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**ADDIS ABEBA UNIVERSITY COLLEGE OF
EDUCATIONAL AND BEHAVIORAL STUDIES
SCHOOL OF PSYCHOLOGY**

**PSYCHOSOCIAL WELLBEING OF PARENTS OF CHILDREN
WITH AUTISM SPECTRUM DISORDER (ASD) AT JOY
AUTISTIC CENTER ADDIS ABABA ETHIOPIA**

BY

MURIDA ABDELA AHMED

**DEVELOPMENTAL PSYCHOLOGY PROGRAM
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**THESIS SUBMITTED TO ADDIS ABEBA UNIVERSITY IN
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PSYCHOLOGY**

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**Psychosocial wellbeing of parents with autism spectrum disorder
children (ASD)**
Joy autistic foundation

BY:

MURIDA ABDELA AHMED

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List of Acronyms

ASD	Autism Spectrum Disorder
WHO	World Health Organization
IFSMT	Individual and Family Self-management Theory
PSE	Parental Self-Efficacy
LMICs	Low and Middle-Income Countries

ABSTRACT

The main purpose of this study is to evaluate the psychological and social wellbeing of parents of children with autism spectrum disorder in the context of the Joy Autistic center in Addis Ababa, Ethiopia. Seventy-five of the 75 questionnaires that the researcher distributed were collected. The researcher checked the data for completeness in order to prepare the raw data obtained from the questionnaire for statistical analysis. As a result, of the 75 surveys that were gathered, for this study, a total of 75 questionnaires were employed, and 100% of them were returned. Psychological distress in parents is the strain and discomfort brought on by the responsibilities and obligations of their parenting position. Several academic studies have looked at how raising a handicapped child affects the parents' mental health. Additionally, parents of children with ASD report higher levels of psychological suffering than other parents of challenged children, such as those whose children have mental disorders. (Hasan & ALsulami, 2024) , my result also indicates parent expressed feeling overwhelmed by the demands of caring for a child with ASD, with 57.3% agreeing that it affects their sleep, and 41.3% feeling that everyday life demands bring them down. Furthermore, 43% strongly agreed that after their child showed signs of autism, it took them a long time to fall asleep. parents and families may find it difficult to raise autistic children in both developed and developing nations. Many challenges need to be addressed in order to offer professional interventions for children with autism. Wang and associates, (Wang, et al., 2020). This investigation is also showing the presence of a child with autism appears to significantly impact social and professional opportunities. For example, 41.3% agree that their child with autism reduces their chances of getting a job or continuing education. 40% of respondents agree that maintaining close relationships has been difficult and frustrating. Many feel isolated, with 46.7% believing that others have more friends than they do, further reflecting the strain on personal relationships. Additionally, many participants (36%) feel that some friends have withdrawn after the diagnosis of their child, indicating a breakdown in social relationships due to the challenges of raising a child with autism.

Keywords: psychosocial wellbeing, social wellbeing, parent with autism spectrum disorder children.

CHAPTER ONE

1. INTRODUCTION

1.1. Background of the study

According to the Center for Disease Control and Prevention (2018), autism spectrum disorder (ASD) is a pervasive developmental disorder in which the core impairments impact the children's development. Additionally, children with autism exhibit a pronounced impairment in social interaction and communication skills. This is related to the nature of autism, which is characterized by delays in the development of social, kinetic, and psychological skills; particularly in acquiring communication skills with family and friends, self-care, forming social relationships, and visual communication. In addition to underdeveloped social skills when playing with other children, forming friendships, group integration, and increased repetitive behavioral patterns (Abdel Hamid, 2020).

Autism Spectrum Disorder (ASD) is a life-long multifaceted developmental condition characterized by persistent difficulties in social interaction and communication, and is often associated with restricted and repetitive behaviors, interests, and/or activities (American Psychiatric Association [APA], 2022).

Autism spectrum disease (ASD) is an early-onset neurodevelopmental illness typified by strange behaviors such as self-isolation, working on activities alone, neglect, and repetitive behavior.

This inclination results in a breakdown in emotional interpersonal communication and a failure to form peer bonds. The majority of patients have language delay, and additional mental health issues are what characterize them. The developmental challenges referred to as autism spectrum disorders (ASD) are typified by deficiencies in social functioning, language, and communication. They are also accompanied by a narrow range of interests and repetitive, stereotypical behaviors. In the US, 1 in 59 children is thought to have an ASD. As a result, children with ASD are getting greater attention. It's crucial to remember that parents of children with ASD deal with a variety of challenges when raising their kids, including behavioral issues, sleep issues, difficulty

regulating emotions, and cognitive impairment. These issues can raise the risk of mental health issues, including depression. (Chen et al., 2024).

The primary origin of autism spectrum disorder (ASD) remains unknown; nevertheless, biological, genetic, and environmental variables seem to be the most likely causes. Particular attention is placed on alcohol consumption, advanced parental age, and prenatal illnesses. The recommended course of treatment for ASD remains mostly focused on nutritional interventions as well as speech and behavioral therapies, despite countless attempts to establish an effective management strategy. Although these interventions and treatment modalities meet the needs of children with ASD, they do not take into account the needs of their families. Due to the complexity of ASD, therapy calls for a coordinated approach including a wide range of medical professionals, including family members.(Baloyi et al., 2024)

In recent years, there has been a growing number of instances reported of autism spectrum disorder (ASD), a neurodevelopmental disease. Withdrawal within oneself and a fantasy world of their own making are traits of children with ASD diagnoses. Communication and social interaction skills are severely impaired in children with ASD. (Vernhet et al., 2022)

Children with autism spectrum disorder (ASD) frequently display self-stimulatory, repetitive, and stereotyped behavior in addition to having poor social functions and a notable delay in the development of linguistic interactions. Because of their child's conduct, it is believed that many parents of children with ASD have to deal with additional challenges like stigma and psychological disorders like stress and sadness. (Salleh et al., 2022)

The frequency of ASD varies from 1.09/10 000 to 436.0/10 000 worldwide, both within and between regions. It has been estimated that more than 90% of individuals with ASD live in low- and middle-income countries (LMICs), despite the fact that the precise incidence of ASD in these areas is unknown (WHO, 2021). Africa is a continent where children under 14 make up 40% of the overall population, which raises questions about the true prevalence of ASD there. However, some research indicates that in certain African nations, ASD is among the most common causes of neurodevelopmental deficiencies in children and adolescents.(Baloyi et al., 2024)

Autism spectrum disorder (ASD) is a neurodevelopmental disorder marked by the existence of impairment in social communication and restricted, repetitive behaviors, which manifests within the early developmental period. (American Psychiatric Association. (2014).

autism spectrum disorder is a developmental disorder characterized by a wide range of troublesome behaviors, such as impaired reality testing, difficulties with language, perception, and motor development, and an inability to interact socially. Autism is a neurological illness that usually affects a child's ability to interact with others, communicate, and react to their surroundings. While some autistic children are intellectually impaired, silent, or have significant language problems, others are generally high functioning, intelligent, and speak normally. (Santrock J W. (2011)

Studies have indicated that parents of children with ASD, particularly moms, feel higher levels of stress in comparison to parents of children who are typically developing (Miranda et al., 2019). Furthermore, the majority of caregiving difficulties stem from routine child-care responsibilities (Bonis, et al, 2016).

Parents need to be involved in their child's care and attend to their needs as soon as ASD is diagnosed (Estes et al., 2019). Parental stress negatively impacts parent–child relationships (Del Bianco et al., 2018), so that parents of these children may show reluctance to be engaged in the treatment plans and intervention programs (Noyan Erbaş et al., 2020).

Meanwhile, mothers of children with autism, as the primary caregivers, often have psychological problems and experience a higher level of stress (DesChamps et al., 2020), depression, and anxiety (Durukan et al., 2018).

Identifying and understanding the basic needs of parents of children with ASD can help reduce stress and improve the psychological well- being of parents, especially mothers (Pastor-Cerezuela et al., 2020). In this regard, many studies have been conducted internationally on the parenting styles and levels of stress among parents of children with ASD. Researchers in Brazil assessed authoritarian/permissive parenting styles among parents of children with ASD and its negative impacts on coparenting. Parents with better pro sociability had a more authoritative parenting style and healthier coparenting quality (Portes et al., 2020).

Numerous obstacles that ASD children must overcome lead to a deficit in their comprehension of social relationships and their capacity for effective communication. Additionally, distorted and delayed perception, as well as hyper- or hyposensitivity, are among the sensory perceptual impairments that children with ASD experience. These characteristics make it challenging for them to relate to others and the outside environment (Prata et al., 2019).

When it comes to children with mild cases of ASD, parents may not be aware of the condition, which can make it difficult for them to recognize symptoms, get a diagnosis, and seek therapy (Al-Farsi et al., 2011). Additionally, the majority of ASD children in Egypt and Jordan were from homes with low socioeconomic status, inadequate money, and lower levels of father education (Mostafa et al., 2013).

Children diagnosed with ASD and their families especially their mothers face numerous and pervasive challenges that negatively disturb families and powers them to re-arrange goals and plans (Mostafa et al., 2019). It was reported that 77% of parents of children with ASD experienced clinically significant levels of stress, which is greater than the stress experienced by parents having children with typical development (Miranda et al., 2019).

The phrase "caregiver stress" or "caregiver syndrome" refers to the emotional state of agitation, weariness, and fury that mothers of ASD children suffer when they find it difficult to provide for dependent and chronically ill family members (Gobrial, et al, 2018).

The World Health Organization (WHO) defines Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live as well as in relation to their goals, expectations, standards, and concerns. Assessment of quality of life is a very important indicator for well-being and includes multidimensional aspects. Modifying a patient's lifestyle, however, will enhance their quality of life and lessen the strain on family caregivers (Bayoumi M et al.,2016).

Early phases of development are when ASD first manifests. The primary characteristic of this condition is known as the "dyad of impairments," which consists of two basic elements: (1) the existence of deficiencies in social interactions and communication, and (2) the existence of recurring patterns of behavior, interests, and activities (APA, 2013).

Even before the diagnosis, parents of children with ASD experience stress due to worries about their child's lack of interaction or communication (Zaidman-Zait et al., 2017).

Parental stress levels rise when they are unable to identify reasonable explanations for the child's symptoms, and they face problems that could jeopardize their mental health (Crowell et al., 2019).

Autism is a developmental disease that impacts a person's ability to relate to and communicate with other people as well as their perception of their surroundings (Nik Aida et al., 2019). Since children with autism disorder first struggle with a wide variety of social behavior and communication issues, have narrow interests, and exhibit repetitive and restricted activities, autism disorder is regarded as a complicated developmental condition. For most children with autism, the symptoms of AD are a lifetime condition, which is the second explanation. Three main causes of social communication, behavior, and social interaction difficulties are frequently associated with other disorders like ADHD, intellectual disability, and epilepsy. As a result, many people with autism find it challenging to live their lives independently of outside influence or control (Özerk, K., & Cardinal, D et al., 2020).

The diagnosis of autism may astound and devastate parents, who may find it difficult to comprehend and come up with suitable care options for their child. There are difficulties for parents of autistic children both at home and in the community. Parents of children with autism are more likely to have financial difficulties, poor physical and mental health, and greater divorce rates than parents of children without autism. They might have to travel great distances to get to treatment centers or pay cash for services in the neighborhood. In order to make sure they can afford the fees of the services; some may need to move their family or change careers. Such problems and how they may affect a parent's capacity to care for her autistic children need to be known to health care providers. (Brown et al., 2020)

Furthermore, families that have a child with autism may have a range of challenges, including decreased parenting effectiveness, elevated stress levels, mental and physical health disorders, significant financial difficulties, time limits, difficulties with sibling adjustment, diminished social support, and conflict within the family. Children with autism may impact the family more than those with many other diseases. As a result, parents and families may find it difficult to raise

autistic children in both developed and developing nations. Many challenges need to be addressed in order to offer professional interventions for children with autism. Wang and associates, (Wang, et al., 2020).

According to the Centers for Disease Control and Prevention (CDC), 2020 estimate, 1 in 54 children had been diagnosed with ASD by the time they are eight years old. In 2018, the previous rate was 1 in 59. It is evident that the prevalence of ASD is rising (Gabra, et al., 2021). It was discovered that caregivers for children with autism possessed little understanding of the condition. Parents' actions and attitudes toward their autistic children are impacted by their lack of understanding, as noted by (Mousa et al., 2021).

There is no medical test for autism spectrum disorders (ASDs), and the diagnosis is reached only after a comprehensive evaluation that may involve clinical observations, parent interviews, developmental histories, psychological testing, speech and language assessments, and possibly the use of one or more autism diagnostic tests. The Diagnostic and Statistical Manual of Mental Disorders is a new, more precise, and scientifically and medically useful method of diagnosing people with autism-related disorders. It can be used to identify school-aged children with autism-related disorders as well as smaller children. Having a child with autism in the family may have negative effects on a variety of family life domains, including marital relationships, sibling relationships and adjustment, family socialization practices, as well as normal family routines. Research suggests that both genes and environment play important roles in explaining autism spectrum disorder (Gray, et al., 1993)

Research has shown that parents of children with various developmental disabilities experience heightened stress, overburden and marginalization in society, sense of self-blame, tiredness or exhaustion. Parenting children with autism spectrum disorder is more stressful than parenting typically developing children or children with other developmental disabilities. In the individual, autism spectrum disorder affects communication skills, social interaction, and behavior. In the family, it affects interactions with the child, between parents, and between the family and the community (Negggers H. Yasmin, et al., 2014)

ASD children exhibit a wide range of behavioral issues, including aggressiveness, self-stimulatory behavior, stereotypy, and echolalia. These kinds of actions cause parents, particularly

moms, a great deal of stress and provide challenges for training and protection. This disorder has negative effects on family life; parents and siblings of children with ASD report feeling anxious, stressed, alone, and uncertain (Conner CM, et al.,2014).

Parents are regarded as the most significant individuals in their child's life during their lifetime. In fact, parents have a significant influence on the cognitive, social, and educational skills that their children develop. Research has indicated that the mental health of parents has a significant effect on the welfare and development of their children who have chronic disabilities (Carrington SJ, et al., 2014).

Numerous studies have been conducted regarding the impact and ramifications of having an ASD child on the various facets of a parent's life. Furthermore, it has been discovered that a number of facets of their lives, such as their financial status and their physical, mental, and social health, have been impacted (Hartley SL, et al., 2014). Consequently, the state of parents' physical and mental health has a significant impact on how well therapeutic interventions work and produce desired outcomes (Carrington SJ, et al., 2014)

1.2. Statement of the Problem

Psychological distress in parents is the strain and discomfort brought on by the responsibilities and obligations of their parenting position. Several academic studies have looked at how raising a handicapped child affects the parents' mental health. Additionally, parents of children with ASD report higher levels of psychological suffering than other parents of challenged children, such as those whose children have mental disorders. (Hasan & ALsulami, 2024)

Autism spectrum disorder (ASD) is a condition that can cause anguish for both parents and child, but more so for the former. It is a member of a group of early-onset neurodevelopmental illnesses that are distinguished by abnormalities in social functioning, communication, and distinct behavioral patterns (DePape AM, et al., 2015).

Autism spectrum disorder (ASD) is characterized as a multifaceted, progressive syndrome that affects youngsters and causes difficulties with socialization, communication, and behavior. Difficulties with cognition, language, character, and social interactions are among the general symptoms (Hooley et al., 2017).

The main characteristics of autism spectrum disorder, along with its associated symptoms and behavioral issues, may have a detrimental effect on families and parents. These include mental strain, the ongoing financial strain of costly therapies and treatments, a strain on family relationships, changes in the roles, structures, and activities of the family, feelings of guilt and blame regarding the diagnosis, and social stigma (DePape A M et al., 2014)

Parents who are raising a child with autism spectrum disorder (ASD) may experience social isolation, which can have a detrimental impact on both their personal wellbeing and the dynamics of the family.

The projected lifetime cost of ASD therapy in high-income nations such as the USA is between US \$2.5 and \$3.5 million per family. Similar high costs for treatment, screening, diagnostics, and specialized education put more strain on family caregivers throughout Africa. The problem is made worse in Africa by the lack of resources from governmental and non-governmental groups as well as by the low monthly salaries of many households. When faced with major concerns like anxiety, loneliness, tension, despair, and the strain on the family, families may withdraw and suffer in silence.

ASD-diagnosed families deal with a variety of circumstances that have an impact on many aspects of their lives. Research conducted in affluent countries with the goal of enhancing understanding of ASD and its effects on individuals and their families has been synthesized more and more. However, little study has been done on the collective experiences of African families whose children have been diagnosed with ASD. Existing research sheds light on the epidemiology of ASD in Africa, but families—who are important stakeholders—are frequently disregarded. (Baloyi et al., 2024).

Parents of children with autism spectrum disorder (ASD) have challenges linked to the day-to-day care of raising a child with a developmental disability. The quality of life for parents may suffer as a result of these demands. (Turnage & Conner, 2022)

Studies show that clinically significant depressive symptoms are present in 12.5–34.2% of parents of children with ASD, and that the likelihood of depression in mothers of ASD children is more than three times higher than in the general adult population. Depressive symptoms in

parents of ASD children put their children's long-term health at risk as well as having a negative impact on their own wellbeing. (Chen et al., 2024)

The aim of this study was to evaluate parents' psychosocial well-being. The study aims to investigate the following research questions: how well-adjusted are the social and psychological well-being of parents of autistic children, and what role does gender play in these relationships?

Examining the wellbeing of parents of autistic children was the aim of this study. Numerous investigations on autism and its traits or symptoms have been carried out by various scholars and researchers. Few studies, nevertheless, look into the psychosocial wellbeing of parents of autistic children. Still, autism has a profound impact on parents of autistic children. The majority of parents with autistic children hide them from the public because many still believe that these children are possessed by the devil as a result of their parents' transgressions.

I was mainly motivated to do this research paper because of the problem of parents of children with autistic disorder in my area. I have seen many parents, especially mothers, ostracized from the community because of their children, unable to work and not playing with other children at school or in the neighborhood.

Since then, autistic children and their parents have received treatment and assistance from many organizations and educational institutions in Ethiopia. However, there are still insufficient institutions and schools to serve all autistic children, which increases the psychological and financial burden of autism on Ethiopian parents of autistic children. The psychological wellbeing of parents of autistic children is being evaluated in this study. Additionally, the Joy Autism Center determined the cause of their psychosocial wellbeing as well as their assistance needs.

Planners and policymakers want information regarding the psychological wellbeing of parents of autistic children, but little is known about this topic in Ethiopia and the research area, to the best of the researcher's knowledge. Some studies have been done in our nation in relation to this problem. As a country, the studies done in terms of the knowledge and attitude of the society about autism are not enough. Assessing the psychosocial wellbeing of parents of children with autism spectrum disorder is the driving force for study. So, this study contributes to close the gap.

1.3. Objective of the Study

1.3.1. General objective

This study's main goals were to evaluate the psychological and social wellbeing of parents of children with autism spectrum disorder and to determine whether there are any statistically significant differences between parents of autistic children who are male and female in the context of the Joy Autistic center in Addis Ababa, Ethiopia.

1.3.2. Specific objectives

The research would specifically aim to achieve the following goals.

- To evaluate the psychological wellbeing of parents of children with autism spectrum disorder.
- To evaluate the social wellbeing of parents of children with autism spectrum disorder.
- To determining whether there were any statistically significant differences between parents of children with autism spectrum disorder who were male or female.

1.4. Research Questions

This study intended to the following research questions

1. What was the psychological wellbeing of parents of children with autism spectrum disorder in joy autistic center?
2. What was the social wellbeing of parents of children with autism spectrum disorder in joy autistic center?
3. What was the statistically significant difference between male and female parents of children with autism spectrum disorder in joy autistic center?

1.5. Significance of the Study

This study would hope to offer an analysis of autism spectrum disorder on parent's psychosocial wellbeing and could be use by policy makers to analyze issues of interest to parent in order to fully understand the effect of autism in the lives of parent and be able to reveal much about how the autism centers are changing parent's lives in Ethiopia. The findings of the study would assist

parents with autistic children in general and Ethiopian parent in particular, in understanding the benefits and drawbacks of foundation and recommend best practices of autistic center use for their daily lives.

Understanding the impact of autistic children on parents' psychosocial wellbeing in their daily lives is crucial for academic institutions, the government, non-governmental organizations, research institutes, and politicians. This study will further our understanding of the variables influencing the distinction between the intended and unintentional effects of autism in a multicultural community marked by the conduct of dynamic parents. Additionally, this study might be used as a springboard by those who want to investigate the impact of autism spectrum disorder on the psychosocial wellbeing of parents.

1.6. Delimitation

The study's scope would be restricted to the variables it would focus on, its geographic location, and the technique it would use. The purpose of this study is to examine the parent replies provided by the Joy Autistic center in Addis Ababa, Ethiopia, about the psychosocial wellbeing of parents in their day-to-day lives. Even though autistic spectrum disorder does not have geographic limits concerning access to the target population this study would only focus on the psychosocial aspect of autistic children on parents than any other age groups. Therefore, the study would restrict to Joy autistic center and would assess parents who have autistic children in their daily life.

1.7. Limitations of the Study

The study has certain drawbacks. First of all, it is important to recognize that the researcher chose to employ the entire population during the data collection period due to the tiny population. The dearth of local literature regarding the psychosocial wellness of parents whose children have autism spectrum disorder placed limitations on the study.

1.8. Operational Definition

Parent: refers to mother or father those how have autistic spectrum disorder children's

Psychosocial wellbeing; refers a social and psychological aspect of wellbeing.

Autistic spectrum disorder children: means the children's they suspected by autism spectrum disorder

CHAPTER TWO

2. REVIEW LITRETURE

2.1. Definition

Autism is caused by a deregulated immune system in children, which can be brought on by a virus or genetic predisposition. Other factors that may contribute to autism include metabolic disorders such as diabetes, hypertension, and obesity during pregnancy, as well as intrauterine, prenatal, or neonatal stress or trauma (Mostafa G A and Shehab AA. (2010). Furthermore, a significant portion of the environmental factors associated with autism have been related to genetics, including specific foods, infectious diseases, smoking, alcohol, and other lifestyle choices (Kirk S, Galloghor J and Coleman M R (2014).

A common neurodevelopmental disorder known as autism is characterized by constrained, repetitive patterns of behavior, interests, or activities in addition to challenges with social communication. (APA, 2013). The majority of cases with autism manifest during the first five years of life, although the illness often starts in childhood and continues into adolescence and adulthood (WHO, 2019). Most children with autism are diagnosed between the ages of two and three, when many of the most noticeable symptoms appear. Some autistic children, on the other hand, experience normal development up until the time they are toddlers, at which point they stop picking up new skills or forget the ones they already know. Stress is common among parents and other caregivers of children with ASD diagnoses. The literature has identified a number of stressors, such as conflict, social isolation, financial strain, a lack of family support system, and the lack of services that are easily accessible (Phys Occup 2010).

Autism spectrum disorder is a neurodevelopmental disease that impacts parents' and kids' socio-relational skills. Maladaptive behaviors, deficiencies in self-regulation, and fundamental irregularities in communication skills are its defining characteristics. Raising a kid with autism requires ongoing problems that are consistently linked to elevated levels of psychological distress, as numerous studies have shown. Frequently, parents experience social isolation from friends and family who might not comprehend their child's handicap or conduct. According to reports, compared to parents of children with other disorders, such Down syndrome or

behavioral difficulties, parents of children with ASD experience longer periods of chronic stress. This prolonged stress is also linked to higher divorce rates. (Marino et al., 2021). The feeling of wealth, health, and well-being is called well-being. It includes being mentally well, managing stress, and possessing a strong sense of meaning or purpose in life. In a broader sense, wellness is just feeling well.

Social well-being is the ability to interact with others, form enduring bonds with them, and maintain a network of support that helps one get over feelings of loneliness.

Social Wellbeing. Building our social skills such as communication, kindness, and gratitude is essential to achieving social well-being. Social skills facilitate healthy interactions with others, reducing feelings of isolation, rage, and disconnection. We feel more deeply linked to people when our social well-being has grown.

Psychological well-being is the simultaneous presence of supporting one's good emotions, meaning, harmonious interpersonal interactions, mastery of one's surroundings, involvement, and self-actualization, as well as the absence of the damaging elements of the human experience wrath, fear, anxiety, and sadness.

According to (Seligman and Csikszentmihalyi, 2000; Seligman, 2011), Psychological wellbeing encompasses more factors than what is commonly considered pleasant and goes beyond the mere absence of psychological ill-being.

One aspect of mental health is the absence of conditions like severe depression or schizophrenia.

Psychological health is almost impossible for a person with mental illness. But the lack of certain conditions does not ensure psychological well-being. Since the medical community has historically supported mental illness. A complex idea, psychosocial wellness is comprised of psychological, social, and subjective components that impact an individual's general functioning as well as their capacity to fully participate in society. Psychosocial well-being encompasses all aspects of health: mental, emotional, spiritual, cultural, economic, and physical. A person's well-being is largely dependent on their capacity to handle the numerous stresses of daily life and realize their full potential as a significant contributor to society.

"Psychosocial well-being involves developing cognitive, emotional, and spiritual strengths among individuals, families, and communities which creates overall positive social relationships among them," said the East African Community (2019). This state of well-being promotes the development of life skills, which enable individuals, families, or communities to understand and engage with their environment to preserve health.

2.2. Psychological Wellbeing of Parents of Children with Autistic Spectrum Disorder

Similar to the condition itself, having a kid with ASD has many different and widespread effects on parents and households. Meeting the high care demands of the affected children requires a great deal of time, patience, and work. Taking care of children with ASD can be challenging due to the disorder's severity and chronicity, as well as the many physical and developmental comorbidities that it is associated with. Furthermore, it could be challenging for health services to offer the comprehensive and intense therapies that people with ASD need. Raising a kid with ASD has a significant influence, as seen by the extent to which parent domains tend to be affected and the range of those domains.(Picardi et al., 2018) .

As per the American Psychiatric Association (2013), sensory sensitivity, limited and repetitive interests and activities, and challenges with social communication are the hallmarks of autism spectrum disorder (ASD), a neurodevelopmental impairment. ASD is currently estimated to afflict 1 in 59 children in the United States, with a 4:1 male to female ratio. (Center for Disease Control and Prevention, 2018). Parents of children with ASD report higher levels of parenting stress and depression symptoms than parents of typical children. A genetic tendency toward psychological discomfort may contribute to this increased risk in part; Compared to other parents, parents of children with ASD are more likely to have experienced mental health problems prior to becoming parents. Moreover, the unique challenges associated with raising children with ASD could be the root of the high level of parental stress and depression symptoms. These difficulties result from their child's profile of co-occurring behavioral issues and ASD symptoms.(Hickey et al., 2020)

Studies on heterosexual couples as a whole show that fathers have significant, complementary, and separate responsibilities from mothers in many households. However, not much is known

about the responsibilities that fathers of children with developmental disabilities including autism play in the home or how they engage with them. Studies have indicated that the attributes of the child, the partner, and the marriage have distinct effects on mothers and fathers of children with autism or other problems. For instance, research suggests that fathers are more adversely impacted than mothers by the behavior of their autistic child issues. Furthermore, in two-parent households, it's possible that one parent's psychological condition could have an impact on the others. Indeed, in households where there are autistic children, it has been discovered that maternal depressive symptoms predict the psychological well-being of the father. According to research, there are differences between moms and fathers when it comes to adaptation and the kinds of help, they provide their family with both practical and emotional support., for example. Regarding the disparities in mental health, wellbeing, and caregiver conflict between mothers and fathers of children with autism, the research results are conflicting. Most studies examining the mental health consequences for parents of children with autism have revealed that mothers suffer from higher rates of depression.(Dimachkie Nunnally et al., 2023)

It can be difficult and stressful to parent an ASD kid, especially in nations with limited access to a wide range of support resources. Compared to caregivers of typically developing children and caregivers of children with other childhood disorders like Down's syndrome and/or ADHD, the literature shows that caregivers of children with ASD frequently experience impaired mental health, including anxiety and depression, a poorer quality of life and wellbeing, and higher levels of stress.(Papadopoulos et al., 2023)

2.3. Social Wellbeing of Parents With Autistic Spectrum Disorder

There has been a connection previously noted between mothers' psychological stress and their child's autism symptoms; however, further research is needed to determine the roles that other psychosocial elements, in these interactions, factors like social support and parental self-efficacy come into play. The broad age span covered by previous research of children with ASD e.g., (4-11 years), may have obscured the disorder's variety. Moreover, it has been documented those moms of children younger than six years old faced greater difficulties than mothers of children in school. A neurodevelopmental illness known as autism spectrum disorder (ASD) usually first appears in early childhood and impairs a person for the rest of their lives. An estimated 78 million children worldwide are thought to have ASD, placing a significant care burden on

families and society. The most prevalent core symptoms among children with autism are deficits in social communication and interaction. These kids typically struggle to communicate simple needs, strike up conversations, and maintain relationships with others, which makes their lives very difficult and causes parents a great deal of stress.(Yu et al., 2022.)

In addition to having trouble speaking, children with ASD can act aggressively, in response to stress or interruptions in routine, one may withdraw or even turn to self-stimulation. The social repercussions make Parenting children with ASD presents challenges. These actions can cause social rejection, humiliation, and isolation for parents. Some of the kids with ASD attend regular schools, have IQs that are within normal ranges, and have extensive speech abilities. The possible effects of ASD are serious, though. Obsession, poor social skills, Children with ASD frequently have abnormalities in language and performance, as well as in cognitive and intellectual functioning.(Salleh et al., 2022)

An estimated 78 million children worldwide are thought to have ASD, placing a significant care burden on families and society. The most prevalent core symptoms among children with autism are deficits in social communication and interaction. These kids typically struggle to communicate their needs clearly, strike up conversations, and build relationships with others. This makes their lives very difficult and causes parents a great deal of stress. Children diagnosed with ASD typically depend on their caregivers for support, even if the degree of their symptoms may have an impact on how differently their clinical presentations and functional levels are.

Parents of children with ASD experience higher levels of parenting stress than parents of children who develop neurotypically or of children with other developmental problems. according to numerous researches. Stressful parenting can delay early intervention, reduce parental involvement in parent-child interactions, and reduce the early intervention programs' therapeutic impact. Therefore, it is essential to research the internal and external contributing factors of parenting stress in order to influence the creation of targeted stress management programs.(Yu et al., 2022.)

Qualitative research of Egyptian moms of children with ASD was carried out more recently. The study showed that the mothers' social lives and mental health suffered after receiving an autism diagnosis; having a child with autism also made moms and their kids more socially stigmatized.

Furthermore, studies indicate that financial worries such as the weight of one's debt and the requirement for additional income to pay for the expensive special education and therapy associated with ASD that must be paid for a lifetime are significant contributors to heightened parental exhaustion, particularly in low-income households. Similarly, research has shown that among mothers of autistic children, the most significant predictor of the formation of mental health problems is a reported lack of social support, which also negatively impacts parental stress and family socialization. Sanders and Morgan found that the absence of social support services makes it more difficult for parents to adapt their parenting styles to their children's characteristics, which exacerbates symptoms of parental stress and sadness. In fact, the child's appearance frequently has an impact on the mother's decision to seek professional assistance and respite services—formal social support that helps parents deal with their child's challenges and decreases the social stigma the child encounters.(Hickey et al., 2020)

2.4. Theoretical Views

2.4.1. Individual and Family Self-Management Theory (IFSMT)

One theoretical explanation for the relationship between a child's autistic symptoms and parenting stress is the individual and family self-management theory (IFSMT). The IFSMT framework suggests that a few contextual elements and psychosocial processes could have an impact on how ASD families form and manage stress. Contextual factors typically relate to the individual, family, and condition-specific aspects that both protect against and increase the risk of parenting stress. Process elements include belief and knowledge, self-control, and social facilitation. Among the results are both proximal and distal behavioral changes (parents' mental health, for example).

According to IFSMT, parents and children with ASD have different health conditions due to the interaction of context, process, and outcomes. Parental self-efficacy and social support are examples of psychosocial resources that are frequently highlighted and can assist people in efficiently managing their stress. The internal resource, parental self-efficacy (PSE), is the parents' belief in their ability to parent and their sense of self-assurance. PSE may have a direct effect on the psychological well-being of parents and their participation in parent-child relationships.

Parents with high PSE may be able to maintain relatively stable psychological and physiological states. Meanwhile, the tremendous demands of childrearing sometimes lead parents to seek outside help to help them overcome day-to-day challenges and the impacts of pressures. The absence of social support can result in ineffective stress management; nonetheless, social support is characterized as an outside source of solace, attention, assistance, and respect. It is well recognized that social support serves as a vital buffer in stressful circumstances. The IFSMT suggests that parental self-efficacy and social support may mediate or reduce, respectively, the relationship between parenting stress and child social impairment in mothers of children with ASD. (Yu et al., 2022.)

2.4.2. The Family Systems Framework Theory

According to the family systems paradigm, both parents' and kids' mental health are impacted by the nature of their parent-couple relationship—that is, their marriage or romantic partner relationship. Compared to normal parents, in general, parent-child relationships that are short and unfulfilling are more common among parents of children with autism. However, a wide range of experiences make up this average. For example, many parents with autistic children report having enduring and highly rewarding pair relationships. There are currently no published longitudinal studies that look at how the parent-couple connection, a modifiable intervention target, affects the mental health of the parents as well as the autistic child. (Yu et al., 2022.)

Finding therapies to enhance the health and quality of life for autistic children and their families is crucial for public health, nevertheless, given that 1 in 36 American children meet the criteria for autism spectrum condition.(Piro-Gambetti et al., 2023). Children diagnosed with autism spectrum disorder (ASD) may exhibit lifelong challenges with social communication and social engagement in addition to limited and repetitive behavioral patterns. Although they might be difficult to treat, behavioral problems are also commonly observed in children with ASD, regardless of the major symptoms. Raising children with ASD is often challenging, and mood disorders and other symptoms are commonly reported by parents of autistic children. According to a previous study, mothers with stable and pleasant moods boost functional improvements in their children with ASD, therefore supporting mood and mood-related difficulties in moms of children with ASD is beneficial for both the mother and the kid.

We looked over earlier research on the emotional and behavioral issues parents have with their kids. Studies conducted on the general public have shown a high relationship between children's behavioral issues and symptoms and their parents' mental health issues. Numerous studies have examined the connection between the mental health disorders of their mothers and the behavioral issues in children with ASD and those exhibiting signs of autism. Furthermore, when parents experienced positive and healthy emotional states, children with ASD would fare better in terms of social interaction, attention issues, and hyperactivity/inattention symptomatology.

The lack of focus on potential moderating factors that could explain the relationship between the behavioral problems and symptoms of their ASD children and the anxiety and depression symptoms of their moms was one of the earlier studies' weaknesses. Therefore, it's crucial to understand how behavioral problems in children with ASD begin and persist as a result of moms' anxiety and depressive symptoms. Studies have indicated that effective parenting has a major influence on a child's development, including their social and self-esteem, and is directly related to the strength of the parent-child link.

Numerous studies have demonstrated a link between parenting practices and the externalizing or internalizing behavioral issues that children with ASD experience. Additionally, parenting approaches may have an impact on ASD intervention and rehabilitation. For instance, children with ASD who have positive parenting approaches are more likely to be socially competent.

With contrast to children with regular development, women experiencing anxiety symptoms tend to have a more negative parenting style, which includes overly involved involvement with their anxious children (TD). discovered that harsh parenting caused by a mother's depression had an indirect impact on children with TD internalizing issues. Thus, knowing how parenting style affects mood disorders in mothers and behavioral issues in autistic children would aid in the creation of focused interventions and in determining whether parenting style exacerbates or mitigates these effects. In order to examine the potential moderating impact of parenting style in the association between the behavioral issues of the autistic children and the mood disorders of the mothers, we included moms of autistic children aged 2 to 12 in the current study(Lin et al., 2023).

Drawing from extant literature, the present investigation posits multiple conjectures: Parenting strategies will reduce the association between mood disorders in moms and behavioral problems in children with autism. Children with autism who have more behavioral issues will have mothers who have higher levels of worry and sadness. More specifically, there is a link between parents who use violent or coercive parenting techniques and who also have high levels of anxiety and depression and more behavioral problems in their autistic children. As far as we are aware, this research is the first to look at how moms' moods and parenting practices affect the behavioral issues that their autistic children face.(Lin et al., 2023)

2.5. Conceptual Framework

Chapter two introduced the concept of psychosocial wellbeing of children of parent with autistic spectrum disorder. Furthermore, the chapter sought to provide an overview of the literature pertaining to psychological wellbeing's of parents raising autistic children, and social wellbeing's of parents raising autistic children.

Independent variable

Dependent variable

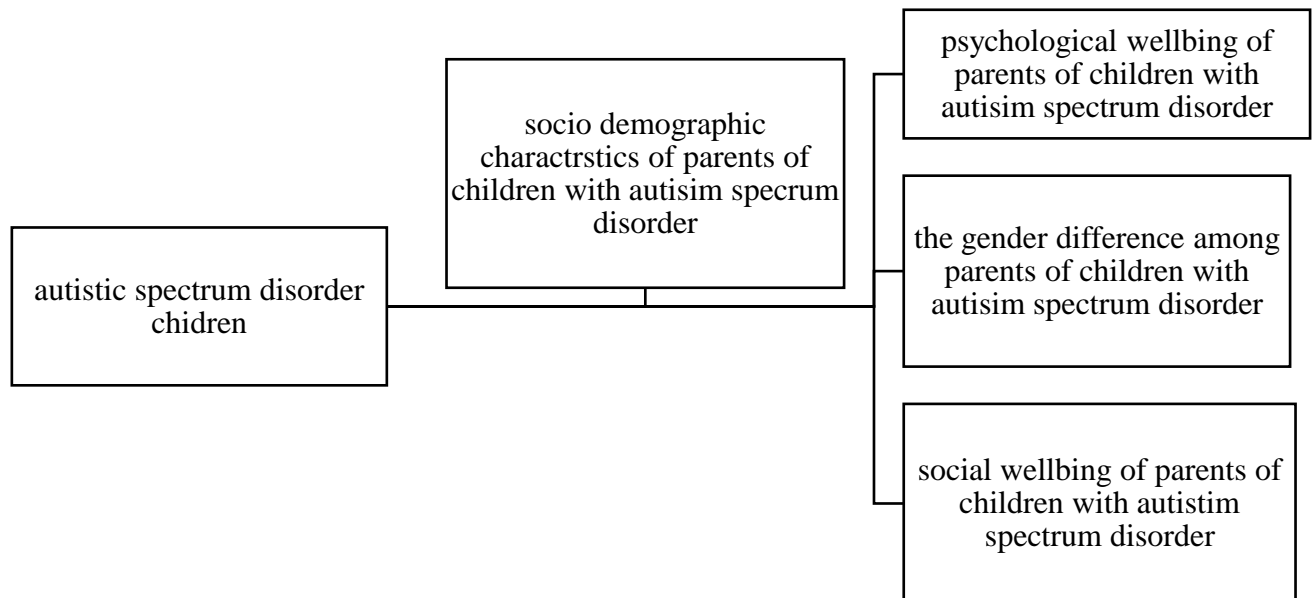


Figure1. Shows the Conceptual Framework

CHAPTER THREE

3. METHODOLOGY

This chapter outlines the methodology and study strategy that were employed to meet the stated goals. This section, which included a description of the study region, research approach, study design, sampling strategy, data collection technique and tools, and data analysis plan, was the central section of the study.

3.1. Research Approach

This research was used Quantitative Analysis approach. This aims to describe how autism spectrum disorder children affects parent's psychosocial wellbeing in Joy autistic foundation in Addis Ababa Ethiopia, measure what was the level of psychosocial wellbeing of parent with autistic spectrum disorder children and identify the gender difference.

The quantitative research methodology would utilize for this research and it would perform by using descriptive and analytical research by conducting a survey questionnaire to the target respondents. The survey method would apply because it was cheap and simple to distribute through face-to-face to target respondents.

3.2. Research Design

Descriptive research design was used in the study to ascertain the psychosocial welfare of parents whose children have autism spectrum disorder. Analytical research on the relationships between the data collection and descriptive research on the analysis and classification of the data collection would be conducted under the quantitative research technique. Instead of being a longitudinal study, the study was cross-sectional due to the phenomenon being measured.

3.3. Study Area or Setting

Nia Foundation is Founded in May 2002, the joy autistic center is an indigenous, nonprofit, non-governmental humanitarian organization that aims to alleviate the comprehensive challenges

faced by individuals with autism and other related developmental disorders, as well as young men and women in difficult socioeconomic situations.

Following multispectral preparations and collaborations with national and international NGOs, the FDRE Ministry of Justice officially recognized and approved the Nia Foundation on January 12, 2006. The FDRE Charities and Societies Agency Proclamation No. 621/2009 allowed the foundation to reregister in November 2009 as an Ethiopian Residents Charity Organization with registration No. 0854, allowing it to conduct business in all of the nation's regional states. The address of its headquarters is Nifas Silk Lafto Sub City, Addis Ababa, Woreda 04, House # 887. Owner of the Niana School of Beauty and Modeling, W/ro Zemi Yenus, was a committed woman who spearheaded the foundation's establishment.

3.4. Target Group

The population of the research refers to all instances of people, objects, or elements that meet a particular criterion; that is, all the objects being examined in any field of study constitute. The study target population were parents of children with autism spectrum disorder in Joy autistic center in Addis Ababa, Ethiopia.

3.5. Sampling Technique

The researcher was used Census sampling method because the target population were 75 parents. So, the researcher would use all parent or the entire population, because with data from the entire population, researchers could perform detailed analyses. This could reveal important trends and insights that might be missed in sample-based studies due to insufficient data on smaller group. **Census sampling** is a statistical method where every single individual or element in a population is examined. It's like taking a complete headcount. This is in contrast to sampling methods where only a subset of the population is studied. When to use census sampling

- **Small populations:** When the population is relatively small, it's feasible to collect data from everyone.

- **Critical decisions:** For decisions with significant consequences, such as national censuses or medical studies on rare diseases, a census might be preferred to ensure accuracy.
- **Detailed information:** If you need in-depth, individual-level data, a census can provide the most comprehensive picture.

3.6. Data Collection

The act of obtaining information for analysis and investigation is referred to as "data collection". The two types of data were primary and secondary. For the study, the researcher would use both primary and secondary data. In quantitative research, primary data were first-hand personal information that the researcher collected through questionnaires. The secondary data source involves mainly the organization's management reports, books, journals, magazines, internet libraries and scholar articles etc. Explanations would give if necessary.

3.7. Data Collection Instruments

There are three sections to the questionnaire. To gather data on sociodemographic characteristics such as age, sex, marital status, and educational attainment, the first section of the demographic questionnaire was utilized. as well as employment status. factors of psychological well-being constituted the second element, while social factors constituted the third. As stated by

<https://www.zonkafeedback.com/blog/mental-health-survey-questions> The questionnaire was used standardized to asses psychosocial wellbeing. And the question was translated into Amharic language for the understanding of the participant. and measuring the psychosocial wellbeing of respondents. The scale consists of 31 items. Item number 1-16 measures psychological wellbeing aspect and item 17- 31 measures social wellbeing aspect.

3.8. Data Collection Procedure

The investigator successfully composed an application letter to the psychology department at Addis Ababa University, obtaining a letter of support confirming that the study was been conducted for academic purposes. The Joy Autism center received a letter of support from the school. Subsequently, the investigator deliberated on the research concerns together relevant

foundation entities. Officers within the organization, therefore, were fully informed, comprehended the goal of the study, and gave the researcher permission to gather data.

The researcher then discussed the research issues with pertinent foundation bodies. As a result, officers in the organization were well-informed, understood the purpose of the study, and granted the researcher permission to collect data. During data collection the researcher was used Amharic language to communication with participants (parents of children with autism spectrum disorder) the data collection process took about two weeks.

3.9. Data Analysis Method

The data gathered from questionnaire was analyzed by using descriptive statistics frequency, percentage, mean, and standard deviation are examples of descriptive statistics that are used to assess the data collected from the questionnaire. After that, tables would be used to display the data for greater clarity, and version 25.0 of the Statistical Package for Social Sciences (SPSS-V 25.0) would be used to analyze the data. Age, sex, educational attainment, marital status, and employment status were among the sociodemographic data that were examined using (percentile and frequency distribution). Additionally, the percentile and frequency distribution were used to examine the social and psychological components. The mean difference score of psychological and social well-being between respondents who were male and female was determined using an independent sample t-test.

3.10. Ethical Considerations

The conduct study would follow every standard research ethics requirement. When gathering, analyzing, and interpreting data, the researcher's goal is to prevent or reduce bias and self-deception. Respect for intellectual property would be ensured by refraining from plagiarism and providing due credit or acknowledgment to each and every participant in this study. To ensure the study's ethicality, the appropriate precautions would be taken. Every respondent will disclose in advance the reason for providing the data. Furthermore, they would disclose that the data they submit through the questionnaire will be kept private and used exclusively for academic research. In order to protect respondents' privacy, assurance would also be provided that their identities would be kept anonymous for the purposes of the study.

CHAPTER FOUR

4. RESULT AND DISCUSSION

4.1. Result

This section focuses on the data from the numerous questionnaires used in the study, which measure the psychosocial welfare of parents whose children have autism spectrum disorder. Additionally, emphasis was placed on the various factors, including the psychological and social dimensions, as well as the gender disparities in those aspects. With particular regard to the literature review, research methods, and study outcomes, emphasis was also made on the discussion of the findings and the general conclusions. Finally, suggestions for further study Was been given.

This chapter examines the research findings derived from the questionnaire data acquired through the use of descriptive statistics to evaluate the psychosocial welfare of parents whose children have autism spectrum disorder at the Joy autistic center. Descriptive statistics were provided in the form of frequency and percentage for the study's variables as well as demographic data. The means of fathers and mothers were compared using an independent t-test (gender difference). The tables below provide a summary and presentation of the responses.

4.1.1. The Rate of The Respondents

Seventy-five of the 75 questionnaires that the researcher distributed were collected. The researcher checked the data for completeness in order to prepare the raw data obtained from the questionnaire for statistical analysis. As a result, of the 75 surveys that were gathered, for this study, a total of 75 questionnaires were employed, and 100% of them were returned.

4.2. Demographic Background of Respondents

The background characteristics section primarily concentrates on the respondents' age, gender, educational attainment, and occupation distribution. Frequency and percentage distributions were used to analyze the data for this section. Tables with the results are displayed.

	Variable	Frequency	Percent %
Marital status	Married	45	60.0
	Single	8	10.7
	Divorced	19	25.3
	Widow	3	4.0
	Total	75	100.0
Educational level	Uneducated	5	6.7
	Elementary	24	32.0
	Diploma	36	48.0
	Degree and above	10	13.3
	Total	75	100.0
Occupational Status	Unemployed	16	21.3
	Government employee	20	26.7
	Private	39	52.0
	Total	75	100.0
Gender	Male	24	32.0
	Female	51	68.0
	Total	75	100.0
Age	Below 25	3	4.0
	26-35	15	20.0
	36-45	35	46.7
	46-above	22	29.3
	Total	75	100.0

Table 1. Demographic data

The data provides detailed insights into the demographic characteristics of 75 respondents, offering a clear picture of their marital status, education level, employment, gender, and age distribution. In terms of marital status, a substantial majority of respondents, 60.0%, are married, indicating a high proportion of family-oriented individuals. This is followed by a significant 25.3% who are divorced, suggesting a notable presence of those who have experienced marital dissolution. A smaller percentage, 10.7%, are single, and an even smaller group, 4.0%, are widowed, which highlights that most of the respondents have had or currently have a spouse.

Educationally, the respondents reflect a diverse range of academic backgrounds. Nearly half of the respondents (48.0%) hold a diploma, making this the most common level of education. Additionally, 32.0% have completed elementary education, while 13.3% possess a degree or higher, indicating a smaller proportion with advanced academic qualifications. Only 6.7% are uneducated, revealing that a majority of the population has some level of formal education.

When examining occupational status, over half (52.0%) of the respondents work in the private sector, showing that private employment is the dominant work category among the respondents. Government employees account for 26.7%, while 21.3% are unemployed, reflecting a mix of working and non-working individuals, with a focus on private sector engagement.

In terms of gender, the data shows a strong female presence, with 68.0% of the respondents being women, while males make up 32.0%. This gender imbalance suggests that females are the predominant group in this dataset.

The age distribution indicates that the majority of respondents are middle-aged, with 46.7% falling in the 36-45 age bracket, followed by 29.3% who are 46 years and older. A smaller percentage, 20.0%, are between 26-35 years, and only 4.0% are below 25 years old, showing that most respondents are in the mid-to-late stages of their careers and lives. This age distribution suggests a more mature demographic, possibly with significant life experience and responsibilities.

4.3. Psychological and Social Wellbeing of Respondent's Result

This part the analysis consists the items related to the psychological and social wellbeing scale the analysis based on the participants response rates.

4.3.1. Psychological Wellbeing

The researcher intends to examine the frequency and standard deviation of the respondent's response of the sixteen statements of psychological wellness of parents with autism spectrum disorder. Descriptive statistics were used to analyze the respondent's response. The result in Table 2 below, indicates the sixteen statements and the participants overall psychological wellbeing's of parents of children with autism spectrum disorder response rates and analysis.

Based on the given responses, here are potential themes that emerge:

1. Emotional Distress and Negative Affect

A significant number of respondents reported feeling downhearted or unable to experience positive feelings. For instance, 38.7% strongly agreed (SA) and 60% agreed (A) with the statement, "I felt downhearted and blue," while 56% agreed they could not experience positive feelings. This points to prevalent emotional distress.

Feelings of life being meaningless are relatively lower, with only 13.3% strongly agreeing and 16% agreeing, but a large portion (46.7%) disagreed, showing a divided response.

2. Anxiety and Agitation

Statements related to agitation and difficulty relaxing had high agreement levels, with 42.7% reporting they get agitated, and over 50% found it difficult to relax. These results suggest that anxiety is a pervasive issue.

3. Feelings of Isolation and Loneliness

A significant proportion of respondents reported loneliness due to a lack of close friends to share concerns with, with 33.3% strongly agreeing and 40% agreeing.

Trust in relationships is another area of concern, with 28% strongly agreeing and 8% agreeing they haven't experienced many warm, trusting relationships.

4. Life Dissatisfaction

Many respondents indicated disappointment with their achievements (30.7% strongly agreed), and a large portion (25.3% strongly agreed and 46.7% agreed) felt others had gotten more out of life. This suggests a common feeling of life dissatisfaction.

5. Worry and Self-Perception

Many respondents indicated that they worry about what others think of them, with 20% strongly agreeing and 13.3% agreeing. This indicates concern over social perceptions.

6. Overwhelmed by Caregiving Demands

Parent expressed feeling overwhelmed by the demands of caring for a child with ASD, with 57.3% agreeing that it affects their sleep, and 41.3% feeling that everyday life demands bring them down. Furthermore, 43% strongly agreed that after their child showed signs of autism, it took them a long time to fall asleep.

7. General Life Satisfaction

Only 5.3% strongly agreed and 9.3% agreed that they felt generally happy and satisfied with life, while 48% strongly disagreed. This highlights a general dissatisfaction with life among respondents.

Themes	SA	A	N	D	SD
I felt down hearted and blue	29(38.7%)	45(60%)	1(1.3%)	0%	0%
I can't seem to experience any positive feeling at all	22(29.3%)	42(56%)	7(9.3%)	4(5.3%)	0%
I felt that I had nothing to look forward to	5(6.7%)	10(13.3%)	10(13.3%)	35(46.7%)	15(20%)
I found myself getting agitated	32(42.7%)	22(29.3%)	10(13.3%)	6(8%)	5(6.7%)
I found it difficult to relax	38(50.7%)	30(40%)	3(4%)		4(5.3%)
I felt that life was meaningless	10(13.3%)	12(16%)	0%	35(46.7%)	18(24%)
I often feel lonely because I have few close friends with whom to share my concern	25(33.3%)	30(40%)	0%	15(20%)	5(6.7%)
I tend to worry about what other people think of me	15(20%)	10(13.3%)	5(6.7%)	26(34.7%)	19(25.3%)
I feel generally happy and satisfied with my life	4(5.3%)	7(9.3%)	7(9.3%)	21(28%)	36(48%)
In many ways I feel disappointed about my achievements in my life	23(30.7%)	20(26.7%)	8(10.7%)	15(20%)	9(12%)
I have not experienced many warm and trusting relationship with others	21(28%)	6(8%)	5(6.7%)	24(32%)	19(25.3%)
I have difficulty arranging my life in a way that is satisfying to me	19(25.3%)	29(38.7%)	8(10.7%)	11(14.7%)	8(10.7%)
I feel like many of people I know have gotten more out of life than I have	19(25.3%)	35(46.7%)	7(9.3%)	9(12%)	5(6.7%)
The demands of everyday life often get me down	31(41.3%)	35(46.7%)	0%	5(6.7%)	4(5.3%)
After my child showed signs of autism, it takes a long time to fall asleep'	32(43%)	43(57.3%)	0%	0%	0%
I feel overwhelmed by the demands of caring for my child with ASD	9(12%)	15(20%)	10(13.3%)	25(33.3%)	16(21.3%)

Table 2. Show Psychological Wellbeing Statements

4.3.2. Social Wellbeing

The researcher intends to examine the frequency and standard deviation of the respondent's response of the sixteen statements of psychological wellness of parents with autism spectrum disorder. Descriptive statistics were used to analyze the respondent's response.

The result in Table 3 below, indicates the fifteen statements and the participants overall social wellbeing's of parents of children with autism spectrum disorder response rates and analysis.

The statements cover topics such as: community involvement and connection, societal progress and support from institutions, personal relationships and social isolation, the impact of having a child with autism on employment, education, and social life.

1. Social Isolation and Lack of Community Support:

Many respondents feel disconnected from their community. For example, 34.7% feel they don't belong to a community, and 33.3% don't fit in with those around them.

A significant number (52%) feel they lack the time or energy to contribute to their community, suggesting a struggle to balance personal obligations, possibly influenced by caring for a child with autism.

2. Dissatisfaction with Society and Institutions:

37.3% of respondents believe society has stopped making progress, and 26.7% do not feel that institutions like the government or law improve their lives.

A strong majority (54.7%) believe that society does not understand the situation of children with autism, showing a lack of perceived institutional support.

3. Impact of Autism on Social and Professional Life:

The presence of a child with autism appears to significantly impact social and professional opportunities. For example, 41.3% agree that their child with autism reduces their chances of getting a job or continuing education.

Additionally, many participants (36%) feel that some friends have withdrawn after the diagnosis of their child, indicating a breakdown in social relationships due to the challenges of raising a child with autism.

4. Difficulty in Maintaining Relationships:

40% of respondents agree that maintaining close relationships has been difficult and frustrating.

Many feel isolated, with 46.7% believing that others have more friends than they do, further reflecting the strain on personal relationships.

Themes	SA	A	N	D	SD
I don't have the time or energy to give anything to my community	19(25.3%)	39(52%)	7(9.3)	5(6.7%)	5(6.7%)
I feel that I have nothing important contribute community	16(21.3%)	28(37.3%)	9(12%)	16(21.3%)	6(8)
I believe that society has stopped making progress	19(25.3%)	28(37.3%)	7(9.3%)	17(22.7%)	4(5.3%)
Society is not improving for people like me	19(25%)	26(34.7%)	8(10.7%)	17(22.7%)	5(6.7%)
I don't think social institution like law and government make my life better	6(8%)	13(17.3%)	10(13.3%)	26(34.7%)	20(26.7%)
I see my community as a source of comfort	6(8%)	8(10.7%)	9(12%)	31(41.3%)	21(28)
If I had something to say I believe people in my community would listen to me	7(9.3%)	12(16%)	12(16%)	26(34.7%)	18(24%)
I don't feel I belong to any thing I would call a community	13(17.3%)	26(34.7%)	3(4%)	17(22.7%)	16(21.3%)
I don't fit very well with the people and the community around me	10(13.3%)	25(33.3%)	10(13.3%)	15(20%)	15(20%)
I feel close to other people in my community	22(29 %)	32(42.7%)	3(4%)	12(16%)	6(8%)
It seems to me that most other people have more friend than I do	30(40%)	35(46.7%)	4(5.3%)	3(4%)	3(4%)
I believe that our society does not understand children with ASD situation	20(26.7%)	41(54.7%)		10(13.3%)	4(5.3%)
My child with autism reduces my chances in gating a job continuing my education	20(26.7)	31(41.3%)	4(5.3%)	11(14.7%)	9(12%)
I feel that some of my friends withdrew them self from my life after my child diagnosis	17(27%)	27(36%)	10(13.3%)	12(16%)	9(12%)
Maintaining close relationship has been difficulty and frustrating for me	19(25.3%)	30(40%)	6(8%)	11(14.7%)	9(12)

Table 3. Show Social Wellbeing Statements

4.3.3. Independent t-test for Psychological Wellbeing's Part

The mean difference in social well-being scores between the male and female groups was examined using the independent sample t-test. When a researcher wants to compare the means of two independent groups on a given set of variables, they utilize the independent sample t-test. When performing an independent sample t-test, several presumptions must be satisfied. These presumptions include the following: the variances of the two groups should be identical, the two samples should be independent, and because the population was tiny in this study, the entire population was the target population.

Table 4 Displays the Gender Difference Independent Sample t test.

Variable	Male		Female				
Psychological wellbeing items	N= 24		N = 51		T	P	Df
	Mean	Standard dev	Mean	Standard	-.894	.374	73
	40.8333	4.75181	41.8039	4.20485			

Assuming equal variance, $p > 0.05$, $N=24$ for men and $N=51$ for women. The mean difference in psychological wellness between male and female parents of children with autism spectrum disorder was calculated using an independent sample test, covering 16 question items. Table 4 shows that there is no statistically significant difference in the mean psychological wellbeing between male ($M=40.8333$, $SD=4.75181$) and female ($M=41.8039=4.20485$) individuals ($t = -.894$, $df = 73$, $p = .374$). One could argue that there is no discernible effect of sex differences on the psychological health of parents whose children have autism spectrum disorder. With respect to the elements of psychological well-being, the t-test result indicates that, for all 16 items of psychological well-being across sex, there is no statistically significant difference between male and female parents with autism spectrum disorder.

4.3.4. Independent t-test For Social Wellbeing's Part

The mean difference in social well-being scores between the male and female groups was examined using the independent sample t-test. When a researcher wants to compare the means of

two independent groups on a given set of variables, they utilize the independent sample t-test. When performing an independent sample t-test, certain presumptions must be satisfied, such as the following: the variances of the two groups must be identical, the two samples must be independent, in this study the targeted population was the entire population because of the population was small.

Table; 5 Shows Independent t test For Gender Difference.

Variable	Male		Female		T	P	Df
	Mean	Standard dev	Mean	Standard			
social wellbeing items	N = 24		N = 51		.164	.870	73
	40.3750	5.24871	40.1569	5.40878			

Assuming equal variance, $p > 0.05$, $N = 24$ for men and $N = 51$ for women

The mean difference in social wellbeing between male and female parents of children with autism spectrum disorder was calculated using an independent sample test, covering 16 question items. Table 5 shows that there is no statistically significant difference in the mean social wellbeing between male ($M = 40.3750$, $SD = 5.24871$) and female ($M = 40.1569$, $SD = 5.40878$) individuals ($t = .164$, $df = 73$, $p = .870$). One could argue that there is no discernible effect of sex differences on the social wellbeing of parents whose children have autism spectrum condition. For all 16 items of psychological well-being across sex, there is no statistically significant difference between male and female parents with autism spectrum disorder when it comes to the social well-being items, according to the t-test result.

4.4. Discussion

The thesis's results and discussion portion examine the psychological wellbeing of Joy Foundation parents whose children have autism spectrum disorder (ASD). Descriptive statistics were used in the study to display demographic data and assess the information gathered through questionnaires.

Studies have indicated that parents of children with ASD, particularly moms, feel higher levels of stress in comparison to parents of children who are typically developing (Miranda et al., 2019). The result of my study indicates the same. A significant number of respondents reported feeling downhearted or unable to experience positive feelings. For instance, 38.7% strongly agreed (SA) and 60% agreed (A) with the statement, "I felt downhearted and blue," while 56% agreed they could not experience positive feelings. This points to prevalent emotional distress.

Research has shown that parents of children with various developmental disabilities experience heightened stress, overburden and marginalization in society, sense of self-blame, tiredness or exhaustion. Parenting children with autism spectrum disorder is more stressful than parenting typically developing children or children with other developmental disabilities. In the individual, autism spectrum disorder affects communication skills, social interaction, and behavior. In the family, it affects interactions with the child, between parents, and between the family and the community (Neggars H. Yasmin, et al., 2014). In my finding also many respondents indicated disappointment with their achievements (30.7% strongly agreed), and a large portion (25.3% strongly agreed and 46.7% agreed) felt others had gotten more out of life. This suggests a common feeling of life dissatisfaction. Furthermore, the majority of caregiving difficulties stem from routine child-care responsibilities (Bonis, et al, 2016). A significant proportion of respondents reported loneliness due to a lack of close friends to share concerns with, with 33.3% strongly agreeing and 40% agreeing. Statements related to agitation and difficulty relaxing had high agreement levels, with 42.7% reporting they get agitated, and over 50% found it difficult to relax. These results suggest that anxiety is a pervasive issue. Many respondents indicated that they worry about what others think of them, with 20% strongly agreeing and 13.3% agreeing. This indicates concern over social perceptions.

Psychological distress in parents is the strain and discomfort brought on by the responsibilities and obligations of their parenting position. Several academic studies have looked at how raising a handicapped child affects the parents' mental health. Additionally, parents of children with ASD report higher levels of psychological suffering than other parents of challenged children, such as those whose children have mental disorders. (Hasan & ALSulami, 2024) , my result also indicates parent expressed feeling overwhelmed by the demands of caring for a child with ASD, with 57.3% agreeing that it affects their sleep, and 41.3% feeling that everyday life demands

bring them down. Furthermore, 43% strongly agreed that after their child showed signs of autism, it took them a long time to fall asleep.

These responses suggest that parent of children with ASD are experiencing high levels of emotional distress, anxiety, loneliness, and dissatisfaction with life, which are compounded by the overwhelming demands of caregiving

Similar to the condition itself, having a kid with ASD has many different and widespread effects on parents and households. Meeting the high care demands of the affected children requires a great deal of time, patience, and work. Taking care of children with ASD can be challenging due to the disorder's severity and chronicity, as well as the many physical and developmental comorbidities that it is associated with. Furthermore, it could be challenging for health services to offer the comprehensive and intense therapies that people with ASD need. Raising a kid with ASD has a significant influence, as seen by the extent to which parent domains tend to be affected and the range of those domains.(Picardi et al., 2018). the finding also shows that many respondents feel disconnected from their community. For example, 34.7% feel they don't belong to a community, and 33.3% don't fit in with those around them. A significant number (52%) feel they lack the time or energy to contribute to their community, suggesting a struggle to balance personal obligations, possibly influenced by caring for a child with autism.

37.3% of respondents believe society has stopped making progress, and 26.7% do not feel that institutions like the government or law improve their lives.

A strong majority (54.7%) believe that society does not understand the situation of children with autism, showing a lack of perceived institutional support.

Furthermore, families that have a child with autism may have a range of challenges, including decreased parenting effectiveness, elevated stress levels, mental and physical health disorders, significant financial difficulties, time limits, difficulties with sibling adjustment, diminished social support, and conflict within the family. Children with autism may impact the family more than those with many other diseases. As a result, parents and families may find it difficult to raise autistic children in both developed and developing nations. Many challenges need to be addressed in order to offer professional interventions for children with autism. Wang and associates, (Wang, et al., 2020). This investigation also showing the presence of a child with

autism appears to significantly impact social and professional opportunities. For example, 41.3% agree that their child with autism reduces their chances of getting a job or continuing education. 40% of respondents agree that maintaining close relationships has been difficult and frustrating.

Many feel isolated, with 46.7% believing that others have more friends than they do, further reflecting the strain on personal relationships. Additionally, many participants (36%) feel that some friends have withdrawn after the diagnosis of their child, indicating a breakdown in social relationships due to the challenges of raising a child with autism.

Social Well-being. Using independent sample t-tests, the study also examined the social well-being of parents who were male and female. The findings revealed that there was no statistically significant difference between male and female parents' social well-being scores. Both groups reported similar levels of social well-being across various aspects, suggesting that the gender of the parent does not significantly impact their social well-being in the context of raising an ASD child.

The thematic analysis reveals that social wellbeing is significantly compromised for individuals in the survey, likely due to the challenges of autism. The data suggests a need for greater community support, institutional understanding, and resources for families affected by autism to reduce feelings of isolation and improve both personal and professional opportunities.

CHAPTER FIVE

5. SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter outlined the research findings in relation to the study's objectives and provided examples of the conclusions that were drawn. This chapter also includes a recommendation that focuses on how the highlighted problem could be addressed.

5.1. Summary

The Joy Foundation in Addis Ababa, Ethiopia, is the site of an investigation on the psychological wellness of parents whose children have been diagnosed with autism spectrum disorder (ASD). The study looks into the social and psychological issues that these parents deal with, such as social isolation, sadness, and stress. It evaluates gender disparities in experiences, the degree of psychological wellness, and the influence of social support. Important discoveries include the following: Parents of children with ASD have significant psychological suffering and social obstacles. Women made up 68% of the study's participants, and their experiences with social and psychological consequences were more pronounced. The study emphasizes how important it is to have extensive support networks in place to help these parents live better lives.

The Individual and Family Self-management Theory (IFSMT) paradigm is used in this study to analyze the psychosocial processes and environmental variables associated with stress in families with ASD. It emphasizes the necessity for targeted interventions and support mechanisms, advocating for comprehensive care strategies that include emotional support, community engagement, and educational programs to foster a supportive environment for these families. The study concludes that these challenges are widespread and not confined to one gender, indicating a uniform impact of environmental factors and institutional services. The findings highlight the need for comprehensive support systems, including psychological counseling, support groups, and respite care services. The study advocates for targeted interventions tailored to the specific needs of parents with ASD children, such as programs focused on stress management, coping strategies, and building social networks. Additionally, increasing awareness about ASD within the community can foster a more supportive environment for parents. Further research is

recommended to explore the personal narratives of these parents, providing richer insights into their daily struggles and resilience.

5.2. Conclusion

According to the study's findings, parents of children with ASD in Addis Ababa deal with serious psychological and social issues. The presence of a kid with an ASD causes significant stress, social isolation, and depression in both male and female parents. This implies that the problems are pervasive and not limited to a certain gender, pointing to the consistent influence of institutional services and environmental factors. The study emphasizes how these psychosocial difficulties must be addressed with focused interventions. Key findings include:

High Levels of Psychological Distress: Caretakers of children with ASD reported high levels of stress and despair as a result of the responsibilities involved.

Social Challenges: Many parents experienced social isolation and difficulties in maintaining social relationships, further exacerbating their psychological distress.

Economic and Educational Impact: The presence of an ASD child affected the economic and educational prospects of the family, adding to the overall burden.

Implications of Findings

Need for Comprehensive Support Systems:

- The high levels of psychological distress and social challenges among parents highlight the urgent need for comprehensive support systems. This includes psychological counseling, support groups, and respite care services that can help alleviate some of the burdens on these parents.
- **Community and Institutional Support:** The findings suggest that existing support mechanisms might be insufficient. Improving these systems could involve training for healthcare providers, community awareness programs to reduce stigma, and better access to educational and therapeutic resources for ASD children and their families.

Targeted Interventions:

- The study advocates for interventions tailored to the specific needs of parents with ASD children. These could include programs focused on stress management, coping strategies, and building social networks.
- Enhanced Awareness and Understanding: Increasing awareness about ASD within the community can foster a more supportive environment for parents. Educational programs aimed at the public can help reduce stigma and promote acceptance and understanding.

Further Research:

The study calls for further research, particularly qualitative studies in order to comprehend the experiences of parents of children with ASD better. Such research could explore the personal narratives of these parents, providing richer insights into their daily struggles and resilience.

- Policy Implications: The findings can inform policymakers to develop better strategies and allocate resources more effectively to support families affected by ASD.

5.3. Recommendations

To address the identified challenges, the study makes several recommendations:

1. Government and Institutional Support: There is an urgent need for more autism centers in Ethiopia. The government should establish additional organizations and schools dedicated to children with ASD. This would help reduce the burden on existing centers and provide more support to parents.
2. Awareness and Education: Public awareness campaigns and educational programs are crucial. These initiatives should aim to educate the community about ASD, reducing stigma and promoting understanding and acceptance.
3. Comprehensive Support Systems: Institutions should develop comprehensive support systems that include emotional support, community engagement, and educational programs tailored to the needs of parents with ASD children. These programs can help mitigate the psychological and social challenges faced by these parents.

4. Further Research: To learn more about parents' psychological experiences in various contexts, more research is required. Qualitative studies could provide deeper insights into the specific challenges and needs of these parents. Research should also focus on developing and testing interventions aimed at improving their well-being.
5. Policy Inclusion: The educational curriculum should be inclusive of children with ASD. Policies should be implemented to ensure that children with ASD receive appropriate educational support, enhancing their learning experiences and overall development.

By putting these suggestions into practice, parents of children with ASD may enhance their psychosocial well-being and foster a more accepting and supportive atmosphere for impacted families. The parents' and their children's quality of life can be greatly improved by using this comprehensive approach.

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Appendices
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Appendix I: Informed consent form (English Version)

I'm Murida Abdela, and I attend Addis Abeba University as a graduate student. For my thesis study, "Psychosocial Wellbeing of Parent with Autism Spectrum Disorder," I am currently gathering data. Parents can use this questionnaire to evaluate their children's psychological wellness right now. This questionnaire is intended to partially meet the requirements for a Masters of Art in developmental psychology degree. As a result, its purpose is to collect data on the psychosocial wellbeing of parents whose children have autism. This survey is divided into three sections: first, asking questions about the respondents' demographics; second, asking questions about psychological wellbeing; and third, asking questions about social aspects, with answers on the Scale of Psychosocial Wellbeing ranging from "Strongly Disagree" to "Strongly Agree." The direction and completion of this study depend greatly on the information you supply, so please try to be as accurate and cautious as possible. Since there is no right or wrong response to any issue, there is no one to judge you. The data will only be used for the study and will be kept private. Your accurate information aids in achieving the study's objectives. We appreciate you taking the time to honestly fill out this form.

Part One: Background Information

Instructions: Please write the correct response in the blank space or mark (X) in the box that corresponds to your answer to indicate your response.

1. Age

Below 25 26-35 36-45 46 and above

2. Sex Male Female

3. Marital status Married Single
Divorced Widow

4. Educational Level Uneducated Elementary completed
Diploma Degree and above

5. Occupational status Unemployed Government employee
Private

Part two: psychological wellbeing aspect question

Directions: The sentences that follow address possible feelings you may have regarding your life and yourself. To what extent do you agree with the following sentences? To indicate how much you agree or disagree with each statement, place a [√] mark next to it.

strongly Agree (1)

Agree (2)

Neutral (3)

Disagree (4)

Strongly Disagree (5)

NO:	Item	1	2	3	4	5
1.	I felt down hearted and blue					
2.	I can't seem to experience any positive feeling at all					
3.	I felt that I had nothing to look forward to					
4.	I found myself getting agitated					
5.	I found it difficult to relax					
6.	I felt that life was meaningless					
7.	I often feel lonely because I have few close friends with whom to share my concern					
8.	I tend to worry about what other people thin of me					
9.	I feel generally happy and satisfied with my life					
10.	In many ways I feel disappointed about my achievements in my life					
11.	I have not experienced many warm and trusting relationship with others					
12.	I have difficulty arranging may life in a way that is satisfying to me					
13.	I feel like many of people I know have gotten more out of life than I have					
14.	The demands of everyday life often get me down					
15.	After my child showed signs of autism, it takes a long time to fall asleep'					
16	I feel overwhelmed by the demands of caring for my child with ASD					

ክፍል ሁለት፡ ስነ-ልቦናዊ ደህንነትን የሚመለከቱ ጥያቄዎች

የሚከተሉትን 0 ነገሮች እናንተ ስለራሳችሁ እና ስለ ህይወታችሁ የሚሰማችሁ ስሜት ላይ ሲያወጡት ለየትኛውም ጥያቄ ትክክል ወይም ትክክል ያልሆነ መልስ አለመኖሩን ተገንዝባችሁ የሚከተሉትን 0/ነገሮች በምንያህል መጠን መስማማታችሁን ወይም አለመስማማታችሁን ይህን (✓) ምልክት በማስቀመጥ ይግለጹ።

በጣም እስማማለሁ (1) እስማማለሁ(2) መወሰን አልችሌም(3)

አልስማማም (4) በፍጹም አልስማማም (5)

ተቁ	አርፍተ ነገሮች	1	2	3	4	5
1.	በልጅ ምክንያት የሀዘን ስሜት እገባለሁ					
2.	አብዛኛውን ጊዜ ምንም አይነት ጥሩ ስሜት አይሰማኝም					
3.	ምንም ወደፊት የሚያጓጓ ነገር እንደሌለኝ ይሰማኛል					
4.	የመንፈስ መረበሽ ውስጥ እራሴን አገኘዋለሁ					
5.	የመዝናናት መንፈስ ውስጥ መግባት ይከብደኛል					
6.	ህይወት ትርጉም እንደሌለው ይሰማኛል					
7.	አብዛኛውን ጊዜ የብቸኝነት ስሜት ይሰማኛል ምክንያቱም ሃሳቤን የማጋራቸው የቅርብ ጓደኞች ቁጥር ውስን በመሆናቸው።					
8.	ሰዎች ስለኔ ምን ያስባሉ የሚለው ነገር ያስጨንቀኛል።					
9.	በአጠቃላይ በሕይወት እርካታና ደስታ ይሰማኛል					
10.	ብህይወቴ ያገኘሁቸው ውጤቶች በብዙ መልኩ ለአኔ ከበቂ በታች ናቸው።					
11.	ከሰዎች ጋር ብዙ አስደሳች እና እምነት ይሚጣልበት ግንኙነት ኖሮኝ አያውቅም					
12.	ህይወቴን በሚያረካኝ መልኩ ማስተካከል ከባድ ይሆንብኛል።					
13.	አብዛኛውን ይማውቃቸው ሰዎች ከኔ በተሻለ ኑሮ ይትሳካላችው ይመስለኛል					
14.	ኑሮየ ብዙ ጊዜ ፈታኝ ሆኖ አገኘዋለሁ					
15.	ልጅ የአቲዝም ምልክት ማሳት ክጀመረ ወዲያ እንቅልፍ ለመተኛት ረጅም ሰዓት ይወስድብኛል					
16.	በአቲዝም የተጠቃው ልጄን በመንከባከብ እንደተጨናነኩ ይሰማኛል					

ክፍል ሶስት፦ ማህራዊ ደህንነትን የሚመለከቱ ጥያቄዎች

የሚከተለት 0 ነገሮች እናንተ ስለራሳችሁ እና ስለ ህብረተሰባችሁ በሚሰማችሁ ስሜት ላይ ሲያወጡት ለየትኛውም ጥያቄ ትክክል ወይም ትክክል ያልሆነ መልስ አለመኖሩን ተገንዝባችሁ የሚከተሉትን 0/ነገሮች በምንያህል መጠን መስማማታችሁን ወይም አለመስማማታችሁን ይህን (✓) ምልክት በማስቀመጥ ይግለጹ።

- በፍጹም አልሰማም (1) አልሰማም(2) መወሰን አልችሌም(3)
- እስማማለሁ (4) በጣም እስማማለሁ (5)

ተቁ	አረፍተ ነገሮች	1	2	3	4	5
1.	ለሕብረተሰቡ የምስጢዉ ጊዜ እና አቅም የለኝም					
2.	ለሕብረተሰቤ ምንም አስተዋፅኦ እንዳላበረከትኩ ይሰማኛል					
3.	የምኖርበት ሕብረተሰብ መሻሻል እንዳላሳየ ይሰማኛል					
4.	እንደ እኔ ላሉ ሰዎች ሕብረተሰቡ መሻሻል አያሳይም					
5.	ማህበራዊ ተቋማትና ሕጎች ለእኔ ኑሮ መሻሻል አይረዳኝም ብዬ አስባለሁ					
6.	ሕብረተሰቤን የምቻቴ ምንጭ አድርጌ አየዋለሁ					
7.	በምናገርበት ጊዜ የምናገረውን ነገር ህብረተሰቡ ይረዳኛል ብዬ አምናለሁ					
8.	የምኖርበት ሕብረተሰብ አካል እንዳልሆንኩ ይሰማኛል					
9.	በዙሪያዬ ካሉ ሰዎች እና ማህብርስብ ጋር በጥሩ ሁኔታ የምግባባ ይመስለኛል					
10.	በምኖርበት ህብርተሰብ ውስጥ ክስዎች ጋር ቅርበት እንዳለኝ ይሰማኛል					
11.	ብዙ ሰዎች ከኔ በተሻለ ብዙ ጓደኞች እንዳላቸው ይሰማኛል					
12.	የእኛ ሕብረተሰብ የኦቲዝም ተጠቂዎችን ሁኔታ አይረዳም					
13.	በኦቲዝም ተጠቂው ልጅ ምክንያት ስራ የማግኘት እና የመማር እድሌ ቀንሶብኛል					
14.	ከልጄ የምርመራ ውጤት በሕላ ማደኞቹ እራሳቸውን ከእነ እንዳራቁ ይሰማኛል					
15.	ከሰዎች ጋር ያለኝን የቅርብ ግንኙነትን ጠብቆ ማቆየት ለእኔ ከባድ እና ፈታኝ ነው					

ስለትብብር አመሰግናለሁ!!!