

Navigating the Journey: A Qualitative Study of Indonesian Muslim Fathers' Experiences in Raising Children with Autism Spectrum Disorder

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Abstract

The number of families raising children with autism spectrum disorder (abbreviated as ASD) is increasing, attributed to the expansion of diagnostic practices and increased awareness of autism. Research related to fathering children with ASD, is still dominated by Western society, often neglecting the realities experienced by fathers from non-Western societies. This research aims to deeply understand the experiences of Muslim fathers raising children with ASD in Indonesia. A total of five Muslim fathers participated in this study. The sample size provides sufficient power to yield in-depth qualitative insights into the nuances of the challenges they face in their experience as fathers through detailed interviews. The data were analyzed using a thematic model, and four main themes were identified, reflecting Muslim fathers' experiences in raising children with ASD. The themes are: 'It's Just the Beginning,' highlighting the initial challenges; 'The Impact of Having a Child with ASD,' which explores emotional, physical and social repercussions; 'Focus on Advocating for Children,' indicating their active role in fulfilling children's rights; and 'Life Must Go On,' emphasizing resilience to continue living despite facing challenges. Each theme is interconnected, revealing the profound journey these fathers navigate. The characteristics of fathers, religion, education level, social value systems, culture, and the severity level of the child's condition influence the fathers' experiences in raising children with ASD. This study encourages greater inclusion of religious and cultural considerations in discussions about fathering children with autism, serving as a basis for developing support systems and interventions.

INTRODUCTION

Autism Spectrum Disorder (ASD) is one of the groups of children with special needs who experience neurodevelopmental disorders according to DSM-5 (An & Hodge, 2013). Children with ASD may exhibit unique patterns in social interaction and communication, and often engage in interests and activities that are focused and repetitive. These behaviors can reflect different ways of exploring and understanding their environment, emphasizing the importance of supportive contexts in fostering interaction. Raising children who have unique needs indeed requires a significant amount of time, emotions, and physical resources because they often exhibit excessive (overbearing) behaviors such as hyperactivity and tantrums, which manifest as screaming, biting, scratching, hitting, pushing, or even self-harming actions (Fauziah et al., 2024).

The prevalence of families needing to care for children with autism spectrum disorder is increasing. According to various studies, the global prevalence of ASD is estimated at approximately 1 in 100 children (Zeidan et al., 2022). In Asia, prevalence varies, with notable figures indicating higher rates in East Asia (Qiu et al., 2020). In the Indonesian context, autism

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cases have increased significantly, with the latest estimates showing that in 2024, approximately 2.4 million individuals were diagnosed with ASD (Tim DITBALNAK BKKBN, 2024).

These statistics not only highlight the growing number of families facing the challenges of raising children with ASD but also underline the importance of understanding the unique experiences and perspectives of these fathers. These trends highlight the growing need for support and understanding for families, especially fathers navigating the challenges of caring for children with ASD, which this study aims to explore.

The role and cooperation of both parents, particularly fathers and mothers, are crucial to the growth and development of children with ASD. While parental involvement is essential for addressing the psychosocial and educational challenges faced by these children (Braunstein et al., 2013; Burrell & Borrego, 2012), research has predominantly focused on mothers' perspectives (Huang et al., 2012; Rudelli et al., 2021). This trend often overlooks fathers' significant contributions and the unique challenges of parenting.

Fathers are sometimes portrayed as uninvolved or peripheral figures in the caregiving dynamic (Darling et al., 2012; MacDonald & Hastings, 2010), which can lead to a limited understanding of their potential impact on family dynamics. Despite these perceptions, research indicates that engaged fathers play an essential role in shaping family responses to ASD, reducing stress levels for both parents, and enhancing family cohesion (Dardas & Ahmad, 2015; Osborne et al., 2008). This engagement can also strengthen the marital relationship, which is beneficial for both parents and the child's development (Hickey et al., 2020).

Parenting a child with ASD presents unique challenges compared to raising a typically developing child. Fathers often face elevated levels of stress and are subjected to negative stigma, microaggressions, and feelings of inadequacy (Alareeki et al., 2022; Cheuk & Lashewicz, 2016; Hannon et al., 2019). Such stressors can impact their well-being and ability to participate in childcare actively. Understanding these dynamics is critical for developing supportive interventions that not only recognize the diverse experiences of fathers but also promote their active involvement in caregiving.

This study uses the term "father's experience," a term most often used in qualitative research on parenting children with ASD (Masykur et al., 2025), in addition to terms such as "father's role," "father's involvement," "paternal role," and "fathering." The term "father's experience" describes the knowledge, behavior, and affection experienced by fathers when parenting children with ASD. Depape and Lindsay (2015) examined fathers' experiences using the Theoretical Perspective: The Family Life-Cycle Model and identified six themes: before diagnosis, diagnosis, family life adjustment, navigating the system, parent empowerment, and steps forward.

Rationale of the Study

According to the researchers' observations, several gaps that can be examined from research on parenting children with ASD are the lack of exploration of fathers' experiences. In addition, research on fathers' parenting with children with ASD has been conducted more in advanced Western cultural settings. Meanwhile, research with fathers in Eastern cultural settings and the Islamic perspective is still relatively underrepresented.

The research landscape regarding fathers of children with ASD is largely dominated by studies from the United States, Europe, and Canada, with a significant focus on white populations (Masykur et al., 2025; Sanjaya et al., 2022). In contrast, regions such as Asia, and specifically Indonesia, remain underrepresented in this discourse. A literature review by Bernier and McCrimmon (2021) highlighted that of the 11 studies examined, only one was based in Indonesia, and even then, it involved Malaysian-descendant family participants (Jiu et al., 2019).

Research conducted in the West may not adequately reflect the experiences of fathers in Asia because fatherhood is a social construct, and paternal role behaviors are influenced by social expectations and cultural ideals (Tien et al., 2022). Meadan et al. (2009) emphasize the importance of studying the effectiveness of strategies employed by parents and other family members from various cultural, linguistic, economic, and social backgrounds. This data underscores a significant gap in understanding the experiences of Muslim fathers in Indonesia, emphasizing the importance of research that explores their unique perspectives and challenges within a religious and cultural framework.

Research in Indonesia that specifically focuses on fathering children with ASD published in reputable international journals is still limited, despite the significant increase in the prevalence of ASD cases. Public attention and awareness in Indonesia also increased over the past few years. However, in general, Riany et al. (2016) stated that the majority of Indonesian society still has a limited understanding of disabilities due to restricted access to media and health information.

Thus, this research aims to fill the research gap regarding the experiences of fathers in parenting children with ASD within Indonesian society, which has unique social, cultural, and religious values and practices. Specifically, this study will focus on understanding how these fathers navigate their roles and responsibilities in the context of ASD, particularly examining their feelings and coping strategies, as well as how cultural and religious values influence their parenting practices.

METHODS

Design

This research uses a qualitative methodological approach, allowing researchers to explore individual experiences and develop a rich understanding of phenomena that cannot be measured quantitatively. This approach facilitates reporting experiences from participants' perspectives while emphasizing the importance of context and meaning. Reflexivity is a key component of this study, as the researcher actively reflects on their biases and assumptions throughout the research process to minimize their impact on data collection and analysis. Moreover, bracketing will be employed to set aside preconceived notions and personal beliefs, allowing for a more authentic representation of participants' experiences in the context of parenting ASD children.

Participants

The participants involved in this study were five Muslim fathers from Semarang, Central Java, Indonesia, selected using a purposive sampling method. The criteria for research participants are biological fathers who live and raise children with ASD together with a partner. The researchers did not limit the age and severity level of the ASD disorder experienced, nor the type of diagnosis, whether primary or comorbid. This decision was made to capture a diverse range of fathers' experiences in fathering.

However, the potential impact of severity and comorbidity on fathering experiences is acknowledged. To address this, the analysis will adopt a comparative approach, examining how variations in severity of conditions influence fathers' experiences, challenges, and coping strategies. By contextualizing the findings within this variability, the study aims to provide a nuanced understanding of the complexities of fathering children with ASD.

Data Collection

Data collection was conducted through in-depth, semi-structured interviews with participants. This method is used to improve understanding of fathers' experiences of caring for children with ASD. An example of a question asked of participants is what initial signs in their children did they notice as indications of autism, and how they reacted and what they felt at that

time. The interview location was chosen in agreement with the participants and the researcher to ensure a quiet, private setting where participants could freely share their stories. Furthermore, the interview data were recorded and stored for analysis.

Data Analysis

Data analysis was conducted using the six-stage thematic analysis framework developed by Braun and Clarke (2006), namely: data familiarization, initial coding generation, theme identification, theme review, theme definition and labeling, and report writing. Atlas. ti-25 version software was used to assist in organizing and coding the data effectively. The research team was involved in the data analysis process by ensuring inter-rater reliability through regular collaboration to discuss the codes and themes that emerged from the research findings. Reflexivity was addressed to increase awareness of potential influences on the findings throughout the research process by maintaining a reflective journal in which researchers recorded their thoughts, biases, and assumptions, and how these might influence the analysis.

RESULTS

This research was conducted through in-depth interviews with five participants, coded with P1 to P5, whose demographic data is presented in the table below:

Table 1. Research Participants

No	Age	Child Age	Child Sex	Severity	Birth Order	Education Degree	Diagnosis ASD
1.	P1/52	17	Male	Mild	1 of 3	Bachelor's	Primary
2.	P2/37	14	Male	Severe	1 of 3	Master's	Comorbid
3.	P3/53	17	Female	Mild	2 of 2	Master's	Asperger
4.	P4/47	11	Female	Severe	1 of 1	Diploma	Comorbid
5.	P5/55	19	Male	Moderate	1 of 2	High School	Primary

Table 2. A summary of the Themes

No	Theme	Sub Theme
1	It's Just the Beginning	Early Symptoms The Diagnosis Early Conflict Dynamics Religious beliefs about special children
2	The Impact of Having a Child with ASD	Psychological Financial Social Stigma and Support Health
3	Focus on Advocating for Children	Improving Literacy and Knowledge Fulfillment of Basic Needs and Daily Care Education for Children Religious Education Treatment and Therapy for Children Playing with The Children Emotional Support
4	Life Must Go On	Worship in Safeguarding the trust from Allah Couple as a Team Work Hopes for Children

This study identifies four themes that explain the experiences of Muslim fathers in raising children with ASD, which are also influenced by the religious beliefs they adhere to and the sociocultural perspectives of Indonesian society. A summary of the research themes' findings is presented in the following table.

Theme 1: It's Just the Beginning

The first theme from this research finding is 'It's Just the beginning', which describes the early phases of a father's experience of having a child with ASD. This phase begins with the emergence of signs or early symptoms of the child's developmental disorder. The early signs of diagnosing a child with special needs lead participants to contemplate what is actually happening in their lives.

A religious perspective leads them to believe that what happens is God's will, where the child is a trust, a gift, and someone presented within their family who will be held accountable in the afterlife. This belief will influence how the father practices his fathering, reacts, behaves, and treats their special child. The child's developmental deviations from normal standards are often misunderstood, leading participants to be confused. This lack of understanding can lead parents to consult experts and receive a diagnosis of what their child is actually experiencing.

Early Symptoms

The participants reported several signs in their children, indicating a developmental disruption. These signs are symptoms that vary depending on the cause and severity.

Is this what is called Asperger's? Their delay in socializing. Their delay in speaking. Responding to problems. Lack of initiative....There is a delay in motor skills. Then, when engaged in conversation, the eyes cannot focus on the person they are talking to (P1).

In addition, P3 also said:

At the age of 5, yes. Before school, if she had a tantrum, she could not sleep all night. When crying, she would throw a fit, almost like being possessed...Then, when playing, it gets busy on its own, making it hard to control. Once we took it to the mall, it ran off everywhere. I had a hard time controlling it. It wants to do what it wants (P3).

The Diagnosis

After being in a state of confusion for quite some time, the participants and their partners finally tried to figure out what was really happening by searching online for articles. After that, they began trying to contact a doctor, a psychologist, and an autism therapist to obtain a clearer and more complete diagnosis regarding their child's condition.

Finally, we consulted a doctor, who said it was Asperger's. Furthermore, the kindergarten teacher was also an alumna of psychology; she said, 'This child seems to have Asperger's' (P3).

Early Conflict Dynamics

Early conflicts sometimes occur among family members, blaming each other for the disturbances affecting the child, debating how to treat the child, and even scolding special needs children out of impatience and a lack of understanding of how to treat them.

At that time, my wife and I had different views regarding our plans. I wanted our child to be treated normally and motivated to exceed others, possibly. On the other hand, the mother leaned towards greater protection due to her concerns as a mother. (P1)

Religious beliefs about special children

Participants are beginning to accept, feel no worry, and do not regret having a special child. The religious value system teaches the belief that Allah (God) has indeed destined the special child to be a blessing who must be cared for and treated well, because the father will later be held accountable by God.

Not really worrying about (the child's condition). Because I believe that what Allah gives... There is definitely wisdom in it. Because I believe that Allah creates something... nothing is in vain. There are plans behind all of it (P1).

If you accept a child, I have never regretted it. Never before. That feeling doesn't exist. I didn't even have time to stop by. Maybe that is a factor. We also study the Quran. That too is part of it. If Allah gives it, then that is it. This is just our opportunity... Yes, this is also an act of worship. Moreover, we are special. We already have a child in heaven. Without account, sir. I once read that. That's already a golden ticket. Who knows, maybe it can help this child in the future (P2).

Theme 2. The Impact of Having a Child with ASD

The presence of a child with special needs in family life affects not only the participant but also their family. At this phase, participants reported various impacts of having a child with ASD within their family. A religious perspective is evident in how they respond to and cope with the effects that arise. Several impacts reported by participants include:

Psychological

The psychological impacts felt by participants vary in duration as well. In general, participants experience feelings of pressure, panic, sadness, stress, disappointment, shame, anger, and confusion about the situation they face. Religious values, faith, and spirituality help alleviate that psychological pressure.

Yes, there is sadness, actually, sadness. When given a trial like this, it is sad under the circumstances. If our faith (as a Muslim) is not yet strong, it can lead to despair, right? Sad, and it will just be a burden and so on. (P1).

At that time, I felt panic, sadness, and disappointment; this child is so different. As soon as we were shaken, regarding the issue of him being bullied, I kept crying, until I was so dizzy and confused, I didn't know who to talk to. I went to a Kyai (religious leader) to seek advice and spiritual solutions (P3).

Financial

Some participants reported significant financial pressure because, in addition to providing for their family's needs, they had to ensure that the substantial costs of their child's therapy were covered. Despite being in a financially unfavorable situation, the participants still sought the best treatment for their children. Meanwhile, for other participants, although they experienced pressure, their financial conditions were relatively stable because they worked as civil servants.

A lot. 7.5 million per month is clearly the cost of therapy. We take the good one at Hermina. There is nothing that's not good. I chose all the good ones with a pediatric specialist, neurology (P2).

Thanks God. Allah has made this issue easier; my father gave money to finance the schooling of his grandchildren (P5).

Social Stigma and Support

Participants also reported the stigma they and their children received from their surroundings, neighbors, and friends.

But from a distance, their friends, yes. The normal friends, they distance themselves. You can see it, right? Automatically, they become reluctant to communicate (P1).

In Wonosobo, there are some who have even experienced stigma to the extent that they view it negatively, saying this child belongs to Mr. Kuat and bears the sins of Mr. Kuat and Mrs. Kuat (P4).

Besides social stigma, participants also received social support from their social environment, especially from neighbors, the community, significant persons, and family. This support includes psychological support, advice, financial help, and valuable information to help the Participants face challenges in raising their children with ASD.

As a father and mother, we cannot handle it alone. My wife and I are very overwhelmed. The support from neighbors is why I have to avoid conflicts, as it harms me (P5).

Health

Some participants reported sleep disturbances due to their child's abnormal sleeping patterns. This condition also affects the father's fitness for daily activities.

It is like their life rhythm is different, right? If they sleep and such, it is probably not like others. Sometimes, certain periods are hard.... they just want to play. Sometimes until 2 AM (P2).

Because I have... especially now, sir, I am in a sleep position and not getting enough sleep. Yes, sir, I just slept for a few minutes, just 10 minutes, and then I was disturbed. Not sleeping, sleep, wake up, so he sleeps at this time. I cannot bear it (P4).

Theme 3. Focus on Advocating for Children

As a responsible parent of a child with special needs, a father strives to maximize his efforts to advocate for his child in order to secure his fundamental rights to life amidst the limitations he must endure. Religious values also influence the basis of their advocacy, as they strive to provide the best for the special child entrusted to them by Allah. The participants also try to teach their children religious values based on their children's capacities and abilities. Some advocacy steps taken by the participants include:

Improving Literacy and Knowledge

Literacy about the world of disabilities, especially ASD, is a crucial point that influences the quality of parenting and advocacy for fathers with children with ASD. Participants strive to learn, seek information, and improve their literacy about their children's disability conditions. A good understanding of the child's condition will help participants raise awareness of their child's development and foster self-acceptance regarding their child's condition. This

understanding will also enable them to plan the best education or therapy for their child and to provide the best possible parenting treatment.

So in the end, I... personally can accept it because, previously, maybe the literacy we had could be something we sought out ourselves, or information provided by them from outside. I searched for it myself. So we are ready for a situation like that, sir. So we are not too shocked (P4)

At night, I looked for literature about special needs Asperger's, what it is like, and the symptoms that arise. We match the symptoms, look for the caregiving patterns, and determine what we should do as parents. That is where we learned a lot (P3).

Fulfillment of Basic Needs and Daily Care

One of the basic rights of children is to have their needs met, which may differ from those of typical children. Some needs expressed by participants include basic needs and daily care, such as feeding, clothing, and toilet training. In traditional culture, parenting tasks are typically performed by mothers; in families with children with special needs, a father must also focus on fulfilling and managing the child's needs as a shared responsibility.

When the child sleeps, they sleep with me. I wake them up in the morning and bathe them. If they bathe themselves, they do not get clean. I bathe them, brush their teeth, and if they go to the bathroom, they can do it themselves. In the morning, I usually prepare them until they go to school, then I go to work (P2).

Education for Children

Every child has the right to receive education, both direct education from their parents, especially their father, and formal schooling. Disability-related limitations result in relatively limited educational opportunities, depending on the child's abilities and competencies. For participants with children who have relatively mild disabilities (P1 and P3), formal education can be directed up to higher education, and courses can be provided to support their competencies.

They chose STIPI Maghfiroh and Diponegoro University, and they were accepted. They used the UTBK. We were the ones who chose it for them. P1

Participants also reported their efforts to educate children about the prevailing values and culture in society.

What influences that? I am still like that... polite. It follows the culture. We follow Javanese culture. Older people follow the culture if we are Javanese. We still have to follow it, we have to greet our elders and say 'monggo'. P2

Religious Education

One of the most important things that all participants teach their children is religious education. However, the ability to grasp religious knowledge and implement the teachings varies for each child, depending on their cognitive abilities and the severity of their disabilities. However, all participants still strive to teach Islam as they practice it.

Yes, for example, I emphasize maintaining the first principle of monotheism. Because that is the basic foundation for all of us. Whatever we have to do, we ask Allah first...

Secondly, being dutiful to parents is obligatory. Because, no matter what, a child cannot be separated from their parents. Allah's pleasure is connected with the pleasure of the parents. Then the next (third) is to carry out the obligations of the Sharia (P1)

Treatment and Therapy for Children

Treatment and therapy are fundamental needs for children to reduce the developmental disorders they experience. Early detection of disorders and the provision of appropriate therapy to children as early as possible will have a significant impact on their growth and development, enabling them to develop skills and independence in meeting basic needs now and in the future. All participants actively seek out therapy centres for their children, actively transport their children to therapy sessions, and guide their children through therapy sessions at home.

A year later, he was ready for therapy... but at that time, we did not have any information about it, sir. We wanted our daughter to receive an academic education, even if it was at a special needs school. However, it turned out that it was not possible; they were not able to teach her. So, all we can do is therapy until now (P4).

Playing with The Children

The participants shared that, despite their busy lives and need to earn a living, they tried to accompany the children to play. The participants felt a great sense of meaning and benefit in building closeness with the child and the father, even though the games seemed simple.

I loved playing on the bumper cars, riding the bumper cars, and watching the cars go by. Now that I am 14 and all grown up, it is hard to do that anymore, so I just stay at home and play (P2).

Emotional Support

One enjoyable experience of the participants is providing emotional support to their children. Specifically for participants with Asperger's children (P1 and P3) who experience relatively mild disturbances, this emotional support is needed when the participants feel down, unsure of how to act, making decisions, or facing environmental pressures.

My child cried when she realized his uniqueness. However, I said, we will accompany you. I said that is your uniqueness. You must not feel disheartened by it, and you must not be disappointed because of it. This incident in your life has a different purpose from Allah. Allah created you like this for a reason; there is a purpose behind it (P1).

Meanwhile, for participants with relatively severe autism, emotional support can still be provided during parenting through communication with the child, touch, attention, walking together, or playing with the child.

Theme 4. Life Must Go On

The last theme identified by the participants is that of life going on. The presence of a child with special needs in the lives of the participant's family is a reality that must be faced, whether they like it or not, as a family, husband and wife, a child with ASD, and other children. Continuing the journey of family life while caring for the special child entrusted by Allah to their family, with all the dynamics amid the complexities of society. Several sub-themes that emerged are:

Worship in Safeguarding the trust from Allah

According to the Islamic faith perspective, children are indeed a trust given to parents that will ultimately be accountable to Allah (God) by the participants as fathers and heads of families. Ultimately, the participants must choose to sacrifice many things in order to care for the special child entrusted to them by God within their family.

The condition of children requiring special care causes fathers to focus more on their children, sometimes sacrificing their time, energy, thoughts, and even their careers. Their children existence, from the perspective of the religion they believe in, is a trust as well as a test from God for which they will be held accountable. That is why they sacrifice, as taking care of their special child is part of their worship to God, according to the teachings of the participants' religion.

Mu, my son is my future, my responsibility. Mu is my child, the first responsibility in the afterlife. It is heavy, but it cannot be refused; it is heavy, very heavy, but it is a responsibility. What will happen to you tomorrow? The one who will be asked is me (P5).

They do not know that this is their golden ticket. The only thing that could make it easier to enter heaven was disappointment. So having a child like this is tough; if not this, it is heavy. The spiritual aspect must be strong. There is already hoped to enter heaven (P2).

Couple as a Teamwork

The dynamics of the relationship among participants are dynamic and fluctuating. In the initial phase, some participants reported conflicts. However, over time, they became more aware that the challenges of having a child with special needs must be faced together as a cohesive team, father and mother.

As parents, both the husband and the wife should not unilaterally hand over responsibilities to either; they must share equally in receiving the blessing of a special child like this (P3).

For me, the key to raising a child is still with the parents, and united parents, it turns out, are like that. United parents, the father and mother are in sync. (P5)

Hopes for Children

Each participant has different hopes for their child. However, in general, fathers hope that their child can recover and lead a normal life. However, if this hope is not fulfilled, at least the child can remain healthy and independent (not needing help) to meet their basic needs. If they must still be assisted and cared for, they hope that their siblings will take care of them in the future.

My one hope is that my child gets better, and I must not lose hope in Allah's mercy, even if I do not see it. The basis of prayer is from the Qur'an (P5).

Personally, I hope his two younger siblings will take care of him. I hope they will be able to support him until he grows up. I have also prepared a passive income for him. So that later on, he will not have to do anything and still earn money. The hope is that they will be secure in their adult lives. (P2).

DISCUSSION

The findings from the data analysis in this study consist of 4 themes that illustrate the experiences of fathers with children with ASD in Indonesia in parenting such children. Indonesia's collectivist culture, spirituality, and strong Islamic teachings significantly influence the fathering experience. This finding is somewhat different from common findings in Western societies that tend to be individualistic and secular.

The theme opened with 'It's Just the Beginning,' a starting point in the journey of raising a child with ASD. At this phase, a religious perspective influences initial reactions as participants make sense of the child's special condition, a perspective that continues into subsequent phases. There are beliefs about having a child with autism, as revealed by Jegatheesan et al. (2010), participants mentioned that the presence of a child with ASD in their family is a trust, a test, and a responsibility that will require accountability, especially for the father as the head of the family.

This phase begins with distinctive signs or symptoms, including difficulty socializing, communication difficulties, behavioral issues, challenges in concentration, reading difficulties, tantrums, repetitive actions, and self-willed behavior, which make these children difficult to manage and contrary to rules. This finding is consistent with the typical characteristics of individuals with ASD (Desiningrum, 2016; Sharma et al., 2018; Zeidan et al., 2022).

The condition of a child who is different from that of their peers can cause particular confusion for parents. What and why it happens to their child is still unknown to them, until it eventually leads them to seek information independently through mass media/internet, or by contacting experts such as doctors, psychologists, and therapists to gain a more comprehensive understanding. This phase is referred to as the uncertainty phase, dealing with unpleasant knowns and searching for a cause (Mihandoust et al., 2021), which is part of the path of acceptance after searching for and obtaining a diagnosis (Burrell et al., 2017; Camilleri, 2022; Depape & Lindsay, 2015).

The second theme is the impact fathers experience due to the presence of their special child. This impact includes psychological, financial, social, and health. The psychological impact experienced by participants includes feelings of stress, sadness, shame, being down, and one participant reported experiencing depression, which required medical treatment. According to previous research, stress, depression, grief, and loss are indeed common themes found among fathers' children with ASD (Cheuk & Lashewicz, 2016; Hannon et al., 2019; Keller et al., 2014; Mitchell & Lashewicz, 2015; Potter, 2016; Schieve et al., 2007).

Religiosity will help the parents of children with ASD to reduce parenting stress (Desiningrum et al., 2025). Religious people tend to have better self-adjustment skills, especially in developing adaptive parenting skills. For parents of children with special needs, the belief in God's destiny that led them to have such a child will foster sincerity and the conviction that the blessed child is the best, serving as a means of worship to Allah (God), and they also believe that Allah will always help them.

In terms of finances, fathers bear a double burden that is quite heavy because they not only have to earn a living for their family's needs but also for the medical treatment, therapy, and needs of their children with special needs, which can be quite substantial each month. For financially sufficient participants, expenses for the medical treatment and therapy of their special needs children are still greater compared to those for normal children (Frye, 2016; Keller et al., 2014; Krajewski, 2005; Lambiase et al., 2024). However, the participants believe that God will help them meet those financial needs in ways that they sometimes never expect.

Socially, the father also faces stigma from the environment and relatives (Avci & Zencir, 2023; Kowal & Skrzypek, 2024; Rizvi & Batool, 2024; Tekola et al., 2023). The bullying the participant's child experiences in their environment can also put pressure on the father (Ballard et al., 1997; Seymour et al., 2017; Wai Chau & Furness, 2023).

However, the participants also felt they received support from their surroundings, neighbors, the community, and especially from close family, which is essential for the father in raising their special child. This support is felt more strongly by participants who live in collectivist cultures and value systems, such as those found in Indonesia. Participants also received support from a religious leader (*Kyai*) through advice, guidance, and solutions to their problems.

From a health perspective, participants experience fatigue because they are often disturbed by their child's irregular sleep rhythm (Alam et al., 2023; Potter, 2017). Playing activities and child tantrums often consume a lot of time and energy, reducing the participants' break time. A sense of blame also arises between partners, and debates over differences in parenting views occur among participants and their spouses. Over time, this couple eventually began to accept what was happening with their child, felt the need to work together, support each other, remind each other when tired, be united, and strengthen one another (Camilleri, 2022; Donaldson et al., 2011; Mohamed et al., 2024; Moshe et al., 2024).

As theme 3, the father's focus is on advocating for their child. These efforts or actions taken by parents on behalf of their child or other children with ASD to ensure adequate support, appropriate levels of care, and human rights (Depape & Lindsay, 2015; Smith-Young et al., 2022). Participants try to fulfill the rights of their special children because they will be held accountable by Allah (God). Al-Aoufi et al. (2012) suggested that, in the Islamic perspective, every child with a disability has the right to a good life, health, and education, and to have their needs met by parents and their environment.

Some emerging sub-themes include efforts to enhance knowledge and literacy about disabilities and how to address them; meeting the needs and care of children; play; education; and special therapy for children. Knowledge is crucial for determining awareness of the child's condition, the treatment steps, therapy, and fathering that the father undertakes (Hoffman & Kirby, 2022; Smith-Young et al., 2022; Tekola et al., 2020).

The last theme found by this research is Life Must Go On. One of the greatest hopes of the participants is that their child can recover and live an everyday life like other children. If that hope cannot yet become a reality, the participants hope that the child can make progress towards better health. Treatment and therapy are aspects that the father fights for sincerely, striving to do the best as part of the caregiving effort (Burrell et al., 2017; Flippin, 2019; Keller et al., 2014).

However, if the child still cannot lead a normal life, cannot be independent, even after receiving optimal treatment and therapy. The father has tried to prepare a sibling to take care of their special child, in case they are no longer there. Some participants also invest to generate passive income to support the financial needs of the ASD child.

A sibling, or a typical brother, often serves as a source of hope for future care for a child with ASD (Krajewski, 2005; Madzimbe et al., 2024; Yang et al., 2024). Since early on, they have been prepared and informed of their duties, expected to help their siblings towards achieving independence, both financially, emotionally, and socially. Especially in the Indonesian cultural context and Islamic perspective, where family ties are powerful and dominant, siblings are considered responsible for replacing parents.

In the end, one of the peculiarities of this research is the father's perspective in interpreting the existence of a child with ASD, which is greatly influenced by aspects of Islamic spirituality. Religious values indeed become one of the sources of strength for some fathers with children with ASD to face their problems, to raise their children better, because it is part of their devotion to Allah (God). This finding is consistent with previous research (Avcı & Zencir, 2023; Mihandoust et al., 2021; Uddin & Ashrafun, 2023).

These religious values form the basis for how fathers carry out their fathering duties, striving to meet needs, conduct therapy, and provide education for the child in academics, life

skills, and religious education. The existence of the participant child who is special is part of destiny and a trust from God that must be maintained as part of worship/devotion to fulfill God's command. Participants even express gratitude and feel fortunate to have a special child who, in fact, provides many life lessons: to be patient, to struggle, to seek wisdom, and who is also the key to their parents' entering paradise.

Implications

Doing fathering for fathers with children with ASD is indeed not a simple matter, but it must be done well so that their special child can grow and develop optimally. The commitment to fathering as a part of worship and devotion to God, while keeping the trust of the special child entrusted by Him, becomes a very important foundation. A strong commitment will provide better advocacy for their special child. Fathers greatly need support from their partners, religious leaders, family, and neighbors to fulfill their duties.

Limitations and Suggestions for Further Research

This study has a limitation. Participants were taken only from one city in Indonesia, which has a relatively similar cultural background. Future research is recommended to expand the scope of subjects from various cultural and ethnic groups in Indonesia, as religion and culture have a significant influence on the quality of fathering from fathers to children with ASD. Despite these insights, the study has limitations that must be acknowledged. The sample size is relatively small, which may limit the generalizability of the findings. Additionally, further research could examine fathers' experiences across different cultural and socio-economic contexts to provide a more comprehensive understanding. Future research should investigate the long-term outcomes of parenting strategies and the effectiveness of support initiatives designed specifically for fathers in this context.

CONCLUSIONS

This research finding shows that the experience of fathers raising children with ASD in Indonesia is extensive and dynamic, as it indeed affects all aspects of the father's life. Four themes experienced by the fathers, namely *It's Just the Beginning*, *The Impact of Having a Child with ASD*, *Focus on Advocating for Children*, and *Life Must Go On*, illustrate the emotional, social, and practical challenges these fathers face. A significant insight from the research is how personal characteristics, religious beliefs as Muslims, occupational roles, and cultural values interconnect to shape fathering practices. For instance, the religious perspective not only influences fathers' coping mechanisms but also impacts how they seek support and advocate for their children. The cultural context reinforces certain expectations and responsibilities, further shaping their approaches to parenting. Moreover, the type and severity of ASD experienced by the child add a layer of complexity to these dynamics, as fathers adapt their strategies based on individual circumstances. Therefore, understanding the interaction between these factors is crucial for developing a supportive framework that can address the unique challenges faced by fathers in the context of parenting children with ASD.

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AUTHOR CONTRIBUTION STATEMENT

AM proposed this research, conceptualized the study, prepared the interview guide, collected data, performed analysis, and drafted the manuscript. NA reviewed the concepts, critically reviewed the design, proposed specific participants, validated the themes, and conducted data analysis. WH conceptualized this study, prepared the interview guidelines, drafted key components of the study, conducted data analysis, and critically reviewed the entire study. All authors agreed to the published version of the manuscript.

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