

Nurturing Teenagers with Special Needs: As a Basis for Government Intervention Programs

**M. C. Fadare^{a≡}, S. A. Fadare^{b*}, A. H. Adlawan^b, A. D. Gumanoy^b, A. M. Oyda^b,
E. L. Nnadi^{c#} and A. T. Bademosi^{dⓄ}**

^a School Clinic, Saint Louis College, City of San Fernando, La Union, Philippine.

^b CSPEAR, Mindanao State University (Main), Marawi, Philippine.

^c Virgen Milagrosa University Foundation, San Carlos City, Pangasinan, Philippine.

^d University of Medical Sciences, Ondo State, Nigeria.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

Open Peer Review History:

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: <https://www.sdiarticle5.com/review-history/86679>

Original Research Article

Received 20 February 2022

Accepted 30 April 2022

Published 06 May 2022

ABSTRACT

Background: When compared to parents of average children, parents of teenagers with special needs (ASD) experience higher stress levels and endure various health issues.

Aim: This study aimed to look at parents' experiences of nurturing teenagers with special needs (ASD) autism spectrum disorder within the City of San Fernando, La Union, The Philippines.

Methods: This was a descriptive research study. The study employed a mixed methods approach to explore (in-depth) parents' experiences using both a questionnaire and an oral interview. Data were obtained from 8 parents of children with autism who were chosen using the purposive strategy. Three specialists in the profession evaluated both the questionnaire and the interview guide. The information gathered was examined using frequencies count, percentages, and themes. Following the questionnaire, researchers conducted a face-to-face interview to explain the goal of the inquiry by an interview methodology expressly created for that reason. The parents' exact body movements, gestures, and facial expressions were also studied.

Results: The results found that most of the teenagers' parents were female (62.5%), most of the respondents were within the 31– 35-year age group (37.5%), and three were separated from their

[≡]School Nurse & Research Fellow;

[Ⓞ]D. Tech & Research Fellow;

[#]Research Fellow;

^{*}Corresponding author: Email: fadstep@yahoo.com;

spouses (37.5%). Most of the parents had a college graduate degree (50%). The four major themes were derived from nurturing teenagers with special needs: as a basis for government intervention programs through intelligent transcription, revealed the Parental participation, Difficulties of parents, Coping strategies, and Special Road.

Conclusions: This article revealed that parents' both fathers and mothers of teenagers with special needs (ASD), were female (62.5%), most of the respondents were within the 31– 35-year age group (37.5%), and three were separated from their spouse (37.5%). Most of the parents had a college graduate degree (50%). It implies that the parents and teachers of teenagers with ASD were knowledgeable and educated enough that they could nurture and care for their wards. Even without adequate support from the government and community, they still developed a coping strategy that helps them to nurture their teenagers.

Keywords: Autism spectrum disorder; nurturing teenagers; family support; government intervention program; special road.

1. INTRODUCTION

Education is critical to a country's prosperity. If a country lacks adequate education, it may fall behind other nations that focus on education [1]. A variety of factors influence the education system. The education system is shaped by culture, innovation, and economic factors. The regulations enacted by the government impact how a country's education system operates. Education is critical to human sustenance, and as time passes, the method of education changes dynamically to meet the needs of humans [2].

Special needs are a phrase that covers a wide range of illnesses, ranging from those who resolve swiftly to those who will be a long-term commitment burden for the rest of one's life and from very moderate to profound. Teenagers with special needs may have a variety of developmental delays, medical issues, psychological disorders, and congenital conditions. These specific requirements necessitate modifications so that teenagers can realize their full potential [3].

ASD is regarded as a developmental disruption that lasts a lifetime and is characterized by significant challenges in community interaction, communication, specialized and repeated interests, and behaviors. The word "spectrum" is used because the span and stringency of the problems people with ASD experience vary widely [4]. Autism spectrum disorder (ASD) is diagnosed in children at a younger age [5].

In a developed country like the United States, there has been a significant rise in children having specific special needs (ASD), which the U.S. Department of Education recognized as a

disability in 1991 [6]. It is precisely due to the growth in the general comprehension of adequate education for ASD that exposes the improvement of satisfactorily diagnostic protocols, leading to an increased necessity to help those teenagers and their families. The Centers for Disease Control and Prevention (CDC&P) is a federal agency that specializes to deter disease and estimates that one out of every 68 children in the United States has one specific need (ASD). Boys are four and a half times more likely than females to have autism. When you investigate ASD's history, it's evident that it's a relatively recent disorder with many unknowns [6].

It's been proven that caring for a teenager with a developmental handicap causes more anxiety than looking after a minor with normal progress [7]. The birth of a disabled child produces tension in the family, particularly among parents, impacting the parents' quality of life. It is extra difficult for families of teenagers with impairments, such as those deduced with autism spectrum disorder, to care for them than for families of typical teenagers. Bestowed that persistent anxiety has been linked to various physical and mental health issues, parents of healthy or normal children have claimed that their children with ASD had poorer health and more ailments than their healthy or normal children. [8].

Being a parent or family member of an autistic person comes with its own set of difficulties and heartbreaks. Bullying and exclusion are just a few of the issues that many people experience. Sustainable development can only be attained if the needs of the most vulnerable people in society are met. National and municipal governments have made tremendous progress

toward implementing the UN Convention on the Rights of Persons with Disabilities [9].

Parents of non-disabled children, when compared to parents of children with autism spectrum disorder (ASD), exhibit more significant levels of stress and lower physical health [10]. The child rearing anxiety encountered by families of teenagers implicated by ASD seems to pose a tremendous threat to the parents' psychological and health-related personalities in life [11].

Despite the extensive exploration of autism, a limited survey has examined this disorder's effect on the teenager's parents. Autism, at its very nature, creates intimate household relationships that are extremely difficult to improve. A situation intrinsically alters the parent-child relationship, i.e., communication is hindered or unthinkable; intimacy can be difficult. A teenager's individual attitude may make a parent feel timid and helpless. Families of autistic teenagers is more stressed than regular parents [12].

The department of education (DepEd) Order No. 32, [13-15] mandates a holistic strategy and an active coalition among academics, families, and constituencies. Families and teachers who nurture their teenagers, help them with their tasks, and furnish tutoring employing aids shared by the educators do a more excellent duty of nurturing their children than those whose parents neglected. Families and caregivers must recognize their contribution to the prosperity of their teenager's instruction, nurturing, and upbringing.

To promotes the rights and well-being of teenagers. It is a basic human right that cannot be compromised. Children should be able to continue their studies even in times of crisis. Hence, this study aims to investigate in-depth the experiences of parents of teenagers with special needs, as a Basis for Government Intervention Programs.

2. MATERIALS AND METHODS

The study used a mixed-method research design. According to this method, mixed methods research is a study that involves both qualitative and quantitative methodologies. It enables people to create and associate their own subjective and inter subjective meanings as they interact with the world around them. The study used a phenomenology approach to qualitative research to extract information from fathers and

mothers using an interview guide. The information gathered was subjected to thematic inquiries using a semi-structured interview questions. A questionnaire serves to induce reliable answers from the fathers and mothers, including demographic profiles: age, gender, civil status, and highest educational attainment.. The participants in this study included fathers and mothers or the guidance of children diagnosed with one particular need (ASD). Tables were created from the data collected from the questionnaires as frequencies and were analyzed using percentages. Parents have at least one child diagnosed with a specific condition (ASD) enrolled in a Special Education (SPED) school within the City of San Fernando, La Union. Sampling technique used for this study was the purposive sampling technique. All eight (8) parents interested in voluntary participation in this study and having a child diagnosed with special needs (ASD) were used for this study.

3. RESULTS AND DISCUSSION

The study results revealed the distribution of the respondents according to the demographic profile along the age, gender, civil status and highest educational attainments of both fathers and mothers of the teenagers with special needs (ASD). The demographic data of the respondents revealed that most were female 5 (62.5%) of the 31 – 35 years age group 3 (37.5%), separated 3 (37.5%), And most of the parents had a college graduate 4 (50%) (Table 1).

In this present study, the demographic data of the respondents revealed that five were female (62.5%), most of the respondents were within the 31– 35-year age group (37.5%), and three were separated from their spouses (37.5%). Most of the parents had a college graduate degree (50%). It implies that the parents and teachers of teenagers with ASD were knowledgeable and educated enough that they could nurture and care for their wards. The parents of these teenagers may have had the opportunity to read or listen to their children's teachers' teaching and encouragement. This agrees with Horowitz [16], who noted that parents who finished college degrees could efficiently work and make sure that their children were also knowledgeable about health and what was happening around them, knowing fully well that their children were their future. In the same vein, Muhammed [17] pointed out that the role of parents is vital in developing and nurturing children in the way they should grow among their peers.

Table 1. Distribution of respondents by Age, gender, civil status and HEA of the parents

Age	Frequency (f)	Percentage (%)
26 -30	2	25
31 – 35	3	37.5
36 – 40	1	12.5
41 -45		-
45 – 50	1	12.5
51 – 55		-
55 – above	1	12.5
Total	8	100%
Gender		
Male	3	37.5
Female	5	62.5
Total	8	100
Civil Status		
Single Parents	2	25
Married	2	25
Separated	3	37.5
Widow	1	12.5
Total	8	100
Highest Education Attainment		
Doctorate Graduate	1	12.5
Master Graduate	0	-
College Graduate	4	50
Tech Vocational Graduate	2	25
High School Graduate	1	12.5
Total	8	100

Teenagers with educated parents demonstrated a higher level of knowledge and practice if their parents influenced their understanding and nurtured them in putting what they learned at school and home into practice.

3.1 Some of the Themes Derived from this Study

An intelligent transcription of the transcribed responses of the participants revealed parental *participation, difficulties* of parents in nurturing teenagers with ASD, coping strategies, and special needs. We present salient quotes.

To nurture and train children with special needs. This also gives parents a decent awareness of the types of backing and imaginable interventions that they may employ from schools and governments towards support for teenagers with special needs (ASD).

3.2 Involvement of Parents/Guardians in Home Schooling

3.2.1 Parental participation

According to the department of education (DepEd), Order No. 32 [13] mandates a holistic strategy and an active coalition among academics, families, and constituencies. Families

and educators responsible for nurturing teenagers need to help them with their tasks and furnish tutoring employing aids. They are more involved in educating and participating in nurturing teenagers and upbringing, knowing that their involvement is a greater aid that teenagers need to survive and perform their tasks. Every parent must understand their importance in the progress and achievement of education and the nurturing of their children.

Shourbagi [18] emphasized the significance of parents' and guidance's participation in nurturing their teenagers. It evolves around teaching and is also linked to expanded parental boldness, higher interest, pleasure with child rearing, and greater interest in their development. This prepares them to be excellent parents and educators for teenagers.

3.3 Difficulties of Parents/Caregivers of Teenagers with ASD

3.3.1 Unwrapping transitional difficulties

Several parents face unusual difficulties in nurturing and assisting their teenagers while fulfilling tasks or household chores. It may be challenging to consider the role of child rearing in raising a child to the level of attending schools

and caring for themselves. In support, Kidd [19] found that parents, extremely mamas, can contribute to their kids with adequate and sufficient education suited to how they learn. She further discussed that mothers could also control their teenagers' environment to enable learning to occur.

Another thing to look at is the commotions induced by the health crisis cause crucial differences in the routines of teenagers with illness. The shift from learning and teaching by educators is now shifted to be the child-rearing responsibilities in their various four-walled rooms, which turned both fathers and mothers to change the daily routine of their responsibilities and take off that educators. Transitional difficulties exposed the sovereignty and restrictions, plans and techniques, behavior supervision, and parental bother and anxiety tumble under this extent. Applying sanctions and ritual help commit more profitable activities for teenagers with ASD and prevent behavioral attitude. As a result, imposing rules and exercising authority can be difficult for parents because their teenagers are accustomed to attending school with the teacher exercising power and enforcing laws during the learning process. The teenagers' association with their teachers in school as educators was broken and interrupted during the transition. Thus, underpinning is impossible precisely in scheduling activities and implying techniques, finally presenting another battle and nurturing teenagers. The National Autistic Society [20] described a meltdown as a strong reaction to a tumultuous circumstance. It occurs when a person is utterly overwhelmed by their current circumstance and loses control of their actions for a brief period of time. This loss of control can be expressed verbally (shouting, screaming, crying), physically (kicking, lashing out, biting), or both ways. A teenager with ASD may communicate their emotions of overload in a variety of ways, including meltdowns. They may even refuse to interact, retreating from or avoiding difficult circumstances entirely.

Parenting anxiety may result to the anticipated pressures with the outcome to desires of parenting the teenagers; this is supported by Fadare et al. [21] in their survey reveal that the children difficult behaviors contribute to the negative child rearing mood through decreases in parenting self-efficacy. Since mothers of teenagers with this ailments experience higher levels of anxiety than normal teenagers, the normal teenagers mother increases in parenting

and show high self-efficacy which may result to pessimism.

3.4 Coping Strategies of Parents

3.4.1 Acceptability

Acceptability is a favorable way of grasps and encompasses the situation one find himself or herself. Acceptance occurs when an individual acknowledges and accepts a situation or scenario APA Dictionary of Psychology [22]. It's usually used to express acceptance and consent to an unfavorable circumstance. The Kubler-Ross model's last stage is acceptance, also known as the five stages of grief (denial, anger, bargaining, depression, acceptance). Many fathers and mothers speak out that their new duties and roles change from parents to educators in the time of need to be able to accept teaching and educating their wards with no choice but to accept and acknowledge this current role of being teachers to their teenagers at home. Parents make available time to accept and nurture their teenagers through learning by doing which exposes them to acceptability. Acceptability is also an attributes in achieving happiness, according to research.

3.4.2 Favorable disposition

A cheerful disposition means having an optimistic expectation and personality towards life despite encountering adversities. The fathers and mothers of teenagers with ASD face different difficulties of having multiple roles, which includes teaching, catering to the needs, looking at it from several standpoints, during the stages of nurturing, both parents try to make a move on how to be positive in achieving all these odds, but need to stay focus, calm and forged ahead with their life which they find themselves. Being a father and mother of these special teenagers, it is better to know how to rise above the difficulties with courage and harmony.

3.4.3 Time resourcefulness

Time resourcefulness is a genuine concern for parents struggling with the demands of everyday life. The additional commitment to nurturing and enlightening a teenager with ASD who has unique and special needs can be a massive task requiring a significant amount of parenting time. According to the survey "What is Time Management?" [23], time resourcefulness is preparing and planning how to do something and

dividing your time, among other things. It discusses how good time resourcefulness allows you to work smarter and meet daily routines in less time, even when time is limited, and pressure is high. Failure to manage your time wisely reduces your effectiveness and causes depression. Parenting is difficult. Failure to manage your resources productively reduces your energy and causes depression. Parenting takes a lot of effort, and learning to manage their time helps them balance their personal and family lives.

According to Parnell [24], good time management in nurturing gives parents total and complete control over their child's environment, education, and social experiences. As a teenager with ASD thrives on routine and structure, this will also allow the child to avoid and minimize sensory triggers. Time management and activity structuring that works for the family's schedule will assist the child and other family members in doing their best with the learning plan provided by the school while remaining safe in the confinement of their homes. More importantly, a program allows parents to spend more time together as a family and spend more time watching their children grow and learn. Parenting jobs are more about creating a feeling of protection, belonging, and acceptance than they are regarding academic studies.

3.4.4 Family members' assistance

Education helps most parents to nurture their children, which takes a significant amount of time. This also necessitates the assistance of other family members. Obtaining support and service is critical throughout the home nurturing and education process. Having the help of your family frees up your time to focus on other tasks and equips you to cope with the issues of the family situation.

In their pursuit to bear with the circumstances of nurturing their teenagers, many parents find themselves responsible for all the care and training that their kids need to adopt a style of brainstorming and connect with the various educators and special consultants. This is the adaptive coping strategy for pursuing environmental back-up, as Lai and Oei [25] revealed in their studies. It is high time to return to the days when educators and clinical consultants would discuss a way forward to support and have concerns about teenagers and enlighten the public and families to acquire

additional learning and information on how to condole the nurturing process. This will ensure parents' and the community's awareness and develop support for teenagers with ASD.

3.4.5 Parent, school and community relationship

Parents, schools, and communities are not left out to be involved in expressive and culturally pertinent activities by schools and other community agencies and organizations in relevant ways through family-school-community relationships, which are a shared duty and reciprocal process. Families take the initiative to support their children's development and learning actively. Institutions and community groups also make an effort to listen to parents, keep them, and provide them with the resources they require to be active participants in their children's education [26]. Parents are the number one tutor to their teenagers and must be ready to take up the challenge of exposing their wards to adequate training about education and growth throughout it day by day. Another area of nurturing teenagers is to link them up with good schools that embrace inclusive education; it bears significant advantages to encourage teenagers with ASD to be among normal teenagers to learn. It will bring up and grow parental- school - community relationships who will care for the kids with ASD. That will show more collaboration within the three foundations of learning.

3.4.6 Special road

The experience of having a teenager with special needs (ASD) dramatically affects the lives of most families' daily routines, which include:

- ⑩ Clean and do household chores.
- ⑩ Employed in office jobs.
- ⑩ Pay attention to what the family desires.
- ⑩ The school runs, etc.

Due to the condition and situation of things around them, parents have now taken on the role of teachers and clinicians, guiding their teenagers through the nurturing and motivation of tasks given by teachers. The report by the United Nations has exposed the most significant disruption to the education system in history, affecting nearly 1.6 billion pupils in more than 190 countries and all continents. Schools and other learning centers were closed during a pandemic that struck the entire world, with up to

99 percent in average countries and developing countries [27,28]. Most parents of teenagers with special needs, particularly ASD, find another means of intervention to engage their ward in nurturing them at a convenient place of their choice. Thou many researchers have revealed that many Filipino parents' who have one or more teenagers with ASD are unique in their approach to sustaining during this non-appearing at school which brought about new modalities of learning that involved parents as now a great teachers to handle the kids as it supposes, and this has given parents opportunities yo cater and know about the progress of their children.

3.5 Learning Techniques

Remaining back home to avoid going to school creates depression and worries for teenagers and their families with these ailments. It is observed teenagers with impairments, such as autism, who rely on structure and regular routines, may be particularly affected by interruption. Cahapay [29], in his study, revealed the structure of how challenging it is to nurture teenagers with ASD, He expressed the importance of any sort of education taking place in their homes to the growth and advantages of their children. Tutoring at home can be a channel to the desire and progress that the teenager needs; it can also help entire families' conditions. Feeney [30] reported that many parents of teenagers with special needs consider tutorials as another way to balance regular school time for their children. He further explained that tutorials and learning at home could be a significant advantage that could benefit teenagers if ever embraced by parents. Furthermore, Narzisi [31] noted that tutoring at a cottage would help teenagers maximize their potential and skills without struggling to force them to perform their tasks rather than teenagers who stay at home and do their own thing without supervision [29]. Many may think that engaging teenagers with ASD in various work activities or tasks are a waste of time and energy because you can do it yourself. Still, a survey by UNESCO [32] indicates that it is necessary to engage the responsibilities and tasks of those we call "special kids." This will give them a sense of belonging and trust without being pity for their situations, and it will build them for future purposes. It is not limited to nurturing them to take care of their things and property, arranging their clothes, and washing dishes at home. As simple as their duties could be, we could also engage them in sports activities like swimming,

dancing, singing, walking, etc., the formation of an identity. The Theory of the Hierarchy of Needs by Abraham Maslow explains and offers a standpoint of how people can flourish when meeting the needs of individuals who will show them kindness, care, and loved by parents, community, and families. According to the theory, when all requirements are provided, it will become a reality for the entire parents, community, and institutions that the teenagers belong to, which will make the support and welcome a unique road to new experiences.

4. CONCLUSIONS

In this article, it was revealed that parents' both fathers and mothers of teenagers with special needs (ASD) were female (62.5%), most of the respondents were within the 31– 35-year age group (37.5%), and three were separated from their spouse (37.5%). Most of the parents had a college graduate degree (50%). It implies that the parents and teachers of teenagers with ASD were knowledgeable and educated enough that they could nurture and care for their wards. Even without the adequate supports from the government and community, they still developed a coping strategy that help them to nurture their teenagers.

The researchers then suggest and recommended that governments and NGOs, should support the parents of teenagers with special need (ASD) by giving adequate supports and educate them with adequate training and support that will enable them to know that the teenagers are normal in their own ways.

5. LIMITATIONS

In comparison to prior research investigations, the current study included several drawbacks, such as a larger proportion of parents participating in this study.

CONSENT

Written and verbal consent was obtained from the principal and parents of teenagers with special needs (ASD).

ETHICAL APPROVAL

It's not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. World Economic Forum (WEF). Global Competitiveness Report 2015-2016 Available:<http://reports.weforum.org/global-competitiveness-report-2015-2016/education/#view/fn-53>. 2016.
2. Johan R, Harlan J. Education Nowadays. International Journal of Educational Science and Research (IJESR). 2014;4(5):51-56.
3. Health Resources; 2013. <http://www.health-resources.co.uk/what-does-special-needs-mean/>. (Accessed on December 18, 2021).
4. Faras H, Ateeqi AN, Tidmarsh L. Autism Spectrum Disorders. Annals of Saudi Medicine. 2010;30(4), 295–300.
5. Charman T, Baird G. Practitioner review: Diagnosis of autism spectrum disorder in 2- and 3-year-old children. J Child Psychol; 2002.
6. Centers for Disease Control and Prevention. Prevalence of Autism Spectrum Disorders – Autism and Developmental Disabilities Monitoring Network, United States. Surveillance Summaries. MMWR. 2016;58(SS-10).
7. Ingersoll B, Hambrick DZ. The relationship between the broader autism phenotype, child severity, and stress and depression in parents of children with autism spectrum disorders. Research in Autism Spectrum Disorders. 2011;5(1):337– 344.
8. Ludlow A, Skelly C, Rohleder P. Challenges Faced by Parents of Children Diagnosed with Autism Spectrum Disorder. J Health Psychol. 2012;17:702-711.
9. Autism Society the Philippines (ASP). Meeting the needs of the vulnerable; 2014. Available:<https://www.autismsocietyThePhilippines.org/Meeting-needs-of-vulnerable.Htmi>.
10. Bonis S. Stress and parents of children with autism: A review of Literature, Mental Health Nursing. 2016;37:153-163.
11. Johnson N, Frenn M, Feetham S, Simpson P. Autism spectrum disorder: Parenting stress, family functioning and health related quality of life. Families, Systems & Health. 2011;29(3):232–262.
12. Hastings RP. Behavioral adjustment of siblings of children with autism engaged in applied behavior analysis early intervention program: the moderating rule of social support. Journal of Autism and Development Disorders. 2013; 32(2):141-150.
13. Department of Education. Department of Education Order No. 32, s; 2020. Available:https://www.deped.gov.ph>DO_s2020_032-1-1.
14. Alcober N. DepEd assures no face-to-face classes this year;2020. Available:<https://tribune.net.ph/index.php/2020/05/28/deped-assures-no-face-to-face-classes-this-year/>.
15. Capulso L. Braving the K-12 Education in the Philippines Amidst the COVID-19 Pandemic; 2020. Available:<https://www.K12digest.com/braving-the-Philippines-Amidst-the-COVID-19-Pandemic>.
16. Horowitz S. The effects of team diversity on team outcomes: A meta-analytic review of team, demography. Journal of Management; 2014. Available:<http://www.doh.gov.ph/oralhealth-program.htm>.
17. Muhammed SA. Health knowledge, behavior, and practices among school children in Qatar. Dental Research Journal. 2014;13:342-353.
18. Shourbagi S. Parental involvement in inclusive classrooms for students with learning disabilities at Omani schools as perceived by teachers; 2017. Available:<https://www.alliedacademics.org/journal-of-psychology-and-cognition/>.
19. Kidd T. The experiences of mother's home educating their children with autism spectrum disorder; 2010. Available:<https://www.iier.org.au/iier20/kidd.pdf>.
20. National Autistic Society. Meltdowns-a guide for all audiences; 2021. Available:<https://www.autism.org.uk/advice-and-guidance/topics/behavior/meltdowns/all-audiences#>.
21. Fadare MC, Carrera BB, Fadare AS, Paguia BD. Parents' Challenges of Home-Schooling Children with Autism Spectrum Disorder: A Special Journey. Int. Journal of science and management studies (IJSMS). 2021;4(4):11-26. DOI: 10.51386/25815946/ijms-v4i4p102.
22. American Psychological Association. APA Dictionary of Psychology; 2021. Available:<https://www.dictionary.apa.org/acceptanced>.
23. What is Time Management? Working Smarter to Enhance Productivity; 2021.

- Available: https://mindtools.com/pages/article/newHTE_00.htm.
24. Parnell J. Six Tips for Homeschooling Your Child with Autism Spectrum Disorder; 2017.
Available: <https://friendshipcircle.org/blog/2017/04/13/tips-forhomeschooling-your-child-with-autism-spectrum-disorder/>.
25. Lai WW, Oei TP. Coping in parents and caregivers of children with autism spectrum disorders (ASD): A Review. Rev J Autism Dev Disorder. 2014;1:207-224.
Available: <https://link.springer.com/content/pdf/10.1007/s40489-014-0021-x.pdf>.
26. National Center on Safe Supportive Learning Environments. Family-School Community Partnerships; 2021.
Available: <https://safesupportivelearning.ed.gov/training-technical-assistance/education-level/early-learning/family-school-community-partnerships>.
27. Perras C. Effective Parent-Teacher Partnerships: Considerations for Educators; 2021.
Available: <https://ldatschool.ca/effective-parent-teacher-partnerships/>.
28. United States Department of Education. No Child Left Behind Act; 2001
Available: <http://mchb.hrsa.gov/>.
29. Cahapay M. How Filipino parent's home educate their children with autism during COVID-19 period, International Journal of Developmental Disabilities; 2021.
30. Feeney PT. Homeschooling children with special needs during COVID-19 quarantine. Parents speak candidly about the challenges and realizations. Tap into South Plainfield; 2020.
Available: <https://www.tapinto.net/towns/south-plainfield/sections/board-of-education/articles/homeschooling-children-with-special-needs-during-covid-19-quarantine-parents-speak-candidly-about-the-challenges-and-realizations>.
31. Narzisi A. Handle the Autism Spectrum Condition During Coronavirus (COVID-19) Stay at Home Period: Ten Tips for Helping Parents and Caregivers of Young Children; 2020.
Available: <https://www.researchgate.net/publication/340366877>.
32. United Nations Educational Scientific and Cultural Organization. Life in the Times of Covid 19: A Guide for Parents of Children with Disabilities; 2020.
Available: <https://en.unesco.org/fieldoffice/newdelhi>

© 2022 Fadare et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:
The peer review history for this paper can be accessed here:
<https://www.sdiarticle5.com/review-history/86679>