

# Stress and Coping Mechanism in Parents of Children with Autism Spectrum Disorder: A Comparative Systematic Review across World and Global Perspectives

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**Abstract:** Background: The aim of review is to provide a summary of stressors and coping approaches adopted by parents and of children with autism spectrum disorder.

Methods: This comparative review searches using electronic literature databases were conducted to retrieve peer-reviewed articles published from 2015 to 2025 on the topic of Autism spectrum disorder related parental stress and coping. The database searched was Scopus, ScienceDirect, Elsevier, Springer, PubMed, Google Scholar. 44 papers that met inclusion criteria (i.e., (1) study samples included parents/caregivers of children with a diagnosis of any category of ASD, and (2) studies have examined either (i) used standardized and validated tool or (ii) individual factors affecting parental coping; or(iii) psychosocial outcomes of parents in relation with coping with parental stress.3) Full text in English, examined coping mechanism and stress of ASD parents). Studies found were conducted in countries according to 6 continents (Asia=19, Europe14, North America=2, South America=5, Australia=2, Africa-2) but none from some countries which was not met inclusion criteria.

Results: Across the studies some main stressors were found to be associated with parental stress: financial burden, self-criticism, intensity of symptoms of their children, child's inappropriate behaviors, child's future concern, concern about child's communication and social skills, stigmatization (from society and neighbors), poor family functioning, increased workload, and social withdrawal. In this study coping strategies/mechanisms were found mostly used coping strategies/mechanisms: social support, problem focused, emotion focused, acceptance, positive reappraisal, religious belief, denial, social withdrawal, self-blame, emotion expression.

Conclusion: The limitations in the current review were identified. The limited number of studies available from the search suggest a need for expand reaches on ASD and parenting stress, coping mechanism in the Australia, Africa, North America. The identified stressors may show a need when sociocultural makers for mental health professionals to support parents of children with ASD and help the parents how they changed their maladaptive coping strategies into adaptive and positive coping mechanism.

**Keywords:** Parenting Stress, Coping Mechanism, ASD, Autism Spectrum Disorder

## 1. Introduction

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder. Children with Autism Spectrum Disorders (ASD) present with difficulties in language communication and social interaction and stereotyped and restricted patterns of behaviours (American Psychiatric Association, 2013). These challenges must be present early in development and cause significant impairment in daily functioning. There were five types of autism spectrum disorder: Kanner's Syndrome, Asperger's Syndrome, Rett Syndrome, Childhood Disintegrative Disorder (CDD), Pervasive Development Disorder Not Otherwise Specified (PDD-NOS).

Global Context: According to the World Health Organization (WHO), autism affects approximately 1 in 100 children worldwide. However, this rate varies significantly in developing countries where diagnostic resources are less accessible, potentially leading to underreporting. (Written by: Kyle Coddington; Fact Checked: Lauren Fitts, BCBA). Crane et al. (2018) found that lack of support after diagnosis was particularly difficult for families as they try to understand the diagnosis and its implications. Most patients with ASD are diagnosed at the age of 2 to 3 years old.

### **The Impact of ASD in Parenting Stress:**

In its simplest definition, parenting stress is the experience of distress or discomfort that results from demands associated with the role of parenting (Deater-Deckard 1998).

When the parents of children with autism spectrum disorder first time diagnosed autism, then the parents were shocked, and it is hard for them to accept the diagnosis. Lack of understanding or information about autism the parents could not identify the signs, and it was the reason of late diagnosis of autism. Parents of children with autism frequently reported higher stress, anxiety, depression and more health-related problems. Most of the time primary caregiver was mothers that the reason also mothers have higher stress level than fathers. Parents of children with autism spectrum disorder experiences stress from various sources including Child's problematic behaviour, concern about child's future, stigmatization from neighbours about child's inappropriate behaviour, lack of social support, strain on family relationship. ASD impact on parents' marital relationship because of stress some parents use maladaptive coping mechanism like blame to partner.

Psychological help can reduced parental stress and improve wellbeing. Psychiatrist, Psychologist, Mental Health Professional can provide psychological service like Family therapy, Caregiver-mediated interventions, Cognitive behavioral techniques, Mindfulness training, Marriage Counselling, Psycho-educate to parents about autism spectrum disorder and help to use adaptive coping which help parents to deal with stress, Correct diagnosis of child.

### **Coping Mechanism for Parental Stress of ASD Children's Parents:**

A **coping mechanism** refers to the strategies or behaviors that people use to manage or deal with stress, difficult emotions, challenges, or adverse situations. Quality of life and stress levels among parents of children with autism are significantly impacted by their understanding of coping mechanisms.

Furthermore, some differences between genders regarding those coping strategies that are associated with higher life satisfaction: in women, the level of perceived self-efficacy is the most important variable while in men the use of problem solving is the main strategy (Folkman & Lazarus, 1980; Godoy et al., 2008). Conforming to (Seymour, et al., 2013) the consequences of using such strategies may be in behavioral presentation such as neglecting responsibilities at home and work, or cognitive manifestation such as defect in problem-solving or emotional presentation which includes negative feelings regarding the child with disability. Negative feelings of guilt and shame along with parental stress can be discouraging and can have a potentially harmful effect on the parents' mental health (Burrell et al., 2017; Ghoreishi et al., 2018; Kuhn & Carter, 2006).

### **Cultural Application of Autism Spectrum Disorder**

Asian parents of children with ASD who may value group gains could be biased towards collectivistic problem-focused coping methods such as seeking treatments and gathering help from support networks, while western European parents more focused on self-gain may identify better with individualistic, self-focused coping such as passive appraisal and avoidance (Markus and Kitayama 1991; Oyserman et al. 2002; Sawang et al. 2006; Twoy et al. 2007).

## 2. Review Objectives and Aim:

The aim of review:

- 1) Provide a summary of stressors and coping approaches adopted by parents and of children with autism spectrum disorder.
- 2) Provide insight on the factors related to parenting stress, different types of coping mechanism used while raising a child with ASD (autism spectrum disorder) across world in Global perspectives.
- 3) Report on the psychosocial outcomes of parent/caregiver coping in ASD.

## 3. Method:

This comparative review searches using electronic literature databases were conducted to retrieve peer-reviewed articles published from 2015 to 2025, detailed papers were downloaded in Zotero 6 for windows app. The databases searched were Scopus, ScienceDirect, Elsevier, Springer, PubMed, Google Scholar. The database was chosen because academic papers on families of children with ASD are commonly published in these databases. The key terms used were Autism Spectrum Disorder, Coping Mechanism, Stress, Parents of Children with ASD and entire subject headings for countries and continents or country name.

### 44 papers were selected for review because they met following criteria (inclusion criteria):

(1) study samples included parents/caregivers of children with a diagnosis of any category of ASD, and (2) studies have examined either

(i) used standardized and validated tool or (ii) individual factors affecting parental coping; or (iii) psychosocial outcomes of parents in relation with coping with parental stress.

3) Full text in English, examined coping mechanism and stress of ASD parents.

Studies found were conducted in countries according to 6 continents (Asia=19, Europe14, North America=2, South America=5, Australia=2, Africa-2) but none from some countries which was not met inclusion criteria. Some countries study was not select because that was not met with inclusion criteria; there exclusion criteria was letters and Case Report.

The data extraction was done using Microsoft word document. Data extraction from full text was organized into following sections:

1) Published date, Country name, Research Paper Name and Authors Name, Index, Published Journal Name.

2)Country name, Sample Size, Statistical; Analysis, Result of Stress, Result of Coping, Result Summary. The searched were analysed of studies through a careful and strategic process. Each study was read multiple time to prevent bias. Stressors and level of Stress, Coping Mechanism\Strategies were noted & recorded for each study.

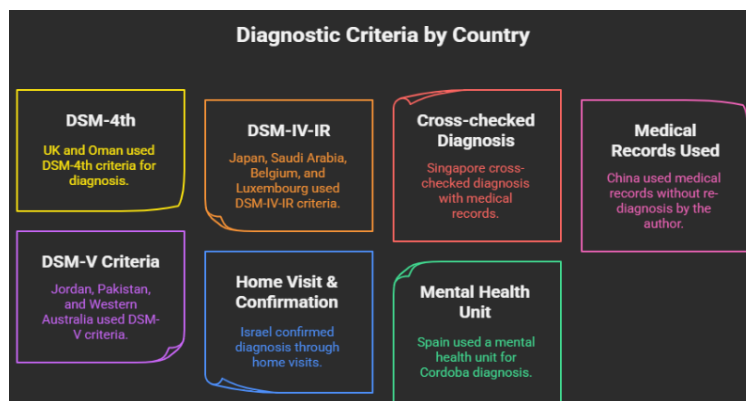
The searched were analysed of studies through a careful and strategic process. Each study was read multiple time to prevent bias. Stressors and level of Stress, Coping Mechanism\Strategies were noted & recorded for each study.

## 4. Result:

Explored articles were written about ASD from different continents. Two themes were identified: types of Coping Mechanism among Parents of Children with ASD & stressors of Parental Stress. Studies found were conducted on countries according to 6 continents (Asia=19, Europe14, North America=2, South America=5, Australia=2, Africa-2) but none from some countries which was not met inclusion criteria.

### Screening and Diagnosis ASD:

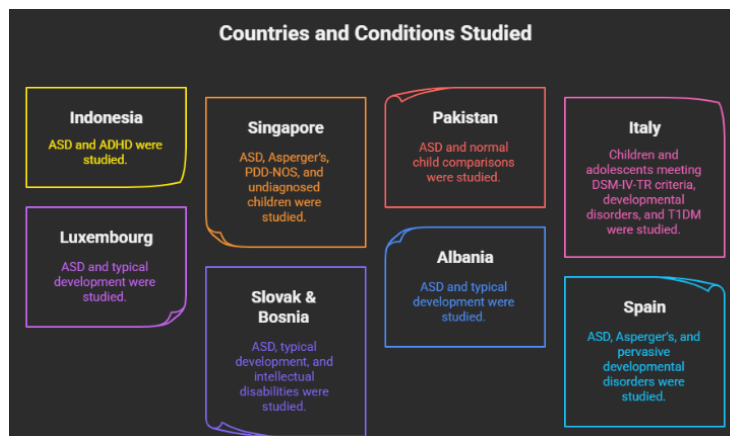
Following Countries Screening and Diagnosis ASD:



Remain countries used assessment to diagnosis ASD. Japan, UK, Italy, (Tamil Nadu) South India conducted assessment to measure children’s developmental Quotation, IQ, Behavioural Assessment, ASD diagnosis.

**Study on ASD with other Disabilities:**

Some countries studied ASD and other disabilities were following:



**Population Demographic:**

Across the studies 2,305 mothers and 677 fathers were sample participant. In India 336 mothers and fathers and in North America 493 mothers and 49 fathers included. Total 24 countries mentioned the numbers of mother and fathers. Name list of those 20 countries who were not mentioned numbers of father and mother in their paper just they give number of parents in their study/paper: Kazakhstan, Colombia, Chile, Malaysia, Philippines, Iran, Paraguay, Bolivia, Nepal, Singapore, French, Oman, Jordan, Peru, Nigeria Africa, Egypt, German, Albania, Iraq, Spain. Children age range across studies up to 18 years but some counties studies children age range above 18: Northern India (5-22), South Korea (10-19), New Zealand (19 or younger), German (2-23), Chile (3-33), Midwestern City USA (up to 21), Hispanic non-Hispanic studies 3 northeastern cities USA (15-27)., Hungary90-49).

**5. Study Methodology:**

5 countries used mix method research design [Philippines, (West Bengal) India, Iran, Bolivia, Slovak].18 countries used cross sectional design [Nepal, (Chennai)India, Kazakhstan, Oman, China, Saudi Arabia, Bangladesh, Malaysia, Turkey, Iraq, Poland, Italy, Paraguay, Peru, Chile, (Midwestern City) USA, Western Australia, New Zealand]. 2 countries used correlation research design [Jorden, Pakistan]. 3 countries used exploratory research design [French, Albania, Egypt].1 country used comparative design [Colombia]. 1 country used qualitative research [Mexico]. 2 countries used quantitative research design [Chile, Nigeria Africa].

**6. Data Collection:**

Sampling method used across studies were Random Cluster Sampling, Probability Sampling, Random Sampling, Non-Probability Sampling, Consecutive Sampling, Snowball Sampling.

Distributed voucher and voluntary participation were done in Iran. During Child follow up time in meeting in Clinic in Kelantan, Malaysia. Face to face interviews were done in Turkey, Bangladesh, Saudi Arabia. While interview tape recorded with concern countries name were Bangladesh, Iran, Philippines, Israeli. Online Survey done in Indonesia (Google form), Philippines, South Korea (Via Mail), Belgian (Paper pencil or online), Hungary, Slovak, Colombia, Chile, Paraguay, (Midwestern city and Bostan) USA. Paper -Pencil Survey done in China, Bangladesh, Kazakhstan, Iraq, German, Luxembourg, Solving, Belgian (Online or Paper pencil), Bosnia & Herzegovina, Nigeria Africa, South India, Greek. For the completion of instrument give application in following countries to participants: Singapore (\$ 10 Singapore Dollars), Bostan USA (\$25 gift certificate), Soth Kora (\$15 Bookstore gift certificate). Home visit done for convenience of parents with ASD in following countries: Pakistan, Israel, Grek, Belgian. Zoom meeting arranged in Bolivia for parents.

**Parenting Stress and other Related Variables:**

Parenting Stress among parents of children with ASD was not always measured using the term “Parenting Stress”. Rather other related variables were also investigated, which provided an idea for different mechanisms that interact with the stress among parents of children with autism spectrum disorder (e.g., Quality of Life, Psychological Distress, Satisfaction with life, psychological well-being, Family Functioning, Resilience).

**Stressors Find out across all studies:**

<b>Factor</b>	<b>Sub-Factor</b>
Socioeconomic & Resource Barriers	Low Family Income, Costly Educational Expenses, Ongoing medical/treatment fees, Distance from Residence to Health Care Facilities, Poor living environments worsen stress, Lack of transport for appointments, Quitting Job Increased Workload, High Job Demands, Burden of Balancing Personal & Professional Life, Time Management, Taking Care of Children’s Basic Needs, Education & Treatment.
Child-Specific Challenges	Intensity of Symptoms of Children, Children’s Behavioural Problems, Functioning Level of Child, Child’s Aggressive & Self-Injurious Behaviour, Child Response to TV but Fails to Respond When Called by Name, First Child Says Mumma/Papa Then Complete Muteness, Concern about Communication & Social Skills, Child’s Future Concern, Child’s Safety.
Emotional & Psychological Strain	View Towards Their Situations, Low Satisfaction of Life, Negative Views about Themselves, Subjective Guilt & Shame, Own Failure, Self-Criticism, Denial, Unmet Needs, Poor Metacognitive Functioning
Family & Relationship Dynamics	Low Family Functioning, Poor Parent-Child Relationship, Parent-Child Dysfunctional Interaction, Caregiver of Children Were Mostly Mothers, Gender-specific stress (moms > dads), Couple conflicts over care, Family arguments on handling child.
Social & Community Stigma	Stigmatisation, Negative Attitude Towards Child with ASD by Neighbours, Social Isolation, Social Withdrawal, Lack of Social Support, No Social Life.
Knowledge & Support Gaps	Low Level of Education, Lack of Knowledge/Understanding about ASD, Lack of Available Free Time for Parenting, Lack of Support.
School & Broader Life Impacts	Negative Perception Related to School, Child's routine disruptions.

### Parenting Coping Mechanism\Strategies:

Some mostly used Coping Mechanism list across all studies: Social Support, Emotion Focused, Problem Focused, Avoidant, Membership in Social Groups, Positive Reappraisal, Seeking Help for Mental health problems, Social Withdrawal, Rational Emotion, Religious Beliefs, Home Support, Acceptance, Active Coping, Escape, Passive Acceptance, Belief in High Power, Positive Reframing, Authorization (for adolescent), Permissive style(for Pree adolescent), Guilt, Social Play, Resolutions, Pleasurable Reciprocate Interactions, Dysfunctional Coping, Self Blame, Rumination, Spiritual Support, Passive Appraisal, Planning Positive Reinterpretation growth, Mental Disengagement, Social health resources, Cognitive Restructuring, Emotion Expression, Denial , Cognitive Reframing, Seeking information, Disbelief, Give up, Positive Thinking, Alcohol Consumption.

### 7. Discussion:

The present research paper to review studies conducted across world, identifying the factors that influenced parenting stress among parents of children with ASD and which coping mechanism they used to cope with stress. 44 studies that were included in this comparative systematic review. Factors associated with parenting stress were frequently reported: financial burden, self-criticism, intensity of symptoms of their children, child's inappropriate behaviour, child's future concern, concern about child's communication and social skills, stigmatization, poor family functioning, increased workload, social withdrawal, burden of balancing personal & professional life. Coping strategies/mechanism that may attenuated level of coping: social support, emotional focused, problem focused, positive reappraisal, seeking help for mental health problems, religious beliefs, acceptance, positive reframing, cognitive restructuring, emotion expression, seeking information, avoidant, escape, social withdrawal, guilt, give up, self-blame, denial, alcohol consumptions.

High Job Demands and Emotional Dysregulation were strongly associated with poor mental health outcome. Hazardous alcohol consumptions and low physical activity further exacerbated Risk. (Julio Tarales, Anthon Torres-Romero et al., 13 January 2025). Hungary country study showed that significantly lower QOL in parents of autistic individuals in all domains of questionnaires. 20 relevant factors to uncover the predictors of parental QOL. (Marta Volgyesi-Molnar et al., 8 January 2024). In this study of Nepal stressor found that view towards their situations, Intensity of the symptoms of their children. Significant associations were found between various coping style and demographic attributes of respondent as well as their spouse & the level of ASD of their Children. (Sabina Rana, Dorwin Das, 8 March 2024). The study highlights the vital importance of social support networks in reducing stress for parents of children with autism. Emotional bonds, tangible support, and availability of knowledge and resources were recognized as crucial elements. Supportive surroundings helped parents in difficult situations by enabling them to express themselves, receive counsel, and exchange experiences, thereby improving their well-being (Maria Lourdes J Atos, 10 April 2024). A statistically significant correlation between the level of stress and the coping strategies (problem-solving, self-criticism, emotional expression, wishful thinking, social support, cognitive restructuring, problem avoidance, and social withdrawal). In addition, positive strategies that reduce stress levels in parents or caregivers of children with ASD were identified (problem resolution, cognitive restructuring, social support, and emotional expression) (Cerdeira-Aedo, Baibara., 6 May 2024). Moderate Negative Association was observed between anxiety in Colombian children with ASD and parental stress in caregivers. Strong association between RRBS and anxiety in sample of both Spanish and Colombian individuals with ASD (Rodríguez-Jimenez, Tíscar et al., 9 September 2024). There is an association between stress level and stress coping in parents. The Strategies with the highest score were planning, Positive Reinterpretation and growth and mental disconnection. (Lorela La Torre Atwsparia, 2024).

Self-forgiveness is strongly negatively related to parental stress in both groups of parents. Self-forgiveness had a significant indirect effect on parental stress through the mediation of shame in parent of children with ASD. Guilt, Shame increased parental stress in both groups. (Marcinechová, D et al., 10 March 2023). Parents of younger children and adolescents did not differ in their experience of stress, however, parents of younger children with autism reported higher stress in their child's core social disability compared to adolescents. Also, parents of adolescents had better psychological wellbeing and used more coping strategies compared to the parents of younger children with autism. Qualitative results showed that child's future concern, however, was the common

stressor for parents of both age groups. (Ms. Sonu Darnal, Dr Namrata, 27 March 2023). Parents of children with ASD experience higher level of stress compared to parents of children with other disabilities and parents of typically developing children. (Mustafa Karnas, June 2023). An exploratory factor analysis revealed four mediators: dysfunctional coping, functional coping, social support, and self-efficacy. The use of dysfunctional behavior and parental self-efficacy were found to be significant mediators that mediated between daily demands and parental stress. A direct effect of demands on parental stress was also found, implying partial mediation. The two factors of functional coping and support were not found to be significant mediators. (Sartor, Teresa, Sons, Sarah et al., 6 October 2023).

Lowest QOL score for both fathers and mothers in the study were reported for the environmental health domain. Income can affect living conditions as well as transport and childcare logistic, all of which may be disproportionately more difficult for parents raising children with developmental disabilities like ASD. Omani parents of children with ASD utilize various coping strategies with coping skills considered a positive index for mental health in general. No significant difference was observed between Omani fathers and Mothers in term of QOL or Coping strategies (AL Busaidi, Alya Moham et al., January 2022). Mother with higher education level had lower score on Reframing. Daily hours for taking care of the child were associated with lower score on reframing. Higher affection on family social life due to the children was associated with lower score on mobilizing family to acquire and accept help in multiple analysis. (Vassiliki Ntre, Katerina et al., 21 February 2022). Findings indicate that all participants reported feeling fear, frustration, worry and stress due to their child's behavior. Specifically, participants worried about their child's safety and expressed frustration with their child's problem behavior. Notably, participants reported mixed responses regarding the schools' actions to address their children's behavior. (Jesus Alejandra Valencia Medina, Kristina Rios et al., 4 March 2022). Parents of children with Autism showed approximately 80% prevalence of 'Often Creates Stress' to 'Very Stressful daily' on the APSI. The results revealed that child's Aggressive behaviour and self-injurious behaviour are the factor was most contributed to parenting stress in parents of children with autism, coping strategy most used was evidenced as belief in a Higher Power along with passive acceptance of the issue by 65% of the study population. (A Karuppannan, Ak Ramamoorthy et al., 30 June 2022). Significantly higher levels of stress and depression were reported among parents who perceived their needs as being unmet or extremely unmet as addressed by societal acceptance as compared to parents who reported adequate levels of needs met by social acceptance. Employed parents and parents with a higher level of perceived friends' support had less symptoms of stress, anxiety, and depression. (Alibekova, Raushan, Kaichan et al., 11 October 2022).

Poor Family Functioning children's limitations and behaviour problems. Social Support was positively related to Family Cohesion and Adaptability. (Xianmei Lei, Jiri Kantor, 28 March 2021). Regression analysis was carried out to address the research question. It was confirmed that both resources studied exhibited negative relations with emotion-oriented coping, while ego-resiliency was also positively correlated with task- and avoidance-oriented strategies. The hierarchical multiple regression conducted in three steps indicated that ego-resiliency (18%) and emotion-oriented (14%) were the strongest predictors of quality of life among parents of children with ASD (A Pszykowska, K Wrona et al., 3 May 2021). Parenting Stress was negatively correlated to social support, self-compassion, positive parenting practice for both groups. A strong correlation between self-compassion and social support and positive parenting for both groups (Riany, Yulina Eva, Ishana, Ayu, 30 May 2021). Parents of children with ASD typically report higher level of psychological distress and proper mental health than parents of normal rising children. (Shahnaz Rana, Noshaba Anjum et al., May 2021). Solving country study found stressors for parental stress: Suppression of completing Activities. The mothers experienced significantly more anxiety symptoms and increased levels of stress compared to fathers. Individuals with higher education used acceptance strategies significantly more often. (Ajda Demsar & Karin Backracevic, 21 July 2021). Hispanic parents have lower level of stress, less use of coping strategies. Hispanic families reported negative family impact than non-Hispanic families. (EJ Hickey, M Stransky et al., August 2021). Approximately 32%–71% of caregivers experienced poor mental health outcomes (stress, anxiety, and depression), especially among those experiencing poor health, high caregiver strain, and those using maladaptive coping strategies. Qualitative responses revealed

that they experienced several unique stressors during the pandemic that affected them and their children. (Guido G., Urizar et al., 29 November 2021).

Higher depression, anxiety, stress level was related to lower FQOL. Parents of children with ASD reported lowest FQOL in this study. Parents who have daughters with developmental disability has reported higher FQOL than parents who have son. (Alma Dizdarevic, Haris Memisevic et al., 23 April 2020). Majority of children had mild severity levels of ASD as well as disability in social functioning, Resulting in a delay in the development of social skills. This indicates that extent of increased workload and stress that mothers would experiences as part of their caretaking role behavioural Symptoms their primary sources of parenting stress for mothers. High levels of symptoms of depressive, anxiety, stress in mothers dominantly adopted coping styles positive reframing, planning, acceptance, religious. (Nivedhitha Selvakumar, Anuka S. Panicker, 25 April 2020). No significant difference between mother & fathers in adopting rational & emotional coping. Intercorrelation among parental measures and parental understanding of severity of ASD symptoms using three standardized scales about ASD features are presented. Parenting that might be rooted in the Iranian Culture or Special Contexts such as limitation of the formal and informal support and services. (Ali Samadi, Sayyed, 30 May 2020). The French children with ASD are diagnosed later and attend less school than their counterparts in French-speaking Belgium and Quebec. French parents are more likely to perceive their current situation of having a child with ASD as a loss compared to their prior situation. They can count on more people but tend not to seek social support (E. Cappea, A. Pedoux et al., June 2020). Enacted Stigma. Child Behavioural Symptoms, Lack of Knowledge and understanding about ASD. 33.7% of parents experienced stigmatization and mothers felt more self and enacted stigmatized when compared to fathers. (Kahid Alshaigi, Reema Albraheem et al., September 2020). No overall difference in the stress levels between the parents of children with ASD living in LDP areas when compared to those living in DP areas. Parents living in low densely populated areas. Stress, QOL or Daily routine did not differ by regionality. (Dave Person, Reinie Cordier et al., 2020).

Belgin study result showed considerable day-to-day variation in mothers' autonomy supportive and controlling parenting behaviors. Both daily child behavior (i.e., externalizing and prosocial behavior) and mothers' psychological needs were identified as important sources of daily parenting behavior of mothers of children with ASD. (Lisa M., Dielman et al., 1 January 2019). 6% of the parents had moderate level of stress. High level of stress in parents of children with autism with individual differences in the way parent cope with these stresses (Mona, H. Mostafa, 15 March 2019). Mother who did not work outside of the home, receiving in concurrent support for their child's care at home, suffering from a physical ailment. Lack of available free time for parenting, housing conditions and socioeconomic status. Distance forms their residence to the health care facility. Caregivers encounter heightened stress and other inter and intro personal difficulties when raising ASD children with comorbidities. (Nik Adib et al., 25 April 2019). Parenting stress in mothers of children varied according to the child's educational stage. Parenting stress also associated with poor metacognitive functioning. No associations were found between parenting stress, age and adaptive skills of children. Results also showed that social impairment predicted parenting stress above and beyond child factors. (Tsermentseli, Stella, Kouklari et al., 24 August 2019). The majority (76.6%) of the respondents (African parents) had poor or inadequate perception of autism and autistic children; 64.5% of the respondents (African parents) had fair or mild degree of stress in raising autistic children; and the coping strategies of raising the autistic children was found to be fair. (Joshua, Idowu Ayinla, Chang, Ho-ji et al., August 2019). Very few mothers reported receiving in home support from their family members-nuclear families and paid employees played an important role at home for mothers of children with ASD. Depression is significantly associated with mother who stayed at home compared to those who were able to work. (Aliya Naheed et al., 24 October 2019).

Parenting Stress increased with severity of the child's ASD Symptoms, but the strength of this relationship depended on whether a general or disorder specific measure of Parenting Stress was used. (Daniel Shepherd, Jason Landon et al., 20 February 2018). The parents of children with ASD reported higher objective and subjective burden, more frequent psychological distress, lower social support. Mothers reported greater subjective burden than fathers. Structural equation modelling showed that the most consistent positive and negative predictors of objective and subjective burden were ASD symptom severity and social support, respectively. Other positive

predictors were engagement, distraction and disengagement coping, intellectual disability, and adaptive functioning. (Picard, Angelo et al., 31 July 2018). Stressful life events affect women more than men. Stressors: Caregiver of children with ASD were mostly mothers, Family income. Majority of the children were diagnoses with ASD at the age of 13-35 months. Women had lower QOL than men. Job status of the fathers positively affected both perceived social support and QOL. (Kuru, N; Piyal, B, September 2018). The difference between pre and post CBCL scores was not significant possibly because some mothers often discussed daily behaviour and not trouble behaviour at the individual consultation. PT may be effective for mother of children with ASD to improve their stress coping style and to decrease their depression and trait anxiety (Lida Naoko, Wada, Yoshihisa et al., December 2018).

In this study of Luxembourg stressor found of parental stress: Parents' perceptions of children's problems and Parents' belief systems regarding their children's difficult behaviours. Parents of ASD child compared to parent of TD children, reported lower subjective wellbeing, showed more psychological stress. (Andreia P. Costa et al., 23 January 2017). Most of the South Korean mothers of adolescent children with ASD in this study showed higher than normal parenting stress. Child's maladaptive behavior, receipt of early childhood special education, age, and autism severity as well as mother's receipt of services from mental health professionals were the factors significantly associated with parenting stress. (Ji Kyung Lee, Hsu Min Chiang, 1 February 2017). Positive correlation between life satisfaction & the use of functional coping strategies. No difference in life satisfaction is shown with regards to gender. (Luque Salas, Barbara et al., 1 February 2017). The PRC was associated with the psychological distress in parents above and beyond the variance accounted for by parental age and gender. After controlling for parental age and gender, PRC had significant negative correlation with the levels of anxiety, stress and depression in parents. (Ahmad Rayan, Muayyad Ahmad February 2017). Significant correlation with severity of ASD and child's caregiver's monthly income and psychological distress of caregivers. Stress as one psychological burden is higher than other emotional burden aspects among caregivers with autism children. Female caregivers' experiences higher level of psychological burden than male caregivers. (Arafat H. Al Dujaili, et al., 20 April 2017). Increases in helpful coping strategies utilized by mothers were associated with lower levels of maternal stress, but increases in important unmet needs were associated with increased levels of maternal stress. (Sheri R. Kiami and Shelley Good gold, 25 December 2017).

Parents of children with ASD reported significantly more parenting stress symptoms (i.e., negative parental self-views, lower satisfaction with parent-child bond, and experiences of difficult child behaviors), more depression symptoms, and more frequent use of Active Avoidance coping, than parents of typically developing children. (Lai, Wei Wei, Goh, Tez Jui et al., 24 March 2015). Parenting stress did not differ between the two groups. The coping mechanisms used by the parents of children with ASD showed that increased usage of distraction ( $r=0.469$ ) and disengagement ( $r=0.567$ ) increased the level of parenting stress. Family support ( $r=-0.415$ ) is a key buffer and coping mechanism for managing the stress in parents of children with ASD. (M Nolcheva, V Trajkuski, 24 July 2015). High level of stress 70% of mothers & 40% of fathers. Level of Severity increased then level of stress increased. Most of the parents showed high level of stress when dealing with Adolescent children to comparison to pre-Adolescent Children. (Tripathi, Nishi, 2015). Resolve mothers were less psychological distress and parenting stress as well as fewer child with ASD symptoms compared with unresolved mothers. Maternal sensitivity was observed during two mother-child play contents, didactic and social play (Dolev, S., Sher-Censor et al., 31 October 2015).

## 8. Conclusion:

The limitations in the current review were identified. The limited number of studies available from the search suggest a need for expand reaches on ASD and parenting stress, coping mechanism in the Australia, Africa, North America. The identified stressors may show a need when sociocultural makers for mental health professionals to support parents of children with ASD and help the parents how they changed their maladaptive coping strategies into adaptive and positive coping mechanism.

**ACKNOWLEDGMENTS:**

I would like to thanks to my research guide for their support. Also, I would like to thank the Suresh Gyan Vihar University Jagatpura, Jaipur, Rajasthan 302017.

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