Empowered by Love: A Shift from Involvement to Advocacy in Mothers of Children with Autism

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Abstract

Mothers plays a crucial role in the education and the well-being of children with Autism Spectrum Disorder (ASD), often transitioning from parental involvement to advocacy as they navigate systemic challenges. This study employs a qualitative single-case study approach, following Yin's (2018) case study methodology, to explore the advocacy strategies of mothers in securing their children's educational and healthcare needs. Conducted in Manila, Philippines, the study uses purposive sampling to select biological mothers of children formally diagnosed with ASD who are enrolled in educational institutions and receiving interventions. Data were collected through semi-structured interviews, validated using expert triangulation, and analyzed through thematic analysis (Braun & Clarke, 2021). Findings reveal the progression from involvement to advocacy, with mothers facing institutional barriers, policy limitations, and resource constraints. Through collaborative efforts, awareness campaigns, and policy negotiations, they actively shape their children's access to inclusive education and services. This study underscores the multi-layered challenges and transformative role of maternal advocacy, emphasizing the need for systemic support in fostering inclusive education.

Keywords: *maternal advocacy, autism spectrum disorder, parental involvement, inclusive education, special education*

Introduction

The relationship between music an A mother is a person whose love surpasses understanding. She is a woman who carries a child in her womb for nine months – nourishing it until it is ready to be delivered to the world – like a gift. In the Philippines, mothers are regarded as the light of the home, providing warmth and care to their families. Traditionally, gender roles dictate that women should stay at home and be the primary caregiver (Green, 2025), while fathers assume the roles of providers. However, when a child is diagnosed with a developmental condition such as Autism Spectrum Disorder (ASD), the mother's role often extends beyond caregiving.

Developmental pediatricians use developmental milestones as a guide to track a child's growth across various stages. These milestones outline the skills a child is expected to achieve at a given age, and delays in these areas may prompt further assessment. By 12 months, children with ASD often display delays in development compared to same-aged children without neurodevelopmental disorders. Around 12 months, a deficit in social interaction and communication becomes more noticeable. And delays in self-help skills are seen around 36 months (Hirota et al., 2020). ASD is one of the most rapidly growing neurodevelopmental disorders, typically diagnosed as early as two years old. For a mother, the joy of bringing a child into the world is profound, but when signs of delays in

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development emerge, she faces a new reality–one that demands not only caregiving but also efforts to meet the needs of her child. She must be able to navigate the complexities of education and healthcare systems to ensure that her child receives the support it needs. Parental involvement plays an important role in the development of children with ASD, particularly in securing access to appropriate education (Balli, 2016) and therapy. Parents involve themselves in their child's education in different ways–some make sure that they communicate with stakeholders, while others make sure that they take part in individual education plan meetings (Schultz et al., 2016). Other parents' involvement is less visible but never without supporting teachers–some give feedback and updates to the teachers, others help with their child's homework (Gasparut, 2019). However, when traditional forms of involvement do not suffice and needs are not met, many mothers transition into advocacy roles. This transition involves a more active and activist role in their children's education and well-being.

Parental advocacy is one among other forms of advocacy–including self-advocacy, individual advocacy, and systems advocacy (West Virginia University, n.d.). Parental advocacy in special education is a critical component to ensure that Children with Special Needs (CSN) receive appropriate services and support. This type of advocacy can be categorized into different levels and styles, each with varying characteristics and outcomes. Burke and Hodapp (2016) found that the intensity and nature of parental advocacy are closely associated with parents' experiences in the special education system. Parents who encounter dissatisfaction with educational services, strained school relationships, or negative experiences concerning their child's treatment are often compelled to engage in stronger and more persistent advocacy efforts to secure appropriate support. Conversely, parents who experience more responsive and supportive school environments may adopt more collaborative forms of advocacy, characterized by partnership and shared decision-making with educational professionals. These studies suggest that parental advocacy is not merely an individual response but also a relational and systemic process shaped by the quality of interactions between families and educational institutions. As such, advocacy may be understood as both a protective mechanism for children and a means through which parents negotiate inclusion, access, and educational equity.

Statement of the Problem

Despite the growing amount of literature on parental advocacy, most of the studies are Western-sourced. There is a scarcity of study in the Philippines discussing the transition of involvement to advocacy, nor are there recent studies looking into the level and styles mothers advocate for their child with autism.

Hence, this paper seeks to understand how this transition happens and what the perceived outcomes of their advocacy are. By exploring their experiences, this study aims to provide insights into the role of maternal advocacy in securing better opportunities for children with autism.

Research Questions

To gain a deeper understanding of the transition from parental involvement to advocacy among mothers of children with autism spectrum disorder (ASD), this study seeks to explore the strategies, challenges, and outcomes of maternal advocacy. While previous research has examined parental involvement in education and systemic barriers faced by the families of children with disabilities, there remains a need to specifically investigate how mothers navigate these challenges and what advocacy strategies they employ to secure their children's educational and healthcare needs.

To address this gap, this study is guided by the following research questions:

1. What are the initial forms of involvement mothers engaging to support their child's education?
2. What are the challenges do mothers encounter that led them to shift from involvement to advocacy?
3. What strategies do mothers use to advocate for their child's educational needs?
4. What are the perceived outcomes of maternal advocacy efforts in their child's education?

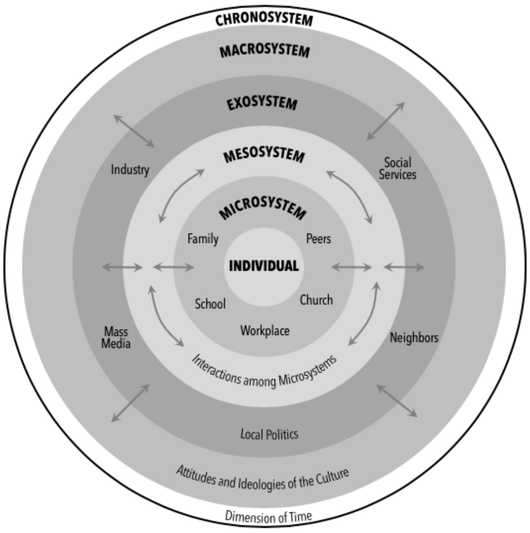
By answering these questions, the study aims to contribute to a broader understanding of the critical role of maternal advocacy in shaping inclusive education and support systems for children with ASD.

Theoretical Framework

This study is guided by Bronfenbrenner's Ecological System Theory (1979) that provides a comprehensive framework for understanding the complex interactions between individuals and their environments (Crawford, 2020). This theory is particularly useful in advocacy as it helps stakeholders understand the multifaceted influences on student performance and encourages collaborative efforts to support student learning and development (Stanley & Kuo, 2022). This framework explains how a mother's advocacy works across multiple interconnected levels.

Figure 1

Theoretical Framework, Urie Bronfenbrenner's Ecological Systems Theory



At the microsystem level, involvement is direct and home-based such as helping their child at home and communicating with teachers. As challenges arise at the mesosystem and exosystem levels, mothers are compelled to advocate for their child's rights, negotiating with schools, healthcare providers, and policymakers to secure resources and accommodations. Maternal advocacy represents higher-level involvement, where mothers negotiate with institutions, seek policy reforms, and engage with community organizations to secure their child's rights.

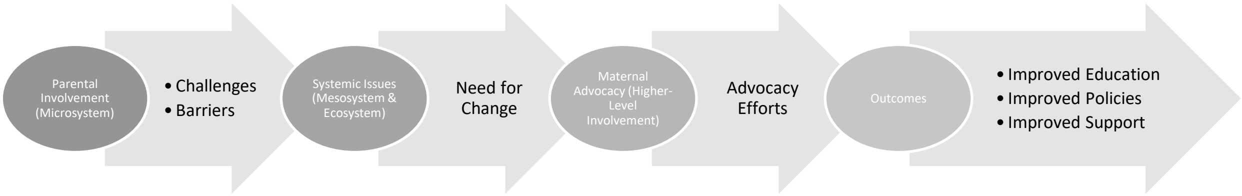
The ultimate outcomes of these advocacy efforts include improved education, enhanced policies, and stronger support systems for children with autism. By understanding this transition, educators, healthcare professionals, and policymakers can recognize the critical role of maternal advocacy in shaping better opportunities for children with autism and work towards more inclusive and supportive environments.

Conceptual Framework

This study's conceptual framework highlights the progression of maternal roles—showing that advocacy emerges as a direct response to systemic challenges rather than an isolated effort. To visually aid in the understanding of the transition of mothers from involvement to advocacy, below is a visual representation and explanation anchored to the theoretical framework used in this paper. By situating maternal advocacy within Bronfenbrenner's ecological model, this study underscores the multi-layered influences on decision-making and the critical need for institutional collaboration to foster an inclusive and supportive environment for children with autism.

Figure 2

Conceptual Framework of How Mothers Transition from Involvement to Advocacy



This conceptual framework illustrates the transition of mothers from parental involvement to maternal advocacy in response to systemic challenges affecting children with autism. At the microsystem level, mothers initially engage in their child's education, providing direct support such as assisting with schoolwork, attending therapy sessions, and maintaining communication with educators and healthcare providers. This represents their role at the microsystem level, where their interactions are primarily with their child and immediate school environment. As their child progresses in school, mothers begin to encounter challenges that impede their access to quality education and necessary interventions. These challenges are catalysts for the transition from involvement to advocacy, prompting the mothers to be in an active role in securing their child's rights.

Mesosystem and exosystem, systemic issues, including limited school accommodations, inaccessible healthcare services, and unsupportive policies, further complicate the experience of mothers. Recognizing the limitations of mere involvement, mothers shift to advocacy, engaging with different stakeholders to address these systemic gaps. This transition marks a shift from passive engagement to active intervention, where mothers challenge institutional norms, negotiate for their child's educational accommodations, and seek policy changes.

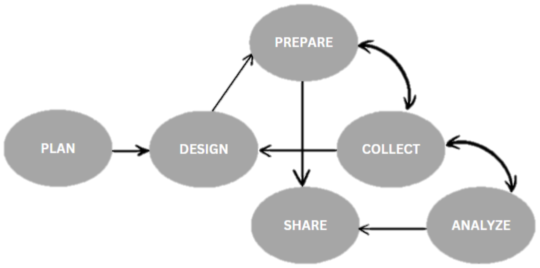
As maternal advocacy becomes intense, mothers employ different strategies to advance their child's educational and healthcare rights. By navigating these multiple levels of advocacy, mothers not only secure their child's access to quality services but also contribute to broader institutional reforms that benefit the community. Ultimately, the advocacy efforts of mothers are assumed to lead to tangible outcomes.

Methodology

This study uses a qualitative research design using a single case study approach, outlined by Yin (2018). The qualitative approach that is appropriate for this paper enables an in-depth exploration of the lived experiences of mothers' advocacy for their children's educational and healthcare needs. The use of a single-case study framework provides a structured approach to examining real-life cases where mothers transition from involvement to advocacy, allowing for a comprehensive understanding of their challenges, strategies, and perceived outcomes. Single-case studies are especially valuable in contexts where large-scale research is not feasible due to limited resources or other relatively low incidence of specific conditions (Lobo et al., 2017). In special education, single-case research designs have been widely used to evaluate instructional strategies and intervention effectiveness, yet scholars remind caution agains overgeneralization, emphasizing the importance of contextual analysis (Maggin et al., 2018)

Figure 3

Robert K. Yin's Case Study (2018, p.32)



Determining an appropriate sample size in qualitative research is highly dependent on the research context and philosophical approach. Unlike quantitative studies that prioritize larger samples for statistical generalizability, qualitative research values depth over breadth, often justifying the use of a single case to provide rich, in-depth insights into a specific phenomenon. In the study of Boddy (2016), studies of management and medical research have demonstrated the efficacy of single-case studies in uncovering critical findings, particularly when exploring unique experiences that are not easily captured through larger sample sizes. In the context of this study, focusing on the advocacy experiences of mothers allows for a detailed examination of the emotional, social, and systemic challenges they encounter. By adopting a single-case study approach, this research aims to illuminate the complexities of maternal advocacy, offering insights that can inform policy, intervention programs, and future research on parental advocacy in special education.

Participants and Sampling

The study's participants are biological mothers of children formally diagnosed with ASD. A total of five (5) participants were included in the study. To be eligible for participation, the child must: (1) they must be the biological mother of a child formally diagnosed with ASD, (2) their child must be enrolled in an education institution, and (3) their children must be receiving intervention or therapy services. Additionally, the participating mothers were identified as the primary caregivers actively involved in their child's educational and therapeutic needs. The children of the participants ranged from early childhood to adolescence, allowing the study to capture variations in caregiving and advocacy experiences across developmental stages. Furthermore, the children were enrolled in either public or private educational institutions within Manila. These criteria ensure that the participants have direct and relevant experience in advocating their child's rights and access to education.

The study also established exclusion criteria to further define participant selection. Mothers were excluded if their child did not have a formal ASD diagnosis, was not currently enrolled in an educational institution, or was not receiving intervention or therapy services. Participants who were not the child's primary caregiver or who were unable to participate in an in-depth interview due to communication or availability constraints were likewise excluded from the study.

This study employs a purposive sampling technique, a non-probability sampling method that allows for the intentional selection of participants based on specific criteria relevant to the research objectives. This sampling technique is appropriate as it ensures that the participants can provide rich, relevant, and in-depth information on the topic. Since qualitative research prioritizes depth over breadth, a small yet well-selected group of participants is sufficient to achieve the study's objectives. While there is no strict rule on the minimum number of participants requires for a single-case study, research recommend that a sample of five to ten participants can be adequate to reach data saturation, the point at which no new themes emerge from the data analysis (Lobo et al., 2017). However, if meaningful and comprehensive insights can be obtained with a smaller number of participants, the study will prioritize data quality over quantity.

Research Locale

The study was conducted in Manila, a highly urbanized area that serves the educational, medical, and social hub of the country. Manila was chosen as the research locale due to its accessibility to special services for children with autism, including special education (SPED) programs, therapy centers, and advocacy groups that support families navigating autism-related challenges. The city is home to various public and private schools offering inclusive education, as well as intervention facilities that province speech therapy, occupational therapy, and behavioral interventions for children diagnosed with ASD. Moreover, Manila has a diverse population of parents who engage in different levels of engagement and advocacy for their children's education and healthcare needs. The presence of government and non-government organizations supporting children with special needs makes the city an ideal setting for studying how mothers advocate for their children within educational and healthcare systems. By focusing on Manila, this study will capture the lived experiences of mothers in urban settings, where access to resources, systemic barriers, and advocacy opportunities may differ from those in rural areas. Conducting the research in Manila allows for a richer exploration of the specific advocacy experiences of mothers within the local context.

Research Instrument

To ensure the reliability and validity of the data collection process, the researcher developed an interview guide that aligned with the study's research questions. The guide was carefully structured to explore the mothers' experiences in supporting their child's education, the challenges they faced, and the strategies they employed in advocacy. To further enhance the credibility of the study, triangulation was employed in validating the interview questions. Three experts, two specializing in special education (SPED) and one content expert—reviewed the interview guide. Their feedback helped refine the questions to ensure they captured the participants lived experiences and aligned with the research objectives. This process also ensured that the study gathered meaningful and diverse perspectives from mothers who had experience in navigating the challenges of raising and advocating for a child with autism.

Data Collection

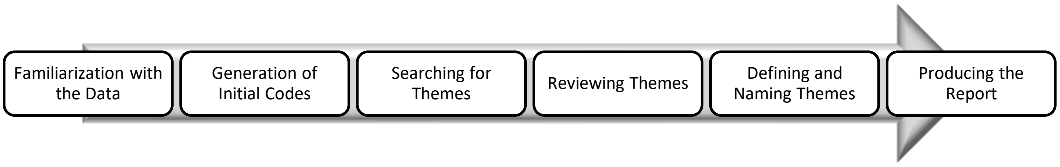
Data were gathered through semi-structured interviews, a data collection technique that allowed flexibility while ensuring that key research topics were explored. Semi-structured interviews were particularly suitable for the study as they enabled participants to share their unique experiences, perspectives, and emotions while allowing the researcher to probe deeper into emerging themes. The interviews were conducted face-to-face or through online platforms when necessary, depending on the participants' availability and preferences. Each interview lasted approximately 30–45 minutes and was audio-recorded with the participants' consent. This ensured accuracy during the transcription of the data. Sample interview questions explored the following areas: the mothers' initial involvement in their child's education, the challenges they encountered, their advocacy strategies, and their perceived outcomes of advocacy efforts.

Data Analysis

The collected data were analyzed using thematic analysis, a qualitative research method that allowed for the identification, organization, and interpretation of key themes within the data set (Braun & Clarke, 2021). The analysis followed Braun and Clarke's six-phase framework to ensure a structured and systematic approach.

Figure 4

Braun and Clarke's Six-Phase Framework for Data Analysis



The first step involved familiarization with the data, where the researcher transcribed verbatim and repeatedly read through the transcripts to gain an in-depth understanding of the participants' experiences. Following this, the researcher generated initial codes by systematically identifying meaningful data segments that related to the research questions. These codes were then grouped into potential themes, which captured broader patterns within the data. In the fourth step, the themes underwent review and refinement to ensure their coherence, consistency, and relevance. This process involved re-examining the coded data to confirm that the themes accurately represented the participants' narratives. The next phase involved defining and naming the themes, where clear descriptions were developed to articulate their significance in relation to the study's objectives. Lastly, the researcher integrated the findings into a cohesive discussion, linking them to relevant literature on advocacy.

To ensure trustworthiness and credibility, techniques such as member checking were employed, wherein participants were allowed to review the interpretation of their responses to validate accuracy. Additionally, the researcher maintained a reflective journal to document observations, potential biases, and methodological decisions throughout the analysis process. By doing so, the paper aimed to generate a rich and nuanced understanding of the participants' advocacy strategies, challenges, and outcomes experienced by mothers of children with autism.

Ethical Considerations

Ethical considerations were strictly observed throughout the study to protect participants' rights and ensure the integrity of the research process. To maintain confidentiality and anonymity, participants were assigned pseudonyms, and all collected data, including interview transcripts and recordings, were securely stored and made accessible only to the researcher. Before participation, informed consent was obtained from each participant, ensuring that they fully understood the study's purpose, procedures, and voluntary nature. Participants had the right to withdraw from the study at any given time without any consequences.

Prior to the conduct of data collection, the study received approval from the institutional ethics review board, ensuring that all research procedures complied with established ethical standards for studies involving human participants.

Results and Analysis

This study explored how mothers of children with autism navigate advocacy, the challenges they encounter, and the outcomes of their efforts. Data analysis using Braun and Clarke's (2021) thematic approach revealed a developmental trajectory from parental involvement to advocacy, shaped by systemic barriers and institutional negotiation. The findings demonstrate how mothers gradually transitioned from supportive participation in their children's education toward active advocacy shaped by systemic barriers, institutional limitations, and negotiated access to educational and healthcare services. Consistent with recent scholarship, advocacy is understood as an evolving process emerging through continuous interaction with educational and healthcare systems rather than a fixed parental role (Azad et al., 2021; Pickard et al., 2021). The results are categorized into four overarching themes, which answer this paper's research questions.

Research Question 1: Initial Forms of Involvement

Parental involvement plays a crucial role in the educational and developmental progress of children with autism (Epstein, 2018). In this study, parental involvement was consistently observed across participants, primarily in securing services, coordinating with professionals, and reinforcing learning at home. These early practices function as foundational stages of advocacy development (Azad et al., 2021).

Ensuring Access to Education and Therapy

The findings indicate that mothers initially engage in various forms of parental involvement before transitioning into advocacy roles. Many mothers expressed their proactive approach in securing quality education and therapy for their child.

> *"We started, actually, bago yata siya nag-schooling, nagkaroon siya ng therapy. We sent him dito sa may Manila Hearing, sa Welcome Rotonda. Meron siyang parang therapy...Nagkaroon na siya ng occupational therapy at saka speech therapy bago ma-enroll as advised ng devped [developmental pedia] niya."* (Participant 1)

[Translated: We started, actually, before I think he started schooling, he already had therapy. We sent him here at Manila Hearing, in Welcome Rotonda. He had like therapy... He already had occupational therapy and also speech therapy before being enrolled as advised by his devped [developmental pedia]. (Participant 1)]

Another parent recounted that when they found out that their child has some behavior patterns to a child with ASD, they immediately looked for a developmental pediatrician.

However, the search has been long and waiting to be scheduled would take five to six months. Participant 2 recounted it saying:

> *"Ang hirap niyang ma-schedule sa Asian Hospital pa. Tapos, walang malapit dito nun sa area namin sa Santa Rosa. So, luckily naman, yung developmental pedia na nakita naming, kasi sinerch ko lang din sa Facebook kung may mga therapy centers. So, luckily yung therapy center na nahanap namin na medyo malapit sa bahay, meron silang developmental pedia. Pero bago namin malaman yun, doon muna kami sa perpetual hospital nagpa-schedule sana. Kasi it would take parang, I don't know, five months, six months yata. Ganon katagal. So, nung nag-inquire na kami, sabi ko, sige, habang naghintay tayo, punta tayo dun sa therapy center. Baka sakaling may advice sila kung ano pwede gawin. Para hindi naman nakatenga lang yung anak natin."*

[Translated: It was hard to get him scheduled at Asian Hospital. Then, there was nothing near before in our area in Santa Rosa. So, luckily, the developmental pedia we found, because I also just searched on Facebook if there were therapy centers. So, luckily the therapy center we found was somewhat near the house, they had a developmental pedia. But before we found out, we first tried to schedule at Perpetual Hospital. Because it would take like, I don't know, maybe five months, six months. That long. So, when we already inquired, I said, okay, while we are waiting, let's go there to the therapy center. Maybe they can give advice on what can be done. So that our child is not just left doing nothing.]

Mothers' early actions in seeking diagnosis, therapy, and educational placement reflect emergent advocacy behaviors driven by system navigation rather than passive caregiving.

Active Collaboration with Teachers and Therapist

Collaboration with professionals was a common strategy, with mothers attending school activities, monitoring progress, and maintaining open communication. This form of engagement aligns with findings that family–school partnerships are critical entry points for parental advocacy development, particularly in inclusive education contexts where service coordination is uneven (Azad et al., 2021). Participants 2 and 5 mentioned that active collaboration with the stakeholders is done when she attends school meetings and activities.

> *"Etong kung paano namin sinasupport, may conference kasi lagi din yan with parents. Since, papatawag naman, kunyari, parang releasing of report card, ganyan. May mga periods talaga na nagpapaconference yung mga teachers nila. So, sinasabi naman yung progress report kay (child's name redacted) and then, may time pa nga na parang may culminating activity sila... parang spedlympics na madalas papa niya ang kasama niya."* (Participant 2)

[Translated: With how we support him, they always also have conferences with parents. Since they call us, for example, during releasing of report cards, like that. There are really periods when their teachers conduct conferences. So, they tell the progress report of (child's name redacted) and then, there was even a time when they had like a culminating activity... like a spedlympics where his father is usually accompanying him. (Participant 2)]

Moreover, the same narrative was echoed in the statement of participant 4 where she shared that whether she prefers to leave the family day to the husband or not attend at all due to the behavioral challenges her daughter exhibits in events such as, she attends parent-teacher conference that is helpful for her child's education. Participant 4 recounts: "Sa family day hindi [kami sumasama], ang hirap kasama. Pero sa PTA… oo [sumasama kami]." [Translated: during family day, no [we do not join], he is hard to bring along. But in PTA… yes [we join]. On the other hand, participant 5 stated that aside from the school meetings and parent orientations, she also attends to discuss the interventions appropriate for the child and the progress her child is doing.

> *"Bukod 'yung meeting doon na yung therapist muna yung kausap mo tsaka yung coordinator nila ng intervention. Tapos may bukod na meeting naman kasama yung therapist niya tsaka yung dalawang subject teachers niya. pati count guidance nung school. So para lahat sila nakakapag-feedback kung ano yung observations nila kay (child's name redacted). Tapos kung ano yung concerns din namin, pwede namin sabihin sa kanila at saka ma-address din nila sa school. Tapos kung may concern man sila, then masabi nila para din ma-clarify kung ano yung halimbawa behavior na yun ni Kuya, kung paano matutulongan."* (Participant 5)

[Translated: There is a meeting there where the therapist is the one you talk to first with their coordinator for intervention. Then there is a separate meeting together with his therapist and his two subject teachers. Also, the guidance of the school. So that they can give feedback on what their observations are about (child's name redacted). Then whatever our concerns are too, we can say them and they can also address them in school. Then if ever they also have a concern, then they can say it so it to be clarified what for example that behavior of Kuya, how it can be helped. (Participant 5)]

Lastly, participant 3 also maintains contact with the teachers and therapists in social media platforms such as messenger-the medium of communication between parent and teachers. Participant 3 shares*: "Sa ano eh, nag-uusap kami sa messenger. Connected kami sa messenger. Dun sinsasabi niya anong activities sa school. Ano pang dapat gawin."* [Translated: In, uh, we talk on Messenger. We are connected on Messenger. There they tell what activities are in the school. What else should be done.]

These collaborative practices demonstrate sustained home–school coordination, reflecting mesosystem interaction where learning environments across home, school, and therapy become interconnected (Ainscow, 2020).

Reinforcement of Learning and Behavior at Home

The unanimous engagement of all mothers in reinforcing learning and behavior at home highlights the importance of consistency. By integrating therapeutic strategies into daily routines, parents ensured that their child's learning extended beyond the confines of school or therapy sessions. All participants reported implementing home-based interventions to support their child's progress. Participant 3 stated that:

> *"Hindi dapat babyhin 'to. Napapagalitan namin siya, pinapalo, gano'n. Pag alam niyang papayag kayo, kasi ang kulit, di ba, pag may hinihingi, kailangan, dapat sundin siya. But hindi pwede. Kapag nagtantrums siya, ay hindi. Hayaan lang namin umiyak. Hihinto din naman siya. 'Yun din sabi ng therapist niya. There's no special treatment. Kunwari kami ng asawa ko, hindi pwedeng no siya tapos yes ako. We're both no. And then susunod na siya."* (Participant 3)

[Translated: He should not be babied. We scold him, spank him, like that. When he knows that you will agree, because he is very stubborn, right, when he is asking for something, it has to be, you should follow him. But it cannot be. When he has tantrums, it is a no. We just let him cry. He will stop too eventually. That is also what his therapist said. There's no special treatment. For example me and my husband, it cannot be that he says no then I say yes. We're both no. And then he will follow already.]

Aside from behavioral corrections implemented in both the clinic and at home, Participant 1and 2 also helps their child in homework given by the teachers/therapists. Participant 2 recounted it saying:

> *"Ako naman sa gabi pagka-uwi ko, andun yung follow-up ng mga homework nila, yung mga activities na pinagawa sa school. So, kailangan mo follow-up din sa bahay. Lalo yung mga homework kailangan gawin ni kuya kasi very ano pa yung comprehension niya. so kailangan ko pang ipaliwanag… Ayun, follow up sa bahay ng*

> *follow up sa bahay ng mga chores. kasi kailangan din yung mga self-help skills na pag maniligo, so, tuturong mo na sa kanila kung paano pag sila lang. Bagbabrush ng teeth, ganyan. Toileting, gano'n. So, dapat lahat yun ang follow-up. Tapos, pag weekend, sinanay talaga namin sa activities sila. Magagawa ng pancake, yung mga gano'n. Yung mga interesting din naman sa kanila na may matututunan silang skill na kahit na medyo sloppy pa, pero at least na-expose na sila na gano'n."*

[Translated: For me, at night when I get home, there is the follow-up of their homework, the activities they were made to do in school. So, you also need to follow up at home. Especially the homework Kuya's needs to do because his comprehension is still very, uh. so I still need to explain it… There, follow up at home, follow up at home with the chores because the self-help skills are also needed like when taking a bath, so, you will teach them already how when they are just by themselves. Brushing teeth, like that. Toileting, like that. So, all of those should really be followed up. Then, during weekends, we really trained them in activities. Making pancakes, those kinds of things. Those that are also interesting for them where they can learn a skill even if it is still kind of sloppy, but at least they were already exposed to that kind of thing.]

Their early participation primarily included assisting their child with schoolwork, attending parent-teacher meetings, and communicating with the teachers and therapists about their child's needs. By taking the initiative to reinforce lessons at home, parents became co-therapists in their child's developmental journey. This aligns with Epstein's (2018) framework, which positions parents as essential partners in educational development, particularly in contexts where formal support systems are limited. Moreso, home-based reinforcement demonstrates the extension of therapeutic responsibility into the household, positioning mothers as active co-implementers of intervention rather than passive supporters. This reflects the care–advocacy continuum, where caregiving gradually evolves into structured advocacy through sustained engagement in intervention practices (Pickard et al., 2021).

Overall, these findings suggest that early parental involvement functions not only as supportive caregiving but also as an emergent form of advocacy. Mothers begin to engage in informal negotiations with institutions, marking the initial transition from microsystem involvement (home-based care) to mesosystem interaction (home–school–therapy coordination) (Ainscow, 2020).

Research Question 2: Challenges Leading to Advocacy

Despite their involvement, mothers faced challenges that required them to transition into advocacy roles. As their children progressed throughout the education system, mothers encountered numerous barriers that ultimately prompted them to transition to passive involvement to active advocacy. Four primary themes emerged from the challenges encountered by the mother of children with autism. Despite initial involvement, mothers encountered persistent systemic, institutional, and social barriers that functioned as catalysts for intensified advocacy engagement. These findings suggest that advocacy emerged not as a voluntary shift but as a response to structural inadequacies within educational and healthcare systems (Ainscow, 2020).

Systemic Barriers

Parents shared during the interview that their child experienced one or more of the following: misdiagnosis, large class sizes, overworked teachers, understaffed classrooms, and limited resources.

> *"Sabi ko ganoon sa doktor, sa UST, sabi ko, how come yung anak ko, napipick-up niya yung melody, di ba? Pero, hearing loss lang daw kaya hindi niya kami tinitignan*

> *at pinapansin. So, paano kaya yun, diba? Hindi nila ma-explain. Kaya hindi na kami nag-move further pa doon sa para i-entertain na bingi siya… Saka nakakakanta si kuya. Mahilig siyang palitan yung lyrics pero same melody sa mga naririnig niyang kanta. Di naming matanggap na sinasabi nilang hearing impaired daw talaga."* (Participant 1)

[Translated: I said like that to the doctor, at UST, I said, how come my child, he is able to pick up the melody, right? But they said it is only hearing loss that is why he does not look and pay attention to us. So, how could that be, right? They were not able to explain it. That is why we did not move further anymore there to entertain that he is deaf… Also kuya is able to sing. He likes changing the lyrics but the melody is the same from the songs he hears. We could not accept that they were saying that he is really hearing impaired. (Participant 1)]

When participant's 1 child manifest observable behavior of autism, therapist suggested that it is probably caused by hearing impairment or speech delays. However, as parents they know that this is not the case as their child can hum and sing. Participant 3 also shared that because of huge class size, sessions are now shortened and interactions are more seldom than usual saying: *"So ang daming enrollees. Kaya ang nangyari, hinati-hati nila yung session, hati-hati yung schedule. nagkaroon ng mga 2 to 3 times sa week lang session, instead na daily siya"* [Translated: So there were many enrollees. So what happened was, they divided the sessions, the schedule was divided. There were 2 to 3 times a week session, instead of daily.]

Participant 2 also shared her observations about public schools having special education program. She mentioned that teachers are overworked because aside from teaching jobs, they are expected to be involved in sports events and other competitions. She also mentioned that there is an evident lack of support from the government due to the lack of teaching personnel.

> *"Pagdating sa administrative level ng DepEd, may mga kakulangan, siguro dahil sa ang daming trabaho sa DepEd. Napapansin namin na ang daming binibigay na trabaho doon sa teacher nila. Kagaya ng pag may sports, o dito mga competition, ang ita-tap nila is yung teacher siya. So ang nangyayari, minsan yung session ng anak ko ay nagiging modular, ganyan. So nababawasan minsan, nagiging shortened yung period, ganoon. Wala ka naman magawa because public school siya, hindi ka naman pwedeng mag-reclass"*

[Translated: When it comes to the administrative level of DepEd, there are shortcomings, maybe because there is so much work in DepEd. We notice that they give so much work to their teacher. Like when there are sports, or here competitions, the one they tap is the teacher. So what happens is, sometimes the session of my child's becomes modular, like that. So it is reduced sometimes, the period becomes shortened, like that. You cannot really do anything because it is a public school, you also cannot reclassify… This year, we somehow felt lacking maybe. We observed that the lack of support from the LGU because the SPED teachers were also not given teaching assistants.]

Lastly, participant 5 agreed to the lack of resources in public school in the lens of lack of materials: *"Ngayong taon kasi, medyo nakulangan kami siguro. Na-observe naman namin na kulang yung support ng LGU dahil hindi din nabigyan ng mga teaching assistant yung mga SPED teachers."* [Translated Because sometimes, the resources of the teachers there are also not enough. No matter how creative, how innovative the teacher is, somehow if you really do not have materials, the activities are also not okay.]

These challenges support the findings from MacLeod et al. (2017) on how systemic and societal limitations hinder optimal intervention for children with autism. These accounts reflect structural constraints within inclusive education systems, where service delivery is shaped by institutional capacity rather than individualized need. Such conditions align with exosystem-level barriers that indirectly influence child outcomes through institutional policy, staffing, and resource allocation (Ainscow, 2020). Unlike contexts with well-resourced inclusion systems, the findings highlight how advocacy often emerges within environments characterized by scarcity, uneven implementation, and overburdened public institutions (Smith-Young et al., 2022).

Lack of Acceptance from the Family and Community

The accounts of 2 out of 5 mothers illustrate the societal stigma surrounding special needs, where the lack of acceptance from other parents and people in the community created exclusionary environments. Participant 4's heartbreaking narrative exemplifies the prejudice faced.

"Ang Pilipinas hindi pa sila open with this special group [people with autism]. Recently eh, nung naglabas na ng mga documentary films, ang GMA Special Children, yan siya. Saka lang nakita na nag-exist pala sila. Kasi minsan may nangyari pa na hindi niya nako-control. So sabi ng mga tao na, oh yung bata, abnormal, naglalaway kako, ganyan, ganyan. Hindi ko na lang pinapansin yun."

The Philippines is not yet open with this special group [people with autism]. Recently eh, when documentary films were already released, by GMA Special Children, that is it. That is only when it was seen that they really exist. Because sometimes something still happens that he cannot control. So people say, oh that child, abnormal, drooling they say, like that, like that. I just do not pay attention to it anymore.

On the other hand, participant 3 also shared the denial her child experienced within their own family – with the father of her child.

"So, nung kinonvince ko rin yung husband ko, kasi in denial din si mister. Si mister kasi ay PWD. So, parang may orthopedic condition kasi siya. So, parang siyempre siya may mga ano din siya na parang ayaw niya [tanggapin] dahil ayaw niyang… kumbaga siya, alam niya yung hirap ng may disability ka. Tapos yung anak ko, parang hindi niya matanggap na magkakaroon ng disability."

So, when I am convincing my husband, because my husband was also in denial. My husband is a PWD. So, like he has an orthopedic condition. So, of course he also had things like he did not want [to accept it] because he did not want to… somehow, he knows the hardship of having a disability. Then my child, it was like he could not accept that he would have a disability.

These narratives reflect the persistence of disability-related stigma within familial and community contexts, where cultural misconceptions about autism shape social exclusion and emotional burden. Consistent with research on disability stigma in collectivist societies, mothers often occupy a dual role as caregivers and defenders of their children against discriminatory perceptions (Chan et al., 2022). This intensifies emotional labor and contributes to the expansion of advocacy beyond educational concerns into social and cultural awareness-building.

Unmet Educational Needs

The mothers also saw their child experience regression due to improper intervention and was a major concern. Participant 2 expressed her fear of her son adapting the traits of other children with special needs since they both share a classroom regardless of their diagnosis. Furthermore, they also shared similar intervention and activities – like a one size fits all program.

"Parang fini-fear ko lang yun kasi parang nagkaroon ng na-adapt ni kuya yung ibang mga traits nung ibang special children. Kung baga, dati di naman siya sumisigaw o yung

nagsasalita naman siya ng maayos kahit hindi mo maintindihan yung ibang letra pero may mga time na talagang pasigaw. Kung baga, paungol lang siya, yung ganyan"
It's like I just feared that because it was like kuya adapted some of the traits of the other special children. Like, before he was not shouting or he was speaking properly even if you could not understand some of the letters, but there were times that he was really shouting. Like, he was just growling, like that.

Unmet educational needs highlight the consequences of non-individualized instructional approaches, where standardized interventions fail to accommodate developmental variability among children with autism. Such experiences function as critical turning points in parental trajectories, prompting a shift from passive participation to active advocacy as mothers recognize the limitations of institutional responsiveness (Pickard et al., 2021). The inadequacy of generalized interventions and inappropriate classroom placements reinforced mothers' perceptions that institutional systems were not sufficiently responsive to the individualized needs of children with autism. As a result, advocacy became both a protective and corrective response aimed at securing more appropriate educational support and intervention.

These challenges support the findings from MacLeod et al. (2017) on how systemic and societal limitations hinder optimal intervention for children with autism. The challenges faced by these mothers underscore the urgent need for systemic reform, community inclusivity, and supportive family structures. Collectively, these challenges illustrate how systemic limitations, stigma, and inadequate educational responses operate as key drivers of maternal advocacy. Rather than functioning as isolated barriers, they interact to produce conditions that necessitate sustained parental engagement and institutional negotiation. This supports broader literature indicating that advocacy is structurally produced within systems that are not fully equipped to meet the needs of children with disabilities, thereby shifting responsibility toward families (Ainscow, 2020; Smith-Young et al., 2022).

Research Question 3: Strategies Employed in Advocacy

To overcome these challenges and barriers, mothers engaged in various advocacy efforts. Burke et.al., (2021) emphasize that parental advocacy is increasingly characterized by multi-strategic engagement, including institutional negotiation, peer networking, and collective advocacy practices. Similarly, the three key strategies identified in this study were: seeking alternative support, collaboration and networking, and public advocacy efforts. And in response to systemic and institutional barriers, mothers adopted multi-layered advocacy strategies involving institutional negotiation, social collaboration, and digital engagement. These strategies reflect the evolving nature of parental advocacy as an adaptive response to structural limitations (Burke et al., 2021).

Seeking Alternative Support

The choice to transfer schools or request re-assessments, as practiced by 2 out of 5 mothers, illustrates a pragmatic approach to ensuring their child's needs are met. These actions demonstrate how advocacy often requires persistence and adaptability. Participant 1's experience highlights the lengths parents must go to when existing institutions fail to accommodate their child's needs. Mothers who have experienced misdiagnosis and unmet educational needs that led to regression of child's progress resorted to transferring schools or requesting re-assessment as experience by participant 1 and 5. Participant 1 expressed her course of action saying,
"And then we seek another since yung kanyang development in terms of social skills, yung kanyang physical skills, yung other skills. Kaya doon na kami nag-seek pa ng another expert na apply yung sa school. Sila kasi sa Manila, SPed School, yung nasa loob ng P.Gomez,

bago nila, yung bata, bago before they can actually get the student for enrollment, ina-assess muna nila"
And then we seek another since his development in terms of social skills, his physical skills, the other skills. That is why from there we sought another expert that would apply that in the school. Because there in Manila, the SPED School, the one inside P. Gomez, before they, the child, before they can actually get the student for enrollment, they first assess them.

Participant 2 also mentioned that she transferred her child to another school after half year in a school that encourage regression than progression to her child. She stated,
"So after nun, siguro mga half year, I think hindi ko siya natapos. Kasi nga parang lumahat, hindi mag-progress yung anak ko, parang nagre-regress na tapos may mga traits pa siya na hindi common sa isang autism. So ngayon, after nun, we decided to put him into a one-on-one class sa UP Integrated siya."
So after that, maybe about half a year, I think I am unable to finish. Because again like everything, it was not that my child was progressing, it was like he was already regressing and then he has traits that are not common in autism. So now, after that, we decided to put him into a one-on-one class at UP Integrated.

Participant 3 also made the same decision to transfer from a public school to private school to make sure that the needs of her child are met. However, unlike participant 2, participant 3 cannot do it within the year as they do not want to invalidate the efforts done by the teacher. She shared*: "Ang gagawin na lang namin is next year, hindi na namin siya dun i-enroll. Ipa-private na rin namin si [name redacted] kasi sayang yung daily sana na routine na nagagawa niya "Translated as: What we will just do is next year, we will not enroll him there anymore. We will also put [name redacted] in private already because it is a waste of the daily routine that he is supposed to be doing.*

These findings demonstrate that advocacy frequently involves strategic decision-making and continuous negotiation with institutions. School transfer and reassessment requests function as forms of institutional negotiation, reflecting parental agency in correcting or bypassing inadequate educational placements. Such actions align with findings that advocacy often emerges through continuous navigation of institutional systems rather than single-point interventions (Azad et al., 2021).

Collaboration and Networking

Mothers are also observed to collaborate with other parents and professionals. This involved forming meaningful connections with other parents who shared similar experiences, which provided a sense of solidarity and emotional support. By exchanging insights, advice, and practical strategies, these mothers were able to navigate complex educational systems more effectively.
"Kami naman, on our part, hindi ko kasi siya ginagawa na solo. Ang ano ko lang din, ah, guidance ko, most of the time is with my pinsan, with my cousin, and the ates, o yung mga siblings niya… I also connected with parents lalo na yung mga below middle class. So, yung below middle class na very evident sa physical features ng mga anak nila kasi hindi naman lahat ng autism, normal yung itsura." (Participant 4)
For us, on our part, I do not do it alone. My what is, ah, my guidance, most of the time is with my cousin, and the older girls, or his siblings… I also connected with parents especially those from below middle class… So, those below middle classes who are very evident in the physical features of their children because not all autism, the appearance is normal.
"Dun sa therapy center, marami, marami kami. Nung may mga natawag dito na na-promote na nga na pwede nang mag-school. Sila-sila din yung mga nakikita namin sa kasama namin dito sa binyan na school ni Kuya... So sila din yung mga friends, na circle of people na alam

mo yung wala kang kailangang, parang tawag dito, hindi nakataas yung shield mo. Parang comfortable ka lang. Kasi naunawa nila yung sitwasyon." (Participant 2)

In the therapy center, many, many of us. When there were those called here who were already promoted that they could already go to school. They are also the ones we see together with us here in Biñan school of Kuya… So they are also the friends, the circle of people that you know you don't need, what do you call this, your shield is not raised. It's like you are just comfortable. Because they understand the situation.

Collaboration with peers and professionals reflects the formation of informal advocacy networks that strengthen informational access and emotional resilience. These networks function as collective advocacy infrastructures, enabling mothers to share strategies, validate experiences, and enhance institutional navigation capacity (Burke et al., 2021). The findings further suggest that advocacy was not solely an individual endeavor but was strengthened through collective support systems and parent networks.

Public Advocacy Efforts

Public advocacy efforts represent a pivotal aspect of maternal advocacy, showcasing how mothers leverage accessible platforms, like social media, to amplify their voices and drive change. For many, social media has become a powerful tool to raise awareness about the challenges faced by children with autism and their families. Public advocacy via digital platforms reflects emerging trends in disability activism, where social media functions as an accessible space for awareness-building, peer validation, and policy engagement (Burke et al., 2021). By vocalizing concerns and rallying support online, mothers managed to bring systemic issues to the attention of decision-makers. In some cases, these efforts led to tangible changes, such as the allocation of resources for specialized education or the revision of policies to be more inclusive of children with autism.

"Pero naka-join kami ni mister sa mga autism groups sa Facebook. So yung Filipino Autism Parents, tapos yung mga autism groups sa Facebook. Nakafollow ako kasi gusto kong nagbabasa at nakakita ng mga sinishare nyo. Nakikita mo na hindi ka nag-iisa sa yung situation, ganyan. Ay, sa Instagram din, lagi ako nagpa-follow ng mga parents na nag-advocate ng mga kids nila." (Participant 4)

But me and my husband are joined in autism groups on Facebook. So the Filipino Autism Parents, then those autism groups on Facebook. I follow because I want to read and see what you are sharing. You see that you are not alone in the situation, like that. Ah, also on Instagram too, I always follow parents who advocate for their kids.

"Sobrang gusto ko i-push na yung inclusive education, ganyan. So, kaya ako nag-take din nga yung PhD in SNIE, di ba? And isa din yun sa ina-advocate ko kahit sa FEU. Kahit yun sa simpleng paraan lang. Sa FEU Makati kasi may mga special students din naman tayong akong nami-meet. Ma-accommodate sila. Kinakausap ko rin yung mga co-faculty. Kasi alam naman yung mga kasama ko sa Makati na may autism yung mga anak ko. So nagkatanong sila sa akin din kasi may student na doon na may autism." (Participant 3)

I really want to push already the inclusive education, like that. So that is why I took also PhD in SNIE, right? And that is also one of what I am advocating even in FEU. Even in a simple way only. In FEU Makati because we also have special students there that we I meet. They can be accommodated. I also talk to my co-faculty. Because my colleagues in Makati already know that my children have autism. So they also asked me because there is a student there who has autism.

This reflects emerging trends in online disability advocacy, where social media functions as both a support system and a mechanism for public awareness and institutional pressure (Burke et al., 2021). Digital platforms serve as accessible advocacy spaces where parents can expand their influence beyond institutional boundaries and participate in broader disability discourse. Additionally, the collective efforts of parent groups provided them with a stronger voice when negotiating for policy changes within educational institutions.

These findings align with existing research on parental advocacy, which emphasizes the significance of collaborative efforts in securing necessary support for children with disabilities (Maggin, Cook, & Cook, 2018). Overall, the findings demonstrate that advocacy strategies are not isolated actions but interconnected responses to systemic barriers, combining institutional negotiation, peer collaboration, and public engagement. This reinforces literature describing parental advocacy as a dynamic, adaptive process shaped by both structural constraints and available support networks (Burke et al., 2021; Azad et al., 2021).

Research Question 4: Perceived Outcomes of Advocacy Efforts

The advocacy efforts of mothers yielded varying degrees of success. The outcomes of advocacy efforts underscore the transformative impact of mothers' dedication and proactive involvement in advocating for their children with autism. The findings indicate that maternal advocacy produced multi-level outcomes spanning educational access, developmental progress, and social inclusion. These outcomes reflect the transformative potential of sustained advocacy across individual, relational, and institutional systems (Pickard et al., 2021).

Improved Educational Access

Through persistent advocacy, mothers were able to secure better educational opportunities for their children. This often involved seeking appropriate schools or transferring to institutions with inclusive programs designed to cater to the needs of children with autism. By pushing for tailored interventions and specialized support, mothers ensured that their children could thrive in environments conducive to their learning. Advocacy also opened pathways to reevaluations and updated diagnoses, enabling schools to implement more accurate and effective educational plans.

"Nag-apologize naman kasi yung guidance. Nag-apologize naman siya and sabi niya, sige titignan natin yan. Dapat yan, may access [sa inclusive education]. Siyempre, i-assess muna. Kung willing po kayo, ipasok muna sa summer school. So, yan yung sinunod namin ng procedure. Goal namin is makapasok, matanggap din siya dun sa inclusive school." (Participant 5)

The guidance counselor apologized. She apologized and said, okay, we will look into that. He should have access to inclusive education. Of course, they will assess first. If you are willing, we will first enroll him in summer school. So that is what we will follow as procedure. Our goal is to be able to enter, for him to be accepted in that inclusive school.

"After transferring…siguro pinanood siya or nagkaroon sila ng one-on-one conversation just to observe the behavior ni kuya, ganyan-ganyan. Ngayon, parang initially ang sinabi during the reassessment, kumbaga... unofficial pa siya, hindi kasi completed yung full assessment, nag-regress siya. So, siya ngayon ay classified as mild MR" (Participant 1)

After transferring… maybe he was observed or they had a one-on-one conversation just to observe the behavior of kuya, like that. Now, it's like initially what was said during the reassessment, meaning… it was still unofficial, because the full assessment was not completed, he regressed. So, he is now classified as mild MR (mental retardation).

Improved educational access reflects successful negotiation with institutional systems, particularly in contexts where formal inclusion mechanisms are inconsistently implemented. Rather than being automatically granted, access was achieved through sustained parental intervention, aligning with evidence that inclusive education outcomes are often parent-driven rather than system-initiated (Ainscow, 2020).

Better Child Development

The relentless efforts of these mothers directly contributed to the enhanced development of their children. With access to improved educational and therapeutic resources, children demonstrated significant progress in both academic and personal areas. They benefited from interventions that were tailored to their specific needs, leading to advancements in communication, socialization, and independence. Advocacy also ensured a structured environment where children could develop holistically, addressing both their strengths and challenges.

"Maraming times na he can actually survive on his own. Pagbibihis lang, paghuhugas lang. We teach him household chores. Yung mga usual na ginagawa natin. Yung mga paghuhugas ng pinggan, yan. Ang hindi lang namin tingin mong ulo sa kanya magluto – kasi with fire." (Participant 1)

There are many times he can actually survive on his own. Just dressing, just washing. We teach him household chores. The usual things that we do. The washing of dishes, that. The only thing we don't really let him do is cook – because with fire.

Developmental improvements reflect the cumulative effect of coordinated interventions across home, school, and therapy environments, demonstrating the importance of sustained advocacy engagement. These outcomes support findings that child development gains are strongly associated with consistent parental advocacy and system coordination rather than isolated interventions (Pickard et al., 2021).

Increased Social Acceptance

Advocacy extended beyond education and therapy to creating awareness within communities. Mothers played a pivotal role in educating others about autism, often through community outreach, social media campaigns, or local events. These efforts fostered a more inclusive and supportive environment, reducing stigma and encouraging acceptance. As a result, children with autism experienced greater inclusion in social settings, which further reinforced their confidence and ability to integrate into society.

"Okay na naman. Kapag minsan dati na try ko na kapag matatanda sinasabihan ko na 'di talaga magsasalita yan kasi may autism siya. Tapos nakakatuwa yung mga bata, ibinibigay sa kanya yung bola tapos isinasali siya. Hindi siya inaaway. Kasi baka kapag inaway siya susuntukin ko sila. Hahahaha. Hindi siya nang-aaway. Hindi rin siya nangungurot" (Participant 5)

Okay already. Sometimes before I tried that when adults, I would tell them that he really won't speak because he has autism. Then it was nice that the kids, they would give him the ball and include him. He is not being fought with. Because maybe if they fight him I will punch them. Hahahaha. He does not fight. He also does not pinch anyone.

Increased social acceptance reflects gradual shifts in community awareness resulting from sustained visibility and advocacy efforts. This aligns with research suggesting that stigma reduction is a long-term outcome of continuous exposure, education, and advocacy-driven engagement within social environments (Chan et al., 2022).

These outcomes illustrate the power of maternal advocacy in not only transforming individual lives but also influencing broader societal attitudes and systems. These perceived outcomes suggest that persistent advocacy can lead to structural changes that benefit not only the individual child but also the broader educational environment. However, some mothers expressed frustrations over the slow progress of systemic change, indicating that advocacy can yield immediate benefits, achieving long-term institutional reform remains a challenge.

Overall, the findings demonstrate that maternal advocacy operates across multiple system levels, producing outcomes at the individual (child development), relational (family–

school collaboration), and institutional (educational access and inclusion) levels. While immediate improvements in access and development were evident, systemic transformation remained gradual, highlighting the persistent gap between policy ideals and actual implementation of inclusive education frameworks (Ainscow, 2020; Smith-Young et al., 2022). This reinforces the conceptualization of advocacy as both an empowering and structurally constrained process, where families drive change within systems that are still evolving toward full inclusion.

Discussion

The findings of this study illuminate the vital role that mothers of children with autism play as they navigate the journey from parental involvement to active advocacy. Through their experiences, we see not only the challenges they face but also their unwavering determination to secure the best possible future for their children. The themes that emerged—Initial Forms of Parental Involvement, Challenges Leading to Advocacy, Strategies Employed in Advocacy, and Perceived Outcomes of Advocacy Efforts—reflect the resilience of these mothers as they strive to bridge the gaps in education, healthcare, and social acceptance. This section contextualizes the results within existing literature and highlights their broader implications for parental advocacy and special education.

Parental Involvement as a Foundation for Advocacy

Mothers in this study demonstrated deep commitment to their children's development, engaging in a range of supportive activities such as ensuring access to education, seeking therapy, assisting with learning at home, and maintaining strong communication with teachers and therapists. These findings align with Epstein's (2018) theory on parental engagement, which emphasizes the positive impact of family-school collaboration on student outcomes. Research suggests that when parents take an active role in their child's education, it fosters academic success and improves behavioral development (Omarkhanova et al., 2024; Sharma, 2024). The findings further suggest that these early forms of involvement served as foundational stages of advocacy development, where mothers gradually assumed responsibilities that extended beyond traditional caregiving roles. However, despite their involvement, many mothers found themselves confronted with systemic obstacles that made advocacy a necessity rather than a choice. This progression from involvement to advocacy reflects how mothers became active coordinators across home, school, and therapy environments, demonstrating mesosystem-level engagement through sustained family-school-professional collaboration (Ainscow, 2020).

Challenges That Lead to Advocacy

Several significant challenges prompted mothers to step beyond involvement and into advocacy. Misdiagnosis, overworked teachers, lack of personnel, limited educational resources, misguided policies, and community stigma were among the recurring barriers they faced. These struggles resonate with the findings of MacLeod et al. (2017), who highlight that parents of children with autism often encounter structural and attitudinal barriers when seeking appropriate educational support. The findings also demonstrate that advocacy emerged in response to exosystem-level constraints, where institutional limitations such as insufficient staffing, lack of resources, and inconsistent implementation of inclusive education policies indirectly shaped the experiences and opportunities of children with autism and their families (Ainscow, 2020).

A particularly pressing challenge was the lack of societal acceptance, a theme echoed in existing literature, which notes that many families of children with autism experience exclusion, misunderstanding, and even discrimination (Kinnear et al., 2015; Ng & Ng, 2022). The emotional toll of these experiences was compounded by denial from partners and logistical constraints, such as balancing work and caregiving responsibilities. These findings are consistent with previous research indicating that mothers often bear the primary burden of advocacy, facing both emotional and practical challenges in the process (Panday & Asagi, 2025). Consistent with recent literature, the persistence of stigma within familial and community contexts further intensified mothers' advocacy roles, as they were compelled not only to secure educational support but also to defend their children against discriminatory perceptions and social exclusion (Chan et al., 2022).

Turning Challenges into Advocacy: Strategies Employed

Despite the difficulties, the mothers in this study displayed remarkable resourcefulness in their advocacy efforts. Their strategies included seeking reassessment, transferring to better-equipped schools, collaborating with other parents, engaging with advocacy groups, using social media to raise awareness, and directly communicating with policymakers to push for reforms. These align with the study of Rossetti et al. (2020), who emphasize that parents become influential advocates by mobilizing community support, educating themselves and others, and persisting in efforts to create systemic change. The findings further illustrate that advocacy strategies were not isolated responses but interconnected forms of institutional negotiation, collaboration, and public engagement that enabled mothers to navigate gaps within educational and healthcare systems.

Notably, the use of social media as a tool for advocacy emerged as a powerful strategy, reflecting findings from Neely et al. (2021), who highlight that online platforms have provided parents with an unprecedented space to share experiences, mobilize support, and push for policy change. Online parent communities and autism support groups also functioned as informal advocacy networks where mothers gained emotional support, exchanged practical strategies, and strengthened their confidence in negotiating with institutions and professionals. The willingness of these mothers to overcome denial, educate themselves, and fight for their children's rights speaks to their incredible strength and the deep love they have for their children. These findings parallel recent studies emphasizing that parental advocacy becomes more sustainable when supported by collaborative networks and shared community experiences (Smith-Young et al., 2022).

The Impact of Advocacy: Transforming Lives and Systems

The results of this study demonstrate that advocacy efforts do lead to meaningful change, both at an individual and systemic level. Mothers who persisted in their advocacy saw improvements in their children's education, development, and social acceptance. Many reported that their efforts led to more appropriate educational placements, better access to therapy, and greater community awareness of autism. These findings support research showing that parental advocacy is instrumental in securing Individualized Education Plans (IEPs), improved accommodation, and policy shifts that benefit children with disabilities (Rossetti et al., 2020). The findings further suggest that advocacy outcomes operated across multiple levels, including individual developmental gains, stronger family-school relationships, and improved institutional responsiveness toward inclusion.

While these successes are significant, the findings also highlight that systemic change is still needed. The responsibility of securing appropriate services should not fall so heavily on parents; educational institutions, policymakers, and the community must take greater initiative in ensuring that children with autism receive the support they need without requiring constant parental intervention. Although mothers were able to produce meaningful changes in their children's lives, the findings reveal that these improvements were often achieved through sustained parental persistence rather than through consistently accessible systems of support. This highlights the continuing gap between inclusive education policies and their actual implementation within schools and communities, reinforcing the need for stronger institutional accountability and long-term systemic reform (Carrington et al., 2022).

Implications for Policy and Practice

The findings of this study underscore the need for stronger partnerships between parents, educators, and policymakers to create an education system that is both inclusive and sustainable. The findings also emphasize that parental advocacy should not be viewed solely as an individual responsibility, but as a collaborative process that requires institutional support and shared accountability among schools, communities, healthcare providers, and policymakers. Several key areas require attention:

Enhancing Parent-School Collaboration

Schools should actively engage parents in decision-making processes to ensure that educational programs align with the needs of children with autism. Strengthening consistent communication channels among parents, teachers, therapists, and school administrators may further support collaborative intervention planning and improve educational outcomes for children with autism.

Addressing Resource Gaps in Special Education

Increasing special education training for teachers, hiring additional support staff, and allocating more resources can help alleviate the burdens that contribute to inadequate services. Addressing systemic limitations within inclusive education settings is necessary to reduce the disproportionate responsibility currently placed on parents to secure appropriate educational support.

Raising Awareness and Building Inclusive Communities

Public education campaigns and community-based initiatives should be developed to challenge misconceptions about autism and promote acceptance. Community awareness efforts may also contribute to reducing stigma and fostering more inclusive social environments for children with autism and their families.

Empowering Parents through Support Networks

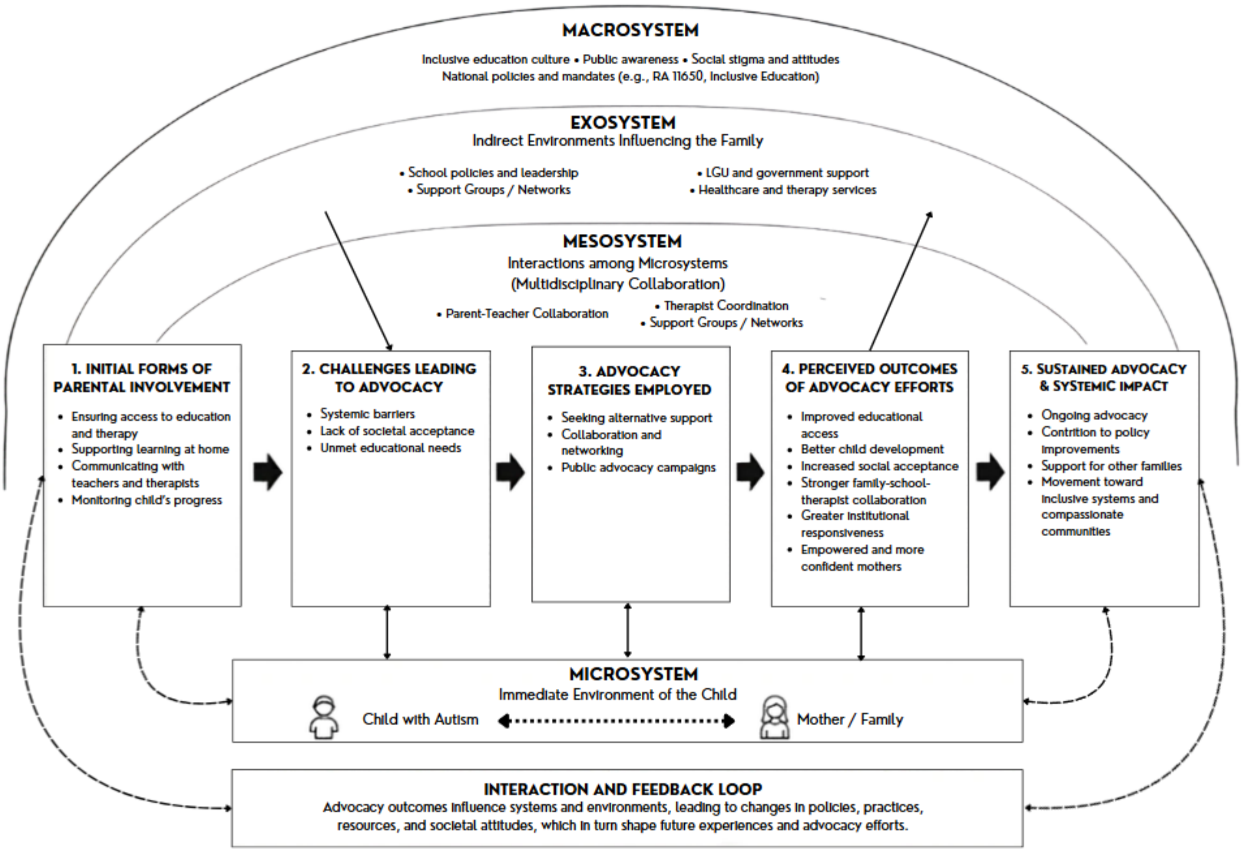
Advocacy training programs and stronger parental support networks should be established to help parents navigate the system and advocate effectively for their children. Strengthening parent-led advocacy groups and collaborative support networks may further empower families by providing emotional support, informational resources, and opportunities for collective action.

Conceptual Model of the Study

Based on the findings of the study, the Ecological Advocacy Systems Model conceptualizes maternal advocacy as a dynamic and system-responsive process shaped by continuous interaction with familial, educational, healthcare, and sociocultural systems. Grounded in ecological systems theory, the model demonstrates that advocacy emerges not solely from parental initiative, but from mothers' ongoing negotiation with structural barriers, institutional limitations, and unequal access to support services. Through these experiences, mothers gradually transition from caregivers and educational supporters into active advocates engaged in broader institutional and community processes.

Figure 5

Ecological Advocacy Systems Model derived from the result and discussion of this study



At the center of the model is a developmental yet recursive advocacy progression composed of five interconnected components: Initial Forms of Parental Involvement, Challenges Leading to Advocacy, Advocacy Strategies Employed, Perceived Outcomes of Advocacy Efforts, and Sustained Advocacy and Systemic Impact. Although presented sequentially, the model recognizes that advocacy is not strictly linear, as mothers may revisit earlier stages in response to recurring barriers, changing child needs, and evolving educational contexts.

The process begins with Initial Forms of Parental Involvement within the microsystem, where mothers support their children through securing access to education and therapy, reinforcing learning at home, communicating with professionals, and monitoring developmental progress. As mothers encountered unmet educational, developmental, and social needs, parental involvement expanded into more active forms of advocacy. This transition was largely shaped by Challenges Leading to Advocacy, including delayed diagnosis, limited educational resources, inadequate teacher preparation, inconsistent implementation of inclusive education, insufficient support services, and experiences of stigma and misunderstanding. These barriers operate across the exosystem and macrosystem, illustrating how institutional structures and sociocultural attitudes influence family experiences and create conditions that necessitate advocacy. In response, mothers employed various Advocacy Strategies, such as seeking reassessment, transferring schools, coordinating with professionals, engaging in support groups, participating in awareness campaigns, and communicating with institutional decision-makers. Central to this process is multidisciplinary team (MDT) collaboration, which functions as a key mechanism linking families, schools, therapists, healthcare providers, and support networks. In the same vein, The Perceived

Outcomes of Advocacy Efforts reveal that advocacy produces interconnected individual, relational, and institutional effects. Children experienced improved educational access, participation, and developmental support, while schools and communities demonstrated increased awareness, stronger collaboration, and greater responsiveness to inclusive practices. Over time, these experiences extended into Sustained Advocacy and Systemic Impact, as mothers continued participating in broader efforts related to inclusion, accessibility, disability awareness, and support for other families.

Encircling this advocacy progression are the ecological systems that shape maternal experiences. The microsystem refers to the immediate family and caregiving environment, the mesosystem captures interactions among institutions and professionals, the exosystem includes institutional structures and service accessibility, and the macrosystem reflects broader societal beliefs, policies, and attitudes surrounding disability and inclusion. The model also incorporates a dynamic feedback loop, emphasizing that advocacy is both responsive and transformative. Advocacy efforts influence institutional practices, professional relationships, and community awareness, which in turn shape the experiences of future families. Overall, the Ecological Advocacy Systems Model demonstrates that maternal advocacy is an evolving ecological process shaped by structural inequities, multidisciplinary collaboration, and sustained efforts toward inclusive and responsive systems of support.

Conclusion

This study highlights the resilience, strength, and determination of mothers as they fight for their children's right to quality education and healthcare. While they have made significant strides through their advocacy efforts, their experiences also reveal the urgent need for systemic improvements. Schools, policymakers, and communities must work together to create a more inclusive and supportive environment for children with autism, ensuring that their needs are met without requiring parents to fight every step of the way. Ultimately, this study is a testament to the power of parental advocacy—not just in changing individual lives but in shaping a more compassionate and inclusive society. The perseverance of these mothers is a reminder that, with the right support and collaboration, meaningful progress is not only possible but inevitable.

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