

Exploring Stress, Coping Mechanisms, and Quality of Life in Mothers of Children with Autism Spectrum Disorder: A Study in Trivandrum"

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ABSTRACT

The rising prevalence of Autism Spectrum Disorder (ASD) brings numerous difficulties for parents, especially mothers who typically assume the primary caregiving role for these children. In the Trivandrum district of Kerala, 424 individuals within the disabled community have been diagnosed with autism, highlighting the significance of this issue. This study aims to explore the levels of stress, quality of life, and coping mechanisms of mothers with children who have ASD to comprehend how these elements influence their caregiving abilities. The mental well-being of parents is essential for the growth of children with ASD, and harmful societal perceptions, along with caregiving stress, can have dangerous repercussions for the whole family. Even though there is an increasing prevalence of autism diagnoses, resources that support parents, especially concerning their emotional and psychological requirements, remain limited. The study highlights the importance of developing evidence-based interventions to assist parents in building effective coping strategies, reducing stress, and enhancing their quality of life. The study seeks to find coping and working mechanisms that will inform targeted programs to fortify parental resilience in boosting better caregiving practices. The conclusion shows the necessity of an all-rounded intervention to give mothers practical tools and emotional support. The implicit message indicated here is that such initiatives ought to be framed within policies explicitly addressing the needs of families with a child diagnosed with autism. The study proposes that integrated interventions involving social support, stress management, and service provision may help reduce maternal stress, benefiting the entire family. This research concentrates on these aspects to emphasise the significance of establishing a supportive and nurturing atmosphere for both mothers and their children, ultimately enhancing the quality of life for the affected families.

Introduction

Autism, or simply put, ASD (autism spectrum disorder), is a multi-faceted neurodevelopmental condition that influences people in diverse ways. As stated by the DSM-IV, autism belongs to the class of Pervasive Development Disorders and includes the other disorders under it: Asperger's Syndrome, Rett's Disorder, and Childhood Disintegrative Disorder (Barua, 2012). Autism is characterised by challenges in both verbal and nonverbal social communication, which include difficulty following conversational norms, problems establishing and maintaining relationships, limited interests, and repetitive behaviours. Although autism is typically regarded as a lifelong condition, the extent of functional impairment varies among those diagnosed with autism due to these difficulties. (American Psychiatric Association, 2013).

The indicators of Autism Spectrum Disorder (ASD) usually manifest before the age of three and continue throughout the lives of approximately 80–90% of affected children. Typically, children develop until around 18 to 24 months, after which they cease acquiring new skills. (Ghosh, 2015). Parents, caregivers, or paediatricians may observe early signs of the disorder before the child reaches one year of age. Nonetheless, symptoms often become more apparent

when a child is around 2 or 3. In some instances, an autistic child may show moderate functional impairments that only become evident once they begin school.

Diagnosing Autism in India

The foundation of diagnosing autism lies in a thorough clinical assessment conducted by a trained psychiatrist, utilizing either DSM IV or ICD 10 criteria. The Autism Rating Scale (CARS) assesses autism and evaluates its severity. This scale includes a section for autism impressions and examines behaviour across 14 different areas. It provides ratings based on both observational data and historical accounts. CARS has been validated with the Indian population and found reliable, accurate, and suitable for use within this demographic. (Russel, 2010)

In 2009, the National Institute for Mentally Handicapped (NIMH) developed the Indian Scale for Assessment of Autism (ISSA) to diagnose and determine the severity of autism, as there were no existing Indian scales for this purpose. This assessment consists of 40 items divided into six categories—social relationships and reciprocity; emotional responsiveness; speech, language, and communication; behaviour patterns; sensory aspects; and cognitive component. The items are rated on a scale from 1 to 5, where a higher score indicates a more severe problem. Scores below 70 indicate no autism, 70–106 signifies mild autism, 107–153 denotes moderate autism, and scores above 153 indicate severe autism. Administering the ISSA typically takes around 15 to 20 minutes. The primary goal of the ISSA is to evaluate the severity of autism symptoms to assess the degree of impairment associated with them.

Stress in mothers of children with ASD:

Mothers often serve as the primary caregivers for their children diagnosed with autism spectrum disorder (Dardas & Ahmad, 2013b). On average, these mothers spend about 6 hours daily caring for their autistic child (Sawyer et al., 2009). Another study indicated that parents dedicate approximately 43 hours each week to their children with autism spectrum disorder (Jarbrink et al., 2003). These findings underscore the substantial time investment required from mothers caring for children with long-term disabilities such as autism. Research by Davis and Carter in 2008 suggests that mothers of children with ASD report experiencing more significant levels of parenting stress compared to fathers. They were found to indicate higher levels of stress concerning other family members as well (Little, 2002; Herring et al., 2006; Little, 2002; Sharpley et al., 1997; Tee et al., 2006). According to Tee et al. (2009), mothers of children with ASD demonstrated greater parental involvement compared to fathers. Parenting stress was linked to the caregivers' levels of parental engagement, and it has been proposed that this involvement might somewhat alleviate the relationship between the gender of the parent and stress, or possibly not at all. In a study by Kim and Mahoney (2004), mothers of children with developmental disabilities were found to underperform compared to parents of typically developing children. This suggests that parents of children with ASD might be more affected emotionally than behaviorally. The emotional impact of a child's lack of responsive interaction could be more significant for parents than behavioural or cognitive issues, making it essential to understand this distinction. Emotional dysregulation in children seems to have a more profound effect on mothers than fathers (Davis & Carter, 2008) and deficits in social skills (Allen et al., 2013; Baker-Ericzen et al., 2005). If mothers, especially the primary caregivers, perceive themselves as responsible for their children's behaviours, they may experience heightened anxiety regarding their parenting quality (Grey, 2003; McStay et al., 2013). This viewpoint is supported by research showing the stigma parents encounter when attempting to manage the externalising behaviours of children with ASD in public spaces, mainly when these children typically do not display obvious signs of developmental delays (Higgins et al., 2005; Paynter et al., 2013). Mothers report feelings of anxiety, depression, and emotional exhaustion (Bishop et al., 2007). They often struggle with loss of appetite, leading to weight loss. The responsibilities of raising an autistic child also affect mothers' careers and leisure time (Tunali & Power, 2002). Many mothers leave their jobs to care for their children at home (Parish et al., 2004). They often depart from work to address their child's care needs, health appointments,

and educational issues (Altiere & von Kluge, 2009a; Gau et al., 2012; Jones et al., 2013; Mandell et al., 2010; Nealy et al., 2012; Silva & Schalock, 2012).

Managing stress and utilizing coping strategies is crucial for parents to effectively handle children exhibiting problematic behaviours (Nezu et al., 2006; Osborne et al., 2008; Singer et al., 2007). Parent education initiatives are beneficial in informing parents about effective and ineffective methods for managing their child's behaviours (Thomas et al., 2007; Wong et al., 2001). These initiatives equip parents with specific skills to address the challenges of caring for their child, including dealing with behavioural issues (Steiner et al., 2012). Regular and consistent application of the techniques learned in these programs has successfully managed the child's disruptive behaviours (Rocha et al., 2007; Steiner et al., 2012) and enhanced social and communication abilities (Siller et al., 2013). Parents can reliably encourage positive behaviours and effectively tackle negative ones (Anan et al., 2008; Bekhet et al., 2012; Bitsika et al., 2013; Estes et al., 2014; Harper et al., 2013). Through participation in parent education programs, parents gain insights into their child's challenging behaviours and learn appropriate responses without excessive reactions or verbosity (Anan et al., 2008; Minjarez et al., 2011). Parental self-efficacy and conviction grow, enabling parents to manage challenging behaviours with reduced conflicts (Bekhet et al., 2012; Siller et al., 2013; Whittingham et al., 2009). The quality of the relationship between parents and children improves (Whittingham et al., 2009), allowing parents to address their children's needs better (Bekhet et al., 2012).

Coping mechanisms among parents of children with ASD:

Lai et al. (2014) emphasised that parents of children with ASD often employ both adaptive coping techniques, such as cognitive reframing and obtaining social support, and maladaptive methods, like avoidance and disengagement. They are inclined to adopt adaptive coping methods, focusing on seeking social support and positive reinterpretation. Research has shown that using adaptive coping strategies among these parents correlates with favourable mental health outcomes (Benson, 2010). Mothers use problem-focused coping strategies more often, including planning, requesting assistance, and shifting their viewpoint to a more optimistic one (Lee, 2009; Pozo et al., 2013). Conversely, fathers tend to report a higher frequency of active avoidance coping strategies, such as denial, self-blame, and distraction (Pozo et al., 2013). Pottie and Ingram (2008) pointed out that social disengagement is a maladaptive coping style that may provide temporary anxiety relief for parents of autistic children but has long-term drawbacks. Parents who can enhance their family communication and create a cohesive parenting strategy are better equipped to evaluate and defuse situations and take a rational and realistic approach to problem-solving. This stress reduction (Ramisch et al., 2013) is linked to an improved capacity to manage the needs of both the child and the family (Sikora et al., 2013).

Problem-focused coping and emotion-focused coping:

Benson's research highlights two primary types of coping strategies for parents with autistic children: problem-focused coping (which involves strategies aimed at directly addressing the issue or taking action to modify the stressor) and emotion-focused coping (which includes techniques aimed at reducing or managing the negative feelings linked to stressors). Unlike parents who engage in problem-focused coping strategies such as discussing challenges and formulating plans, Benson (2012) found that those utilizing emotion-focused coping strategies experience more significant psychological distress and diminished emotional well-being. Parents who employ positive and problem-solving approaches report lower stress levels and enhanced well-being compared to those who frequently rely on ineffective emotion-focused coping methods that fail to tackle the stress-inducing situation (Kiami & Goodgold, 2017).

Quality of life of parents of children with autism spectrum disorder

The quality of life for parents of children diagnosed with autism spectrum disorder is notably lower compared to parents of typically developing children, as indicated by numerous studies. Common behaviours seen in children with ASD, such as sleep issues, inflexible eating patterns, repetitive actions, temper tantrums, and difficulties in social interactions, significantly influence the family's overall quality of life (Khanna, 2011). High levels of stress in parenting

can result in a diminished quality of life for those with children who have ASD. Research indicates that parents' stress levels and quality of life are notably affected by the child's age. Findings reveal that parents of older children report lower parenting stress and improved quality of life compared to those with younger children, suggesting that as children grow, parents may develop better-coping strategies and set more attainable expectations regarding their child's developmental progress (Dardas et al., 2014).

Parents' well-being significantly influences the overall well-being of their autistic children (Burgess & Gutstein, 2007). Parents' health issues can directly impact the children, siblings, and the entire family dynamic (Brown et al., 2006). Therefore, it is crucial to consider the parents' quality of life when developing care plans for their children. Studies have shown that caregivers' health-related quality of life (HRQOL) reflects their adaptation to their children's disabilities (Allik et al., 2006; Mugno et al., 2007; Yamada et al., 2012). A positive perception of HRQOL among caregivers is believed to help them manage the ongoing stress associated with caring for autistic children.

In contrast, caregivers who perceive their HRQOL to be low and struggle to adapt to their child's challenges experience more incredible difficulty. Furthermore, a better understanding of HRQOL can enhance the quality of care provided to the child and the parent-child relationship. When caregivers are in poor psychological and physical health, children are at a higher risk of experiencing verbal abuse (such as screaming, yelling, and insults) from them (Beach et al., 2005). Thus, a key goal of interventions for families with autistic children is to enhance the caregiver's HRQOL by accurately recognizing the factors related to their HRQOL. By gaining insight into caregivers' views of their HRQOL, health professionals can more effectively tailor interventions to improve their HRQOL.

Statement of the problem:

According to the disability statistics from 2015, Trivandrum district has a total population of 3,292,001, of which 77,164 individuals are classified as disabled. Among these, 34,823 are females, 42,188 are males, and 153 transgender individuals. Notably, 424 people have been diagnosed with autism, marking the highest figure in the state of Kerala.

In India, parents of children diagnosed with autism spectrum disorder face various challenges stemming from the child's condition and societal attitudes, which impede the child's integration into the community (Barua, 2012). Parents influence a child's cognitive, social, and emotional growth. Studies have shown that the mental well-being of parents can significantly affect the welfare and developmental progress of their children with chronic disabilities (Hart & Kelley, 2006; Pesonen et al., 2008). There is evidence indicating that early social isolation and lack of parental care can disrupt the standard neurodevelopmental path, resulting in developmental delays in social, symbolic, and linguistic areas—domains closely associated with autism spectrum disorders (ASD) (Strathearn, 2009). Parents need professional advice and information about ASD, managing their child's care effectively, and emotional and relational support (Derguy et al., 2015).

The existing literature fails to provide a comprehensive understanding of how parents of children with ASD perceive specific coping strategies and the reasons they believe certain strategies work. Since mothers are frequently the primary caregivers in many families, it is essential to deeply understand how they cope and their views on effective coping mechanisms. This study seeks to investigate the stress levels, quality of life, and successful coping methods among mothers of children with ASD. Gaining insights into effective strategies could enable mothers to cultivate positive coping techniques and improve their childcare, enhancing their overall quality of life. Enhancements in the parents' quality of life may also enhance their capacity to care for their children effectively, ultimately benefiting the entire family.

Trivandrum Disability Data

The overall population of the Trivandrum district stands at 3,292,001. Out of this number, 77,164 individuals are reported as disabled. Specifically, 42,188 are male, 34,823 are female,

and 153 individuals identify as transgender. Notably, the district has recorded 424 cases of autism, marking it as the highest in Kerala.

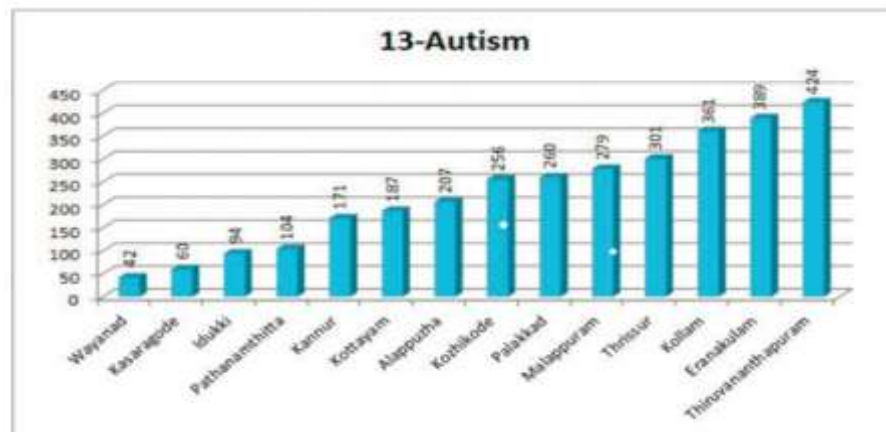


Fig. 3.1. District-wise census on Autism, Disability census 2015, Kerala

Rationale for Study Area Selection

The high prevalence of autism diagnoses in the Trivandrum district makes it an essential location for research. This study aims to offer insightful information regarding the experiences of mothers with children diagnosed with ASD, concentrating on their levels of stress, coping mechanisms, and how these factors influence their overall quality of life. The findings from this research can enhance the support systems available in Trivandrum for these mothers and their families, fostering a more supportive community and potentially informing public health strategies.

Research Objectives

The following aims have been established for this investigation:

1. To explore and evaluate the stress levels experienced by mothers of children with autism spectrum disorder.
2. To investigate and identify the coping mechanisms employed by mothers of children with autism spectrum disorder.
3. To assess and analyze the quality of life of mothers with children who have autism spectrum disorder.
4. To examine the relationship between stress, coping mechanisms, and quality of life in mothers of children with autism spectrum disorder.

These aims collectively seek to shed light on the experiences of mothers caring for children with autism, deepening understanding of their challenges and resilience, and ultimately aiding in the development of support systems and interventions.

Research Design

This study used a descriptive research design, describing the target population's behaviours, attitudes, and demographics. Descriptive research provides an overview of the phenomenon, allowing researchers to establish trends and develop hypotheses for further studies.

The main aim of this descriptive study is to investigate the effects of a child's autism spectrum disorder diagnosis on mothers in the Trivandrum district of Kerala. This includes exploring their experiences, such as stress levels, coping strategies, and quality of life.

The researcher created a structured interview schedule to obtain specific participant data. Participants were selected using a simple random sampling method, and each mother of a child with an autism spectrum disorder had an equal opportunity to be included in the study.

The study's purpose and goals were clearly outlined, and only individuals who consented to participate after receiving informed consent were involved.

METHODOLOGY

The researcher approached various therapy centres within the Trivandrum district to seek approval from the management. The goals and significance of the study were thoroughly

communicated to both the officials and the mothers of children diagnosed with autism spectrum disorder.

Input was collected from mothers and professionals to understand their perspectives and concerns. This input was critical in finalizing the research tools and methodologies.

A pilot study was conducted involving 25 mothers who fulfilled all inclusion criteria. During this stage, the structured interview schedules were assessed, allowing for evaluating their effectiveness.

The data obtained from the pilot study was examined to determine the feasibility of the research. Based on the findings, the personal data sheet interview schedule was modified and rewritten to enhance the validity and reliability of the data collection instruments. Specific questions were revised to ensure they were objective and pertinent.

The pilot study yielded the following conclusions:

- The research design was both viable and workable.
- Structured interview schedules were suitable for the intended sample population.
- The pretesting of tools with the feedback group improved the instruments for the final investigation.

Insights gained from the pilot study were instrumental, and necessary adjustments further reinforced the research design. With the feasibility of the study confirmed, the researcher was now well-equipped to move on to the final data collection phase, which would facilitate a thorough understanding of the experiences of mothers of children with autism spectrum disorder in the Trivandrum district.

Population and Sample

This study targeted mothers of children diagnosed with Autism Spectrum Disorder (ASD) residing in the Trivandrum district of Kerala, India. The population for the study included 260 mothers identified from various special schools and autism care facilities in the region.

Several special schools and autism care centres in the Trivandrum district were pinpointed and contacted to secure consent for the research.

The staff and parents in these facilities were informed about the study's purpose, significance, objectives, and the potential benefits of the research.

Mothers visiting the centres were approached individually. Their participation was contingent on their consent after they were thoroughly briefed on the study's aims and methods.

Upon receiving consent, data was gathered regarding demographic details such as age, education, socio-economic status, their child's diagnosis, the stress they experience, coping strategies, and overall quality of life.

Sample Characteristics:

The final sample consisted of 260 mothers exhibiting diverse backgrounds and experiences that provided a comprehensive insight into the difficulties and resources available to mothers of children with ASD in this area. This thorough sampling method guaranteed that a random group of mothers was included, allowing for an in-depth exploration of their experiences, stress levels, coping strategies, and overall quality of life. These findings aim to enhance the understanding of these mothers' specific needs and challenges, ultimately influencing community support services and interventions.

Inclusion Criteria:

1. Participants must be mothers of children diagnosed with autism spectrum disorder (ASD).
2. The children involved in the study must be between the ages of 2 and 18 at the time of data collection.

3. Consent:

Mothers must give informed consent to participate in the study.

Exclusion Criteria:

1. Age of Children:

Mothers of children diagnosed with autism spectrum disorder who are older than 18 years were omitted from the study.

2. Co-morbid Conditions:

Mothers of children with additional co-morbid conditions such as physical disabilities, attention deficit disorder, chromosomal disorders, or any other significant medical or psychological issues that could complicate an ASD diagnosis were excluded.

3. Willingness to Participate:

Mothers who expressed unwillingness to participate in the study were also excluded.

These criteria were established to ensure a focused and relevant sample that would provide meaningful insights into the experiences of mothers with children having ASD, particularly within the defined age range. By excluding participants with additional complexities, the study aimed to isolate the effects of autism and associated stressors on the mothers' quality of life and coping strategies.

SCALES

Personal Data Sheet (PDS)

The Personal Data Sheet (PDS) is crucial in collecting comprehensive socio-demographic information from mothers and details about their children. This information will aid in contextualising the study's findings and improve insight into mothers' experiences with children diagnosed with autism spectrum disorder.

Parental Stress Scale (PSS)

The Parental Stress Scale (PSS) is a popular tool for evaluating parental stress, particularly when it comes to raising children with various needs, including those diagnosed with autism spectrum disorder. Berry and Jones created the PSS in 1995. This scale is user-friendly and straightforward, benefiting clinical applications and research.

THE COPING ORIENTATION TO PROBLEMS EXPERIENCED SCALE (BRIEF COPE)

The Brief COPE is a self-reported measure created by Carver et al. (1997) to evaluate how individuals cope with stress. It consists of 28 items, assessing both positive and negative coping methods within a single scale, enhancing its usefulness in healthcare and psychological settings.

WORLD HEALTH ORGANIZATION QUALITY OF LIFE - WHOQOL-BREF

The WHOQOL-BREF is a commonly used instrument for assessing a person's quality of life (QOL) in various areas. Developed by the World Health Organization, it is a shorter version of the WHOQOL-100, designed to be easier and faster to use while still providing important information about QOL.

Fieldwork was conducted utilizing interview schedules identified as the most effective for gathering qualitative and quantitative data. The researcher conducted each interview personally, allowing for individual engagement with every respondent. Each interview lasted approximately one hour to one hour and fifteen minutes to provide adequate time for discussion. In addition to the structured interview and questionnaire, the researchers employed participant observation techniques to gather more detailed responses. After each interview, the researchers confirmed their understanding of the respondents' statements to ensure clarity. Multiple case studies were used to validate the data collected through interviews, illustrating the comprehensive nature of the research issue. This rigorous methodology enhanced the reliability and validity of the findings, yielding valuable insights for mothers of children with autism spectrum disorder.

Data Analysis:

- The statistical analyses performed with these methods will provide an overall perspective on the connections between parental stress, coping strategies, and the quality of life for mothers of children diagnosed with autism spectrum disorder. The results will offer insights into these mothers' challenges and the factors that may affect their well-being.

SOCIO-DEMOGRAPHIC PROFILE OF THE MOTHERS:

The distribution of ages among the respondents revealed a clear trend of younger mothers, with the majority falling within the age ranges of 31 to 35 years (42.31%) and 36 to 40 years (26.92%).

The analysis of the educational backgrounds of the study participants indicates that a significant proportion of mothers have attained higher education. Specifically, 53.84% completed their undergraduate degrees, while 41.53% hold post-graduate qualifications.

The analysis of the occupations held by respondents in this research indicates that 40% of mothers are employed, while 60% are without work. Additionally, it is essential to emphasize that the majority of these mothers had jobs before their child's autism diagnosis but had to leave their positions subsequently to provide full-time care for the child and engage in various interventions.

The analysis of monthly household income in the study revealed that a significant majority of families (63.08%) reported earning less than 50,000, indicating that a large proportion of respondents belong to low-income households. Conversely, only a small percentage, 14.23%, reported earning over a lakh per month, underscoring the financial challenges faced by these families. This income distribution sheds light on the financial struggles that families with children diagnosed with autism encounter, particularly regarding the expenses associated with therapy and interventions.

This study's analysis of family structures reveals that most mothers (75.36%) live in nuclear family arrangements. This pattern likely reflects the considerable challenges involved in raising a child with autism. Many of these mothers have moved from their families to be nearer to therapy centres, inclusive educational institutions, or specialised services for their children. Typically, the motivation for such a move is access to suitable interventions unavailable in their rural or remote areas.

The study's participants' living locations indicate that 70% live in urban areas, whereas 30% live in rural settings. This finding aligns with the finding that numerous families with children diagnosed with autism tend to move toward cities as they have access to specialized resources and services there.

This research revealed a gender distribution of 78.08% male and 21.92% female. These figures support the well-established gender disparity observed in the distribution of children diagnosed with autism, which typically follows a male-female ratio of nearly 3:1 (Looms et al., 2017). This global gender discrepancy signifies that boys are more frequently diagnosed with autism compared to girls.

The age distribution among the children shows that they are predominantly very young, with 44.23% falling in the 3–4 year range and 21.54% in the 5–6 year age group. There are fewer children in the older categories, with 15.77% aged 7 to 8 years, 8.46% aged 11 to 14 years, and a mere 1.92% aged 15 to 17 years. This distribution reflects common trends in autism services, especially in regions such as Kerala, where early intervention can significantly impact a child's developmental outcome.

Variations in the severity of autism among the study children indicate that the majority display mild or moderate cases. 38.77% of the participants were classified accordingly, with 35.36% categorised as mild to moderate. Similarly, broader research reveals a higher prevalence of mild to moderate autism levels during the early childhood years.

The study results regarding school attendance indicate that 40.77% are enrolled in mainstream schools, 14.23% attend regular schools with the help of a shadow teacher, and 16.54% are in special education schools; it is concerning that a significant 28.46% of them do not attend any school whatsoever.

In the survey, participants reported that 51.92% experienced no social support, while 48.08% received some form of support. This highlights a significant issue: over half of the mothers participating in the study do not have the social support necessary to alleviate the psychological stress associated with caring for a child diagnosed with an autism spectrum disorder.

Results:

The results from the Parental Stress Scale highlight the significance of comprehending the stress experienced by mothers raising children with ASD. Given that the average score for the mother participants in this study is approximately 62.90 ± 5.39 , they exhibit a moderate degree of parental stress. According to the scale's interpretation, scores between 60 and 70 reflect a moderate stress level. This suggests that while these mothers report experiencing stress, their levels do not reach the extremely high end of the scale, indicating that their situation remains within a range that could be improved through interventions or support to reduce the stress they are facing.

Analysing the coping strategies utilised by mothers of children with autism spectrum disorder (ASD) provides valuable insights into the mechanisms that affect the emotional and psychological health of these parents. This exploration highlights the complex connection among coping styles, stress levels, and resilience while underscoring the importance of customised interventions to support mothers in handling stress and achieving favourable outcomes for both them and their children.

The overall average score on the Brief-COPE scale was 70.09 ± 11.51 , suggesting that the coping levels within the sample were moderate to high. The average scores varied from 1.17 to 3.58, and the standard deviations ranged from 0.43 to 1.19. This indicates that the coping strategies employed by mothers are varied, with some leaning towards emotion-focused strategies and others towards problem-focused approaches.

The primary coping strategy identified was emotion-focused coping, with an average score of 30.61 ± 5.97 . This category encompasses approaches like acceptance, looking for emotional support, and depending on religious faith.

The average score for religious coping is 5.73, suggesting that many mothers find support in their faith. As noted by Neik et al. (2014) and Hastings et al. (2005), religious coping can provide spiritual solace and significance to caregivers' roles, fostering qualities such as patience and tolerance.

The emotional support aspect received an average score of 5.38, suggesting that most mothers depend on their social networks for emotional reinforcement. Previous studies have also shown that social support plays a vital role in alleviating parental stress (Boyd, 2002), and a lack of it significantly raises psychosocial risks.

Mothers reported a mean score of 4.75 for venting, suggesting they frequently share their frustrations and worries, particularly with their partners. Higgins et al. (2005) note that caregivers often value the emotional support their spouses offer while navigating the challenges associated with their child's autism. The mean score for self-blame was recorded at 4.67, implying that mothers may occasionally internalise feelings of guilt or accountability. In Indian culture, where there is intense societal pressure regarding child-rearing, feelings of self-criticism may be intensified by cultural factors, such as societal shame (Ahmed et al., 2019; Grace et al., 2017).

Problem-Focused Coping

Unlike emotion-focused coping, the average score was 25.19 ± 3.91 , reflecting a proactive strategy in dealing with the stressor. Planning, positive reframing, and active coping suggest that most mothers engage in tangible actions to enhance their circumstances.

In the planning category, the problem-focused approach received the highest average score (mean = 3.53). It indicates that mothers engage in proactive thinking and problem-solving methods, such as organising therapy sessions and structuring their children's daily routines. The mean score for active coping was 6.65, highlighting that many mothers actively pursue strategies to meet their child's needs, which includes participating in therapy and making necessary adjustments at home or school to foster their child's development. This consists of a score of 6.27 for positive reframing, where mothers strive to view challenges positively and learn from them. Luther et al. (2005) suggested that reframing is a coping strategy that aids in overcoming discouragement and enhancing mental resilience.

Avoidant Coping

When averaging the responses, the strategy of avoidant coping, characterized by disengagement, denial, and substance use, received the lowest mean score of 14.28. This indicates that while mothers may sometimes display avoidant behaviours, these are not the primary coping strategies they utilize.

The mean score for substance use was the lowest at 2.25, which may be linked to cultural influences in India, where female substance use for coping is considerably lower than that observed in Western nations (Benegal et al., 2005).

Denial and behavioural disengagement scores were also low, with means of 3.49 and 3.58, respectively. Therefore, most mothers do not significantly avoid confronting their reality. These coping strategies tend to emerge more prominently during moments of heightened stress.

Psychological Resilience and Maternal Well-being

Research indicates that mothers who utilised problem-focused coping strategies reported greater well-being. This finding is consistent with previous studies (Abbeduto et al., 2004; Dabrowska & Pisula, 2010), which suggested that these strategies enhance emotional control and resilience. In contrast, coping methods focused on emotions, such as venting and self-blame, were linked to heightened stress and poorer mental health outcomes. This study primarily examines coping strategies among mothers of children with autism, emphasising social support, religious beliefs, and problem-solving techniques to illustrate how mothers cope with stress. The outcomes will contribute to the need for targeted interventions that integrate emotion- and problem-focused approaches. Such programs could effectively assist mothers in alleviating stress, minimising self-blame, and promoting positive adaptation for both them and their children with autism.

The in-depth evaluation of the WHO-QOL-BREF offers valuable perspectives on the quality of life experienced by mothers caring for children with ASD. The study's results highlight that caregiving responsibilities significantly influence these mothers' physical, psychological, and social health. The average scores on the WHO-QOL-BREF were 64.26 ± 11.58 , indicating that mothers of children with ASD exhibited a moderate quality of life, experiencing both positive and negative elements of caregiving, with potential for enhancement across all scales.

Environmental Quality of Life:

The Environment category recorded the highest domain score at 69.33, indicating that mothers perceive their surroundings, living conditions, and access to services and community resources as relatively adequate. Research frequently highlights that the physical health of caregivers, particularly mothers, tends to deteriorate due to the ongoing demands of caregiving (Musetti et al., 2021; Calonge-Torres et al., 2017).

Psychological Health:

This domain received the lowest score of 56.63, reflecting significant psychological distress. It encompasses emotional wellness, stress levels, and issues such as anxiety or depression. The below-average rating suggests that these mothers are experiencing considerable stress, anxiety, and emotional challenges, aligning with findings from other research studies (Alhazmi et al., 2018; Selvakumar & Panicker, 2020). These issues are often attributed to the daily demands of caring for a child with ASD, which frequently results in emotional exhaustion and frustration.

Social Relationships:

Scoring 64.1, the Social Relationships domain indicates that while mothers may maintain some social interactions, they face considerable stress in building quality relationships. Many caregivers experience isolation linked to social stigma, a lack of community awareness regarding ASD, and the significant time demands associated with caregiving. These factors typically limit the opportunities available for mothers to engage in socialization and other activities, leading to feelings of loneliness and emotional disconnection (Grace et al., 2017; Perumal et al., 2014).

The results of this study are consistent with previous research that has found that families of children with autism spectrum disorder (ASD) report a lower quality of life compared to

families with typically developing children (Jain et al., 2019; Khan & Humtsoe, 2016). In particular, studies conducted in India have identified the psychosocial effects on mothers, highlighting increased levels of anxiety, stress, and depression (Selvakumar & Panicker, 2020; Dey et al., 2019). Cultural factors surrounding ASD, including misconceptions, misdiagnosis, and community reluctance to accept children with ASD, contribute to these difficulties as noted by Ahmed et al., 2019; Grace et al., 2017. These environmental and psychological factors profoundly impact mothers, who often face limited support and restricted access to special services.

Upon examining the Pearson correlation coefficient more closely, valuable insights emerge regarding the connection between Parental Stress, Quality of Life, and Coping Strategies beneficial to mothers of children with autism spectrum disorder (ASD). Below are the detailed **findings**:

There is a Negative Correlation between Parental Stress and Quality of Life:

The Pearson's correlation coefficient measuring the relationship between Parental Stress and Quality of Life was recorded at -0.04501, with a p-value of 0.47. This indicates a very weak negative correlation, suggesting that as Parental Stress rises, Quality of Life tends to decline, although this finding lacks statistical significance ($p > 0.05$). This outcome suggests that elevated stress does not necessarily lead to a significant downturn in quality of life within this sample, although the trend is still negative.

The negative correlation suggests that increased levels of Parental Stress relate to a diminished quality of life. Despite this relationship not being statistically significant in the current study, it aligns with prior research asserting that parental stress can adversely impact caregivers' physical, psychological, and social well-being (Musetti et al., 2021; Thullen et al., 2017). Parents caring for children with ASD encounter various stresses linked to different caregiving challenges, which can lead to issues such as depression, anxiety, and fatigue. Consequently, their overall quality of life may be affected (Calonge-Torres et al., 2017). Various studies consistently demonstrate that parenting an ASD child is stressful, negatively influencing the parent's quality of life (Ashworth et al., 2019; Costa et al., 2017). Parents often experience significant mental and physical strain, which invariably affects their overall quality of life, especially in terms of psychological and social aspects (Musetti et al., 2021; Thullen et al., 2017).

There exists a negative association between parenting stress and coping abilities. Specifically, the correlation coefficient between parenting stress and coping strategies was found to be -0.069, with a p-value of 0.26. This reflects a weak negative relationship between the two variables, indicating that increased stress results in a decrease in adaptability or effectiveness in coping skills. However, the findings are not statistically significant, as $p > 0.05$. Generally, a rise in stress levels corresponds with a decline in adaptability or effectiveness in coping methods. The negative correlation between parental stress and coping abilities suggests that mothers who are more stressed struggle to adapt their coping strategies effectively. Conversely, mothers with lower stress tend to manage and tackle problems more effectively. This study supports previous research indicating that stress levels in parents can interfere with effective coping. Moreover, this may lead to a reliance on emotion-focused coping strategies, such as denial or self-blame, rather than more effective problem-focused or active coping strategies that could better mitigate stress-related challenges (Abbeduto et al., 2004). Effective coping mechanisms are crucial for alleviating the negative impacts of parental stress. It has been shown that ineffective coping techniques, like emotion-focused coping, are linked to poorer outcomes for parents of children with ASD (Pisula & Dorman, 2017; Ishtiaq et al., 2020). High levels of stress can undermine the positive effects of coping strategies used by a parent, leading to greater psychological distress and a decline in mental health over time (Ashworth et al., 2019; Cappe et al., 2020). Despite the negative correlation coefficients, none of these relationships (Parental Stress versus Quality of Life or Coping) reached statistical significance ($p > 0.05$). This indicates that although the nature of the correlations aligns with expectations, their strength is

not substantial enough to be deemed statistically poignant in this sample. The conventional cut-off point for statistical significance is <0.05 , and the calculated values of 0.47 for Parental Stress and Quality of Life and 0.26 for Parental Stress and Coping exceed this threshold, indicating a lack of strong evidence for a significant relationship. Observations showed negative correlations among parental stress, quality of life, and coping. Thus, mothers of children with ASD experiencing high levels of stress reported diminished quality of life and less effective coping strategies, suggesting that elevated stress levels heighten perceived threats faced by these mothers. Nonetheless, statistical significance for these correlations was not established, implying that while the relationships trend in the anticipated direction, they do not have enough strength to be considered stable within the current sample.

An independent sample t-test analysis indicates a statistically significant difference in parental stress levels based on mothers' occupations, suggesting that employment status notably influences the types of stressors experienced by mothers with children affected by ASD. The t-test yielded $t = 5.378$, a standard error of difference of 0.692, and a p-value of 0.0001 below the 0.05 threshold. This is practically significant, as occupation influences the stress levels of parents. The stress levels reported by employed and unemployed mothers showed significant differences. The average parental stress scores for employed and unemployed mothers were 60.78 ± 4.95 and 64.5 ± 5.78 , respectively. This trend indicates that unemployed mothers experience higher stress when engaging with their children who have ASD compared to their employed counterparts. This suggests that having a job may help alleviate parental stress.

Lower stress levels in employed mothers can be evaluated through several potential factors:

Social Connections:

Employment may facilitate social interactions, leading to a broader network of support, which can offer emotional assistance to mothers facing the challenges of raising a child with ASD. This social support can help lessen stress and provide valuable advice on managing the situation more effectively.

Respite from Caregiving:

Having a job can provide a much-needed break from the demanding caregiving responsibilities associated with raising a child with ASD. This separation allows employed mothers to maintain a sense of identity beyond their caregiving role, potentially reducing emotional strain and guarding against burnout.

Financial Stability:

Being employed can ensure economic security, alleviating many financial stresses linked to the costs of raising a child with ASD, such as therapy, medical care, and specialized education. The financial strain can significantly contribute to overall parental stress (Gray, 2006), and a steady income could help alleviate some of that pressure.

Structured Schedule:

Employment typically comes with a set schedule, aiding mothers in effectively managing their time. A consistent routine may also lessen feeling overwhelmed and enable mothers to balance childcare duties with other responsibilities more seamlessly.

Studies have demonstrated that mothers with children diagnosed with autism experience higher stress levels when they are unemployed. Lack of employment can exacerbate problems such as social isolation, limited access to resources, and financial stress (Einam & Cuskelly, 2002). In contrast, working mothers may enjoy more opportunities for respite from the caregiving stresses, which can be a crucial coping mechanism in managing the demands of raising a child with ASD.

Employment and Social Support:

Employed mothers typically receive more excellent social support outside their immediate family, facilitating effective emotional and practical assistance in addressing the challenges of caring for a child with ASD (Hastings et al., 2005). Working outside the home opens new channels for informational support, emotional encouragement, and companionship, which help mitigate feelings of isolation and reduce stress.

The significant differences in parental stress scores based on employment status indicate that working could be advantageous for mothers of children with autism. Stress ratings are generally lower among working mothers than non-working mothers, likely due to their increased social interactions, structured routines, financial stability, and essential breaks from caregiving. Conversely, unemployed mothers tend to experience higher stress levels due to social isolation, economic instability, and the substantial emotional and physical demands of childcare without the relieving effects of employment.

CONCLUSION

In conclusion, this study's findings illuminate the complex challenges faced by mothers of children with autism. In addition to the immediate burdens of financial strain and limited time, parents must deal with considerable emotional obstacles that significantly affect their mental health and overall well-being. Addressing these issues calls for a comprehensive approach that includes practical assistance, emotional support, and educational initiatives for policymakers about the distinct needs of families with autistic children. By offering holistic support, it is feasible to lighten the load on mothers and enhance their mental health, leading to an improved quality of life for both mothers and their children. Furthermore, the research highlights the crucial influence of employment status on stress levels and coping strategies, emphasizing the need for interventions that address both emotional and tangible aspects of caregiving. Such a strategy will foster a more nurturing and supportive atmosphere for parents and their children, ultimately benefiting families with children diagnosed with ASD. Employment status emerged as a critical factor affecting stress and coping, indicating that interventions should consider both the emotional and practical requirements of caregivers. The outcome will be a more positive and caring relationship between parents and children, enhancing the well-being of families with children diagnosed with ASD. Building on these insights, it becomes evident that mothers of children with autism experience stress not only due to their child's condition but also because of broader societal and structural challenges at play.

Financial insecurity, limited access to resources, and insufficient social support further complicate the daily challenges mothers with autistic children face. While the emotional impacts of caregiving are clear, it is equally important to recognise that many of these effects can be mitigated if these mothers have access to tools, resources, and policies that empower them to succeed. A comprehensive approach must address practical elements such as financial support and respite care to ease some of the daily burdens that mothers demand a lot of time and energy. Emotional and psychological support through counselling and peer support networks will also be vital to ensure mental health assistance for mothers.

Ultimately, it is essential to implement policies specifically tailored to meet the unique needs of families with children diagnosed with autism, including flexible work arrangements, improved healthcare access, and enhanced social services. This approach aims to alleviate the stress on mothers while promoting their overall health and wellness. Consequently, this paper emphasizes the importance of employment status as a critical area of focus. The key to making a difference may lie in addressing work-life balance through flexible job options or supportive work environments and policies; the equilibrium between caregiving responsibilities and employment is closely tied to this factor. This aspect will likely be central to the needed interventions to achieve better outcomes for mothers and their children while maintaining their economic stability and fostering opportunities for support. Over time, this can transform the experience of mothering children with autism into a fully supportive system by integrating practical, emotional, and policy-related dimensions. By recognising and tackling their myriad stressors, we can cultivate a more compassionate and empowering environment that helps these mothers to flourish. This benefits mothers and enables children with autism to thrive in a supportive atmosphere that meets their developmental requirements and allows them to be raised alongside their families. Therefore, ongoing research and intervention should continue to identify and remove stressors to improve the lives of families affected by this condition.

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