



Stress among Parents of Children with Autism

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KEYWORDS

Autism, Autism spectrum disorder, parents, parental stress.

ABSTRACT:

Background:

Caring for a child with Autism Spectrum Disorder (ASD) can be a deeply rewarding but at the same time an emotionally demanding experience for parents. ASD involves various difficulties in communication, social interaction and behavior, which require intensive care and support, frequent therapeutic interventions and long-term care planning. These responsibilities, combined with societal stigma, financial strain and limited access to resources can significantly increase parental stress. Research consistently shows that these stressors can affect parental well-being, coping abilities and overall family functioning, emphasizing the need to understand the specific factors that influence stress levels in this population. Exploring stress, in this context helps build a clearer understanding of the emotional landscape that parents navigate and highlights the importance of supportive interventions that promote their wellbeing.

Objectives:

- 1) To assess and compare the level of stress among parents of children with Autism.
- 2) To determine the association of demographic factors with stress.

Materials and Methods: A cross-sectional study design with a convenience sampling technique was employed select the sample of 90 parents of children diagnosed with ASD in Belagavi. Sub scale of Stress from the “Anxiety, Depression and Stress Scale” (ADSS-BSPSA) by Pallavi Bhatnagar, Megha Singh et al. was used as the primary assessment tool.

Statistical Analysis: Chi Square, Mann Whitney U Test and percentage method were used.

Results: A considerable proportion of parents (40%) experienced an average level of stress and there was no significant difference in the stress scores of mothers and fathers. However, the association of gender with stress was highly significant ($p < 0.05$).

Conclusion: The level of stress among parents of children with ASD ranged from average to high, with no significant difference in overall stress scores between mothers and fathers. However, a greater proportion of mothers reported high stress compared to fathers.



1. Introduction

“Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity”. (WHO)¹

“Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community”. (WHO)¹

A mental disorder is characterized by a clinically significant disturbance in an individual’s cognition, emotional regulation or behaviour. It is usually associated with distress or impairment in important areas of functioning.³

Neurodevelopmental disorder is one such group of mental disorder that arises during the developmental period and involve significant difficulties in the acquisition, and execution of specific intellectual, motor, language or social functions. It includes disorders of intellectual development, autism spectrum disorder and attention deficit hyperactivity disorder (ADHD).³

Autism is a neurodevelopmental disorder with symptoms that appear within the first three years of life. Autism appeared in different forms with varying levels of severity. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) recognizes two main symptom areas:

1. Deficits in social communication and interaction
2. Restricted, repetitive behaviors, interests or activities.⁵

Compared to parent caregivers of neurotypical children and of children with other disabilities, parent caregivers of children with

autism spectrum disorder (ASD) report increased stress.⁶ Parents of children with ASD had greater stress scores, citing behavioral issues and communication problems. **Miranda et al.** (2019)⁷ Stress popularly defined by Hans Selye as “The nonspecific response of the body to any demand for change”⁸ is experienced by these parents mainly due to high care-giving demands, uncertainty about the child’s future, financial strain, social isolation, limited access to support services, strain on family dynamics and the emotional burden of managing ongoing developmental and behavioral needs.⁹

Therefore, studying the stress in parents with autistic children is crucial because it helps to know more about the challenges faced by these parents, improves the well-being of both parents and children and ultimately enhances the child’s development by ensuring caregivers are emotionally and mentally healthy.

2. Objectives

- 3) To assess and compare the level of stress among parents of children with Autism.
- 4) To determine the association of demographic factors with stress.

3. Methods

Research design: Cross Sectional study

Sampling technique: Convenience sampling

Sample size: A sample size of 90 parents of children with autism spectrum disorder was determined by using Cochran’s formula.

Exclusion Criteria:

1. Children with other co-morbid developmental psychiatric or disorders.
2. Parents who were receiving treatment for depression, anxiety disorders, or other mental health issues.



3. Parents who were not the primary caregivers.

Measure used: Stress Sub Scale of Anxiety, Depression and Stress Scale (ADSS-BSPSA) by Pallavi Bhatnagar, Megha Singh et al.

Procedure: Once ethical approval was granted by the J. N. Medical College Institutional Ethics Committee for Human Subjects' Research and permission was obtained from the respective special schools, parents of children with Autism (in the age group of 2-14 years attending special schools) were approached and informed about the purpose of the study. They were assured that their information would remain confidential before taking their consent to participate. The structured questionnaire was provided with simple and clear instructions in both English and vernacular language, and for parents who had difficulty reading, the researcher guided them by reading each question aloud and noting their answers. After completion, all questionnaires were collected and produced for scoring and statistical analysis.

Analysis of Results: Man Whitney U Test and percentage methods were used to assess and compare the level of stress. Chi Square test was used to find the association of demographic factors with parental stress.

4. Results

Table.No.1: Showing the Demographic characteristics of participants

Demographic characteristics	Number	%
Age groups		
<=30yrs	14	15.56
31-40yrs	53	58.89
>=41yrs	23	25.56
Gender		
Mother	61	67.78
Father	29	32.22
Occupation		
Housewife	23	25.56
Businessman	8	8.89
Employee	56	62.22
Doctor	3	3.33
Total	90	100.00

Table.No.2: Showing the levels of Stress in Parents of Children with ASD

Levels of stress	Number	Percentage
High	33	36.67
Above average	13	14.44
Average	36	40.00
Below average	8	8.89
Total	90	100.00

Table.No.3: Showing the comparison of stress between female and male.

Gender	Mean	SD	MD	U statistic	p value
Female	9.49	3.815	0.77	826.5	0.614
Male	8.72	1.85			

*p<0.05

Note: Stress scores did not follow normal distribution. Hence, Mann Whitney U test was used



Graph 1: Showing the levels of stress in parents of children with ASD (n=90)

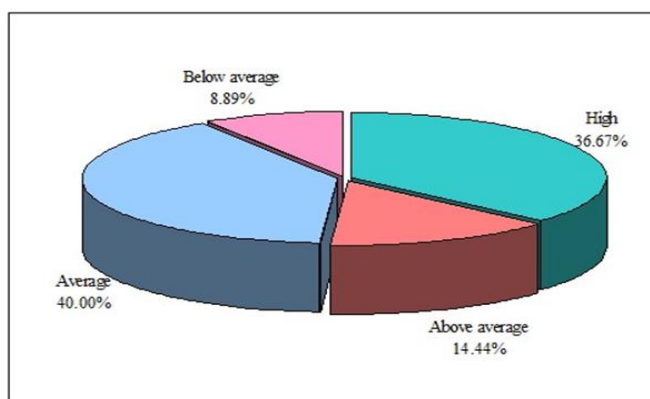
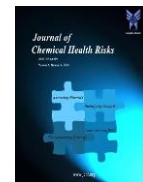


Table.No.4: Showing the association between demographic variables and stress

levels

Characteristics	Levels of stress								χ^2	P-value
	High	%	Above average	%	Average	%	Below average	%		
Age groups										
<=30yrs	3	21.43	1	7.14	6	42.86	4	28.57	11.0830	0.0860
31-40yrs	20	37.74	7	13.21	22	41.51	4	7.55		
>=41yrs	10	43.48	5	21.74	8	34.78	0	0.00		
Gender										
Mother	31	50.82	2	3.28	21	34.43	7	11.48	29.5770	0.0001*
Father	2	6.90	11	37.93	15	51.72	1	3.45		
Occupation										
Housewife	12	52.17	0	0.00	9	39.13	2	8.70	12.0710	0.2090
Businessman	1	12.50	3	37.50	4	50.00	0	0.00		
Employee	19	33.93	10	17.86	21	37.50	6	10.71		
Doctor	1	33.33	0	0.00	2	66.67	0	0.00		
Total	33	36.67	13	14.44	36	40.00	8	8.89		

*p<0.05



5. Discussion

Parental stress is an unfavorable psychological response to the demands of parenthood, where parents find it difficult to provide emotionally for their children. Parents of children with Autism experience a great deal of this stress as they deal with a variety of stressors that are linked to the child's traits and deficiencies, the severity of the illness, the support system in the community and the family's coping mechanisms. It can be very difficult for parents to accept that their child has a chronic illness that will affect them for the rest of their lives **Negi K et al. (2024)**.¹⁰

A study conducted by **Krakovich et al. (2016)** revealed that not only are the parents of children with Autism Spectrum Disorder (ASD) are stressed but also that the problem behaviors were the strongest predictor of parental stress. Other measures assessing some aspect of child severity (poorer language, lower IQ and lower ratings of adaptive behavior) also were related to stress. Together, these findings concluded that the greater the demands posed by a child (more problem behaviors, less adaptive behavior) the greater the perceived stress among the parents.¹¹

In this regard, the present study was taken up to examine stress levels in these parents.

According to the table no.1, the majority of the parents (58.89%) were between the age of 31–40 years, followed by parents aged 41 years and above (25.56%), while the smallest proportion (15.56%) belonged to the ≤ 30 year age group, suggesting that middle adulthood is the most common care-giving age group in this sample. In terms of gender distribution, mothers constituted a larger share (67.78%) compared to fathers (32.22%).

Regarding occupation, most participants were employees (62.22%), followed by housewives (25.56%), while 8.89% were businessmen and only a smaller proportion (3.33%) of sample consisted of doctors. Overall, the demographic characteristics indicate a predominance of middle-aged, working parents—particularly mothers—in the care of children with Autism.

Results pertaining to the first objective are presented in Table 2 and 3:

As per the table no. 2, among total respondents, 40.00% parents experienced average level of stress representing the largest proportion in the sample, followed by 36.67% of parents who reported high stress levels, 14.44% parents reported an above average level of stress followed by 8.89% parents with a below average level of stress suggesting that more than one-third of the participants face notable psychological strain.

The results clearly reveal that majority parents of children with Autism Spectrum Disorder experience an average to high level of stress, with only a small percentage reporting a below-average level of stress.

The results obtained align with those of the previous study which revealed the presence of a significant amount of stress in parents of autistic children ($p < 0.01$). **Sabih et al. (2008)**¹²

The findings highlight the need for the establishment of support systems, early interventions and stress-management programs to help parents cope more effectively.

Table 3: The mean value and SD for the category of female are 9.48, 3.81 and for male they are 8.72, 1.85 respectively. Comparison of mean scores of both genders indicate that



though there is a difference between the two groups but only to least extent ($MD=0.77$) where mothers had slightly higher mean stress scores. The calculated p value is 0.61 indicating no significant difference existed between male and female on expression of stress.

Similar findings were reported by a study carried out by **S Malhotra et al. (2015)** showed no significant differences in stress levels between mothers and fathers of children with Autism, indicating that both parents experience comparable stress related to care-giving demands.¹³

The findings of Objective 2 are summarized in Table 4.

According to table 4, differences in stress levels across age groups were observed, with parents aged ≥ 41 yrs reporting the highest proportion of high stress (43.48%), followed by twenty two parents in the age group of 3140 years who majorly experienced an average level of stress (41.51%) and 42.86% of parents from the age group of 30 years and below displayed an average level of stress. The calculated chi square and p value ($\chi^2 = 11.0$ and $p = 0.086$) indicate that though there exists an association between age group and stress levels, it is not at significant level.

The results clearly show the gender differences in stress, with a higher proportion of mothers (50.82%) reporting high stress compared to fathers (6.90%). Most fathers reported average (51.72%) and above-average (37.93%) stress levels. The calculated chi square and p value ($\chi^2 = 29.577$, $p = 0.0001$), clearly reveal that there is an association between gender and stress levels with mothers experiencing a greater level of high stress, likely due to increased care-giving demands.

These findings support previous research results that showed parents of children with ASD, particularly mothers, experience high levels of stress. **Shahbaz et al. (2023)**¹⁴

With respect to occupation, housewives showed the highest proportion of high stress levels (52.17%), followed by employees (33.93%) and doctors (33.33%) whereas businessmen recorded the lowest proportion of high stress levels (12.50%). Employees and doctors displayed moderate distributions across stress categories (37.50% and 66.67% respectively). The calculated chi square and p value ($\chi^2 = 12.071$, $p = 0.209$) show the association between occupation and stress levels was not statistically significant indicating that occupation did not necessarily influence level of stress among parents in this study.

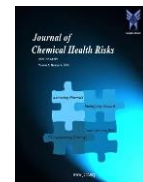
Collectively, the results emphasize the need for continued attention to the factors that increase parental stress and the development of support strategies for families of children with autism.

6. CONCLUSION

- 1) The majority of the parents experienced moderate to high levels of stress and there was no significant difference between the stress scores of mothers and fathers.
- 2) There is a significant association of stress with respect to gender with mothers reporting higher level of stress than the fathers.

7. LIMITATIONS OF THE STUDY

- 1) The study consisted of a limited sample size and only the parents.
- 2) Data was collected only from Belagavi.
- 3) The study used a cross-sectional approach which meant that the stress levels were assessed at only one point in



time, making it difficult to determine changes over time.

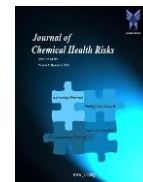
8. SUGGESTIONS

- 1) Future studies should use a larger and a more diverse sample to enable generalization.
- 2) Longitudinal research is suggested to track changes in parental stress over time.
- 3) Diverse sociodemographic variables must be included in the future studies.
- 4) Holistic/multidisciplinary approach must be utilized for stress management and improving overall well-being of the parents.

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