Descriptive Study on Nature of Perceived Stress of Mothers of Children with Autism Spectrum Disorder - A Qualitative Analysis

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ABSTRACT

This study examines the nature and impact of parental stress specifically among mothers of children with Autism Spectrum Disorder (ASD). Parental stress is a significant concern in families raising children with ASD due to the unique challenges associated with the condition. The study aims to explore the factors contributing to maternal stress, including caregiving demands, social support, coping mechanisms, and personal resilience. Methodologically, in-depth interviews as the mono-method approach are employed, to measure stress levels with qualitative insights into mothers' experiences. Participants are recruited from diverse socio-economic backgrounds to ensure a comprehensive understanding of the phenomenon. Findings highlight the multifaceted nature of parental stress in this population, shedding light on the specific stressors and protective factors that influence maternal well-being. Implications for interventions and support services aimed at alleviating maternal stress and promoting family resilience are discussed based on the study's results.

Keywords: Parental stress, Mothers, ASD, Caregiving, Coping mechanisms.

1. INTRODUCTION :

1.1. Autism Spectrum Disorder:

A neurodevelopmental disorder called autism spectrum disorder (ASD) is characterized by deficiencies in social interaction and language as well as the appearance of constrained interests and repetitive behavior. It is characterized by a wide range of symptoms and levels of impairment, hence the term "spectrum." Some individuals with ASD may have significant challenges with speech and learning, while others may have relatively mild symptoms and excel in certain areas. Difficulty with understanding and using non-verbal cues (such as facial expressions, and gestures), difficulty maintaining conversations, and challenges in forming relationships. Engaging in repetitive movements (like hand-flapping or rocking), insistence on sameness, and intensely focusing on certain interests to the exclusion of others. Heightened or reduced sensitivity to sensory stimuli such as lights, sounds, textures, or tastes. ASD is typically diagnosed in early childhood, although symptoms may be recognized later depending on their severity. The causes of ASD are still being researched but are believed to involve a combination of genetic and environmental factors. Early intervention and therapies, such as behavioral therapy and speech therapy, can greatly improve outcomes and help individuals with ASD live fulfilling lives.

1.1.1 Co-Morbidity: There are additional co-morbid conditions that coexist with ASD in addition to the basic traits or the triad of deficits. Four significant subgroups with the highest prevalence of seizures, gastrointestinal diseases, auditory disorders, and psychiatric illnesses were identified in a study that looked at the patterns of co-occurrence of co-morbidities (Kheir et al., 2012) [1]. Moreover, one-fourth of autistic children also have ADHD, making up about 78% of children with autism who also have another mental health disorder [2].

1.2. Mothers of Children with Autism: Being a parent is a challenging endeavor, and parenting a child with special needs can be challenging. Parents may find their roles very stressful when dealing with developmental issues leading to social, economic/financial problems; physical and psychological problems (Hartley et al., 2010) [3]. This is because children with disabilities have impairments in physio-psycho-social development. Parents frequently find the ambiguity brought on by the developmental demands of children with impairments unacceptable. Parents find it very distressing to accept their child's impairment. Additionally, the discomfort felt by the caregiver increased if the child had a significant handicap that caused them to be more dependent on them. Families frequently view the special needs child as less valuable than the other children who are not impacted. A major transition in a family's life cycle is becoming a parent which affects the dynamics of the family. Family members must go through several changes to adjust to the pressure of a new member. Parenting can be difficult owing to the obligations and problems of daily life while being one of the most joyful and fulfilling experiences of life (Pittman et al., 1989) [4]. The effects of having a disabled child are more severe on the family. To deal with various stressful events like medical costs, financial pressure, the need for extra attention to the child, etc., parents of such children confront additional difficulties in day-to-day life (Cameron et al., 1991) [5]. Additionally, the specific needs of children with disabilities put parents under a lot of stress and can even affect family dynamics (Hemmingsson & Jonsson, 2005) [6]. However, the difficulties parents confront and the solutions they come up with are based on the kind and degree of the child's impairment.

1.3. Parenting Stress:

Stress is seen as a personality trait, a result of environmental variables, an attitude variable, and a locus of control (Copeland & Harbaugh, 2005) [7]. Prior theories described stress as a generalized reaction to perceived environmental dangers known as stressors. Stress causes the autonomic nervous system to become active, preparing the body for either fighting or fleeing an attacker or threatening circumstance [8]. Although the fight-or-flight response was essential for survival throughout human history, it is less effective in modern life due to prolonged exposure to stress. So, stressors in contemporary life necessitate more sophisticated reactions. Any situation that puts one's well-being in danger or is believed to do so can cause stress and exhaust one's coping mechanisms. Threats to one's immediate physical safety, long-term security, self-worth, reputation, or mental health can therefore be upsetting. Another definition of stress is the psychological and physiological experience brought on by differences between internal and external demands and by how those demands are perceived about the resources that can be used to satisfy them (Mitchell et al., 1983) [9]. The capacity of parents to handle stress varies. Giving care to an autistic child requires long-term commitments and is physically hard. The mother is required to make a greater sacrifice, and they may continually have to deal with despair, disappointment, rage, depression, and other difficult emotions. They suffer from physical ailments including sciatica, carpal tunnel syndrome, migraines, and other psychogenic disorders, which are especially prevalent in mothers who help autistic children physically. In addition to how poorly it affects their physical health, the moms often experience significant negative emotions. This is frequently described as chronic sorrow when expanding on mothers' ongoing emotional anguish. According to research, parents of kids with developmental delays are more prone to encounter psychological issues such as melancholy, anxiety, discomfort, remorse, inadequate social and marital adaptation, lower life satisfaction, unhealthy parent-child relationships, and hopelessness (Abbeduto et al., 2004) [10]. Mothers with kids with chronic illnesses or debilitating impairments like autism, for instance, reported greater rates of depressive symptoms and feelings of elevated psychological distress (Rodrigue et al., 1992) [11]. Chronic parenting stress can alter a parent's parenting style and is more likely to have negative effects (Deater-Deckard & Petrill, 2004) [12]. According to research, stressed parents struggle more to find solutions to parenting dilemmas, feel less satisfied with their parenting role, and respond to their children sensitively. This emotion is typically brought on at various developmental milestones in children because of comparisons between their children and siblings or other typical kids. Many families find it challenging to plan recreational activities for themselves with ASD kids. As a result of these characteristics, the parent-child relationship suffers (Crnic & Low, 2002) [13].

2. OBJECTIVES :

The specific objectives of this study are:

(1) To study the nature of perceived stress of mothers of children diagnosed with ASD.
(2) To research how well mothers of children with ASD are doing.

3. REVIEW OF LITERATURE/ RELATED WORKS :

3.1. Stress:

Stress is a person's reaction to a shift in circumstances or a potentially hazardous scenario. It can be viewed as an individual's reaction to an internal mental state, such as test anxiety, or to an external event or demand, such as taking an exam. It's intriguing to see that anxiety tends to increase when one worries they won't be able to handle the current situation. Stress is seen negatively by the majority of individuals. Children inevitably alter how families function. For many parents, the parental role could be a cause of stress. Raising an autistic child is highly challenging, demanding, and stressful (Olsson & Hwang, 2003). [14]. Parenting is a complex activity, whereas parenting styles are common variations that center on control-related issues (Baumrind, 1996) [15]. Parenting is impacted by a child's incapacity to adapt to alterations in the social climate as well as by behavior issues like attention-seeking, disobedience, acceptability, and demandingness (Noh et al., 1989) [16]. The parents of these children are typically the primary caregivers, and noting this is crucial to their amount of involvement with them and their capacity to deal with the issues these kids face.

3.1.2. Definition and Meaning: In the field of life sciences, Selye (1976) coined the term "stress." The Latin term "stringere," which means strain, trouble, or adversity, is where the word "stress" first appeared. It served as a metaphor for strainer effort, pressure, and force. Humans frequently face stress. Stress can occur from an external or internal incident, affect one's health, influence one's behavior, and endanger one's equilibrium. According to the Oxford Dictionary, stress is "a state of affairs including strain on physical or mental energy." Medical terminology defines stress as anxiety that affects the body's balance. When someone tries to deal with changes in their lives, stress typically results. When one's life is filled with several demands, stress is created. When a person's desires and abilities are out of balance, it results in conflict. It combines psychological, physiological, and behavioral responses to the circumstances that have an impact on them. "Any external action or internal impulse that unbalances the individual's equilibrium is stress," claims Selye (Selye, 1976) [17].

3.1.3. Theories of Stress: Two distinct categories can be used to categorize theories that concentrate on the specific relationship between external demands (stressors) and bodily processes: theoretical approaches to "systemic stress," which have their roots in physiology and psychobiology, and theoretical approaches to "psychological stress," which were developed within the field of cognitive psychology (stress).

3.1.4. Fight-or-Flight Response: Walter Cannon's (1932) explanation of the "fight-or-flight response" was one of the earliest contributions to the field of stress study. The sympathetic nerve and endocrine systems swiftly stimulate and motivate the body when an organism detects a threat. The fight-or-flight response (also known as the combined physiological response) mobilizes the organism to attack the threat or flee. Fight-or-flight is used to refer to either fighting or running away in response to stressful situations, such as being attacked by a predator. Throughout evolution, flight may be seen in social isolation or withdrawal through substance abuse, whereas fighting typically relates to aggressive responses to stress (Lazarus, 1993) [18].

3.1.5. Selye's Theory on Systemic Stress: The work of endocrinologist Hans Selye has contributed significantly to the popularity of the stress concept in research. In several animal investigations, he found that when various stimulus events—such as heat, cold, or poisonous agents—are delivered forcefully and for an extended period, they can produce consequences that are common to both stimulus events. Selye maintains that the stereotypical or unique subsequent recognition of systemic stress is comprised of several implicitly produced alterations. Three phases make up the "General Adaptation Syndrome" (GAS), a predetermined response pattern. (a) An initial shock phase is followed by a countershock phase, which together make up the alarm reaction. Intestinal ulcerations, a rise in adrenaline output, and autonomic excitability are all signs of the shock phase. Defense mechanisms start to take effect during the countershock phase, which is characterized by an increase in adrenocortical activity. (b) Upon continued exposure to the noxious stimuli, the organism enters the stage of resistance. The symptoms of the alarm reaction disappear at this stage, which would seem to indicate that the

organism has adapted to the stressor. While resistance to the noxious stimulus increases, resistance to other stressors decreases at the same time. (c) If the uncomfortable stimulus persists after resistance, the stage of fatigue takes control. The signs of stage (a) reappear as the organism's ability to adapt to the stressor is worn down yet resistance is no longer effective. If the stimulus is kept up, the organism will perish and irreparable tissue damage will appear. Mason emphasized that the Selye stresses had a common emotional meaning with an argument that stress in humans involves cognitive mediation (Selye, 1976) [17].

3.1.6. Lazarus Theory on Psychological Stress: Two elements are necessary for any psychological stress theory: appraisal, which describes how people evaluate the effects of events on their well-being, and coping, which describes how people process and deal with demands. These evaluations are affected by a range of people and environmental elements. On the personal side, generic expectations, aspirations, and motivational tendencies are the most essential elements. Predictability, controllability, and the approaching of a potentially stressful occurrence are significant situational parameters. Lazarus (1991) created a complete also based on emotion incorporating a stress theory in his volume on emotion and adaptation. This theory distinguishes between primary and secondary appraisal as the two fundamental types of evaluation (Lazarus, 1993) [18]. While secondary appraisal focuses on coping mechanisms, primary evaluation looks at whether anything important to the person's welfare occurs. There are three different types: harm, challenge, and threat. Existing loss or injury (psychological) is referred to as "harm." The threat stems from the notion that danger might be lurking around the corner. It is difficult to satisfy demands that one is confident one can meet. These numerous instances of psychological stress are linked to specific emotional reactions, illustrative of the close connection between the worlds of stress and emotions. At a more atomic level, distinct stress-related evaluative processes or characteristic emotional reactions are referred to as core relationship motifs. But an alarming goal-inconsistency circumstance it has improved since then or disappeared' is the central relational feature of relief. Concerning prospective Lazarus refers to one's assessment of the likelihood that particular behavioral or cognitive procedures would result in a favorable impact on a personally pertinent encounter. The idea of cognitive evaluation and stress-associated person-environment interactions are both closely tied to coping. They could try to alter the person-environment dynamics that underlie stress or unfavorable emotions. Additionally, they can make connections with internal factors and work to lessen a bad mood or alter how the difficult circumstance is seen (Lazarus & Folkman, 1984) [19].

3.1.7. Resource Theories of Stress: Linking systemic and cognitive perspectives resource theories of stress, in contrast to previous approaches, instead of concentrating on factors that contribute to stress, consider tools that can assist people to retain their well-being in challenging circumstances. Numerous social and psychological constructs, including social support, coherence, toughness, identity, and positivity, have been put forth. Numerous types of social support, including instrumental, informational, appraisal, and affective assistance, have been studied within the discipline. According to the recently proposed COR theory, stress can arise in any of three situations: when people lose resources, when resources are in danger, or when individuals spend their resources but don't get a return on their money. The suggested resource categories include object, condition, personal, and energy resources. The main cause of stress is the loss of resources. This idea runs counter to the underlying premise of techniques for dealing with significant life events. That stress happens whenever people must reassess their situational conditions, whether these circumstances are favorable or unfavorable. Resources protect and maintain other resources. An essential resource that could help other resources is self-esteem. When under stress, women with high self-esteem made effective use of social support, whereas women with low self-esteem mishandled support because they saw it as a sign of their weakness. After stressful events, people have a decreasing number of resources to deal with additional stress. This depletion makes people less able to handle additional stress, which creates a loss spiral. The interaction between resources and situational needs must be examined in light of how stressor sequences develop through time to fully understand this process view of resource investment. Additionally, this principle demonstrates the significance of looking into both the impact of resources on outcomes as well as outcomes on resources (Krohne, 2002) [20].

3.2. Types of Stress:

3.2.1. Eustress: The most prevalent type of stress is eustress. The causes of eustress only influence the body's stress hormone levels for a brief period. This kind of stress often subsides quickly and has little long-term impact on health. It is believed that stress is essential for normal development. It trains the brain on how to react appropriately to stress. On the other hand, prolonged exposure to any kind of stress can have negative health effects.

Fig 2.2.1: Types of stress [21]

3.2.2. Distress: **(a) Acute stress:** A friend's or family member's death, or the end of a relationship can result in acute stress (also known as episodic stress). These incidents affect the body more severely than regular stress does. Stress brought on by these circumstances might alter the brain negatively if it is not adequately managed. However, if the surroundings are encouraging and engage in constructive interactions, you may handle this stress.

(b) Chronic stress: The most destructive and long-lasting type of stress is frequently chronic stress, also known as toxic stress. Stress factors include physical or mental abuse, bullying, neglect, and addiction are the main causes. Stress alters what mechanisms the brain uses to communicate with the body as a whole and with itself, resulting in many health problems [21].

3.3. Causes of Stress:

(1) Physiological causes: These include native and genetic factors, biological rhythms, posture, sleep, food, muscular tension, adaption issues, and fatigue. (2) Psychological causes: They are comprised of nine elements: feeling, situation, perception, experience, decisions, memory, motivation, appraisal, and cognition. (3) Environmental causes: These elements come into play as a result of societal, primitive, and diffuse environmental forces (Prashant, 2019) [22].

3.4. Stress Types and Effects:

Stress can be sudden, traumatic, or even recurring. Acute stress is defined in humans by the impending risk that exists in a short amount of time and triggers the fight-or-flight reaction; examples of acute stress include narrowly missing a car collision and being pursued by a dog. Chronic stress is identified by daily sources of irritation or anxiety. A bad work environment, a long-term disease, and abuse suffered as a child or adult are a few examples of things that might lead to chronic stress. The fight-or-flight response is prolongedly stimulated under this type of stress. When a life-threatening event occurs, it can cause feelings of powerlessness and terror, which is what is known as traumatic stress. Events that might cause traumatic stress include tornadoes, fires, and wars; these occurrences can occasionally result in the onset of (PTSD's) post-traumatic stress disorder. There is little doubt that, in the case of chronic stress, a person's ability to operate can be significantly impacted by his or her ability to control potentially stressful situations. Psychosomatic research has placed a strong emphasis on how well people cope with stress. According to research, there is a statistical correlation between coronary heart disease and people who exhibit Type A personality, and stressful behavioral tendencies [23]. This manner of life, which is characterized by a sense of urgency, represents these patterns and impatience concerning time, fierce competition, and obsession with professional and associated deadlines.

3.5. Biochemicals:

The physiological reactions to stress are mediated by biochemical changes, and these chemical alterations can lead to psychological disorders. The sympathetic system stimulates the fight-or-flight response, which causes the majority of chemical changes related to stress. This reaction causes the

adrenal glands to release catecholamines, such as cortisol, norepinephrine, and epinephrine, in response to acute stress. These substances speed up heart rate, boost brain oxygen delivery, widen blood vessels, and raise sugar levels to prime the body to respond to an immediate threat. Catecholamines are continuously produced and secreted during chronic stress as a result of ongoing stimulation of the fight-or-flight response. Numerous physiological effects result from this, such as hyperglycaemias, and heart issues. Catecholamines can affect cognition and other mental processes because some of them, like norepinephrine, function as neurotransmitters in the brain. As a result, these chemicals can induce concentration problems, mood swings, agitation, depression, and anxiety. Additionally, chronic stress can cause the adrenal glands to secrete cortisol, which can suppress the immune response and increase the risk of illness. Additionally, high cortisol levels are linked to weight growth, specifically the build-up of abdominal fat. Long-term norepinephrine release directly from sympathetic nervous system neurons can decrease stem cell populations in hair follicles, causing hair to prematurely grey. According to research, those who eat a diet high in calories are particularly susceptible to weight gain caused by elevated amounts of the hormone insulin being under hard stress. Neurons in the amygdala, with high insulin levels, eventually become less sensitive to the hormone. After being desensitized, the neurons secrete more neuropeptide Y, a neurotransmitter that encourages eating and weight growth (Patil, 2012) [24].

3.6. Clinical Manifestations:

Stress symptoms can harm health, even though one might not know about it. One could suppose that a persistent headache, frequent nighttime sleeplessness, or a drop in work performance are all indications of a medical condition. The physical, mental, emotional, and behavioral effects of stress can all be seen. One can manage stress by being able to identify typical stress signs. When stress is not managed, it can cause several health problems, such as hypertension, heart problems, being overweight, and hyperglycemia. (a) Effects on the Body: Pain in the chest, muscles, headaches, altered sex, fatigue, sleep issues, and stomach discomfort. (b) Effects on mood: Anxiety, agitation, impatience, lack of motivation, feeling overburdened, irritation, wrath, melancholy, or depression. (c) Effects on behavior: Eating issues, not exercising, yelling, abusing drugs, withdrawing from social situations, smoking, or alcohol abuse.

3.7. Parental Stress:

Particularly, parent-related stress is defined as tension that is directly tied to a parent-child relationship. Overwhelming and demanding are the difficulties associated with raising a normal child. Parenting-related stress is constant throughout a child's developmental cycle. After the baby is born, the parents are in charge of giving the child infinite quantities of care, love, and support to promote healthy development. Taking care of a baby requires extra time, effort, and resources from the family as a whole. Infant-related factors such as crying habits, duties, attachment problems, financial and medical demands, work and career responsibilities, and a lack of time for self-care, leisure activities, and interpersonal interactions cause parents to feel overwhelmed. As a result, parents eventually suffer from both a sharp drop in the number of family resources accessible to them and an increase in parenting stress. Particularly parents of autistic children are overwhelmed by their inability to provide for the child's and/or the family's necessities, such as personal needs, financial worries, medical concerns, home, job, and social challenges, and marital and interpersonal relationships. Following an autism diagnosis, the parents are immediately confronted with a wide range of child-related stresses in the form of behavioral, communicative, social, and sensory restrictions (Mays et al., 2011) [25]. Parental stress among parents steadily rises in light of the child's ASD -related behavioral issues, including noncompliance, reluctance to change, excessive weeping, screaming, shouting, tantrums, and aggressive tendencies like biting, pulling hair, slapping, and head pounding. Several factors must be taken into account based on interactions between environmental, parental, and child factors when measuring parenting stress. For parents, there are three key source domains of stressors: (l) Child characteristics include traits including a child's capacity for adaptation, level of assertiveness, and hyperactivity. (2) Parental traits include depression severity, attachment to the kid, feeling of parental competence, and marital status. and (3) Situational/Demographic- experiencing a family member's death, moving, getting married, divorcing, or changing employment (Balasubramanian & Shankar, 2005) [26].

3.8. Theory of Parenting Stress:

According to the Parent-Child-Relationship Theory of Parenting Stress, there are three parenting stress domains. According to studies, a parent's behavior is directly influenced by characteristics such as gender, family history, mood states, views on child development, and parenting philosophy. Parental stress can also be increased by problematic kid conduct, such as disobedience, interrupting, inattention, and other common issues. Parenting stress is also linked to the interaction between parents and children. According to this idea, stress in any one of the three domains might harm the other domains. In a similar vein, decreasing stress in any one of the three domains can have a good impact on others (Deater-Deckard & Petrill, 2004) [18], (Crnic & Low, 2002) [19].

3.9. Empirical Literature Review:

3.9.1. Studies Related to the Parental Stress and Psychological Health of ASD Parents: Social support and family functioning were compared in a cross-sectional study of Chinese households with ASD children. 167 caregivers of children with ASD were polled on how their families functioned and how they felt about social support by measuring the use of support, both objective and subjective, and family cohesion. The results showed that social support positively correlated with family cohesion and adaptation. The study's results demonstrated the significance of various forms of social care that may be applied to create focused assistance programs for families with children who have ASD to enhance family dynamics and maintain the family structure (Lei & Kantor, 2022) [27].

Typically, ASD mothers report poorer mental health and decreased household functioning. This study builds on earlier research by examining whether various neighborhood factors, both beneficial and harmful, influence mothers' mental states and the general functioning of ASD families. Neighborhood support is favorably and significantly correlated with mothers' mental health and the overall functioning of ASD families, according to a simultaneous equation path analysis of children in the US drawn from a nationally representative sample. The general family functioning and mental state of ASD mothers are found to be lower. It has been demonstrated that neighborhood characteristics have a positive impact on the family performance and mental well-being of the general population. Mothers who have children on the autistic spectrum can experience a significant improvement in their subjective quality of life through community support (Whitehead, 2017) [28].

The current study's goal was to contrast parental stress, family functioning, and social support between parents who believed their child's autism symptoms were severe and 70 a control group. Parental impressions of autistic children and generally developing children were examined to assess these variations. When compared to parents who have children with little significant autistic symptoms and parents of children who are developing normally, parents who have children with extreme autistic behavior patterns reported increased levels of parental anxiety and lower perceptions of overall performance in the family. The groups did not differ when it came to how well the parents reported that the family was operating or how useful they viewed family social support to be, suggesting that more research is necessary (Kissel, & Nelson, 2016) [29].

Tung, et al. (2014) [30] sought to determine whether there was a relationship between parents of autistic children's HRQOL and the occurrence of autism, behavioral issues, and parenting stress, as well as the relevance of the HRQOL categories to the parents. The PSI-SF was used to assess stress, the CARS to assess the severity of autism, the WHOQOL-BREF to assess HRQOL, and the SDQ to assess behavior. The results showed that caregivers of children with autism had significantly poorer scores in the social, psychological, and physical dimensions.

A mixed analysis was used to assess 224 parents of ASD-affected children's HRQOL, its impacts, and areas of concern. HRQOL, which includes independence, self-care, routine care, pain/discomfort, and nervousness, was evaluated using the SF6D and EQ-5D. While the SF-6D was much worse than the general population, the EQ-5D was not noticeably different. Caregiving stress was higher in early-diagnosed children (2 years) than later diagnosed, which was the only finding connected with QOL scores among the child features. Family functioning is a challenging factor in families with ASD. Intense stressors lead to higher distress as problem-solving is stressful on a long-term basis. Many parents are at risk of psychological distress due to heightened healthcare expenses, and unemployment due to consistent child care. These are the major determinants that contribute to depressive illness and psychological distress in parents (Kuhlthau et al., 2014) [31].

Firat et al., (2002) [32] assessed the general psychological symptoms of 40 mothers with ASD children and 38 mothers with mental retardation children, using psychometric tests and concluded that 27.5% of ASD children mothers were without psychopathology compared with 55.3% of mothers with mental retardation kids, which explains that the mothers with autism children experience more psychological distress 71 than the MR conditions. Similarly, various studies to identify the distress factors showed that low family support, while raising a child with disruptive behavior and infrastructure as well as single parenting contributed to the illness. Poorly available healthcare facilities to meet the core symptoms of ASD made it highly challenging.

Cultural differences and family cohesion and their contribution to emotional well-being were examined by researchers conceptualizing their positive perspective with psychological well-being and the other extreme as distress (Magaña & Smith, 2006) [33]. Another study conducted in Japan, on Pervasive Developmental Disorder, measured personality traits in 147 families showing high stress levels in neuroticism and agreeableness where perceived control was the source of stress and authoritarian husbands were the main source of psychological distress.

Mothers having children with ASD and developmentally delayed (DD) children without ASD were studied by Estes et al., with similar preschool age group children and concluded that the disruptive behaviors of ASD children were more stressful to the mothers as caretakers and living with the disorder than the DD environment at home. The results claimed that the degree of stress level as parental stress was high in ASD families especially the mothers were most affected compared to other groups. And psychological distress associated with parental stress was mainly due to routine schedules and lack of leisure suggesting social support groups and childcare modify troublesome behavior. Later, in another study also by Estes et al., three comparative groups of mothers; ASD, DD, and typical children of toddler age were found to be of little variant. The parental stress was found to be of the same level in both the groups with DD and typical parents and didn't show a marked difference in children of toddler age. Whereas psychological distress hasn't shown any significant difference in both ASD and DD mothers yet, the disruptive behaviors of ASD children were the predictors of stress-related problems especially psychological distress and physical pains (Estes, 2013) [34].

Goyal et al., (2014) [35] explored psychological distress using the Parenting Stress Index as an inventory and Depression Anxiety Stress Scales 21. A statistically significant finding was that the mothers who participated in parent support groups as availing informal support had better adjustments and hence low psychological distress.

Table 2.1: Literature Review Summary

Sl. No	Area & Focus of the Research	The result of the Research	Reference
1	Social support and family functioning by measuring the use of support, both objective and subjective, and family cohesion.	The results showed that social support positively correlated with family cohesion and adaptation. The study's results demonstrated the significance of various forms of social care that may be applied to create focused assistance programs for families with children who have ASD to enhance family dynamics and maintain the family structure.	(Lei & Kantor, 2022) [27].
2	Mental health and decreased household functioning.	Neighborhood support is favorably and significantly correlated with mothers' mental health and the overall functioning of ASD families, It has been demonstrated that neighborhood characteristics have a positive impact on the family performance and mental well-being of the general population. Mothers who have children on the autistic spectrum can experience a significant improvement in their subjective quality of life through community support.	(Whitehead, 2017) [28].

3	Relationship between parents of autistic children's HRQOL and the occurrence of autism, behavioral issues, and parenting stress.	The results showed that caregivers of children with autism had significantly poorer scores in the social, psychological, and physical dimensions.	(Kissel, & Nelson, 2016) [29].
4	Psychopathology comparison of ASD and mental retardation children mothers.	Low family support, while raising a child with disruptive behavior and infrastructure as well as single parenting contributed to psychopathology. Poorly available healthcare facilities to meet the core symptoms of ASD made it highly challenging.	(Firat et al., 2002) [32].
5	Exploring psychological distress	A statistically significant finding was that the mothers who participated in parent support groups as availing informal support had better adjustments and hence low psychological distress.	(Goyal et al., 2014) [35].

4. MATERIALS AND METHODS :

A cross-sectional exploratory study was conducted to determine and investigate the type of stress experienced by moms of autistic children. As part of an inductive research approach, open-ended questions offer more insights and a deeper comprehension of the phenomenon during the exploratory stage. Respondents emerged as a broad range of samples from all regions of the district that transcend sociodemographic boundaries. Furthermore, mothers in the categories ranged from early years to late years indicating that they had experienced all types of pitfalls. Psychosocially, the age of the child with ASD is also considered to have a proportional sample size as the age of the children and their dependence on mothers as primary caregivers rely heavily on them. 61 participants were surveyed using monomethod with structured in-depth interviews to get the responses using the questionnaire. As there is immense difficulty in collecting data and it is particular and highly clinical in certain ways in-depth interviews in the form of counseling and deep discussions were carried out to evoke the responses. Telephonic interviews and a few face-to-face interviews were conducted indicating the intent to participate with informed consent.

4.1. Construct Development:

A multi-stage strategy was employed throughout, with the items being revised at different points to enhance the build, substance, and validity of the criterion. To increase the study's scope, participants who worked and those who did not, as well as respondents of various ages, from a variety of geographic backgrounds, with differing degrees of education and socioeconomic status, were all taken into consideration. Finding the causes and triggers of people's stress is the first step in the study. A plan for organizing the literature was implemented to conceive the objects and their attributes. The study's first 12 items were designed as exploratory stage inquiries to fit the Indian moms' context. We distributed the item to five reviewers who have extensive experience developing scales for developmental disorders of all kinds and who have appropriate backgrounds in clinical psychology and ASD, to determine its suitability. Things that received 80% or more approval were retained, and the final draft included the suggestions that were offered on the spot. To improve the construct validity of the clinical condition using the monomethod with informed consent, 61 structured, in-depth interviews were conducted in the next phase. The questionnaire had six components. The potential stressful events were identified and adopted by various authors but none were specific to ASD-related key types of stressors (Yildirim & Cevik, 2020) [36]. Considering stress-related growth (Chun, 2012) [37] and its outcome on positive change and coping skills in the lives of ASD mothers, the STL construct was constructed with 5 items STL1, STL2, STL3, STL4, STL5, and STL6 were constructed to measure the stress level of mothers with ASD children due to the demanding care of the child.

5. RESULTS AND FINDINGS :

5.1. Descriptive Statistics of Stress Level Measure (STL)

Table 5.1: Descriptive Statistics of STL Variables

	Valid	Missing	Mode	Median	Mean	Std. Error of Mean	Std. Deviation	Coefficient of variation	Variance	Skewness	Std. Error of Skewness	Kurtosis	Std. Error of Kurtosis	Range	Minimum	Maximum	Sum
STL1	61	0	4.000	4.000	3.443	0.125	0.975	0.283	0.951	-0.558	0.306	-0.124	0.604	4.000	1.000	5.000	210.000
STL2	61	0	4.000	4.000	3.426	0.125	0.974	0.284	0.949	-0.737	0.306	-0.223	0.604	4.000	1.000	5.000	209.000
STL3	61	0	4.000	4.000	3.426	0.141	1.102	0.322	1.215	-0.483	0.306	-0.364	0.604	4.000	1.000	5.000	209.000
STL4	61	0	4.000	3.000	3.049	0.149	1.161	0.381	1.348	-0.429	0.306	-0.850	0.604	4.000	1.000	5.000	186.000
STL5	61	0	4.000	4.000	3.475	0.158	1.236	0.347	1.454	-0.707	0.306	-0.363	0.604	4.000	1.000	5.000	212.000
STL6	61	0	4.000	4.000	3.410	0.147	1.146	0.336	1.313	-0.459	0.306	-0.574	0.604	4.000	1.000	5.000	208.000

5.1.1. STL1

STL1 measured the physical lethargy related to aches and pains due to the physical handling of the hyperactive children and mental tiredness as low interest, due to the demanding care of your child. The majority 45.9% of the respondents responded “frequently” as they were witnessing physical tiredness, having no strength, and losing interest in the monotonous childcare, followed by 26.3% responding “occasionally”, followed by 14.7% responded “rarely”, 9.8% responded “regularly” and only 3.2% responded “never” despite the demanding care of the child with autism.

Table 5.1.1: Frequencies for STL1

STL1	Frequency	Percent	Valid Percent	Cumulative Percent
1	2	3.279	3.279	3.279
2	9	14.754	14.754	18.033
3	16	26.230	26.230	44.262
4	28	45.902	45.902	90.164
5	6	9.836	9.836	100.000
Missing	0	0.000		
Total	61	100.000		

5.1.2. STL2

STL2 was constructed as one of the measures of mood change for no reason such as anger, anxiety, fear, sadness, losing temper, irritability, unhappiness, or hopelessness due to the continuous care of the child. The majority of the respondents 54% responded “frequently”, followed by 18% responding “occasionally”, followed by 18% responding “rarely”, 6.5% responded “regularly” and only 3.2% responded “never” as experiencing mood changes.

Table 5.1.2: Frequencies for STL2

STL2	Frequency	Percent	Valid Percent	Cumulative Percent
1	2	3.279	3.279	3.279
2	11	18.033	18.033	21.311
3	11	18.033	18.033	39.344
4	33	54.098	54.098	93.443
5	4	6.557	6.557	100.000
Missing	0	0.000		
Total	61	100.000		

5.1.3. STL3

As we wanted to measure the outcome of huge stress on the mental processes due to the demanding childcare STL3 was constructed as one of the measures to identify the changes in eating habits, sleeping patterns, overreacting to little things, neglecting responsibilities in the long run or losing enthusiasm in carrying out day to day activities or prefer to be alone after having a child with autism. The majority 40.9% of the respondents responded “frequently”, 21.3% responded “occasionally”, followed by 18% responded “rarely”, 14.7% responded “regularly” and only 4.9% responded “never” towards noticing changes in day-to-day activities.

Table 5.1.3: Frequencies for STL3

STL3	Frequency	Percent	Valid Percent	Cumulative Percent
1	3	4.918	4.918	4.918
2	11	18.033	18.033	22.951
3	13	21.311	21.311	44.262
4	25	40.984	40.984	85.246
5	9	14.754	14.754	100.000
Missing	0	0.000		
Total	61	100.000		

5.1.4. STL4

Item STL4 was measuring the level of decision-making or concentrating on a particular task in due course of the child’s demand. The majority 40.9% of the respondents responded “frequently”, followed by 21.3% responding “occasionally”, followed by 19.3% responding “rarely”, and only 4.9% responded “regularly” either distracted or less focused. 13.1% responded “never” as they were well-focused and did not have similar issues. As demanding care requires total focus and physical handling, it leads to

physical tiredness and mental exhaustion. There will be immense difficulty sharing feelings among couples, less interest, or difficulty getting involved in sexual activity.

Table 5.1.4: Frequencies for STL4

STL4	Frequency	Percent	Valid Percent	Cumulative Percent
1	8	13.115	13.115	13.115
2	12	19.672	19.672	32.787
3	13	21.311	21.311	54.098
4	25	40.984	40.984	95.082
5	3	4.918	4.918	100.000
Missing	0	0.000		
Total	61	100.000		

5.1.5. STL5

STL5 was measuring close relationships between couples and we found that the majority of the respondents 40.9% responded “frequently” as they had issues sharing intimacy, followed by 21.3% responded “occasionally”, followed by 19.3% responded “rarely”, and only 4.9% responded “regularly”. 13.1% responded “never” as they could share personal and related issues without any hindrance or disturbance.

Table 5.1.5: Frequencies for STL5

STL5	Frequency	Percent	Valid Percent	Cumulative Percent
1	6	9.836	9.836	9.836
2	7	11.475	11.475	21.311
3	11	18.033	18.033	39.344
4	26	42.623	42.623	81.967
5	11	18.033	18.033	100.000
Missing	0	0.000		
Total	61	100.000		

5.1.6. STL6

STL6 was constructed to measure fear and the level of anxiety about something unknown happening expecting the worst possibility of the future. 42.6% responded “frequently”, followed by 18% responded “occasionally”, another 18% responded “regularly”, followed by 11.4% responded “rarely” and only 9.8% responded “never”.

Table 5.1.6: Frequencies for STL6

STL6	Frequency	Percent	Valid Percent	Cumulative Percent
1	4	6.557	6.557	6.557
2	10	16.393	16.393	22.951
3	14	22.951	22.951	45.902
4	23	37.705	37.705	83.607
5	10	16.393	16.393	100.000
Missing	0	0.000		
Total	61	100.000		

5.2 Reliability of STL Variables:

Table 5.2.1 shows individual item reliability statistics. The STL construct has 6 items STL1, STL2, STL3, STL4, STL5, and STL6. The construct-wise reliability statistics of STL, with a point estimation of 0.855 as Cronbach's alpha. This further suggests that the items measure the stress level appropriately construct-wise. The items STL1, STL2, STL3, STL4, STL5, STL6, correlated negatively with the scale.

Table 5.2.1 Frequentist Individual Item Reliability Statistics

	If Item Dropped		
Item	Cronbach's α	Mean	SD
STL1	0.839	3.443	0.975
STL2	0.823	3.426	0.974
STL3	0.827	3.426	1.102
STL4	0.807	3.049	1.161
STL5	0.846	3.475	1.206
STL6	0.840	3.410	1.146

Table 5.2.3 shows that Cronbach's alpha for scale reliability statistics is 0.719. Individual Item Reliability Statistics on the overall construct can be improved by dropping STL4, which needs to correlate clinically.

5.3. Parameter Estimates:

Table 5.3: Factor loadings

							95% Confidence Interval	
Factor	**Indicator**	**Symbol**	**Estimate**	**Std. Error**	**z-value**	**p**	**Lower**	**Upper**
STL	STL1	λ11	0.693	0.112	6.169	< .001	0.473	0.913
	STL2	λ12	0.710	0.111	6.385	< .001	0.492	0.928
	STL3	λ13	0.767	0.128	5.992	< .001	0.516	1.017
	STL4	λ14	0.999	0.123	8.137	< .001	0.758	1.240
	STL5	λ15	0.705	0.147	4.803	< .001	0.417	0.993
	STL6	λ16	0.695	0.138	5.022	< .001	0.423	0.966

Factor loadings, for factor STL, STL1 is showing 0.693 with a 95% confidence level. STL2 has 0.710, STL3 has 0.767, STL4 has 0.999, STL5 has 0.705, and STL6 has 0.695 with 0.001 significance value.

5.4. Facets Incorporated Within Stress Domain:

Understanding the facets of stress involves recognizing the various dimensions or components that contribute to the experience of stress. Some key facets or dimensions of stress are; **Physical Facet** which includes Physical symptoms as the physiological responses to stress, such as increased heart rate, muscle tension, sweating, and changes in breathing patterns. **Emotional Facet** involves a range of emotional responses, such as anxiety, irritability, sadness, anger, or feeling overwhelmed varying in intensity and duration depending on the stressor. **Cognitive Facet** impacts cognitive functions, leading to difficulties in concentration, memory problems, racing thoughts, indecisiveness, and negative thinking patterns affecting the focus and processing of information. **Behavioral Facet** influences behavior, leading to changes such as restlessness, changes in eating or sleeping patterns, withdrawal from social activities, increased substance use, or nervous habits. **Social Facet** affects social interactions and relationships leading to conflicts with others, withdrawal from social activities, decreased communication, or feeling unsupported by others. **Environmental Facet** contributes to stress, such as noise, crowding, pollution, or inadequate living or working conditions. **Spiritual Facet** impacting sense of meaning, and purpose, or affecting their spiritual beliefs, practices, or sense of inner peace.

Table 5.4: Facets Incorporated Within Stress Domain

Domain	Facets Incorporated Within Domain
Level of Stress	Emotional Stress (Q1)
	Cognitive Stress (Q2)
	Physical Stress (Q3)
	Behavioral Facet
	Social Facet
	Environmental Facet
	Spiritual Facet

5.5. Assessment of the Level of Stress under Facets of Emotional, Cognitive, and Physical Stress of Mothers of ASD Children:

5.5.1 Emotional Stress (STL1)

STL1 was constructed to measure emotional stress as one of the measures of mood change for no reason such as anger, anxiety, fear, sadness, losing temper, irritability, unhappiness, or hopelessness due to the continuous care of the child. The majority of the respondents 37.14% responded "frequently", followed by 22.85% responding "regularly", followed by 21.4% responding "rarely", 17.14% responded "occasionally", and only 1.4% responded "never" as experiencing mood changes.

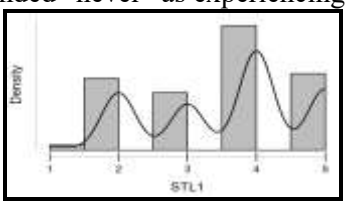

Figure 5.5.1: Level of Emotional Stress

5.5.2 Cognitive Stress (STL2)

Cognitive stress was measured by STL2, measuring the level of decision-making or concentrating on a particular task in due course of the child's demand. The majority 32.14% of the respondents responded "frequently," followed by 29.28% responding "rarely", followed by 15.71% responding "occasionally", and only 10.71% responded "regularly" either distracted or less focused. 12.14% responded "never" as they were well-focused and did not have similar issues.

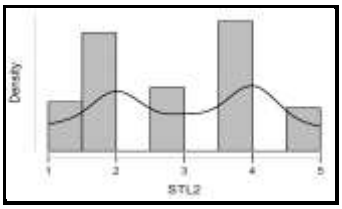

Figure 5.5.2: Level of Cognitive Stress

5.5.3 Physical Stress (STL3)

As demanding care requires total focus and physical handling, it leads to physical tiredness and mental exhaustion. There will be immense difficulty sharing feelings among couples, less interest, or difficulty getting involved in sexual activity. STL3 was measuring close relationships between couples and we found that the majority of the respondents 31.4% responded "frequently" as they had issues sharing intimacy, followed by 27.85% responded "occasionally", followed by 19.28% responded "rarely", and 13.5% responded "regularly". 7.8% responded "never" as they could share personal and related issues without any hindrance or disturbance with a mean of 3.236. The distribution is fairly symmetrically skewed at -0.243.

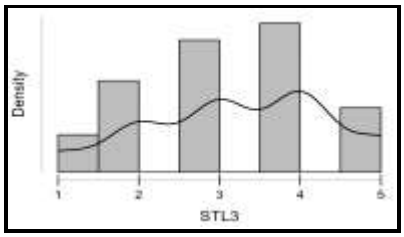

Figure 5.5.3: Level of Physical Stress

5.6. Assessing the Nature of Perceived Stress of Mothers of Children with ASD:

Parents perceived stress levels, often focusing on different domains such as parental role, parent-child interactions, support networks, and personal well-being concurrent to different age groups of kids. Parental stress related to parenting challenges and the positive aspects of parental satisfaction and perceived competence having both positive and negative emotional experiences. Identifying and leveraging parents' strengths and resources alongside addressing stressors through resilience, and coping strategies, can mitigate the impact of stress. Qualitative interviews or narrative approaches that explore

parents' positive experiences, strengths, and coping strategies in addition to stressors. Parental stress can be measured by assessing perceived social support or coping strategies alongside stress measures to understand how these factors influence parental well-being. Cultural norms, community resources, and environmental factors can impact both stress and positive aspects of parenting.

5.8. Findings: Level of Stress:

Emotional stress is one of the significant perceived stresses in the life of mothers with ASD children, was measured as one of the measures of mood change for no reason such as anger, anxiety, fear, sadness, losing temper, irritability, unhappiness, or hopelessness due to the continuous care of the child. The majority of the respondents 37.14% responded “frequently”, 22.85% responding “regularly”, followed by 21.4% responded “rarely”, followed by 17.14% responded “occasionally”, and only 1.4% responded “never” as experiencing mood changes with a mean of 3.586. The distribution is fairly symmetrically skewed at -0.350. **Cognitive stress** was measured by STL2, measuring the level of decision-making or concentrating on a particular task in due course of the child’s demand. The majority 32.14% of the respondents responded “frequently,” followed by 29.28% responding “rarely”, followed by 15.71% responding “occasionally”, and only 10.71% responded “regularly” either distracted or less focused. 12.14% responded “never” as they were well-focused and did not have similar issues with a mean of 3. The distribution is fairly symmetrically skewed at -0.046. As demanding care requires total focus and physical handling, it leads to physical tiredness and mental exhaustion. There will be immense difficulty sharing feelings among couples, less interest, or difficulty getting involved in sexual activity. STL3 was measuring **physical stress**, such as the close relationships between couples and we found that the majority of the respondents 31.4% responded “frequently” as they had issues with sharing intimacy, followed by 27.85% responding “occasionally”, followed by 19.28% responded “rarely”, and 13.5% responded “regularly”. 7.8% responded “never” as they could share personal and related issues without any hindrance or disturbance with a mean of 3.236. The distribution is fairly symmetrically skewed at -0.243.

6. DISCUSSION :

The concept of "domains of stress" typically refers to different areas or aspects of life where stress can originate or be experienced. These domains are interconnected and can overlap, amplifying overall stress levels. These domains can vary from person to person but generally include Career, Family, Social, Personal, Financial, Environmental, and Academic. Recognizing various facets helps in understanding the complexity of stress and how it can affect different aspects of an individual's life. Addressing stress often involves strategies that target these different facets, such as relaxation techniques for the physical and emotional facets, cognitive restructuring for the cognitive facet, and improving social support for the social facet.

7. NEW KNOWLEDGE :

Stress has been used to refer to a range of unfavorable emotions and behaviors that come with frightening or difficult circumstances. Family functioning is a challenging factor in families with ASD. Intense stressors lead to higher distress as problem-solving is stressful on a long-term basis. Many parents are at risk of psychological distress due to heightened healthcare expenses, and unemployment due to consistent childcare. These are the major determinants that contribute to depressive illness and psychological distress in parents. An assessment of the level of stress under emotional, cognitive, and physical stress facets of mothers of ASD children as primary caregivers was carried out. The item ‘emotional stress’, as Q1 was developed as STL1 to measure emotional stress as one of the measures of mood change for no reason such as anger, anxiety, fear, sadness, losing temper, irritability, unhappiness, or hopelessness due to the continuous care of the child. Cognitive stress (Q2) was measured by STL2, measuring the level of decision-making or concentrating on a particular task in due course of the child’s demand. As demanding care requires total focus and physical handling, it leads to physical tiredness and mental exhaustion. There will be immense difficulty sharing feelings among couples, less interest, or difficulty getting involved in sexual activity. STL3 was developed as one of the items under ‘physical stress’ as Q3 in the domain. The other domains of stress though affected weren’t considerably identified in the exploratory stage hence importance was laid on the first three facets.

8. CONCLUSION :

Research consistently shows that higher levels of parental stress are associated with lower levels of parental sensitivity to the child. Parental sensitivity refers to the ability of parents to accurately perceive their child's cues, respond promptly and appropriately to their needs, and provide a nurturing and supportive environment. When parents are stressed, they may have fewer emotional and cognitive resources available to engage sensitively with their child. This can lead to interactions that are less attuned and responsive to the child's cues and emotional signals. Stress can increase emotional reactivity and diminish emotional availability for the child. Parents may be more likely to respond with impatience, irritability, or inconsistency, which can undermine sensitive interactions. Stress can decrease parents' ability to remain patient and understanding, making it harder for them to interpret their child's behaviors accurately and respond with appropriate sensitivity. High levels of stress can also diminish parents' confidence in their ability to effectively parent (parental self-efficacy) undermining their ability to engage in sensitive and responsive caregiving behaviors. When parental sensitivity is compromised due to stress, it can have cascading effects on the child's socio-emotional development, behavior regulation, and attachment security. Identifying and measuring parental stress to aim interventions to reduce parental stress and enhance parental sensitivity can promote healthier parent-child relationships and support children's overall well-being.

9. SUGGESTIONS :

Improving parenting skills is a valuable goal that can have a positive impact on both parents and children. Participating in parenting education programs that offer evidence-based strategies and practical tips for effective parenting. Staying informed about child development, parenting techniques, and strategies for managing various aspects of parenting through counselors or therapists specialized in family dynamics and child-rearing. Building Positive Parent-Child Relationships by fostering open and honest communication through active listening, expressing empathy, and encouraging dialogue. Spending quality time strengthens the bond, providing emotional support and validation to navigate challenges and express their feelings. It is equally important to set clear expectations on age-appropriate tasks and decision-making to promote independence and responsibility reinforce desired actions and build self-esteem.

9.1. Stress Management:

If any stress symptoms exist, numerous health advantages might result from taking action to control stress. Investigating stress-reduction approaches and seeking out constructive strategies to deal with the stress which include exercising periodically, using soothing methods like breathing deeply, participating in yoga, or massage, maintaining a sense of humor, having family and acquaintances over for a while, and allocating time for hobbies like reading or listening to music. While passive pursuits like watching television, surfing the web, or playing computer games may appear calming at first, they can ultimately make you feel more anxious. Additionally, getting adequate sleep, eating a balanced diet, and abstaining from alcohol, unlimited coffee, tobacco use, and using illegal substances is of utmost importance.

9.2. Treatment:

Stress can be successfully treated with leisure activities of individual choice like exercise, meditation, yoga, adequate rest, and dietary changes, such as consuming less alcohol and caffeine, which help to reduce moderate stress. Psychotherapy may be necessary to identify and address the underlying causes of extreme stress. Biofeedback, a type of behavior therapy, allows the patient's consciousness to increase internal functions and exert some degree of control over physical responses to stress. An environment or living condition adjustment might occasionally have therapeutic effects. Joining a group for support, and fortifying relationships with kin and peers can frequently help people feel less stressed and thus healthier overall. Developing coping strategies and self-care is the key to success.

9.3. Improving Parenting Skills:

Recognize that parenting is a journey that involves continual learning and growth. Improving Parenting Skills by defining specific and measurable goals, monitoring progress, and celebrating achievements as we navigate challenges.

10. LIMITATIONS OF THE STUDY :

Perceived parental stress is inherently subjective making it challenging to generalize findings as the study relies on self-report measures influenced by social desirability or recall bias. Perceptions and experiences of parental stress can vary significantly across different cultural and socio-economic contexts. Lack of diverse samples, potentially not representing the broader population of parents. Parental stress levels can fluctuate over time due to various factors making it difficult to capture multidimensional aspects of stress adequately. Hence longitudinal studies are needed to understand how parental stress evolves and its long-term impacts. Drawing meaningful conclusions while interpreting the results of studies on perceived parental stress requires careful consideration of the context and the limitations outlined above to advance our understanding of parental stress effectively.

11. SCOPE FOR FUTURE RESEARCH :

The future scope of assessing the nature of perceived parental stress holds several promising directions. More longitudinal studies to track parental stress over time, identifying patterns, triggers, and long-term impacts on both parents and children. Thus, identifying early indicators of heightened parental stress and developing preventative strategies before stress escalates. Diverse populations to understand how cultural, socioeconomic, and demographic factors influence perceived parental stress by continued refinement and development of measurement tools that capture the multidimensional aspects of parental stress. Exploring the efficacy of various interventions (e.g., mindfulness-based stress reduction, parent support groups) that contribute to resilience in parents facing high levels of stress, and identifying effective coping mechanisms. Overall, the future of assessing parental stress involves not only deepening our understanding of its nature and impacts but also developing targeted interventions and policies that support parents in managing and mitigating stress effectively to enhance family well-being, child development outcomes, and societal resilience as a whole.

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