produced in the family dynamic. This includes depression, anxiety, frustration, guilt, economic burden, isolation, etc. For primary caregivers, having and raising a child is a process that requires adaptation that starts when they become a mother or a father, continuing through the pregnancy until birth and when individual changes occur that are linked to the new roles as mother and father. There is the assumption of new responsibilities, changes in habit and couple's relationship, etc. However, these changes are far greater for parents that have a child with special needs because other changes specific to this situation also take place. When various symptoms are shown that are atypical in normal development during the developmental process, feelings and emotions such as loss, pain, doubt, threat, shock, and helplessness arise (Lara & de Los Pinos, 2017).

According to Lizasoáin & Peralta (2004, as cited in Lara & de Los Pinos, 2017), in the first instance of initial shock when knowing the diagnosis, there is a stage of reaction followed by adaptation and guidance. The progression, coping strategies, the members that form part of the family, and the resources availed and support received will depend on each family. Primary caregivers will gradually manage to cope with the new situation and recreate their life scheme until the pain wanes.

Struggles of Primary Caregivers

Primary caregivers are faced with various concerns, such as chronicity and disappointing prognosis, changes in the family system, financial strain, attitudes of the community towards them and their children, and the minimal social support received by primary caregivers (Boyd, 2002, as cited in Swanepoel, 2003). Consequently, different struggles arise alongside raising a child with special needs. Below are the different struggles primary caregivers experience in raising a child with special needs.

Financial. According to Reichman et al. (2008), due to the immediate financial and continuous need for intervention for children with special needs, one problem it brings to the primary caregivers is financial concerns. They may experience difficulties looking for appropriate and affordable child care, including medical, therapeutic, and educational interventions, which are usually out-of-pocket costs. Caring for a child with a special need is a life-long commitment that has a huge financial implication, facing the possibility of bankruptcy and preceding savings so that money is used for daily expenses (Baker & Sharpe, 2007).

Health. A health problem is a state in which one cannot function normally and without pain and/or a person who has a physical condition caused by disease. Cantwell et al. (2014) emphasized that the primary caregivers› physical health is influenced by poor sleep, greater risk of hypertension, increased headaches, and higher infection rates. Barriers to promoting primary caregivers' health include lack of time, insufficient respite hours, a shortage of qualified care providers for the child with special needs, and low prioritization of their own needs, all contributing to poor health (Murphy et al., 2007).

Social. Socialization problems experienced by the primary caregivers refer to not becoming an active participant in society. Primary caregivers cannot make social contacts as much as before since they have the added responsibility of taking care of a child with special needs. This puts them at risk of feeling isolated (Biordi & Nicholson, n.d.).

Family. At times, parents become so involved with their child with special needs that they get to pay little attention to their other family members. Since family dynamics change, activities seem to revolve around the child with special needs. When this happens, parents feel that it lacks a sense of "normality" (Woodgate et al., 2008, as cited in Perepa, 2013).

Emotional. When caring for children with special needs, families may experience guilt, blame, or lowered self-esteem (Reichman et al., 2008). Feelings of uncertainty, anger, denial, embarrassment, fear of stigma, grief, and even withdrawal can occur with the sudden realization that the child they have expected and anticipated is different (Gull & Nizami, 2015). Parents or primary caregivers may harbor a lasting sense of loss because of the child's special needs.

Coping of Primary Caregivers

Considering the purposes of this study, the coping strategies used by primary caregivers in dealing with their struggles in raising a child with special needs are presented in the succeeding sections.

Engagement Coping

These coping attempts to actively manage the stressful situation or even through social support, cognitive restructuring, expression of emotion, and problem-solving. It is considered to be a more positive way of dealing with a stressful event. This is characterized by direct attempts to influence the stressor itself, emotions in response to the stressor, or efforts to adapt to the stress by modifying one's cognitions (Compas et al., 2005).

Problem Solving. Problem-focused strategies are efforts directed at solving a problem that causes distress. This includes information gathering, decision making, performing task-oriented actions, planning, and resolving conflicts. Primary caregivers alter their response to the stressors of having a child with special needs, focusing on the positive rather than the negative (Abery, 2006).

Cognitive Restructuring. Primary caregivers may have positive and negative judgments of the difficulties that come with raising a child with special needs, and they can coexist (Trute et al., 2007). However, cognitive restructuring can help alleviate the child's disability on family members, strengthen psychological and physical resources during stress, and protect them against depression (Gupta, 2007).

Emotional Expression. How primary caregivers of children with special needs interpret and regulate emotions have been prevalent over caring for a child with special needs. Emotional regulation coping is a distancing technique when confronted with daily stressful events (Pottie & Ingram, 2008).

Social Support. According to the study of Billote (2018), primary caregivers can strengthen their relationship if they disclose their problems to others. They tend to seek support groups in learning about their child›s disability and stress related to the disability. Primary caregivers are also likely to look into other helpful parenting information on social media content and receive support about raising children and coping with the stress (Duggan et al., 2015).

Disengagement Coping

Compas et al. (2005) stated that this type of coping distances oneself emotionally, cognitively, and physically from the stressor. It is a passive appraisal that reduces the stress initially, but avoiding the problem continuously and not addressing the stressor can damage the individual and eventually lead to family maladaptation.

Problem Avoidance. Primary caregivers who do not want to face a stressful situation may tend to avoid the stressor. As stated by Holahan et al. (2005), this approach can be described as cognitive and behavioral efforts to mitigate, dismiss, or ignore the stressor in question.

Wishful Thinking. Primary caregivers usually hold unrealistic positive beliefs based on what they predict. They desire to experience success or avoid negative results rather than focusing on the aspects of the situation. Primary caregivers of children with special needs make judgments influenced by their motivation (Billote, 2018).

Self-Criticism. Primary caregivers may often judge their situation that would eventually lead to feelings of guilt, blame, or reduced self-esteem. They tend to apply a negative bias to their thinking rather than making a balanced perspective of their situation (Cauda-Laufer, 2017).

Social Withdrawal. As stated in Billote's (2018) study, some families may choose to be secluded from the rest of the community. Bedesem et al. (2009) suggest that some parents explained that being away from people affords them a decent amount of convenience and avoids awkward incidents that only invite embarrassment.

OBJECTIVES OF THE STUDY

The study's main purpose was to understand the struggles and coping strategies of the Ivatan primary caregivers in raising their children with special needs. Further, the study aimed to identify the prevalent struggles of the primary caregivers and how they differ in their struggles in raising their children with special needs in terms of the primary caregivers' gender. The study also aimed to identify the prevalent coping strategies that primary caregivers utilize concerning the struggles they experience in raising children with special needs in terms of primary caregivers' gender.

METHODOLOGY

Research Design

The study employed a descriptive research method that aimed to identify and describe the struggles and coping of primary caregivers in raising their children with special needs in the Province of Batanes. According to Nasajji (2015), a descriptive research method's main goal is to describe a phenomenon and its characteristics. It is, therefore, more concerned with what rather than how or why something has happened.

Research Site

The study was conducted with the Ivatan primary caregivers of children with special needs in the Province of Batanes. Respondents were obtained from the six (6) Municipalities in the Province of Batanes, particularly in Basco, Mahatao, Ivana, Uyugan, Sabtang, and Itbayat, through purposive and snowballing sampling techniques because these were deemed as most appropriate due to the respondents' characteristics.

A total of 18 Ivatan primary caregivers comprised the sample of the study. In terms of demographic features, the participants' ages ranged from 21 to 65. There were seven (7) male participants whose ages ranged from 33 to 65 and 11 female participants whose ages ranged from 21 to 47.

Regarding the respondents' relation to the child with special needs, there were 18 blood-related primary caregivers (e.g., grandfather, aunt, father, mother, and sister) whose ages ranged from 21 to 65 and zero (0) nonblood-related primary caregiver.

Data Gathering Tools

A four-part survey questionnaire, adopted from the study of Billote (2018), was used to obtain the study's data: Consent Form, The Respondents' Demographic Data, Questionnaire on Struggles, and Coping Strategies Inventory (CSI).

Consent Form. The consent form is the first section of the data gathering tool attached to the survey questionnaire's front page. It provides the background of the researchers and the purpose and objectives of the study (Billote et al., 2021). It also seeks to ask permission from the participants if they wanted to participate in the study voluntarily (Billote et al., 2019). It also explains the study's significance in the lives of the primary caregivers and how it could alleviate their struggles.

Demographic Data. The demographic data is the second section of the data gathering tool. It was used to gather information about the primary caregiver, such as age, gender, and relationship with the child with special needs. It was also used to gather details about the child's age, gender, and diagnosis details.

Questionnaire on Struggles. The questionnaire on struggles is a 50-item self-report that measures the prevalence of the respondents' struggles. Initially, the abovementioned questionnaire, which Billote (2018) developed, is intended for primary caregivers of children with Autism Spectrum Disorder (ASD). However, the researchers adopted the questionnaire and revised it to fit in the current study. The revised items included were based primarily on the related literature, the definition of variables and concepts, and the study's conceptual framework. The survey items were categorized into five (5) Financial, Health, Social, Family, and Emotional.

The revised questionnaire was content-validated by a co-rater with a Master's degree in Education major in Educational Management and has experienced working with children with Special Needs. The Filipino translations for the items in the questionnaire were eliminated. However, Ivatan translations, which were translated by two (2) co-raters who are graduates of Bachelor in Secondary Education major in English and native to the Province of Batanes, were provided because of the respondents' characteristics.

The respondents were asked to answer the items by referring to a 4-point scale ranging from 1 (Never True of Me) to 4 (Always True of Me). Items with an asterisk on the appendix will undergo reversed scoring wherein a response of 4 (Always True of Me) will be scored as 1 (Never True of Me).

After the pre-testing was conducted, the revised survey questionnaire yielded a Cronbach's Alpha Coefficient of 0.83, suggesting that the tool also has high internal consistency.

Coping Strategies Inventory (CSI). The CSI, which comprises a 72-item self-report, was designed by Tobin (1984, as cited in Billote, 2018) to assess how people cope with a specific stressor. Items in the tool are categorized into eight (8) primary subscales: Problem-Solving, Cognitive Restructuring, Social Support, Emotional Expression, Problem Avoidance, Wishful Thinking, Self-Criticism, and Social Withdrawal.

Ivatan translations were also provided in this data gathering tool, which was translated and content-validated by the same co-raters.

Unlike in the original CSI, the respondents who took the CSI for this study were asked to respond to the questions using a 4-point response scale. The 4-point response scale ranging from 1 (Never True of Me) to 4 (Always True of Me) is a revision of the original 5-point scale ranging from 1 (None) to 5 (Very Much).

The Cronbach's Alpha Coefficient for the CSI ranges from 0.71 to 0.94. Using the obtained data from the pre-testing of this study, the Cronbach's Alpha Coefficient is 0.74. This suggests that the tool is reliable.

Data Gathering Procedure

The researchers submitted a letter of intent to the Municipal Mayors of the different Municipalities (e.g., Basco, Mahatao, Ivana, Uyugan, Sabtang, and Itbayat) in the Province of Batanes to allow him and his research assistants to administer the questionnaires to the Ivatan primary caregivers of children with special needs. When the request was approved, the researchers and/or the research assistants then conducted house visitations to gather the data needed in the study. Before administering the data gathering tool, the researchers and/or the research assistants established rapport through a brief personal introduction, along with a statement of the purpose of the research and the nature of the respondents' participation. The respondents were allowed to take their time to complete the questionnaires. The researchers and/or research assistants gave specific instructions for each part and asked them for their honesty in answering the items, and assured them of the confidentiality of the collected data.

During the tool's administration, the respondents were given the freedom to write their comments regarding the questionnaire items. If they have any questions or clarifications about the items, they can ask the researchers and/or the research assistants.

After the administration of the data gathering tool, the respondents were then given tokens and were promised to be also given the results of the research.

The questionnaires were immediately retrieved upon completion and then screened to see possible use in the study. After screening, all the 18 questionnaires gathered by the researchers and the research assistants were deemed valid, and these were used in the study.

RESULTS AND DISCUSSION

Raising a child with special needs can be a stressful experience. It goes beyond ordinary parenting as caregivers need to cope with many challenging demands related to their child's specific needs. It has drawn attention to the importance of family relationships, but attention has also been given to its impact on the primary caregiver and the family. The following results and discussion are presented according to the research problem sequence for a deeper understanding of this study.

Prevalent Struggles of Ivatan Primary Caregivers

To generally describe the Ivatan primary caregivers' struggles in raising their children with special needs, a mean analysis was conducted. Results showed that the Ivatan primary caregivers of children with special needs *often* experienced all the areas of struggles.

To determine the more prevalent struggles of the Ivatan primary caregivers in raising their children with special needs, the researchers conducted ANOVA one-way repeated measures. The ANOVA one-way repeated measures showed that the struggles experienced by Ivatan primary caregivers in raising their children with special needs did not change significantly varied, $F(2.49, 42.37) = 2.40, p> 0.05$. This implies that there are no significant differences in the struggles experienced by Ivatan primary caregivers. Additionally, the Bonferroni Pairwise Comparison confirmed no significant differences among the struggles experienced by Ivatan primary caregivers.

The Ivatan primary caregivers experience Financial, Health, Social, Family, and Emotional struggles in raising a child with special needs. The costs of caring for a child with special needs are high due to the elevated requirements for medical care, therapeutic and supportive services. Such services include rehabilitation, environmental adaptations, assistive devices, personal assistance, home, mental, and respite care. Similar to Kuhlthau et al. (2005), 40% of US families have reported financial concerns that include the needed additional income for the child's care and primary caregivers resigning from work to care for the child. In separate studies, Newacheck and Kim (2005) and Newacheck and McManus (1998) found that out-of-pocket expenditures for families with children with special needs were more than twice the expenditures for families with nondisabled children.

Moreover, the impact of caring for a child with special needs affects low-income parents' employment because they have to spend a significant amount on medical and treatment costs that are most of the time not affordable (Loprest & Davidoff, 2004). These demonstrate that caring for a child with special needs can substantially affect families' financial burden. Aside from the day-to-day expenses, caregivers have additional expenses that require them to work harder so that there would be an increase in their financial support.

A study conducted by Resch et al. (2010) revealed that due to the increased parental responsibilities and a larger number of caregiving challenges, primary caregivers of children with special needs experience greater stress, such as more health problems and decreased quality of life. Another factor related to the level of parenting stress is the child's disruptive behavior issues. According to Green (2007), when children have difficulty conforming to expectations, their behaviors elicit responses from the public, including shame, laughter, fear, or anger. Because of this, some primary caregivers feel that their children are not welcome in many situations. Thus, reducing their interactions with other social groups. Limiting their social interactions causes parents to miss opportunities to receive social support and engage in other activities besides parenting (Plant & Sanders, 2007).

Furthermore, taking care of a child with special needs also affects the family relationship and mechanics. Its impact is not only linear and does not only lie in one direction. It is multidimensional and reciprocal. It affects the whole family system and the relationship among family members. In Brinker et al. (1994) study, a child with special needs is not the only one who affects family dynamics. The family as well can affect the child negatively, either positively or negatively. They also found out that there is a less positive outcome from the children's early intervention program when parental stress is higher. Additionally, Thompson and Gustafson (1996) found that sibling relationships may differ when one child in the family has a special need. This affects sibling well-being, coping, and adaptation, especially when parents have less time and energy to meet the child's needs.

Moreover, primary caregivers may find themselves overwhelmed by various caregiving, medical, and education responsibilities. In the study of Beresford et al. (2007), they stated that no matter how severe the child's special needs are, parents are still inevitably affected in one way or another. Most of them are affected emotionally. They struggle with guilt as though they caused the child's conditions, whether from the use of alcohol, genetics, or other logical or illogical reasons. This feeling of guilt can harm the emotional health of the parents if not properly dealt with. Moreover, Blachar and Bakar (2007) found that parents still face emotions even after diagnosis before they can grapple with the truth that their child has a special need. These parents' frustration could make them distance themselves from participating in their child's educational needs and decisions.

Gender Differences in the Primary Caregivers' Experiences of Struggles

Using the data obtained from male primary caregivers, the researchers conducted a mean analysis, and results showed that primary male caregivers *often* experience all the areas of struggle in raising their children with special needs. The ANOVA one-way repeated measures were utilized to confirm what is implied in the mean analysis as the differences in the experiences of struggles among primary male caregivers raising their children with special needs. Results showed that the struggles experienced by primary male caregivers in raising their children with special needs did not change significantly varied, $F(4, 24) = 2.09, p > 0.05$. This implies that there are no significant differences in the struggles experienced by primary male caregivers.

The Bonferroni Pairwise Comparison confirmed no significant differences among the struggles experienced by primary male caregivers.

Using the data obtained from female primary caregivers, the mean analysis revealed that female primary caregivers *often* experience all the areas of struggle in raising their children with special needs.

The ANOVA one-way repeated measures were again conducted to elucidate the outcome of the mean analysis further. Results showed that the struggles experienced by female primary caregivers in raising their children with special needs did not change significantly varied, $F(4, 40) = 0.70, p > 0.05$. This implies that there are no significant differences in the struggles experienced by female primary caregivers.

The Bonferroni Pairwise Comparison confirmed further that there are no significant differences among the struggles experienced by female primary caregivers.

Male and female primary caregivers have experienced all the areas of struggle in raising a child with special needs. However, there are unique differences in the struggles faced by male and female primary caregivers. Hoecke (2011) discovered that a common experience male caregivers face is the fear of failing to find or keep steady employment, balance their roles as head of the family, husband, and provider. The high cost of medical services brings additional worries to them. May (2002) also found that they are less likely to have social networks or feel comfortable talking about what they are going through. These can lead to feelings of isolation and social withdrawal. Additionally, primary male caregivers seem to have greater parenting and child-related stress than fathers who do not have children with special needs. This is caused by concerns about their child's behavior, community acceptance of the child, and their future.

On the other hand, employment effects are greater for mothers (Salkever, 1982). According to Harrington (1999), having a child with special needs can potentially cause alterations in mothers' life, especially at the early stages of their adult lives. It was reported by Thyen et al. (1998) that almost half of the mothers in their study quit their job so that they can take care of their children with special needs at home. They also face a range of emotions over a long period because they struggle with guilt. Generally, all the caring activities like nourishing, cleaning, moving, and feeding a child are done by mothers. These activities lead to physical tiredness that can take an excise on mothers because of the extra care these children need.

Prevalent Coping Strategies of Ivatan Primary Caregivers

The mean analysis revealed that the Ivatan primary caregivers of children with special needs *always* utilized Problem Solving, Cognitive Restructuring, and Social Support, *often* utilized Emotional Expression, Wishful Thinking, and Problem Avoidance, and *seldom* utilized Self-Criticism and Social Withdrawal.

The researchers conducted ANOVA one-way repeated measures to determine the more prevalent coping strategies that the Ivatan primary caregivers utilized with the struggles they encounter in raising children with special needs.

The ANOVA one-way repeated measures showed that the coping strategies that the Ivatan primary caregivers utilized with the struggles they encounter in raising their children with special needs significantly varied, $F(2.35, 39.97) = 33.69$, $p < 0.05$, ($\eta\rho^2 = 0.6650$). The partial eta-squared value of 0.6650 indicates a large effect size whereby 66.50 % of the variability in the coping strategies that the primary caregivers utilized with the struggles they encounter in raising children with special needs can be accounted for the strategies of coping being rated.

The Bonferroni Pairwise Comparison revealed exactly the differences in the coping strategies that the Ivatan primary caregivers utilized with the struggles they encounter in raising their children with special needs. Problem Solving, Cognitive Restructuring, and Social Support are the more prevalent coping strategies that the Ivatan primary caregivers utilized with the struggles they encounter in raising their children with special needs, and the mean scores are not significantly different from each other, which suggest that these coping strategies are utilized more or less the same extent.

Problem Solving, Cognitive Restructuring, and Social Support are the more prevalent coping strategies utilized by Ivatan primary caregivers regardless of gender. Problem Solving is used to decrease the stress source's effect by developing coping strategies during a stressful situation. Miller et al. (2011) found that primary caregivers understand the situation, identify the sources, and then deal with it. Similarly, Curran (1985) stated that when primary caregivers use this coping strategy, they recognize their stress signals, anticipate the sources of stress, and eliminate it in advance. They create a positive meaning out of their situation by concentrating on the next step to better come out of their experience. McCubbin et al. (1981) noted that a primary caregiver's perception of their situation in caring for a child with special needs is key in determining the stressor's severity. While primary caregivers would look for solutions and change their perceptions to alleviate their present conditions, they also seek help from others. Social Support increases positive parental attitudes toward their child with special needs. Primary caregivers who participate in support groups and other social services can meet other parents and establish potential childcare for one another. A study by Thompson (2000) found that support groups become places where parents can share their feelings, discuss concerns and exchange information about disabilities or community services. Finding support groups helps primary caregivers change their attitudes regarding how they deal with their situation.

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

Using the data obtained from primary male caregivers, the researchers conducted a mean analysis, and results revealed that primary male caregivers utilized more Problem Solving, Cognitive Restructuring, and Social Support with their struggles in raising their children with special needs. These are *always* true of them. Emotional Expression, Wishful Thinking, and Problem Avoidance are coping strategies utilized by them, but these three are *often* true. Self-Criticism and Social Withdrawal are coping strategies utilized by them, but these two are *seldom* true.

The same ANOVA one-way repeated measures were utilized, and results showed that the coping strategies utilized by primary male caregivers in raising their children with special needs significantly varied, $F(1.85, 11.07) = 19.73, p< 0.05$, ($\eta\rho^2 = 0.7670$). The partial eta-squared value of 0.7670 indicates a large effect size whereby 76.70 % of the variability in the coping strategies that primary male caregivers utilized can be accounted for by coping strategies being rated.

The Bonferroni Pairwise Comparison revealed exactly the differences in the coping strategies that primary male caregivers utilized to raise their children with special needs. Problem Solving, Cognitive Restructuring, Social Support, Emotional Expression, Wishful Thinking, and Problem Avoidance are the more prevalent coping strategies that the primary male caregivers utilized with the struggles they encounter in raising their children with special needs. The mean scores are not significantly different from each other, suggesting that these coping strategies are utilized to more or less the same extent. However, Problem Solving yielded the highest mean among all the other prevalent coping strategies utilized by primary male caregivers.

Using the data obtained from female primary caregivers, the mean analysis revealed that female primary caregivers utilized more Cognitive Restructuring, Social Support, and Problem Solving with the struggles they encounter in raising their children with special needs. These are always *true* of them. Emotional Expression, Wishful Thinking, and Problem Avoidance are coping strategies utilized by them, but these three are *often* true. Social Withdrawal and Self-Criticism are other coping strategies utilized by them, but these are *seldom* true.

The ANOVA one-way repeated measures were again conducted to elucidate the outcome of the mean analysis further. Results showed that the coping strategies that female primary caregivers utilized with the struggles they encounter in raising their children with special needs significantly varied, $F(2.22, 22.21) = 15.72, p < 0.05$, ($\eta\rho^2 = 0.6110$). The partial eta-squared value of 0.6110 indicates a large effect size whereby 61.10 % of the variability in the coping strategies that female primary caregivers utilized can be accounted for by coping strategies being rated.

The Bonferroni Pairwise Comparison revealed exactly the differences in the coping strategies that female primary caregivers utilized with the struggles they encounter in raising their children with special needs. Female primary caregivers utilized more Cognitive Restructuring, Social Support, Problem Solving, Emotional Expression, Wishful Thinking, and Problem Avoidance with the struggles they encounter in raising their children with special needs and the mean scores are not significantly different from each other, which suggest that these coping strategies are utilized to the same extent. However, Cognitive Restructuring yielded the highest mean among all the other prevalent coping strategies utilized by female primary caregivers.

When primary caregivers were classified according to their gender, results indicate that both male and female primary caregivers deemed all as prevalent coping strategies except Social Withdrawal and Self-Criticism. However, it was reckoned that Problem Solving is the most prevalent coping strategy for primary male caregivers. Males' natural reactions are to think through the problem and offer effective solutions. Their efforts are directed towards solving or managing the causes of distress. Gupta (2007) noted that males gather information when faced with struggles, make decisions, perform task-oriented actions, plan, and solve problems.

Moreover, males approach solving the problem with less communication and may tend to hyper-focus on one problem at a time. Males use strategies to alter their response when confronted with stressors that accompany having a child with special needs. On the other hand, results show that females' most prevalent coping strategy is Cognitive Restructuring. Females tend to evaluate what is at stake for what coping resources or options are available. They first assess if the situation poses a threat, harm, or challenge to them. Females also focus on whether they have the coping skills, abilities, or resources to manage the situation. By doing so, female primary caregivers can determine their response toward their stressful situation in caring for a child with special needs.

CONCLUSIONS

Ivatan primary caregivers often experience all the areas of struggle. All the areas of struggle, namely Financial, Emotional, Health, Family, and Social, are the prevalent struggles they experience in raising their children with special needs. In terms of gender, both male and female primary caregivers often experience all the areas of struggle. Hence, there are no significant differences between the areas of struggle male and female primary caregivers experience.

Primary caregivers utilize all the coping strategies, namely Problem Solving, Cognitive Restructuring, Emotional Expression, Social Support, Problem Avoidance, Wishful Thinking, Self-Criticism, and Social Withdrawal. However, the prevalent coping strategies they utilize in raising their children with special needs are Problem Solving, Cognitive Restructuring, and Social Support. In terms of gender, both male and female primary caregivers utilize all the coping strategies except Social Withdrawal and Self-Criticism. For males, the prevalent coping strategy is Problem Solving, while for females, Cognitive Restructuring.

TRANSLATIONAL RESEARCH

The results of the study could be used as a reference for implementing well-informed seminars or webinars as held by experts and professionals. Discussions on new and effective strategies could shed light on how the primary caregivers will approach their struggles now. Also, schools and daycare centers could curate better curriculums by knowing which areas to prioritize and improve. Teachers will know which concepts to teach that will significantly affect the improvement of children with special needs. It should be noted that their educational value is as significant as their personal growth. Lastly, the legislators from Congress could enact laws that protect primary caregivers and children with special needs, such as an in-depth anti-discrimination law that includes them and the grant of financial aid ensuring that scholarships are accessible for them. It is suggested further that researchers focus on establishing a detailed technique and strategy list for primary caregivers.

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