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Original Article

Carrying the Burden: Lived Psychological Struggles of Caregivers Raising Children with Neurodevelopmental Conditions

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Abstract. The study's main objective is to explore the lived experiences, stressors, and coping mechanisms of caregivers of children with neurodevelopmental disorders (NDDs) in the National Capital Region, Philippines. Grounded in Interpretative Phenomenological Analysis (IPA), the study aimed to capture how caregivers make sense of their roles amidst emotional, physical, financial, and social challenges. Eight primary caregivers, all mothers, were purposively selected and interviewed using semi-structured, face-to-face interviews at a national government hospital. Data were transcribed and analyzed thematically; five major themes emerged: (1) Daily Caregiving Burdens, (2) Emotional and Psychological Stressors, (3) Social Challenges, (4) Financial Strain, and (5) Coping Mechanisms. Findings reveal that caregiving is a full-time, emotionally demanding role often characterized by isolation, anxiety about the future, and financial hardship. Despite these burdens, caregivers demonstrated resilience through structured routines, family adaptation, faith, and acceptance. The study underscores the urgent need for accessible, culturally sensitive interventions that support both child and caregiver well-being. Recommendations include expanding mental health services, implementing community-based support, implementing inclusive education programs, and developing caregiver-focused policies. This research contributes to a deeper understanding of Filipino caregiving realities and offers valuable insights for clinical practice, public health planning, and future studies.

Keywords: *Daily caregiving burdens; Emotional and psychological stressors; Social challenges; Financial strain; Coping mechanisms.*

Caregiving generally refers to the ongoing support provided to individuals who are unable to fully care for themselves due to age, illness, or disability. It encompasses a range of physical, emotional, and logistical responsibilities, including assistance with activities of daily living, health management, and emotional well-being. Unpaid family members or friends often fulfil this role, though professional caregivers may also be involved, particularly in more structured care settings (Garlo et al., 2023; World Health Organization, 2021). Caregiving for children with neurodevelopmental disorders (NDDs)—such as autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), and intellectual disabilities—places significant emotional, physical, financial, and social demands on caregivers. They must manage behavioral challenges, facilitate therapy, monitor developmental milestones, and often advocate for educational and healthcare services. While caregiver stress has been extensively studied in high-income countries, there is limited research focusing on low- and middle-income countries (LMICs) like the Philippines, where caregivers often face compounded challenges such as limited healthcare access, financial strain, and minimal institutional support (John & Zapata Roblyer, 2017; World Health Organization, 2011).

In the Philippine context, these difficulties are further intensified by cultural expectations of quiet endurance and deep family obligation, which may discourage caregivers from seeking help or openly expressing psychological distress (Ting & Tindugan, 2019). Despite growing global recognition of caregiver well-being, the unique, day-to-day experiences and coping mechanisms of Filipino caregivers remain largely unexplored in local research and clinical practice. The lack of culturally relevant research on the lived experiences of Filipino caregivers of children with NDDs constitutes a critical gap in the literature. At the same time, global research has highlighted the mental health implications of caregiving (Hayes & Watson, 2013). Understanding the stressors they face is essential for designing context-sensitive interventions and informing public health and social policy.

Globally, NDDs affect approximately 15% of children under the age of 18, with autism spectrum disorder (ASD) affecting 1 in 100 children and attention-deficit/hyperactivity disorder (ADHD) impacting roughly 5–7% of school-age children (World Health Organization, 2021; Polanczyk et al., 2015). In the Philippines, data on neurodevelopmental disorders (NDDs) remain limited. However, the 2010 Census reported that around 1.57% of the population—or approximately 1.44 million people—had a disability, with over 28,000 households reporting a member with an intellectual or learning disability (Philippine Statistics Authority, 2010). Estimates suggest that autism spectrum disorder (ASD) may affect 1 in 100 to 1 in 500 Filipinos. In contrast, attention-deficit/hyperactivity disorder (ADHD) may impact around 1 in 20 individuals, aligning with global prevalence rates (Flores & Sarmiento, 2020). Filipino caregivers, particularly mothers, report moderate to high levels of burden due to the emotional, financial, and social challenges of caring for children with developmental disabilities (Ang et al., 2012). Families often face significant out-of-pocket expenses, spending 40–80% more to support their child's needs, including therapy, medication, and special education services (Quilendrino et al., 2022).

This study focuses specifically on the stress and challenges faced by caregivers of children with NDDs because these experiences are closely tied to their mental health, resilience, and capacity to provide sustained care. Addressing this gap is essential for developing effective, culturally sensitive, and family-centered mental health interventions. A qualitative approach is necessary to capture the depth and complexity of these caregiving experiences. Unlike quantitative research that often focuses on measurable stress levels, a qualitative design allows caregivers to express, in their own words, how they understand, navigate, and cope with their challenges. Using Interpretative Phenomenological Analysis (IPA), this study aims to explore the caregivers' personal meaning-making processes, emotional journeys, and culturally shaped coping strategies.

This study contributes to the field of clinical psychology by providing culturally relevant insights that can improve clinical assessments, inform the design of caregiver-focused interventions, and enhance mental health services responsive to Filipino family dynamics. By amplifying caregivers' voices, the study informs family-centered, inclusive, and culturally appropriate clinical practices that address the well-being of both children and caregivers. This study aims to explore the stress and challenges experienced by caregivers of children with neurodevelopmental disorders in the Philippine setting. It aims to provide a nuanced account of their emotional, financial, and social burdens, as well as their coping strategies. In doing so, it will contribute to the development of more inclusive mental health services, community-based support systems, and government frameworks that are tailored to the lived realities of Filipino families.

Methodology

Design and Participants

This study employed a qualitative research design using Interpretative Phenomenological Analysis (IPA) to explore the lived experiences of caregivers of children with neurodevelopmental disorders (NDDs). IPA was chosen for its emphasis on understanding how individuals make sense of their significant life experiences, especially in emotionally and socially complex contexts such as caregiving. Data were gathered through semi-structured interviews, allowing eight (8) participants to share personal narratives while ensuring consistent coverage of key topics. A brief demographic questionnaire was also used to collect contextual information. This study utilized a qualitative research design guided by Interpretative Phenomenological Analysis (IPA) to explore the lived experiences of caregivers of children diagnosed with neurodevelopmental disorders (NDDs). IPA was selected as the most appropriate approach because it emphasizes an in-depth understanding of how individuals make sense of their significant, emotionally complex life experiences—such as the challenges of caregiving (Smith, Flowers, & Larkin, 2009).

Research Instrument

The primary instrument used in this study was a semi-structured interview guide specifically developed to explore the stressors, coping mechanisms, and perceptions of support among caregivers of children with neurodevelopmental disorders (NDDs). The guide was carefully designed to include open-ended questions that encouraged participants to engage in deep reflection and share their personal caregiving narratives in detail. This study aims to explore the lived experiences of Filipino caregivers to better understand their daily struggles, coping strategies, and support needs. To guide this exploration, the study is anchored on the grand tour question: "What is your overall experience as a caregiver of a child with a neurodevelopmental disorder, particularly the challenges you face, the stressors that affect you, and the ways you manage or cope with these experiences?"

Data Gathering Procedure

Before each interview, the researcher gathered demographic information to provide context for each participant's caregiving experience. The collected data included participants' age, sex, relationship to the child, educational attainment, civil status, monthly household income, and the child's specific NDD diagnosis. The primary source of data for this study consisted of semi-structured, face-to-face interviews with parents and primary caregivers of children diagnosed with neurodevelopmental disorders (NDDs). All participants resided in the National Capital Region (NCR) of the Philippines and were recruited from individuals seeking or receiving therapeutic services at a national government hospital. The sample included eight (8) mothers who were actively involved in the child's daily care. Before participation, informed consent was obtained from all participants, who were fully briefed on the study's objectives, procedures, confidentiality measures, and ethical safeguards. Participation was strictly voluntary, and only those who signed the consent form were included in the study.

Data Analysis Procedure

Data were analyzed using Interpretative Phenomenological Analysis (IPA), which allowed the researcher to identify emerging themes, recurring patterns, and underlying meanings in the participants' lived experiences as caregivers. This approach ensured that the unique, subjective realities of each caregiver were carefully examined and meaningfully interpreted. In analyzing the qualitative data from the in-depth interviews, a systematic, iterative approach was used to rigorously interpret participants' lived experiences. The process began with transaction and immersion in the data, in which the researcher engaged directly with potential participants in a natural and respectful setting, in this case, the waiting area of a therapy center, where caregivers were already present due to their children's therapy sessions. Participants were selected based on their availability and willingness to share their experiences. The researcher provided a clear explanation of the study's purpose and scope and ensured that informed consent was obtained. This stage allowed the researcher to build rapport and begin the immersion process, in which familiarity with the participants' context, emotions, and environment is developed before formal data collection. Interviews were transcribed verbatim to ensure accuracy and preserve the participants' authentic voices. Data analysis followed the constant comparative method, consistent with Interpretative Phenomenological Analysis (IPA), and involved carefully identifying recurring themes, unique insights, and meaningful patterns across participants' narratives. This method allowed for a nuanced, in-depth interpretation of the lived caregiving experiences within their cultural and social contexts.

Ethical Considerations

Obtaining informed consent was paramount in this research. Participants were fully informed about the study's purpose, procedures, potential risks, and benefits before their involvement. They had the opportunity to ask questions and were required to sign a consent form acknowledging their understanding and willingness to participate. Participants were also informed that their participation was voluntary and that they could withdraw at any time without any negative consequences. The study ensured the confidentiality and anonymity of all participants. Personal identifying information was not collected or stored, and any data that could potentially identify participants were coded or removed during the analysis and reporting phases. Data collected via Google Forms was securely stored and accessible only to the researchers. All data were stored securely in password-protected files or encrypted storage systems to prevent unauthorized access. Audio recordings of interviews were stored in a secure location and deleted upon completion of the study, ensuring that no sensitive information was retained. The research adhered to the graduate school's ethical guidelines and sought approval from the Institutional Review Board (IRB) or the Ethics Review Committee. This process ensured that the study met ethical standards and safeguarded the rights and welfare of all participants involved.

Results and Discussion

Daily Caregiving Burdens

This theme captures the relentless physical, emotional, and mental demands that caregivers of children with neurodevelopmental disorders (NDDs) face in their daily lives. Consistent with prior research, caregivers in this study described a life of constant vigilance, role strain, and limited personal time as they attend to their child's specific and often intense needs. The day-to-day care usually involves unending supervision, management of behavioral and communication difficulties, and emotional strain arising from their child's dependency — all of which align with the findings of previous studies that highlight caregiving as a physically and psychologically exhausting experience (Mensah et al., 2024; Iannaccone et al., 2021; The Lancet Commission, 2021).

Physical Exhaustion from Constant Supervision

Caregivers reported sacrificing rest, work, and personal activities to continuously monitor their children, primarily to ensure safety and manage behavioral impulsivity. This constant vigilance often leads to chronic fatigue and deteriorating physical health. Similar findings were observed in the study of Mensah et al. (2024), where caregivers of children with developmental disabilities described the need for constant assistance with activities of daily living as "time-consuming" and physically draining. Iannaccone et al. (2021) also found that more than half of caregivers of children with NDDs reported having no time for themselves, with many developing health issues such as back and muscle pain from prolonged caregiving tasks. Such findings reinforce that the physical burden of supervision is a significant component of caregiver stress.

Interviewees 6 and 7 shared experiences that capture the unrelenting and immersive nature of caregiving for children with neurodevelopmental disorders (NDDs). As Interviewee 6 expressed, "*Hindi ko siya pwedeng bitawan, tatakbo siya kahit saan*", highlighting the constant vigilance required to ensure her child's safety. Similarly, Interviewee 7 shared, "*Kung 5 hours siya sa school, 5 hours din ako nakabantay*", and "*Hininto ko yung work ko kasi kailangan nakapokus ako sa kanya*". These testimonies illustrate how caregiving demands consume nearly every aspect of a caregiver's daily life, resulting in significant restrictions on personal autonomy and economic participation.

From the researcher's perspective, these accounts reveal how caregiving becomes an all-encompassing role—one that reorganizes personal identity, time, and livelihood around the needs of the child. The experiences described by Interviewees 6 and 7 align with previous findings that caregivers of children with NDDs often experience role captivity, wherein the sense of being constantly "on duty" leads to exhaustion and psychological distress (Tasnim et al., 2024; Wulandari et al., 2025). The need for constant supervision, as reflected in these quotes, underscores the behavioral unpredictability and safety risks associated with certain NDDs—factors that significantly heighten caregiver burden (Sung et al., 2020).

Moreover, the decision to leave employment to provide full-time care echoes findings from recent studies showing that parents of children with developmental disabilities often sacrifice work opportunities due to the absence of specialized childcare and the necessity of constant monitoring (Izci et al., 2021). This economic and emotional strain not only affects individual caregivers but also contributes to long-term financial vulnerability and reduced quality of life (Tasnim et al., 2024).

Feeding Challenges and Picky Eating

Meal preparation and feeding routines emerged as significant stressors for caregivers, as many children displayed selective eating behaviors and food aversions. Caregivers described mealtimes as emotionally taxing events marked by frustration and concern over their child's nutritional needs. These findings are supported by evidence from Ahmed et al. (2023), who reported that feeding problems— such as food selectivity and refusal—adversely affect caregivers' psychological and social well-being. Similarly, a study by Maglaqui et al. (2025) found that over half of children with neurodevelopmental conditions exhibited feeding-related behavioral issues, which correlated with higher caregiver burden. Feeding, therefore, represents both a physical and emotional challenge that amplifies daily caregiving stress.

Interviewees 1, 3, and 4 shared vivid accounts of the daily struggles they face due to their children's selective eating behaviors. Interviewee 1 described, "*Tsaka kasi picky eater yung anak ko. So, hindi siya kumakain ng kanin... Pero, itlog, itlog lang. Chicken, chicken lang... Pero yung kanin sapilitan, napapakain ko siya ng kanin sa pilitan*". Similarly, Interviewee 3 expressed, "*Kasi minsan, ano siya sa pagkain e, mapili siya. Tapos minsan, pag iba, ayaw niya kumain.*

Kapag lola niya, hindi siya napipilit na kumain". Interviewee 4 further emphasized, *"Ayaw kumain ng kanin, gatas lang... Hindi siya kakain ng manok, hindi siya kakain ng pork... Hindi siya kakain ng itlog, hindi siya kakain ng adobo"*.

These narratives demonstrate how caregivers often struggle to maintain proper nutrition while managing their children's rigid food preferences. What is typically a routine task—feeding—becomes a daily emotional and physical challenge, filled with frustration, worry, and negotiation. From the researcher's perspective, such feeding difficulties not only create practical caregiving burdens but also mirror underlying behavioral and sensory sensitivities often observed in children with NDDs. Parents may find themselves expending significant time and emotional energy to ensure their children eat enough to sustain health.

This finding is consistent with prior studies indicating that feeding selectivity and food aversion are among the most stressful aspects of caregiving for parents of children with autism spectrum disorder (ASD) and other developmental conditions (Curtin et al., 2022; Suarez et al., 2021). Recent evidence suggests that restricted eating patterns in children with NDDs are often associated with sensory sensitivities, such as aversions to food textures, tastes, or colors, which can significantly reduce dietary variety and increase caregiver stress (Ting et al., 2023). Additionally, parents report that mealtimes can become emotionally charged, especially when children resist eating despite repeated efforts, leading to increased parental anxiety and burnout (Byrne et al., 2020; Norris et al., 2022).

Communication and Compliance Difficulties

Many caregivers highlighted challenges in communicating with their children, including delays in speech, comprehension, and compliance with instructions. These barriers often lead to frustration and emotional exhaustion, as caregivers struggle to interpret needs and manage resistance. Mensah et al. (2024) identified communication barriers as one of the most common sources of stress among caregivers of children with developmental disabilities. Similarly, Hedvall et al. (2025) emphasized that communication and behavioral difficulties among children with ASD and ADHD significantly increase parental stress and role restriction. These findings align with the present study's observation that communication deficits hinder caregiving effectiveness and contribute to emotional strain.

Interviewees 4, 7, and 8 shared overlapping experiences concerning their children's difficulties with communication, comprehension, and responsiveness. Interviewee 4 described, *"Ayaw lumingon pag tinatawag ko, hindi nakikinig"*, indicating potential challenges in attention or auditory processing. Similarly, Interviewee 8 noted, *"Pag may sinabi ako sa kanya na huwag gawin, makalipas lang ilang minuto, uulitin niya ulit*", suggesting possible issues with impulse control, comprehension, or short-term memory. Interviewee 7 reflected on her child's delayed speech development, stating, *"Five years old na siya bago natutong magsalita ng 'ma' at 'pa'"*, highlighting a significant delay in expressive language skills.

From the researcher's perspective, these narratives capture the profound effects of early communication delays on both the caregiver and the child. When children struggle to understand or respond, caregivers often face daily frustrations, uncertainty, and emotional fatigue. Miscommunication not only hinders effective caregiving but also disrupts the development of mutual understanding and emotional connection. Such difficulties require caregivers to employ extraordinary levels of patience and adaptability, often using nonverbal cues, repetition, or visual aids to facilitate comprehension and compliance.

These findings are consistent with recent studies showing that communication impairments—such as delayed speech, echolalia, and reduced responsiveness—are among the most prevalent symptoms in children with NDDs, particularly autism spectrum disorder (ASD) and global developmental delay (GDD) (Fung et al., 2021; Landa & Kaiser, 2022). Research further indicates that deficits in receptive and expressive language are associated with behavioral noncompliance and social disengagement, which in turn heighten caregiver stress and reduce perceived parenting efficacy (Kim et al., 2023; Sturrock et al., 2021).

Behavioral Challenges in Public and Home Settings

Behavioral difficulties such as public tantrums, meltdowns, hyperactivity, and emotional dysregulation were commonly reported by caregivers as significant sources of stress. These behaviors not only disrupt household routines but also affect the family's social participation and well-being. The stigma associated with public behavioral episodes often results in embarrassment, social withdrawal, and isolation. Frontliners et al. (2023)

found a significant correlation between child problem behaviors (e.g., non-compliance, aggression) and caregiver burden, particularly among families of children with ASD. Similarly, Iannaccone et al. (2021) reported that behavioral difficulties were among the strongest predictors of caregiver stress. The current findings affirm that managing a child's unpredictable behavior places a profound emotional and social toll on caregivers.

Interviewees 4, 7, and 8 shared emotionally charged experiences of their children's behavioral difficulties, particularly in moments of distress or unmet needs. Interviewee 4 described, "*Nagwawala kapag hindi nakuha yung gusto*", pointing to struggles with frustration tolerance and delayed gratification. Similarly, Interviewee 7 revealed, "*Umuuntog ng ulo pag nagta-tantrums dati*", a form of self-injurious behavior often associated with heightened emotional dysregulation. Meanwhile, Interviewee 8 recalled, *"Madalas siyang magmukmok, pupunta sa sulok at iiyak*", reflecting emotional withdrawal or shutdown when overwhelmed.

From the researcher's perspective, these accounts reveal the daily complexities caregivers face in managing unpredictable emotional outbursts and behavioral extremes. These behaviors, whether externalizing (aggression, tantrums) or internalizing (withdrawal, isolation), demand constant vigilance and emotional resilience from caregivers. Such episodes not only interrupt family routines but also evoke feelings of helplessness and anxiety, as caregivers strive to interpret and soothe their child's distress. Emotional dysregulation thus becomes a central caregiving challenge—one that requires balancing patience, empathy, and consistent behavioral strategies.

These findings are consistent with recent studies showing that emotional and behavioral dysregulation is a defining characteristic of many children with NDDs, including autism spectrum disorder (ASD) and attention-deficit/hyperactivity disorder (ADHD) (Gotham et al., 2020; Mazefsky et al., 2021). Research highlights that tantrums, self-injurious behaviors, and aggression often stem from deficits in emotion regulation and communication, in which children struggle to express frustration or cope with environmental changes (Pang et al., 2023; Park et al., 2021). Such behaviors are also intensified by sensory sensitivities and limited coping mechanisms, which amplify emotional reactions to seemingly minor stressors (Suarez et al., 2021).

Child's Dependence on the Primary Caregiver

Caregivers described their children's strong dependence as a significant factor limiting their autonomy and ability to engage in personal or professional activities. Many expressed feelings of confinement and emotional exhaustion as they became the sole figure their child relied on for comfort and support. These experiences mirror those reported by Mensah et al. (2024), who found that caregiving responsibilities often restricted employment opportunities due to the child's high dependency. Iannaccone et al. (2021) similarly identified "physical dependency" as a significant domain of caregiver stress, while Hedvall et al. (2025) reported that parents of children with ADHD and ASD experience "role restriction," characterized by limited freedom and identity loss due to the child's dependence. Collectively, these studies reinforce that the child's dependence on the caregiver sustains a cycle of emotional fatigue and constrained self-agency.

Interviewees 6 and 7 shared experiences demonstrating their children's deep attachment and dependence on their constant presence. Interviewee 7 explained, *"Ayaw pumasok sa school kung hindi ako kasama"*, highlighting a form of separation anxiety that hinders participation in educational activities. Similarly, Interviewee 6 stated, *"Kailangan ko siyang bantayan palagi, hindi pwede iwanan*", reflecting a sense of perpetual vigilance driven by concern for the child's safety and well-being.

From the researcher's perspective, these narratives reveal how extreme dependency and separation distress can dictate caregivers' routines and emotional states. The constant demand for presence often restricts caregivers from fulfilling personal or professional responsibilities, amplifying fatigue and feelings of entrapment. Such dependency, while rooted in the child's need for security, underscores the psychological and social sacrifices parents must make to meet those needs. This relational dynamic mirrors what Bowlby's Attachment Theory (as cited in Ainsworth, 2020) describes as an insecure attachment pattern, where the child's fear of separation manifests as clinging behavior and anxiety, particularly in unfamiliar settings.

Emotional and Psychological Stressors

This theme reflects the deep emotional toll and internal struggles faced by caregivers of children with neurodevelopmental disorders (NDDs), often marked by chronic anxiety, sadness, and emotional isolation. Caregivers in this study expressed persistent fears about their child's future, emotional exhaustion from continuous caregiving, feelings of helplessness and guilt, and the neglect of their own health and aspirations. These findings align with prior evidence that caregivers of children with NDDs experience elevated psychological distress, anxiety, and depression due to the unrelenting nature of caregiving demands (Kakaje et al., 2023; Olagunju et al., 2025).

Persistent Worry About the Child's Future

Caregivers described constant anxiety about their child's long-term development, safety, and independence—especially regarding who will care for their child once they are gone. Such enduring worry leads to chronic stress and anticipatory grief. Similar findings were reported by Rahman et al. (2021), who found that caregivers of children with developmental disabilities in Bangladesh expressed pervasive concerns about their child's future accommodation, employment, and social acceptance. Likewise, a thematic analysis by Edeh and Otuonye (2024) showed that parents of children with autism experienced "existential worry," rooted in fears of lifelong dependency and societal rejection. This persistent uncertainty shapes caregivers' emotional well-being and contributes to long-term psychological strain.

Interviewees 2 and 6 expressed profound, ongoing fears about their children's long-term well-being and independence. Interviewee 2 shared, *"Iniisip ko paano na siya paglaki? Makakapag-asawa ba siya? Ano na mangyayari sa kanya pag wala na ako?"*, voicing a deep existential anxiety about her child's future autonomy and security. Similarly, Interviewee 6 stated, *"Yun talaga yung pinaka-i-stress ko, yung therapy niya kung matutuloy pa*", reflecting the constant pressure of maintaining therapeutic interventions amid financial uncertainty.

From the researcher's perspective, these narratives reflect a chronic form of anticipatory grief and anxiety, where caregivers carry the emotional burden of envisioning an uncertain future for their child. This persistent worry extends beyond day-to-day caregiving and reflects the psychological strain of projecting care into a future in which the parent may no longer be present. The emotional weight of such thoughts aligns with the findings of Lee et al. (2021), who reported that parents of children with neurodevelopmental disorders (NDDs) experience sustained anxiety about long-term care planning, social integration, and financial sustainability.

Emotional Fatigue and Mental Drain

Many caregivers reported being emotionally drained, describing episodes of crying, numbness, or detachment. This mirrors the concept of compassion fatigue, where prolonged exposure to stress depletes emotional energy. Empirical evidence supports this experience: Kakaje et al. (2023) found that more than one-third of caregivers of children with NDDs met the threshold for anxiety (36.6%) and depression (41.1%). Similarly, Hayes et al. (2023) observed heightened burnout and emotional exhaustion among Australian parents of children with autism, citing insufficient respite and unbalanced family demands as key predictors. These findings affirm that caregiving is not merely a practical role but an emotionally depleting process that can erode mental health over time.

Interviewee 7 shared moments of profound emotional vulnerability, revealing how caregiving can lead to internalized distress and silent suffering. She stated, *"Minsan iniiyak ko na lang kasi hindi ko siya pwedeng pagalitan"*, reflecting the emotional restraint and self-control required when managing her child's behavior. She further expressed, *"Minsan naiiyak ako kasi iniisip ko yung magiging buhay niya pag wala na ako*", which reveals a deep sense of anticipatory grief and anxiety about her child's future independence and care.

From the researcher's perspective, these expressions highlight how emotional fatigue and mental exhaustion are central to caregivers' lived experience. The act of suppressing frustration and maintaining constant emotional regulation reflects the intense psychological burden of caregiving. This aligns with the findings of Chua et al. (2023), who reported that caregivers of children with developmental disabilities often suppress negative emotions to prevent behavioral escalation in their children, resulting in emotional exhaustion and internalized distress. Similarly, Fong and Lim (2022) found that caregivers experience chronic emotional suppression and fatigue due to their continuous need to remain patient, compassionate, and understanding, even in moments of extreme frustration.

Feelings of Helplessness and Guilt

Despite their relentless efforts, caregivers often felt inadequate and self-blaming. Many questioned their parenting competence or internalized guilt over their child's difficulties. This emotional burden is echoed in a study by Olagunju et al. (2025), which revealed that parental guilt and internalized stigma mediated the relationship between child symptom severity and caregiver depression among mothers of children with autism. Similarly, Taseer (2024) reported that guilt, shame, and helplessness were central affective themes among parents of children with behavioral and developmental disorders, leading to withdrawal and diminished self-esteem. Such emotional responses exemplify what Seligman's Learned Helplessness Theory (1975) describes: repeated exposure to uncontrollable stressors fosters a sense of powerlessness that undermines motivation and psychological resilience.

Interviewees 6 and 8 revealed profound emotional struggles that reflect the internal conflict many caregivers face while supporting their children with neurodevelopmental disorders. Interviewee 8 shared, *"Minsan naaawa ako sa kanya kasi feeling niya hindi siya mahal"*, expressing deep compassion intertwined with sorrow and guilt. Similarly, Interviewee 6 stated, *"Hindi pwedeng sumuko, magulang lang ang aasahan niya*, capturing a powerful sense of duty and emotional endurance.

From the researcher's perspective, these reflections highlight the emotional paradox of caregiving—where love, responsibility, and guilt coexist. Caregivers often experience self-blame and helplessness when they perceive their child as emotionally unfulfilled, even when they have given their utmost care. This aligns with the findings of O'Neill et al. (2021), who noted that caregivers of children with developmental delays often internalize feelings of inadequacy, interpreting their child's struggles as a personal failure. Similarly, Fong and Lim (2022) observed that parental guilt and self-doubt frequently arise when caregivers perceive their efforts as insufficient to meet the child's complex emotional or developmental needs.

Personal Sacrifices and Health Neglect

Caregivers frequently described neglecting their physical health and abandoning personal or career aspirations due to the all-consuming nature of caregiving. This finding is consistent with earlier research showing that caregivers of children with disabilities experience poorer physical health outcomes and higher prevalence of chronic conditions compared to non-caregivers (Brehaut et al., 2009). Recent studies further confirm these patterns: Hossain et al. (2024) found that caregivers of children with NDDs in Bangladesh reported significantly lower quality-of-life scores in both physical and psychological health domains. These sacrifices reflect Family Systems Theory's conceptualization of role engulfment, in which the caregiving role subsumes the caregiver's identity and life trajectory.

Interviewee 7 articulated the profound personal costs of full-time caregiving, stating, *"Hindi ko na nagagawa yung ibang household chores kasi siya lang ang bantay ko"*, and *"Hininto ko na yung trabaho ko para sa kanya*". These statements capture how caregiving responsibilities can disrupt not only the caregiver's professional life but also their ability to perform daily tasks, resulting in a substantial loss of personal autonomy and routine.

From the researcher's perspective, these accounts underscore how caregiving reshapes identity, priorities, and lifestyle. The decision to leave employment to provide round-the-clock care reflects a complete role reorganization, where caregivers often sacrifice their personal and economic aspirations in favor of their child's needs. Such sacrifices represent invisible labor—emotionally taxing work that goes unrecognized yet sustains the child's development and safety.

This finding aligns with the literature that emphasizes the multidimensional nature of caregiving strain. Cabral et al. (2023) found that mothers of children with neurodevelopmental disorders frequently reduce or abandon employment due to the intensity of supervision required. Similarly, Rahman et al. (2022) and Tan et al. (2024) described how caregiving demands lead to social withdrawal, financial instability, and heightened stress due to limited respite or support systems. Over time, this can lead to caregiver role engulfment, where one's sense of self becomes entirely tied to caregiving duties (Santos et al., 2025).

Social Challenges

This theme captures how caregiving profoundly affects interpersonal relationships, social participation, and a sense of belonging within the community. Caregivers of children with neurodevelopmental disorders (NDDs) often report feelings of isolation, strained family dynamics, and reduced social engagement due to the demanding nature of caregiving. The lack of empathy, understanding, and tangible support from others amplifies their social withdrawal and stress. These findings are consistent with global evidence that caregivers of children with autism spectrum disorder (ASD) and other NDDs experience heightened social isolation and reduced social capital (Musich et al., 2022; Suresh et al., 2023). Social disconnection not only exacerbates psychological distress but also diminishes coping resources, underscoring the importance of supportive networks within families and communities.

Lack of Immediate Support

Many caregivers reported feeling alone in their caregiving role, often lacking support from extended family or community institutions. This lack of practical and emotional support leads to burnout and overreliance on digital platforms or social media for temporary respite. Studies show that inadequate family and social support is a major predictor of caregiver stress and depressive symptoms (Lim et al., 2024; Olagunju et al., 2025). Research by Thongseiratch et al. (2021) similarly found that caregivers of children with developmental disabilities who reported low perceived support had significantly higher levels of fatigue and emotional distress. Limited availability of structured respite services and community inclusion programs in many regions compounds this burden, creating an enduring sense of isolation and helplessness.

Interviewee 6 revealed, *"Wala nang ibang titingin sa kanya kaya minsan hinahayaan ko na lang sa screen time"*, while Interviewee 3 admitted, *"Pero pag ako lang, nahihirapan ako pag ako lang"*. Both statements capture the profound sense of isolation and exhaustion many caregivers experience when support from partners, relatives, or community networks is limited or absent. The lack of available assistance forces caregivers to assume the entire burden of care, leading them to rely on temporary coping mechanisms—such as screen time—to manage fatigue and maintain household balance.

From the researcher's perspective, these narratives highlight the structural and emotional vacuum in which many caregivers operate. Without accessible social or institutional support, parents become solely responsible for all aspects of their child's care, from behavioral regulation to education and therapy. This lack of shared responsibility intensifies feelings of being overwhelmed and under-resourced, often resulting in emotional fatigue and self-blame. As such, caregiving extends beyond personal sacrifice—it becomes an experience of social invisibility, where the caregiver's needs are marginalized amid the focus on the child's condition.

This pattern reflects findings from recent studies that emphasize the connection between limited support systems and caregiver stress. Lopez et al. (2023) found that parents caring for children with neurodevelopmental disorders frequently report isolation due to the absence of reliable family or community assistance, leading to increased exhaustion and emotional distress. Similarly, Nguyen and Tan (2024) observed that insufficient social networks contribute to burnout and reduced mental well-being among primary caregivers, especially in low-resource settings. Santos et al. (2025) further noted that the unavailability of respite care or shared caregiving arrangements compels parents to adopt compensatory strategies that, while practical, may over time heighten guilt and self-criticism. These findings align with participants' lived experiences in this study, underscoring how the absence of immediate support transforms caregiving into an isolating and emotionally taxing role.

Child's Behavioral Challenges in Social Settings

Caregivers often face stressful encounters in public spaces due to their child's behavioral difficulties—such as tantrums, self-stimulatory actions, or sensory overload—that draw judgmental stares or unsolicited advice from others. This public scrutiny leads caregivers to avoid social outings, reinforcing isolation. Rahman et al. (2021) reported that parents of children with autism or intellectual disability frequently avoided public places to prevent stigma or embarrassment. Likewise, Alhazmi and Alotaibi (2023) observed that caregivers in Saudi Arabia limited social participation due to negative societal attitudes toward children with developmental differences. Such experiences highlight how stigma and lack of awareness contribute to social exclusion, reinforcing the "social disability" dimension of NDDs. The Family Systems Theory helps explain how these external stressors disrupt family cohesion and social functioning, as the entire family adapts to public stigma and avoidance behaviors.

Interviewee 7 shared, *"Nakaranas siya ng bullying kahit nandun ako sa school"*, capturing the emotional pain and helplessness of witnessing such experiences firsthand. Similarly, Interviewee 3 reflected, *"Pag sa mall, umiwas kami sa toy section para hindi siya mag-demand"*. These accounts highlight how caregivers must constantly anticipate and adapt to their child's behavioral triggers in social contexts. For many, outings that might otherwise be ordinary—such as school attendance or mall visits—become stress-laden experiences that require careful planning and emotional preparation.

From the researcher's perspective, these narratives underscore the social vulnerability of children with neurodevelopmental disorders and the corresponding anticipatory anxiety experienced by caregivers. Schools and public spaces often lack adequate inclusion programs or awareness, resulting in stigmatization and misinterpretations of behavior. Caregivers respond by limiting social exposure or adopting avoidance behaviors to minimize distressing incidents. Such adjustments reflect both protective instincts and the social fatigue that arises from navigating environments that are not designed to accommodate neurodiversity.

These findings echo those in contemporary research. Chang and Park (2022) observed that caregivers of children with autism or ADHD often modify daily routines to prevent public meltdowns, resulting in social withdrawal and reduced participation in community life. Rahman et al. (2023) found that exposure to bullying or judgment from others amplifies caregiver stress and feelings of inadequacy, particularly when children exhibit socially atypical behaviors in public. Likewise, De Guzman and Tan (2024) highlighted that Filipino caregivers employ proactive avoidance—such as altering routes in public places or avoiding specific settings—to manage potential triggers and protect their children from social harm. Collectively, these studies reinforce participants' lived experiences, demonstrating that social settings are emotionally charged spaces that require constant vigilance, adaptability, and resilience from caregivers.

Sibling Comparison and Jealousy

Within the family, caregivers often struggle to balance attention between the child with special needs and their other children. Siblings may express feelings of neglect or jealousy, which can lead to emotional strain and guilt among caregivers. Similar findings were reported by Tsai et al. (2022), who found that typically developing siblings of children with autism frequently experienced emotional neglect and perceived parental favoritism. Studies also suggest that sibling rivalry and resentment can stem from an unequal distribution of parental attention and a chronic stress climate in the household (Petalas et al., 2023). These intrafamilial tensions reinforce the emotional overload already experienced by caregivers and may further isolate them from sources of comfort within their households.

Interviewee 8 reflected, *"Minsan iniisip niya, mas pinapaboran namin yung kapatid niya"* and *"Lagi siyang nagsasabi, bakit lagi na lang si ganito"*. These statements reveal children's emotional sensitivity to perceived differences in parental attention. Such comparisons suggest that even within nurturing homes, the unequal distribution of time and care—often necessitated by the special needs of one child—can lead to feelings of neglect or resentment among siblings.

From the researcher's perspective, these narratives illustrate the relational ripple effects of caregiving within the family unit. Caregivers of children with neurodevelopmental conditions must allocate significant time and energy to managing therapies, routines, and behavioral needs, which can unintentionally disrupt family balance. Siblings, in turn, may perceive these caregiving efforts as favoritism, which can contribute to emotional distance, jealousy, and self-esteem issues. Such family tensions add another layer of emotional labor for caregivers, who must mediate sibling relationships while already coping with the demands of specialized care.

These experiences echo findings from recent studies. McKenzie and Dallos (2021) observed that siblings of neurodivergent children frequently internalize feelings of neglect, especially when parents' time is disproportionately spent on the child requiring additional care. Espina and Lopez (2023) noted that in Filipino families, caregiving hierarchies often lead to emotional competition and misunderstandings among siblings, as cultural expectations of *pag-aaruga* (nurturing) and fairness are challenged by unequal attention allocation. Similarly, Bai and Chen (2024) found that the emotional well-being of neurotypical siblings is closely linked to how parents communicate the reasons for caregiving differences, underscoring the importance of open family dialogue and shared emotional literacy. These findings collectively underscore how sibling jealousy and comparison are not rooted in malice but in emotional imbalance created by the intensive nature of caregiving, a dynamic clearly reflected in Interviewee 8's experience.

Financial Strain

Beyond emotional and social difficulties, financial strain represents a chronic and pervasive stressor for caregivers. The majority of participants emphasized the heavy economic toll associated with therapies, medication, and specialized education. Many reported that a substantial portion of the family income was allocated to their child's needs, leaving little room for savings or emergencies. These experiences are consistent with the findings of Mitchell et al. (2023), who documented that Australian caregivers of neurodivergent children frequently experience employment disruptions, reduced income, and elevated financial stress due to the high costs of therapy and support services.

Economic Instability and the Burden of Care

Interviewee 1 shared, *"Ako lang po kasi, wala akong asawa. Nagbebenta lang ako sa gilid ng kalsada, minsan may kita, minsan wala."* Similarly, Interviewee 6 explained, *"P600 kada araw ang kita ng asawa ko pero hindi regular"*, while Interviewee 8 remarked, "Dalawa kaming minimum wage earner". Economic hardship surfaced as a recurring challenge among participants. These accounts underscore how unstable and limited incomes significantly shape the caregiving experience for families of children with neurodevelopmental disorders (NDDs). Interviewee 1's story reflects the precarious position of solo parents who shoulder both financial and emotional responsibilities without a partner's support. Meanwhile, Interviewees 6 and 8 illustrate that even dual-income households struggle to meet the demands of specialized care when earnings are inconsistent or minimal.

From the researcher's perspective, these statements illustrate how financial constraints compound caregiving stress, limiting access to interventions, educational opportunities, and transportation necessary for therapy sessions or medical check-ups. Chronic financial uncertainty also adds psychological strain, as caregivers grapple with balancing economic survival and the desire to provide optimal care for their child. This dual burden—nurturing a neurodivergent child while managing financial instability—reflects a systemic issue wherein poverty and caregiving intersect to intensify vulnerability.

Empirical evidence supports these narratives. Pinto and Ledesma (2023) found that Filipino caregivers of children with NDDs frequently face "economic fatigue," a term describing the cumulative stress of unstable income and rising caregiving expenses. Alqahtani et al. (2022) similarly reported that financial insecurity correlates with higher parental stress and reduced participation in therapeutic programs. Ramos and del Rosario (2024) emphasized that in low- to middle-income settings, economic instability not only constrains access to services but also affects caregivers' emotional well-being, often leading to feelings of guilt or inadequacy when financial limitations hinder their ability to meet their child's developmental needs.

Resource-Related Stress and Parental Role Strain

This form of resource-related stress highlights the intersection between economic limitations and parental role expectations. Many caregivers equate their effectiveness and worth as parents with their capacity to provide continuous therapy, proper education, and other interventions essential to their child's development. When financial barriers interrupt these efforts, caregivers experience guilt, helplessness, and emotional strain. This finding resonates with the observations of Santos et al. (2022), who noted that Filipino caregivers often perceive therapy disruptions as a personal shortcoming rather than a systemic issue, internalizing blame for circumstances beyond their control.

Interviewee 6 captured the weight of resource-related challenges, expressing, *"Pinaka-stress ko talaga yung pambayad sa therapy, kaya umaasa kami sa Sandigan at DSWD."* She further admitted, *"Minsan hindi natutuloy ang therapy kasi walang pambayad."* These reflections reveal how financial barriers directly disrupt the continuity of the child's developmental interventions. Reliance on external assistance, such as government welfare or charitable organizations, underscores the fragility of informal support systems and the heavy dependence on inconsistent aid. The emotional repercussions are profound—caregivers internalize guilt, helplessness, and anxiety when financial limitations prevent their child from receiving regular therapy sessions.

From the researcher's perspective, these narratives capture the intersection of financial deprivation and parental role strain. When caregivers equate their effectiveness with their ability to provide therapies and interventions, the inability to do so fosters emotional distress and perceived inadequacy. This experience aligns with Santos et al. (2022), who found that Filipino caregivers of children with special needs often perceive therapy interruptions as personal failure rather than systemic inequity. Moreover, Alqahtani et al. (2022) observed that financial strain exacerbates emotional exhaustion and negatively impacts caregiving efficacy, particularly when therapy costs consume a significant portion of household income.

Coping Mechanisms (Contextual to Stress)

Despite the overwhelming physical, emotional, and financial demands of caregiving, participants demonstrated remarkable adaptability by developing coping mechanisms to sustain their well-being. This theme underscores how caregivers employ both problem-focused and emotion-focused coping strategies to manage daily stressors and maintain family stability. Their responses reflect resilience and a dynamic adjustment process aligned with Lazarus and Folkman's (1984) *Transactional Model of Stress and Coping*, where individuals continually appraise challenges and mobilize internal and external resources to manage them effectively.

Adaptive Coping and Self-Regulation Support

Caregivers often adopt practical coping methods to create brief periods of rest and self-regulation amidst constant caregiving demands. Many described allowing their children to engage in screen time, sensory play, or quiet activities, providing short intervals to manage other responsibilities or decompress. This finding echoes that of Izci et al. (2021), who found that caregivers used structured routines and screen-based activities to maintain emotional balance and sustain daily functioning during the COVID-19 pandemic. Similarly, Tasnim et al. (2024) reported that caregivers who used adaptive coping strategies—such as time management, relaxation, and environmental adjustments—exhibited significantly higher quality-of-life scores than those relying solely on passive coping strategies. These strategies highlight the importance of self-regulation and micro-rest periods in reducing stress and preventing burnout among caregivers of children with neurodevelopmental disorders (NDDs).

Caregivers often adopt practical strategies to manage their child's behavior while attending to other responsibilities. Interviewee 5 shared, *"Pag may cellphone siya, nakahiga lang siya,"* indicating that screen time serves as a calming mechanism or a means to keep the child safely engaged. Similarly, Interviewee 4 explained, *"May screen time siya para makapag-concentrate ako sa iba,"* highlighting how digital devices serve as a functional tool that allows caregivers to temporarily focus on other household tasks.

From the researcher's perspective, these narratives illustrate that screen time, though frequently criticized in mainstream parenting discourse, becomes a form of adaptive coping in families raising children with neurodevelopmental disorders (NDDs). Rather than a sign of disengagement, it represents a pragmatic strategy for self-regulation and time management, enabling caregivers to regain composure and attend to other roles (Lim & Lee, 2022). This aligns with Lazarus and Folkman's (1984) Transactional Model of Stress and Coping, which posits that coping behaviors are adaptive responses to stress appraisal and resource availability. When constant supervision becomes emotionally and physically draining, screen-based engagement provides caregivers with temporary relief, helping them maintain equilibrium and prevent burnout (D'Souza et al., 2023).

Use of Behavioral Strategies and Consistent Routines

Another salient coping approach involved implementing behavioral interventions and consistent routines to manage their child's symptoms and reduce unpredictable behaviors. Participants reported using personalized strategies such as counting, play-based motivation, and sensory regulation to promote compliance and structure daily activities. This aligns with the caregiver-skill training literature, which emphasizes that behavioral management, positive reinforcement, and routine consistency can substantially reduce caregiver stress and child behavioral issues (Sung et al., 2020). Likewise, guidance documents developed for caregivers of children with NDDs recommend using visual schedules, token systems, and sensory supports to enhance child regulation and lower parental anxiety (University Hospitals, 2020). These behavioral strategies function as preventive coping mechanisms that not only stabilize the child's routine but also empower caregivers by providing a sense of control and predictability.

Caregivers often develop personalized techniques to shape behavior and establish routines that help their children adapt to daily activities. Interviewee 6 described*, "Pagbibilang ko siya ng 1 to 100 para matuto ng waiting time,"* demonstrating a structured approach to teach patience and waiting behavior through repetition and predictable sequencing. In another instance, the same caregiver shared, *"Pag gusto kong maligo siya, pinaglalaro ko siya sa tubig,"* which reflects the use of play as a behavioral motivator to associate routine hygiene tasks with positive emotional experiences.

From the researcher's perspective, these narratives exemplify how caregivers intuitively apply behavioral conditioning and routine-based reinforcement strategies—principles aligned with Applied Behavior Analysis (ABA)—to foster adaptive functioning in children with neurodevelopmental disorders (Wang et al., 2022). Through creative and context-specific methods, caregivers transform everyday interactions into learning opportunities, promoting compliance, self-regulation, and skill acquisition even without formal therapeutic support (Kim & Park, 2023).

Family-Wide Adjustments

Participants highlighted that caregiving is not an individual task but a family-wide adaptation process. Household members often adjust their routines, communication patterns, and lifestyle choices to accommodate the child's needs and maintain family harmony. This resonates with Wulandari et al. (2025), who found that family resilience among Indonesian caregivers of children with NDDs was significantly influenced by social support and collective coping strategies within the family system. Adjusting schedules, sharing caregiving responsibilities, and establishing a unified approach to caregiving were considered crucial for maintaining stability. These findings illustrate how family-level coping mechanisms reflect systemic resilience and interdependence—core principles of Family Systems Theory.

The caregiving journey often extends beyond the primary caregiver, reshaping the emotional and behavioral climate of the entire household. As Interviewee 7 shared, *"Nag-adjust na rin kami lahat para sa kanya, pati asawa at anak ko,"* caregiving responsibilities and behavioral accommodations evolve into a shared family commitment. The same participant added, *"Bawal na kami magsalita ng masama sa bahay,"* illustrating deliberate efforts to maintain a positive and supportive environment that safeguards the child's emotional well-being.

From the researcher's perspective, these narratives reflect how families collectively adapt their routines, communication patterns, and emotional expressions to meet the unique needs of a child with a neurodevelopmental disorder. This aligns with Family Systems Theory, which posits that the functioning of one family member inevitably influences the entire system (Minuchin, 1985; Goldenberg & Goldenberg, 2020). When caregivers and siblings consciously adjust their behavior and emotional tone, they reinforce family cohesion and create a stable relational environment conducive to the child's development (Smith et al., 2021).

Reliance on Faith, Acceptance, and Resilience

Spiritual beliefs, acceptance, and emotional endurance emerged as profound sources of strength for many caregivers. Faith was described as a means of emotional grounding, providing hope and meaning amid ongoing challenges. Participants viewed acceptance of their child's condition as a turning point in their emotional recovery and resilience. This aligns with the findings of Ang and Loh (2021), who reported that acceptance and religious coping were central strategies among caregivers of children with autism in South Africa, significantly reducing emotional distress and facilitating positive meaning-making. Similarly, Tasnim et al. (2024) emphasized that spiritual and acceptance-based coping correlated positively with caregiver well-being and life satisfaction. The caregivers in this study demonstrated that faith and acceptance are not merely passive coping methods but active forms of emotional adaptation that sustain resilience despite long-term stress.

Caregivers often navigate their journey with a deep sense of resigned acceptance, persistent endurance, and spiritual or emotional resilience. As Interviewee 5 expressed, *"Tinatanggap ko na lang, wala tayong magagawa,"* there is a strong indication of emotional surrender to circumstances beyond their control. Despite this, Interviewee 6 maintained an unwavering stance: *"Tuloy lang, hindi pwedeng sumuko,"* demonstrating determination to persist in the face of challenges. Similarly, Interviewee 1 stated, *"Kailangan talaga mahaba ang pasensya,"* underscoring the immense emotional labor and inner strength required for sustained caregiving.

From the researcher's perspective, these narratives reflect a typical coping pattern that blends acceptance, faith, and perseverance—key elements of resilience in caregiving contexts. This echoes findings by Folkman and Moskowitz (2000), who emphasized that positive reappraisal and meaning-focused coping help individuals endure chronic stressors by reframing adversity into manageable experiences. The caregivers' expressions of acceptance illustrate an adaptive mechanism aligned with Lazarus and Folkman's (1984) Transactional Model of Stress and Coping, in which acceptance serves as a cognitive strategy that enables caregivers to regulate emotions when stressors cannot be changed.

Conclusion

The experiences of caregivers of children with NDDs in this study highlight a complex interplay of physical, emotional, social, and financial challenges that collectively contribute to chronic stress. Despite limited resources and societal barriers, these caregivers have shown remarkable resilience and adaptability, utilizing both structured behavioral techniques and intuitive caregiving strategies to meet their children's needs.

Despite providing valuable insights into the lived experiences of Filipino caregivers of children with neurodevelopmental disorders (NDDs), this study has several limitations that should be acknowledged. The sample size was limited and may not fully represent the diverse socio-economic, cultural, and regional backgrounds of caregivers in the Philippines. Caregivers from rural areas, indigenous communities, or significantly underserved regions may face additional challenges that this study did not fully capture.

The findings underscore the urgent need for more accessible, affordable, and continuous therapy services for children with NDDs in the Philippines. Policies should be designed to provide sustainable financial and psychosocial support to caregivers, including community-based respite care, parental training programs, and anti-bullying campaigns in schools. Further, tailored mental health interventions for caregivers themselves may mitigate emotional fatigue and improve overall family well-being.

This study amplifies the often-overlooked emotional realities of Filipino caregivers, revealing how resilience emerges amid chronic stress, systemic gaps, and deep cultural expectations of sacrifice. By centering their voices, the research enriches local psychological literature with a culturally grounded understanding of caregiving in the Philippine context. Ultimately, it underscores the urgent need for responsive, compassionate, and community-rooted systems of care that honor both children with NDDs and the caregivers who sustain them. Filipino caregivers navigate a caregiving landscape shaped by socio-economic hardships, limited access to specialized services, and cultural expectations of familial sacrifice and strength. Their stress is not only a result of their children's conditions but also of systemic gaps in healthcare, education, and community support. Nonetheless, these caregivers have found ways to survive and adapt. Many discovered personal strength, spiritual anchoring, and community ties that helped them continue.

Through their voices, the study brings attention to an underrepresented group whose emotional and psychological needs have long been overlooked. It also underscores the value of listening to caregivers' perspectives to build systems of care that are truly responsive, inclusive, and humane.

Contributions of Authors

The authors confirm the significant contributions, proportionate to their assigned tasks, that enabled the completion of this study.

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Conflict of Interests

None.

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