

**The effect of social support on marital adjustment and quality of life  
of parents having children with autism**



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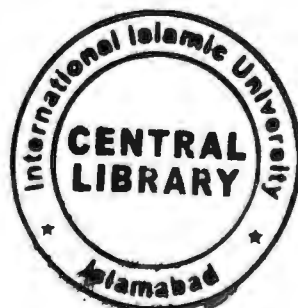
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**2016**



Accession No TH-16792 <sup>NY</sup>



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. Autism in children - psychological

aspects



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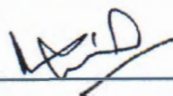
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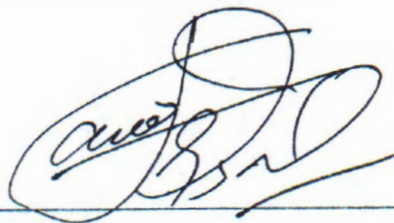
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**Dean Faculty of Social Sciences**

**DEDICATED**  
**TO**  
**MY PARENTS**

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## **ACKNOWLEDGEMENTS**

*First and foremost, I thank ALLAH ALLMIGHTY the most beneficent and the most merciful, which enabled me to complete the research.*

*I would also like to acknowledge assistants of my teacher and express my heartfelt appreciation to Dr.Kekshahan Arooj acting head of department of Psychology, at Islamic International University for her individual guidance, general support and encouragement throughout the research. May God bless with happiness to her.*

*I would also acknowledge the prayers and encouragement of my parents who left no stone unturned to help me out of this critical phase of my life would like to Special gratitude to my husband Eesa Jan Warssi who provide help and emotional support in each and every moment of my thesis work.*

*Last but not least, I am grateful to my department, of Psychology (IIUI ) and my teachers who helped me to learn during MS course, especially Ms.Musrat jabeen and Ms Mehmoona Ismail who provide help and continues support.*

*Moreover, I thank all those who prayed for my success and helped me in completing this research.*

*(TahiraShaheen khan)*

## Abstract

The purpose of present study was to investigate the effect of social support on marital adjustment and quality of life of parents of children with Autism. In present study 57 (fathers) and 68(mothers) were taken and studied their level of marital satisfaction ,quality of life and effect of social support on both of these variables by using dyadic adjustment scale (DAS) ,WHOQOL-BREF and social provision scale (SPS).

The comparison between the scores of parents of Autistic children was assessed by t-test analysis which shows that there was significant difference between scores of them. Descriptive analysis indicated that mothers of ASD children are low in marital adjustment (M=87.25, SD=26.3), quality of life (M=80.2, SD=19.2) and social support (M=60.83, SD=13.34) as compare to fathers of ASD children marital adjustment, (M=97.5, SD=24.3), QOL (M=90.7, SD=14.6) and social provision (M=67.03, SD=13.4).To access the effect of social support on marital adjustment and QOL among parents of ASD children multiple correlation and regression analysis was done. The results shows that social support positively predict marital adjustment and QOL as well as QOL positively predict marital adjustment.

Our Findings shows that developmental disability (Autism) in children affects the quality of life and marital adjustment of their parents and social support effects both variables.

## **Informed Consent Form**

Dear Participants

I am a MS Psychology student at Islamic International University Islamabad. We conduct a number of researches for academic purposes and being a Clinical Psychologist I am interested in evaluating the effect of Social support on Quality of life and marital adjustment of Parents of Autistic children. The current research is one of these researches

I would like to request you to contribute in this study as a respondent for this purpose. A few questionnaires are being given to you; please read them carefully and answer. Be truthful in answering them. If you experience any uneasiness during the course of this study, please feel free to ask for help from the examiner.

If you feel any potential risk and intend to withdraw from the participation, you can, since your participation in this study is entirely on volunteer basis. All your information will be kept confidential and will not even be revealed in the final report. All your personal information is only for research purpose and is required.

Thank you in advance for your cooperation.

Any information regarding the study is accessible at:

Tahira Shaheen

email: Tahirakhan\_jiu12@yahoo.com

Islamic International University Islamabad

## **Participant's Consent**

I have read and understood the introduction to your study and its informed consent. I agree to participate in the present study.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Chapter-I

### INTRODUCTION

Parenting has always been a very challenging task which demands considerable time and energy so ultimately bringing up children with Autism is more stressful and challenging. In Pakistan there are many psychosocial problems (rejection from society, financial problems etc.) that are faced by Parents because of the disability of their children so there living standard and relationships are also at loss.

Autism is one of a severe enduring developmental disabilities that stay wildest rising amongst world (Phoenix, 2012; Lin, Orsmond, Coster & Cohn, 2011). Deliberating to The Center for Disease Control and Prevention (2012), almost 24,000 offspring inborn this year will be identified by Autism Spectrum and 1 in every 68, 2 kids remain detected with an ASD. The occurrence level for males is meaningfully higher than women, through the digit of boys (1 out of 42 boys) being identified nearly 5 times greater than that of women (1 out of 189 girls) (CDC, 2014). In line with the one of report occurrence of PDD is 11.3 for each 1000 kids aged 8 years. It demonstrate the wide range of Autism(Wingate., 2008).In Islamic Republic of Pakistan occurrence of Autism in special education schools of Lahore is 142 out of 1633(Suhail & Zafar,2008). Autism is relatively dominant in Pakistan but here is a vast gap of investigation in this ground. According to Azeem (2009) the amount of individuals falling in autism spectrum disorder is a lowest of 3, 45,600 out of 172,800,048 populace of Pakistan.

Autism is measured as severe childhood behavior disorder with the maximum multifaceted developing pattern (Altieri & Kluge, 2009).

Autism spectrum disorder can diagnosed on the basis tenacious deficiencies in societal communication plus contact through several settings, as expressed by weaknesses in social-emotional mutuality; nonverbal statement use for social contact; emerging, retaining and considerate relations. Limited repetitive pattern of actions, concern, activities e.g. stereotyped monotonous motor movement, peculiar usage of stuffs, unacquainted language. Persistence on similarity, and fixed devotion to routine; extremely limited obsessed concern those are strange in intensity and concentration; hyperactive or hypo reactivity to sensual input. These warning sign necessity be existent in early development age and grounds clinically major loss in societal and work-related and further essential parts of lifespan (DSM-V, 2013).

Social similarity aimed at a child with ASDs is possibly damaged in which the kid may mark deprived eye contact plus escape from social interaction and an incapability to gross the perception of others or sympathize. Offspring through ASDs be able to develop distraught by fluctuations in schedules and sequences of daily routine. Actually, these kids might have repetitive physique actions comprising striding, hand-flapping or finger-flicking and stunning. Children may often have outbursts and thoughtless conducts with inadequate safety alertness (Elder & D'Alessandro, 2009). ASD is categorized as a spectrum disorder for the reason that of diverse grades of damage in the core diagnostic regions. Additional behavior, developmental, psychiatric, and medicinal glitches can co-occur with autism. Frequently, these co-occurring difficulties present the family by the greatest problematic dares to accomplish.



Investigation point out that parents of children with developmental problems account larger heights of strain, apprehension and conjugal adjustment difficulties as compare to parents of kids deprived of such complications (Benson & Karlof, 2009; Dumas, Wolf, Fisman, & Culligan, 1991; Plant & Sanders, 2007; Pedraza & Carter, 2009).

PDD is extra communal so the parents of these children feel sadness. Amount of studies displays that parents of these children senses unhappiness and they occupy lower level of quality of life. It is stated that mothers and fathers of children with PDDs have deficiency in their somatic action and societal relations and a worse overall observation of their quality of life (QOL) and well-being associated with parents of fit children (Mugno, Ruta, Arrigo, & Mazzone, 2007; Allik, Larsson, & Smedje, 2006; Plant & Sanders, 2007). Definitely, it has been establish that nurturing a child with Autistic Disorder be able to intrude the entire family's life cycle and consequence in numerous financial, communal, bodily and mental problems (Hartley et al, 2010; Parish, Seltzer, Greenberg & Floyd, 2004; Shu, 2009).

Autism is connected with load and stress for paternities/caregivers of the affected kid (Almansour, Alateeq, Alzahrani, Algeffari, & Alhomaiddan, 2013). Stress accompaniments and takes a inclination for an preliminary stressor or else stressors to construct further stressors in additional zones of lifespan (Benson & Karlof, 2009). For parents of children with ASDs, the disability is the preliminary stressor, however nurturing a kid with a disability familiarizes challenges during the course of the life cycle for the kid as a distinct and the family as an entity (Smith, Hong, Seltzer, Greenberg, Almeida, & Bishop, 2010). These stressors comprise dares circumnavigating the several

of educational, therapeutic, and behavior services; economic adversities connected to the price of carefulness; plus emotive aspects of inventing a kid with a disability (Plant & Sanders, 2007).

Additional preceding study revealed the paternities of children with autism report a worse QOL and a better level of child compassionate problem than the parents of offspring with attention deficit/hyperactivity disorders (ADHD) (Lee, Harrington., Louie, Newschaffer , 2008).

Typically the families are left unaided to facade the encounters of rising the child with autism and accountable for their education also (Fido & Saad, 2013; Woodgate, Ateah, & Secco, 2008; Whitaker, 2002) this wield burden on domestic(Whitman,2004).It was realized that youngsters' disabilities residence a larger load on the moms between the paternities of children with high functioning autism or Asperger's disease (Gray, 2003) besides nearby is a propensity for the mummies to feel discomfort and tougher damage as compare to the fathers in terms of the QOL (Mungo et al, 2007; Allik, et al, 2006). Gray & Holden (1992) establish that mothers stated considerably extra depression and anxiety than fathers. Collected works point out that mothers had greater amounts of strain connected to intimate difficulties and cynicism because of their child's upcoming, greater amounts of antidepressant usage, and greater degrees of rehabilitation usage than did fathers. Mothers initiate some surviving approaches additional useful than fathers did. Maternal education plus child's age moreover were connected to some strain and coping variables (Little, 2002).

Therefore the parents of children with PDDs appear to consume damage in several areas of their QOL as the parents of children with other disabilities. Assessment of QOL is essential now among health training, to recover the doctor-patient connection, in measuring the efficacy and comparative values of diverse managements, in well-being facilities assessment, in assessment and in strategy constructing .QOL is particularly significant to circumstances that are long-lasting and damaging, such as pervasive developmental disorder (PDD)(WHOQOL,1998).

Nurturing a child with long-lasting prevalent disorder is measured as a exceptional practice that differs considerably rendering to its sociocultural settings. Therefore, in order to bearing effective and consistent provision agendas for affected parents; recognition of varieties amongst cultures is essential. Till now, almost every study that have directed paternities of children with Autistic Disorder and their QOL and marital adjustment or social support remained piloted in western or industrialized eastern states. Not any studies have examined the role of social support on marital adjustment and quality of life among parents of children with Autistic Disorder in Pakistan. As Pakistan take their exceptional ethos, believes that is considered considerably dissimilar from westerners. Additional, in low-and middle-income republics parents of children of Autistic Disorder face a mass up of various stressors because of their poor socio-economic position and poor domestic circumstances. According to the World Health Organization's world report of disability (WHO, 2011), one of the chief difficulties that hinder the founding of well-ordered sustenance programs for parents of children with Autistic Disorder in the developing countries is the lack of investigation research that can notify about the psychosocial influences of levitation children with Autistic Disorder on

their parents. Therefore, the determination of this research was to examine the quality of life and marital adjustment of sample from Pakistan and to investigate the effect of social support.

### **Importance of relationships**

Above the passage of lifetime, persons attain to create various relations, with diverse principles, anticipations plus promises. One of those associations is the conjugal association. For A worthy married connection conjugal adjustment is necessary.

### **Marital adjustment definition**

Sinha & Mukerjee (1990) describes marital adjustment as "The state in which there is complete sensation among hubby and wife of pleasure plus indulgence with their wedding and with each other".

According to Spanier and Cole (1976), conjugal adjustment is a procedure, the consequence of which is resolute by the amount of: a) upsetting wedded dissimilarities, b) personal strains and individual worry, c) conjugal fulfilment d) dyadic cohesion, e) agreement on significant matters to wedded functioning.

Married steadiness is the association in which couples living collectively in marriage, enjoying the contiguous possible love and warm and accomplishing relationship without any intent of disintegration (Adesanya, 2002).

## Factor affecting Marital Adjustment

Above the previous two eras, family entities have become lesser and the ratio of marriage failure has greater than before (Aneshensel, Pearlin, Mullan, Zarit, Whitlatch, 1995). There are numerous dynamics that disturb marital adjustment one of them is trust on partner. Relations are poised of faith belief, and sharing of close opinions and emotional state and consideration. They are constructed upon trust as well as sharing and they get durable from these stuffs (Finkenauer, Kerkhof, Righetti, & Branje, 2009).

In respect to the **role theory**, conjugal adjustment arises when each partner passes his/her part efficiently to the gratification of the other. As such, conjugal adjustment is inclined by collection of elements counting role prospects of partners, occupation gratification, socio-economic contextual, sexual adjustment, pattern of communication, emotive steadiness in wedding, level of work obligation, and alteration in value structure (Dimkpa, 2010). In adding, some revisions have recognized other factors such as emotive manifestation, message stream, economic managing, and contribution in the place of labor may impact conjugal adjustment (Ambakederemo & Ganagana 2006; Ebenuwa Okoh, 2010).

Preceding investigation highlights diverse dynamics that impact on couples' wedded adjustment. Shakhmalian (2005), and Fenell (1993) recognized lifespan commitment to wedding, trustworthiness to partner, durable ethical morals, admiration for partner as a acquaintance, share home responsibilities, sexual devotion, craving to be a worthy parent, spiritual obligation, wish to lease and provision partner, worthy buddy, and readiness to excuse and forget as well as be forgiven as the greatest vital feature that aid to retain longstanding marital adjustment. Additional studies establish that husband's

salary and raising the offspring are connected with conjugal gratification (Baker et al, 1997).

It has been recommended that worse mental health and depression is a main threat for relationship conflict (Bradbury, 1998; O'Leary and Beach, 1990). ).As numerous researches shows that parents of children having Autism consume low level of quality of life ,psychosomatic health(Cappe, Wolff, Bobet, & Adrien, 2011) and higher level of depression (Mugno, Ruta, Arrigo, & Mazzone,2007; Allik, Larsson, & Smedje, 2006 Plant & Sanders, 2007).So these may be the factors of low marital adjustment in parents of children having autism.

Long-lasting nature and the permanency of illness is one of the reason that is extra fight and strain for parents of children with ASDs. As ASD parents require 24 hours a day ,365 days of the year caregiving responsibilities that's why they are "burned out," "exhausted," "stressed," and "at their intellects finale" .(Doig, McLennan, & Urichuk, 2009).

It is possible that the stressors of devouring a child with ASD upset the couple relationship (Bluth, Roberson, Roberson, & Sams, 2013). It has been establish that marital quality negatively predicted motherly misery and positively predicted nurturing effectiveness, and welfare and health in parents having children with ASD (Benson, Kersh ,2011).

### **Economical Factor**

Financial straining is straight connected to augmented couple discrepancies and has straight influence on marital adjustment (Kinnunen & Feldt, 2004). Numerous studies

have been conducted on financial element in relation to marital adjustment e.g

Zedlewski (2002) studied economic factor in relation to family well-being, he found that little family salary and restricted assistances have adverse effects on kid and family happiness and health.

It has been originate that child with ASD be able to place load in families in respect to substantial economic tension, time burdens, extraordinary rates of separation and poorer general family happiness (karst & Van, 2012).

Study discover that mother who stated greater level of optimistic insight of child / were greater in marital adjustment plus well-being (Lickenbrock, Ekas, Whitman, 2010). It has been investigated that Child-related pressure had a negligible consequence on marital adjustment (Agnes, 1988).

An investigation was piloted to observe the psychopathology, marital connection, and family function in the father and mother of children with autistic disorder (autism) as paralleled to parents of normally developing children. Mothers and fathers were furthermore equated on these actions. It remained establish that mothers of children with autism, professed less marital satisfaction, love manifestation, family adaptableness and consistency than mothers of normally developing children. They also found that mothers of children with autism displayed more psychopathology and marital instability as compare to the fathers (Fen Gau, Churn Chou, Chiang, Lee, Wong, Chou & Wu, 2012).

Woodgate, Ateah, and Secco (2008) directed a qualitative study of the practice of parents with children identified with ASD. In this investigation, the investigators recognized experiences of loneliness because of exterior bases (e.g., culture's deficiency

of sympathetic) as major foundations of family stress. This study confronted the results of preceding studies signifying that parents inclined to separate themselves from societal interaction to evade stubborn.

An amount of studies emphasis on in what way families accomplish plus survive with ASD connected pressure. Amongst these was a case study conducted by Dale, Jahoda, & Knott, (2006) that inspected the psychological features of relatives family with children with autism. Conclusions point out that feelings of rage, astonishment, disavowal, self-blame, and guiltiness were frequently stated at the time of identification of Autism. In addition, mothers who sensed that they were the solitary concierges intended for their child suffering the feelings of despair unhappiness and segregation. Investigators establish that the role of social provision and the convenience to support facilities meaningfully shortened maternal strain levels.

### **Marital adjustment and parents of children with Autism**

Parents are the chief caregivers that why they are more affected people by child illness. They are extra disposed to cultivate despair, annoyance, nervousness, worry, apprehension plus marital dissonance in line for to their ruined quality of life (Bailey, Higgins, & Pearce, 2005).

One feature that is diligently connected to marital amendment is the alteration to parenting, which is supposed to be solitary the most stimulating stressors that might upset wedded relations (Lu, 2006). Literature demonstrate that majority of parents have children with Autism thought their wedding was pretentious by their child's ASD identification and greatest valued this consequence destructively (Mills, 2014; Margalit & Heiman, 1986). Investigative parents of children with and without Autisam spectrum



disorder, discoveries exposed that couple with a child with an ASD experience additional conjugal displeasure than the paternities deprived of a child with developmental incapacity (problem). But, the results besides presented not at all dissimilarity in observed spousal provision or level of association obligation (Brobst, Clopton & Hendrick, 2009). Approximately few couples account quarrelling additional because of the child detected with Autism, plus fathers escape from house (Myers et al, 2009). The disability has effects happening maximum of the things parents do collectively e.g it disturbs napping schedules, work, mealtimes, period consumed away from the child, and more (Pazerstone, 1987), Communication among partners are effected as both have feeling of disgrace and guiltiness regarding the child (Duvdevani, 2000). These elements can lead to reduced affiliation gratification in couples likened to parents of normative children (Brobst et al, 2009) and moms of children (Rodrigue et al, 1990).

Usually, children who are disable more expected to see their parents' separation than are other kids (Dunn et al, 2001; Hayes, 1997). However, the greater danger of separation (3% to 6%) is lesser than several would suppose (Singer, 2004) separation cases are quiet indecisive as a possibility of taking a child with autism. Numerous studies such as Rodrigue, Morgan & Geffken (1990) examined the effect of autistic child on conjugal pleasure. Likening mothers of children with Autism and mothers with Down syndrome plus developmentally typical children coordinated on numerous relevant demographic variables. The consequences of the investigation discovered that mothers of autistic children described a smaller amount of childrearing capability, a reduced amount of marital fulfilment, more family cohesion, plus family adaptableness as compare to mothers in the other two groups. Disturbed scheduling, concierge load, plus family load

stand tremendously greater amongst mothers of autistic children. Furthermore, outcomes exhibited that mothers of autistic children often used self-blame as a managing plan, associated to mothers of developmentally typical kids. It was realized that caretaking duties are frequently upon mothers that's effects in shortage of time for collaboration and sexual relationships (Aylaz, Yilmaz, & Polat, 2012). A study that was directed to discover out the apprehension of ASD major caregivers family operative, self-worth, wedded consistency in addition managing plans discover out that caregiver displays strong self-worth however they have little married satisfaction family adaptation as compare to usual group (Higgins, Bailey, Pearce, 2005).

Brobst, Clopton, and Hendrick (2009) identified that parents with disabled children are actuality pretentious by inner features also by exterior conditions. Inner family features contain preexistent difficulties in the family, involvement in spiritual and spiritual actions, plus aptitude of the parents to pursue sustenance and help from the outside bases of the spousal subsystem. The exterior conditions comprise family's wages level and contribution in leisureliness and communal actions.

It is vital to note that contradictory investigation is present that has initiate parents of children with Autism account parallel levels of association gratification and satisfaction of relationship as couples who are married and not facing any problem (Koegel, Schreibman, O'Neil, & Burke, 1983).

Finally, preceding investigation on relationship satisfaction among parents of children diagnosed with Autism has been questionable. Some figure of investigation has recommended that both mothers and fathers of children identified with Autism faces poorer conjugal gratification than parents of children with Down syndrome or parents of

children who have not any problem (Rodrigue et al, 1990; Brobst et al, 2009). Results determine that mothers of children with ASDs faces more marriage unpredictability and psychological issues than fathers of children (Gau et al, 2012). More or less investigation has originate important variances in relationship gratification among parents of kids with Autism and children who have not any problem (e.g. Higgins et al, 2005). Although literature shows that Autistic children negatively affect the marital life of their parents but in some studies, it was seen that parents having a child with an ASD reinforced their conjugal and taken them closer together through their partner (Altiere & Von Kluge, 2009; Bayat, 2007; (Koegel, Schreibman, O'Neill, & Burke, 1983).

### **Quality of life (QOL)**

QOL is the overall welfare of persons and humanities. Standard signs of the quality of life comprise not only prosperity and occupation but moreover the built atmosphere, bodily and psychological health, education, recreation and relaxation time, and social belonging.

**Quality of Life (QOL)** as well-defined by the World Health Organization as persons' awareness of their location, place in lifespan in the perspective of believes, philosophy and value systems among which they are living and in relative to their objectives, aims, expectations, morals plus concerns. It is a comprehensive thought combining the individual's bodily well-being, mental condition, level of liberation, communal relations, individual beliefs and their association to noticeable structures of the atmosphere (WHOQOL, 1998; Mugno, Ruta, Arrigo & Mazzona, 2007).

Quality of life is multi-dimensional perceptions according to person own insight about life style, well-being, psychological state and further feature of lifespan. (Mugno, Ruta, Arrigo & Mazzone, 2007).

In the previous years, to describe and measure QOL investigators presented numerous substitute methods. Social needles such as well-being and levels of corruption, individual well-being measures (to measure individuals response to their lives and values), and financial almanacs. These alternative signs estimate three rational approaches to welfare that are grounded, respectively, on normative ideals, individual experiences, and the capability to choice goods and services that one wishes (Diener & Su, 1997).

#### **Factors affects the quality of life**

There are numerous factors that affect quality of life like Health, fitness, friends and relations, money, safety, etc .Number and dimension that are previously existing indicate that there are 9 features of quality of life, considerable existing conditions, financial dangers to which people are exposed, their health, their level of education, employed conditions, contribution in communal life, connections with others, economic safety and physical security ( Albouy, Godefroy, Lollivier, 2010). QOL of individual has influenced by many subjective and objective variables that cannot be studies individually (Verdugo, Schalock, Keith, & Staincliffe, 2005). Example of probable variable are strain level, surviving approaches ,community sustenance ,socioeconomic rank ,and occupation position (Lindsay, 2002; Verdugo et al, 2005). There are less data available that tells the relation between parents of Autistic disorder coping approaches and their tension level or QOL. Existing studies that articulates relationship between the coping strategies adopted

by the parents of Autistic children revealed that parents who adopted avoidant coping strategies tend to be more stressed (Pisula & Kossakowska, 2010; Shu, 2009) so they continue disposed to poor QOL levels.

One of chief factor that influence the quality of life is financial pressure (Michael, Kogan, Bonnie, Strickland, Stephen, Blumberg, Gopal, Perrin, Peter, Dyck, 2008). It was recognized that children with autism families earn 28 percent fewer than families with no children with Autism. As autistic children need care all the time so this can be done by a caregiver, many people chose to leave their jobs, mostly mother do this. In these situation burden goes to shoulder of single parent to earn money and support their family. Children with autism need special schooling, equipment and therapies and these are expensive (Autism spectrum disorder foundation, 2016). It was establish that relatives of children with ASD who did not have a therapeutic facilities had a greater load on nearly every indicator as compare to the families who had a medicinal home and therapeutic facilities (Michael et al, 2008).

Research shows that families supportive child with developmental disability e.g Intellectual disability were financially deprived when compared with families supportive a child who did not have ID. It was stated by mothers their child's problems give rise to social and psychosomatic influence. Among mothers of children with ID, mental health problems were connected with the child's problems having a larger societal impact, having a boy, the child suffering more than one potentially traumatic life incident, poverty, receiving of means-tested wellbeing assistances and 'unhealthy' family operative (Emerson, 2003).

Health is one of vital factor of quality of life, it was seen that parents who had children with Autism providing the high level of long-term care to the child that can result in practical boundaries and can become upsetting and may influence upon both the physical and psychosomatic health of the caregiver (Montes, Halterman, 2007).

It was seen that mothers of Autistic children account more anxiety as compare to dads, investigation discovered that child behavior complications and father's psychological well-being were related with mothers strain. However, neither child behavior difficulties nor mothers' psychological well-being was connected with fathers' strain (Hasting, 2003).

### **Quality of life among parents having children with Autism**

The Quality of Life (QOL)) has been recently noted as one of the main health apprehensions for parents following a lifetime complex practice such as rising a child with disability (Mungo, Ruta, Arrigo, & Mazzona, 2007; Shu, 2009; Yamada et al, 2012).

It has been seen that parents of children with psychological disorder faces damage in quality of life and there are numerous feature that influence it like community sustenance, ecological factor, socio economic position and paternal managing policies (Rania et al, 2004; Vitaliano & Scanlan, 2003). Contrast of the parents of children with the Pervasive development disorder group stated damage in physical domain, social relations and worse overall awareness of their QOL and well-being. It was seen that the level of impairment of bodily and psychosomatic health were greater in mothers as compare to fathers in the PDDs ((Mugno, Ruta, Arrigo & Mazzone, 2007).

A study that is conducted by Ali Latefa (2014) among parents of children with Autistic Disorder discovered that they have poor psychological, social, physical and ecological health. Qualitative data further cares the notion that paternal health linked

quality of life was adversely inclined by their child's ASDs. Studies that seek to calculate the effect of ASDs and to evaluate the result of interventions for children with ASDs may consider measuring the special effects on family memberships as well (Kuhlthau, Payakachat, Delahaye, Hurson Pyne, Koyacs, Tilfor, 2014).

There is little comparative data available on the QOL among fathers and mothers of children with Autistic Disorder. Data that is available indicated that mothers tend to have worse QOL levels in contrast to fathers (Mungo et al, 2007; Yamada et al, 2012; Dardas & Ahmad, 2014).

Autism effect the QOL of life of parents as well as children as well although it may be high functioning, as literature shows that in adults with High functioning Autism had low psychosocial QOL (kamio, Inada, koyama, 2012) mother of children with high function Autism had lower score on physical, and overall QOL as compare to fathers (Alik,, Larsson, Smedje, 2006). Families with children detected with autism reported more profound QOL effects than families of children with ADD/ADHD or unaffected controls (lee et al, 2008).

On the other side, in low- and middle-income parents who have a child with Autistic Disorder have insufficient access to specialized sustenance facilities. Coupled with low socio-economic position, low occupation status, and poor domestic conditions, those parents and their families are at greater risk for poor QOL (Dardas & Ahmad, 2014). It has been also described by the WHO (2011) in its world report of disability that, one of the highest challenges for the delivery of effective delivery facilities for parents of children with Autistic Disorder in the developing countries is the distinct lack of studies to notify approximately the influences of raising children with Autistic Disorder on their

parents (Dardas & Ahmad, 2014). It is stated that parent who are using emotion-focused managing approaches had a more disruption in their quality of life, and that parents to whom societal provision was less available using such strategies (Cappe, Wolff, Bobet, & Adrien, 2011).

### **Social Support**

Social supports means the possessions that are providing by other individuals. Many studies explore the starring role of social support play in defensive people from the pathogenic effects of strain (Cohen & Syme, 1985 ;Boyd, 2002) Social support cultivates from the relations and connections among the person, family, friends, and greater social systems (Boyd, 2002). One's social environment can affect a person's behavior. An individual's societal atmosphere can contain family memberships, friends and coworkers (Glanz, Rimer, & Lewis, 2002). Societal Provision is a term that defines characteristics of person's societal situation that may enhance psychological and physical well-being (Pottie, Cohen & Ingram, 2009; King, King, Rosenbaum, & Goffin, 1999). The two central kinds of societal provision are received support and perceived support. The support that is received denotes to the real getting of support from others. Perceived support denotes to ones insights of the accessibility of provision plus fulfillment with the provision delivered (Pottie et al, 2009). The literature deliberates numerous kinds of community provision, both official and casual.

Schopler and Mesibov (1984) describe official community sustenance as "the help that is societal, mental health, bodily, or economic and is providing moreover for without any cost or in transaction for a fee through a systematized group or organization, although describing casual provision as: "a system that might comprise the instantaneous

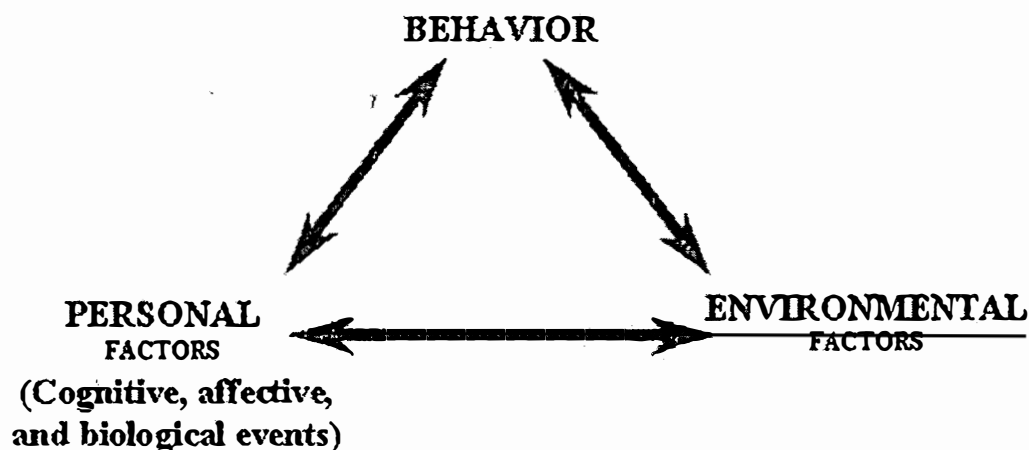


and comprehensive family, friends groups, neighborhood, plus some others parents of children with disorders". Herman and Thompson (1995) establish that parents account that casual provisions delivered the maximum support, although official provision chances, such as parental clusters, public clubs, and centers for caring of child on daily basis were not accessible.

### **Theoretical perspective**

According to the social cognitive theory people, atmosphere and behavior are the three elements that are manipulating each other. Behavior is not just the consequence of the atmosphere and the individual, just like environment is not only comprises of individual and behavior (Glanz et al, 2002).

According to the analyst environment can affect the persons behavior and social environment include people who are living close to the people e.g friends, colleagues and family members (Parraga, 1990).



This model better explain that behavior person and environment are connected.

a generally typical sample of children deprived of disabilities (Smith et al, 2010). In additional current study shows that just about all parents point out that they did not obtain sufficient societal sustenance in addition required more (Samadi, McConkey, & Kelly, 2012).

An expressive study used a survey to gather data on parents' opinions of coping strategies and social provision. It was initiate that families with severe stressors in adding to autism. Obtaining societal provision and reframing were the greatest repeatedly used coping approaches (Luther, Canham, Cureton, 2005). Another investigation predicted greater levels of apparent community support which, in turn, predicted reduced low mood and improved health. Outcomes also point out that improved personal stress in the parental system was straight and indirectly linked with greater maternal depression, while being indirectly connected to decrease well-being (Benson, 2012).

It has been examined that societal support has been recognized as significant mediators amending the strain of parents of children with PDD (Dunn, Burbine, Bowers, & Tantleff, 2001.; Ekas, 2010; Tobing & Glenwick, 2006). ASD parents who have larger satisfaction with social support leads to more optimistic consequences (Dunst, Trivette, & Cross, 1986; Tobing & Glenwick, 2006). Numerous studies shows the positive outcomes among ASD parents with relation to social support as they reported association among community provision and ranks of depressing signs (Benson, 2006; Benson & Karlof, 2009; Boyd, 2002; Bristol, 1984; Dunn et al., 2001; Ekas, Lickenborck, & Whitman, 2010; Gray & Holden, 1992; Pottie, Cohen, & Ingram, 2009; Weiss, 2002).

Russa, Matthews, & DeSchryver, (2015) highlight the necessity for family-Centered methodologies to decrease family tension, and we intricate on about of the most

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Russa, Matthews, & DeSchryver, (2015) highlight the necessity for family-Centered methodologies to decrease family tension, and we intricate on about of the most

dominant worldwide necessities for families with a child with ASD, such as entrance to value Info and facilities, parent skills teaching and training, organized facilities, and provisional Supports.

It is stated that societal provision from the partner in specific may be the predictor of reducing illnesses related with somatic indications plus aggregate emotional state of achievement in childrearing (Weiss,2002). Countless investigates indicate that, in the common populace, if there is more social support (e.g., Bierman, Fazio, &Milkie, 2006, Cohen, 2004) than faces less tense events of life (e.g., Hammen, 2005, Lucas, 2007;Schneiderman, Ironson, & Siegel, 2005) and connected to better well-being. Literature that is present on social provision in moms of kids with autism displayed that access to official and casual societal provisions is linked to better results for these mothers (Boyd, 2002).

A research that is focused on Autistic children's mothers to discover features of communal provision, psychological well-being position and gratification with facilities. Outcomes showed that above half of mothers selected optimistic for significant mental suffering and that it was linked with small levels of domestic provision or with carrying up a kid through greater levels of stimulating conduct. Mothers were further probable to account lesser levels of provision when they are playing a role of single parent, were residing in worse accommodation, or remained the mother of a boy with ASD. The study also examined areas of valuable provision and capacities of unmet necessity, the latter counting carefulness discontinuities and assistance desires (Bromley, Hare, Davison & Emerson, 2004). Gill and Harris (1991) dignified the mental suffering of 60 mothers of children detected with Autism to inspect the sound effects of social sustenance and

hardihood. Investigators establish an important negative relationship between mothers who professed sufficient accessible social sustenance and depressed indications, representing that mothers who has the greatest apparent provision had the least depressing signs. Moreover, investigators establish that mothers who professed existing social support had meaningfully less somatic problems as compare to those with a smaller amount of perceived provision.

Bromley, Hare, Davison, and Emerson (2004) inspected the psychosomatic suffering of 68 mothers with children identified with Autistic Spectrum Disorders (ASDs) in the United Kingdom. The investigators questioned the 68 mothers caring for 71 children having ASDs. The investigators establish that over half (59%) of mothers exhibited noticeable psychosomatic suffering. Investigators discovered possible relations among family features, provision, as well as level of suffering. The investigators originate not considerable connection among variables e.g age, gender, culture, cruelty of disability, or association position to the mental health of the mothers. Though, investigators discover that the quantity of family support has negative relationships with mother's psychosomatic health; especially that larger family provision connected with less psychological well-being indications. Investigators also establish that distress was connected with great levels of behavior malfunctions. The investigators determined that grounded on the important association among mothers' distress and family support, family-based mediations ,interventions that intended to rise provision might be beneficial in declining motherly suffering.

Researcher point out that mothers of ASD children who supposed larger levels of social provision are additional credible to show additional effectively managing capabilities (Donovan, 1988).

An additional investigation highlights the strains ,difficulties and provisions in the subsequent zones (a) strain in the wedded subsystem, (b) stress in the paternal subsystem, (c) stress in the fraternal subsystem, (d) managing schemes cast-off by families, and (e) casual and official foundations of provision used by families (Meadan, Halle, Ebata, 2009). The investigators resolute that best predictor for parents anxiety and depression is social support as when there is less social support expecting enlarged mental problems. Parents with greater levels of despair also had offspring who must former beginning of Autism (Gray & Holden, 1992).

Dunn et al. (2001) observed connection, affiliation and relationships difficulties as a possible adverse consequence variable in their inspection of the connection among stressors, societal provision, and locus of control, surviving panaches, and undesirable consequences in parents of children detected as having Autism. Data from 39 mothers and 19 fathers was comprised in this research. It was seen that partner marital difficulties are significantly predict when there is increase in avoidance and escape, less constructive judgement, plus reduced societal sustenance. Investigator determined stressor that are measured in the research is not directly predict the worse outcomes nonetheless were moderated when there is social support and effective coping strategies, such that fewer usage of estrangement and reduced social provision was connected to a larger chance that stressors would relate to societal separation.

Higgins, Bailey, and Pearce (2005) measured 52 parents of kids detected with Autism Spectrum Disorders (ASD) in Australia to inspect the connection among ASD, family working, wedded gratification, self-confidence, and surviving, managing techniques. The 52 parents measured characterized 58 children with ASD, as some had several children with ASD in their families. Fifty-nine per hundred of the children had been identified with high-functioning ASD (including Asperger syndrome), 29% had been detected as having low-functioning ASD, and evidence about the harshness of Autism was not included for 12% of the children. Wedded pleasure ratings were connected with a norm group from Norton's 1983 survey of 407 American couples, and the mean rating ( $M = 6.1$ ,  $SD = 2.3$ ) was to some extent inferior to the contrast group ( $M = 7.7$ ,  $SD = 1.8$ ). 41 percent of members stated somatic, emotive, economic, or married relationship strain.

One more study that was conducted on Maltese parent's experience of receiving and using social support suggested that they have low social support as one mother stated: "I've been told my son had autism in two seconds and I had to deal with it for the rest of my life. I wasn't given social support, no psychology support". According to the parents of Malta, there is absence of harmonization among school, speech therapist and OT therapist, everyone has its own plan and agenda and they never see the parents' side as a Whole (kamy, karsowaski & zito, 2010).

Although numerous investigations displays that mother has small societal support as compare to fathers but on the other hand collected works of previous researchers also found that fathers and mothers of children with developmental disabilities did not vary

from each other in paternal pressure, family social provision, or family operational (Dayson, 1997).

Although much researches support that social support increase optimistic wellbeing on the other side some literature has also find approximately other perspective. As investigation conducted by Jennifer & David (2011) unpredictably establish that, greater levels of apparent social provision were connected through improved paternal stress. This might recommend that relatives and families who are suffering clinically substantial levels of stress pursue out public supports at greater degrees than other families. It may also mention that some social relations, such as attendance in spiritual services and childrearing groups might possibly raise strain in parents of children with ASD. This and further potentials are discovered with effects for societal effort intervention. The conclusions of this research lean to new light on the role of social provision and family flexibility on paternal strain in families in which child identified with Autism.

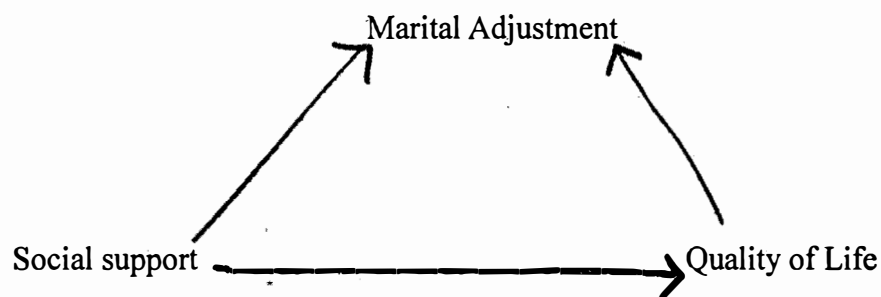
### **Social support, QOL and Marital adjustment**

As literature shows that social support effect that marital adjustment (Dunn et al, 2001) and QOL (Rania et al, 2004., Vitaliano & Scanlan, 2003) .In this respect we can say that these three variables are interlinked as research conducted by Kainel & Siman-Tov (2010) that is assessing parental straining, individual belongings (sense of unity, locus of control, societal provision) adjustment (psychological health and wedded eminence) and the child's autism indications. Analysis shows that all these factors e.g social support and quality of marriage rise the capability of parents to adjust.



A study shows that level of child's autism, social support, psychological health and married relationship are interlinked, social and family provision is statistically related to optimistic married relationships.

At the end the hypothetical flow chart of the study variables is as following



## Rationale of the study

Parents and families play essential shares in youngster's growth into fecund citizens, as paternities are answerable for giving their children with chances to acquire plus to raise. Though, the responsibilities related through being a parent or family member of a child with an ASD does not originated easily as the behavioral tasks and social communication shortfalls that describe ASD frequently remain connected by greater economic and emotive load on the whole family (Järbink., et al, 2003).

These emotive plus monetary problems be able to constrain parents and families from efficiently serving their kids through ASDs and might prime to substantial strain and broken personal relations. For these details, it is important that investigation explores and talks the probable stressors plus challenges these peoples face so that suitable mediations can be established. Yet, mostly intervention, mediation and treatment only cover the child outcomes who is affected with ASD, they ignore the parents and families which are interlinked with child and have an influence on therapy even it is long-term or instantaneous.

It cannot be supposed that even major progresses in the identified youngster with ASD will enrich the parent and family pain previously existing, particularly as the time and expenditure of mediation can add additional family disturbance. In Pakistan some literature found in which level of stress and unhappiness was present among parents of children with Autism (Sabih & Saad., 2008, Azeem., 2013) but there is no published data has been found in developing countries like Pakistan that have shown association between parental marital adjustment, quality of life and caretaking of children with

Autism. The existing study seeks to discourse this knowledge gap in Pakistan. Through reporting the outcomes of this research process in a more detailed manner will open various research openings for future researchers.

This research is an effort to assess the effect of interpersonal support on marital adjustment and quality of life amongst parents of autistic children in Pakistan.

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## METHOD

### Objective

The main objectives of present study are

- 1) To investigate the marital adjustment and quality of life of parents having children with autism.
- 2) To explain the effect of social support on marital adjustment and quality of life of parents of children with Autism.
- 3) To find out the relationship of demographic variables with study variables (Gender, Socioeconomic status).

### Hypotheses

Keeping in view the literature review, following hypotheses for the current study are formed.

1. Mothers of Autistic children have low QOL as compare to fathers of these children.
2. Mothers of Autistic children have low marital adjustment than fathers of these children.
3. Social support correlates with marital adjustment and Quality of life of parents with Autistic children.
4. Social support positively predicts quality of life of parents with Autistic

children.

5. Social support positively predicts marital adjustment of parents with Autistic children.
6. Quality of life positively predicts marital adjustment of parents with Autistic children.
7. Parents with lower socioeconomic status have low marital adjustment and Quality of life.
8. Parents of ASD children who lives in nuclear family system have low social support.

### **Operational Definitions**

#### **Marital adjustment**

Marital adjustment calls for maturity that admits and comprehends progression and development in the partner (Lasswell, 1982).

Sinha and Mukerjee (1990) describes marital adjustment as, "the state in which there is whole sensation between spouses as well as in wife, of cheerfulness and satisfaction with their wedding and also with each other."

Dimka (2010) recognized that conjugal adjustment states to the aptitude of a couple to turn out to be contented, pleased and efficiently accomplished a set of particular responsibilities in their wedding.

The definition of marital adjustment for the present study is the high scores obtained on Dyadic Adjustment Scale. (Spanier, 1976).

## **Quality of life**

The WHO defines QOL as 'individual insight of their place in lifecycle in the background of the culture and belief systems in which they are existing, and in relative to their aims, forecasts, morals plus anxieties'. (WHO, 1995)

In the present research the high score obtained on Quality of life scale (WHOQOL) will show better quality of life (WHOQOL, 1998).

## **Social support**

Weiss (1973) describe the social provision as what we acquire from relations with other people, his description of the social support is very parallel to other theoretic models of dissimilar kinds of social support (Cutrona & Russell, 1987, 1990).

Social support can be define as "an exchange of possessions among two individuals declared by the provider or the receiver to be intended to increase the well-being of the receiver" (Sally, Shumaker, Brownell, 2010).

In this research social support relates to the high score on Social Provision Scale (SPS) (Cutrona & Russell, 1987).

## **Instruments**

### **Social provision Scale (SPS)**

The Social Provisions Scale was established to identify the provisions of societal relations definite by Weiss (1973, 1974). The Social Provisions Scale (SPS; Cutrona & Russell, 1987) is a 24-item scale that comprise six subscales, 1. Reliable Alliance

2.Attachment 3.Guidance 4.Nurturance 5.Social Integration 6. Reassurance of Worth.

The creative method of the scale applies as Likert response design, though other designs are sometimes used (Cutrona, 1986). The SPS has outstanding interior stability and well-intentioned test-retest consistency (Cutrona, & Russell, 1987) Concurrent validity of innovative scale of 24 items SPS is ( $r = 0.930$ ) (Caron, 1996).

### **Dyadic adjustment scale (DAS)**

The DAS scale is a self-report measure of association and relations adjustment. Extensive examination, calculating over 1,000 published researches, supports the use of the DAS in describing the degree of unhappiness of couples and distress. The DAS has 32 items, it takes only 5 to 10 minutes to direct. Age range for this scale is 18 years and older. Greater marks or scores instruct greater satisfaction, and through minor scores we have idea of conflict among the couple. Factors analysis of DAS has resulted in form components of adjustment: (a) Dyadic Satisfaction, (b) Dyadic Cohesion, (c) Dyadic Consensus and (d) Affectional expression. The interior reliability of the scale in the innovative study was acceptable ( $\alpha = .96$ ). The data quantified that the whole scale and its modules have sufficiently high reliability to explain their usage (Consensus: .90, Satisfaction: .94, Cohesion: .86) (Spanier, 1976).

### **Quality of life Scale**

The WHOQOL-BREF is a shortened 26-item form of the WHOQOL-100 comprising items that were occupied from the WHOQOL-100 field trial data. WHOQOL is now scored in four areas: Domain 1: Physical health, Domain 2: Psychological, Domain 3: Social relations, Domain 4: Environment. Inner consistency revealed by

Cronbach's  $\alpha$ 's for these four domains are 0.82 (Physical health), 0.81 (Psychological), 0.68 (Social relations), 0.80 (Environment) correspondingly (Skevington1, Lotfy & Connel, 2004).

### **Brief demographic sheet**

This form comprised information about the age, gender, occupation, education, No of children, presence/absence of additional children with PDDs, Socioeconomic status, Occupation of Parents and family system. Children with comorbidities to other disorders with Autism Spectrum Disorder will also be included.

### **Participants**

The investigation populace was enrolled during last 4 months from various centers or special setups at Rawalpindi and Islamabad that deal with education and treatment of autistic children. The population of present study would be consist of parents (n=68, mothers, n=57, fathers) of children diagnosed with ASD, age ranges from 18 months to 14 years. The parents of these children include in this study without age specification. Children having comorbidities with Autism e.g Epilepsy, ADHD, Cerebral palsy will also be included in this research.

### **Procedure**

Special setups administrations will be first approached for consent to collect data for this study. Afterward captivating the consent from concerned establishments, the parents will be approaches, and then they will be informed about the purpose of the present research and will assured that the data will be purely used for research purpose



and their identities will never be revealed to anyone. Formal consent will be taken through consent forms. The contributors who show agreement for participation will be asked to fill the Demographic form first. Next, Marital satisfaction scale, social provision scale and quality of life measuring scale will be administered respectively on parents of Children with ASD.

### **Statistical Analysis**

The standard method of scoring will be used for the scales, first calculated the mean values for scales (Descriptive statistics) t-test for independent sample will be calculated concluded the Statistical Package for Social Sciences (SPSS, V. 19) to analyses the difference between scores of Fathers and mothers. Correlation and regression analysis will be used to find out the effect of variables on each other.

## RESULTS

Table 1

*Descriptive and Skewness of the Dyadic adjustment, QOL (Physical health, Psychological, Social relationships, Environment) Social provision (Guidance, Reassurance of worth, Social integration, Attachment, Nurturance, Reliable Alliance) (N= 125)*

Scales	M	SD	Skewness	Kurtosis
QOL	84.7	18.5	.080	-.7
Physical Health	20.60	5.9	3.09	1.25
Psychological	18.94	4.5	-.28	-.52
Social Relationships	9.6	2.6	-.113	-1.10
Environment	25.8	6.6	1.04	3.7
Reliable Alliance	10.68	2.7	-.033	-.87
Attachment	10.46	2.6	.020	-.70
Guidance	10.64	2.11	-.022	-.78
Nurturance	11.16	2.6	1.3	.15
Social integration	10.29	2.2	.004	-.75
Reassurance of Worth	10.40	2.5	.139	-.372
DAS	91.96	25.86	-.208	-.50
Affectional expression	7.4	1.8	-.412	-.36
Dyadic consensus	41.6	8.74	.005	-.84
Dyadic cohesion	13.8	5.47	-.07	-.40
Dyadic satisfaction	26.96	8.41	-.322	.167

Table 1 shows the computed values of mean, standard deviation, skewness, and kurtosis for all the subscales of the variables. It is detected that the variables of dyadic adjustment, Quality of life and social provision skewness is within range of +1 to -1

which shows that the data of all study variables is normally distributed and analysis can be applied.

Table 2

*Cronbach alpha reliability coefficients of the WHOQOL-BREF and its subdomains, Social provision scale and its subscales and Dyadic adjustment scale and its domains (N= 125)*

Scales /Subscales	No. of items	Cronbach's alpha coefficients
WHOQOL-BREF	26	.88
I. Physical Health	7	.62
II. Psychological	6	.85
III. Social Relationships	3	.82
IV. Environment	8	.60
Social Provision Scale(SPS)	24	.92
I. Guidance	4	.81
II. Reassurance of worth	4	.72
III. Social Integration	4	.60
IV. Attachment	4	.726
V. Nurturance	4	.58
VI. Reliable Alliance	4	.733
Dyadic Adjustment scale	32	.93
I. Affectional Expression	4	.72
II. Dyadic satisfaction	9	.90
III. Dyadic consensus	14	.84
IV .Dyadic Cohesion	5	.86

Note.  $\alpha$  = Chronbach's alpha

The table shows alpha reliability of WHOQOL-BREF Scale, Social Provision Scale (SPS) and Dyadic adjustment Scale (DAS). The reliabilities for sub domains of WHOQOL Physical health, Psychological, Social relationships, Environment and



*Note.* 1=Physical Health, 2=Psychological Health, 3=Social relationships, 4=Environment, 5=Attachment, 6=Social Integration, 7= Reassurance of worth, 8=Alliance, 9=Guidance, 10=Nurturance, 11=Affectional expression, 12=Dyadic Consensus, 13=Dyadic Cohesion, 14=Dyadic satisfaction

\* $p < 0.05$ , \*\* $p < 0.01$

Table shows significant positive correlation exists between the study variables and their subscales. They have significant positive correlation with each other. The Physical health, Psychological health, Social relationships, Environment ,Guidance, Reassurance of worth ,Social integration ,Attachment, Nurturance and Reliable Alliance has positive and significant correlation with each other. Similarly Physical health, Psychological health, Social relationships, Environment Guidance, Reassurance of worth ,Social integration ,Attachment, Nurturance and Reliable Alliance are positively correlates with Dyadic cohesion, Dyadic consensus, Affectional expression and Dyadic satisfaction. Thus these hypotheses are in accordance to the first hypothesis of present study Social support correlates with quality of life and Marital adjustment.

Table 4

*Mean, Standard Deviation, t values on scores of QOL and its Subscales (Physical health, Psychological health, Social relationships, Environment) among male and female having children with ASD.(N = 125)*

Variables	Male		Female		<i>t</i>	<i>P</i>	95% <i>CI</i>		<i>Cohe</i>
	<i>(n = 57)</i>		<i>(n =68)</i>				<i>LL</i>	<i>UL</i>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>					
QOL(Total)	90.07	16.4	80.2	19.2	3.0	.00	3.46	3.46	0.55
Physical Health	21.43	4.33	19.5	7.2	1.4	.15	.5845	.5845	0.32
Psychological Health	20.45	3.70	17.6	4.82	3.5	.00	1.234	1.234	0.66
Social relationship	10.17	2.55	9.14	2.68	2.18	.03	.094	.094	0.3

Environment 27.7 7.11 24.2 5.91 3.0 .00 1.20 1.20 0.5

Note. CI= Confidence Interval, LL = Lower Limit, UL= Upper Limit. Cohe=Cohen's d

The results from table 4 showed gender difference on the study variables of quality of life Physical health, Psychological health, social relationships and environment. The table showed slight significant mean difference on physical health between male and female ASD parents. However, the female, mothers of ASD children are low on all domains of QOL (Physical, psychological, social relationships and environment) as compare to men ,which is accordance to the literature review as mothers of ASD have low quality of life as compare to fathers. Thus these findings are in accordance to the sixth hypothesis of present study that mothers are low on quality of life as compare to fathers. Cohen's d showed more strength of relationship between both and fathers and mothers of ASD children.

Table 5

*Mean, Standard Deviation, t values on scores of Dyadic adjustment scale among fathers and mothers having children with ASD (N = 125)*

Variables	Male (n = 57)		Female (n = 68)		t	P	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
Dyadic adjustment scale (DAS)	97.5	24.3	87.2	26.3	2.26	.02	1.28	19.37	0.3
Dyadic satisfaction	31.2	8.5	27.5	8.6	2.4	.01	.687	6.81	0.6
Affectional expression	7.64	1.8	7.1	1.8	1.3	.17	-.207	1.12	0.29
Dyadic Consensus	43.7	8.09	39.8	8.9	2.5	.01	.810	6.89	0.4

Dyadic cohesion      14.6      5.5      13.2      5.3      1.3      .1      -.588      3.29      0.2

*Note.* CI= Confidence Interval, LL = Lower Limit, UP= Upper Limit. Cohe=Cohen's d

The results from table 5 showed gender difference on scores of Dyadic adjustment scale. Table shows significant difference of marital adjustment among fathers and mothers of ASD children. Overall Scores reveled that fathers are high on Marital Adjustment as compare to mothers of ASD children. According to this table our 5<sup>th</sup> Hypothesis mothers are low on marital adjustment as compare to fathers are fulfilled. Table shows significant difference on Dyadic satisfaction and dyadic cohesion ,although there is no significant difference in Affectional expression and Dyadic cohesion scale among males and females with children of ASD .Cohen's d showed more strength of relationship between both and fathers and mothers of ASD children.

Table 6

*Mean, Standard Deviation, t values on scores of social provision scale and its Subscales (Reliable Alliance, Attachment ,Guadiana, Nurturance, social integration, Reassurance of worth) among male and female having children with ASD (N = 125)*

Variables	Male (n = 57)		Female (n =68)		t	P	95% CI		Cohe n
	M	SD	M	SD			LL	UL	
Reliable Alliance	11.14	2.6	10.3	2.7	1.7	.09	-.131	1.794	0.31
Attachment	10.80	2.6	10.7	2.6	1.3	.18	-.313	1.57	0.03
Guidance	11.3	2.8	10.0	3.2	2.2	.02	.151	2.33	0.51
Nurturance	11.87	2.8	10.8	2.1	2.8	.00	.395	2.21	0.4
social integration	10.7	2.3	9.9	2.2	1.9	.05	-.007	1.56	0.3

Reassurance of worth	11.15	2.3	9.7	2.5	3.13	.00	.510	2.27	0.64
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Note. CI= Confidence Interval, LL = Lower Limit, UP= Upper Limit.

The results from table 6 showed gender difference on Social provision scale that measure the social support. Table shows significant difference on Reliable Alliance, Guidance, Nurturance, Social integration and Reassurance of worth. Scores revealed that fathers are high on social support as compare to mothers of ASD children. The table showed no significant mean difference on Attachment between male and female ASD parents. Cohen's d showed more strength of relationship between both and fathers and mothers of ASD children.

Table 7

*Multiple regression analysis to test effects of social support on Quality of life (Psychological Health) (N = 125)*

Variables	Quality of Life (Psychological Health)	
	B	Model 1 95 % CI
Constant	7.4	[4.034,10.76]
Reliable Alliance	.222	[-.182, .621]
Attachment	.175	[-.235 , .586]
Guidance	.534	[.122 , .946]
Nurturance	.120	[-.206, .446]
Social Integration	-.368	[-.878,.141]
Reassurance of Worth	.397	[-.005,.760]
R <sup>2</sup>		.422
F		14.34

Note. CI = confidence interval B=Coefficient  $\beta$ =standardized coefficients

\* $p < 0.05$ , \*\* $p < 0.01$

Multiple regression analysis was computed to explore the predictive features of social provision subscales on Quality of life (Psychological Health). As shown in the table, Reliable alliance ( $\beta = .13$ ,  $p < .01$ ), Attachment ( $\beta = .10$ ,  $p < .01$ ), Guidance ( $\beta = .36$ ,  $p < .05$ ), Nurturance ( $\beta = .06$ ,  $p < .01$ ), Reassurance of worth ( $\beta = .20$ ,  $p < .05$ ), positively predicted quality of life (Psychological Health). The value of  $R^2$  showed that Reliable



alliance, Attachment, Guidance, Nurturance, Reassurance of worth explained a total of 42 % variance in Quality of life (Psychological health). The Social integration could not significantly contribute in predicting quality of life. The above stated prediction is significant as  $F(14.74)$  and  $p < .01$ .

Table 8

*Multiple regression analysis to test effects of social support on Quality of life (Physical Health) (N = 125)*

Variables	Quality of Life (Physical Health)	
	B	Model 1 95 % CI
Constant	9.83	[4.72 , 14.94]
Reliable Alliance	.519	[-.091, 1.29]
Attachment	.131	[-.492 ,.754]
Guidance	.408	[-.217 ,1.033]
Nurturance	-.118	[-.612, .377]
Social Integration	-.171	[-.945,.602]
Reassurance of Worth	.250	[-.360,.860]
$R^2$		.226
F		5.72

*Note. CI = confidence interval B=Coefficient  $\beta$ =standardized coefficients*

*\* $p < 0.05$ , \*\* $p < 0.01$*

Multiple regression analysis was computed to explore the predictive features of social provision subscales on Quality of life (Physical Health). As shown in the table, Reliable alliance ( $\beta = .23$ ,  $p < .09$ ), Attachment ( $\beta = .05$ ,  $p < .06$ ), Guidance ( $\beta = .21$ ,  $p < .01$ ), Reassurance of worth ( $\beta = .10$ ,  $p < .04$ ), positively predicted quality of life (Physical Health). The value of  $R^2$  showed that Reliable alliance, Attachment, Guidance, Reassurance of worth explained a total of 22 % variance in Quality of life (Physical health). The Nurturance and Social integration could not significantly contribute in predicting quality of life. The above stated prediction is significant as  $F(5.72)$  and  $p < .01$ .

Table 9

*Multiple regression analysis to test effects of social support on Quality of life (Social Relationship) (N = 125)*

Variables	Quality of Life (Social Relationship)	
	B	Model 1 95 % CI
Constant	1.26	[-.590,3.12]
Reliable Alliance	0.92	[-.131, .313]
Attachment	.121	[-.106, .347]
Guidance	.363	[-.065, .390]
Nurturance	.200	[.020, .380]
Social Integration	-.096	[-.378, .185]
Reassurance of Worth	.302	[.080, .580]
R <sup>2</sup>		.487
F		18.65

Note. CI = confidence interval B=Coefficient  $\beta$ =standardized coefficients

\* $p < 0.05$ , \*\* $p < 0.01$

Multiple regression analysis was computed to explore the predictive features of social provision subscales on Quality of life (social relationship). As shown in the table, Reliable alliance ( $\beta = .09$ ,  $p < .04$ ), Attachment ( $\beta = .12$ ,  $p < .01$ ), Guidance ( $\beta = .19$ ,  $p < .01$ ), Nurturance ( $\beta = .19$ ,  $p < .03$ ), Reassurance of worth ( $\beta = .29$ ,  $p < .00$ ), positively predicted quality of life (social relationship). The value of  $R^2$  showed that Reliable alliance, Attachment, Guidance, Nurturance, Reassurance of worth explained a total of 48 % variance in Quality of life (social relationship). The Social integration could not significantly contribute in predicting quality of life. The above stated prediction is significant as  $F(18.65)$  and  $p < .01$ .

Table 10

*Multiple regression analysis to test effects of social support on Quality of life (Environment) (N = 125)*

Variables	Quality of Life (Environment)	
	B	Model 1 95 % CI
Constant	10.247	[5.248, 15.24]
Reliable Alliance	.390	[-.206, .987]
Attachment	.198	[-.412, .808]

Guidance	.808	[-.197, .1.420]
Nurturance	.234	[-.250, .718]
Social Integration	-.940	[-1.69, -.183]
Reassurance of Worth	.750	[.154, 1.34]
R <sup>2</sup>		.412
F		13.78

Note. CI = confidence interval B=Coefficient  $\beta$ =standardized coefficients

\* $p < 0.05$ , \*\* $p < 0.01$

Multiple regression analysis was computed to explore the predictive features of social provision subscales on WHOQOL-BREF Quality of life subscale (Environment). As shown in the table, Reliable alliance ( $\beta = .15$ ,  $p < .01$ ), Attachment ( $\beta = .07$ ,  $p < .05$ ), Guidance ( $\beta = .37$ ,  $p < .01$ ), Nurturance ( $\beta = .09$ ,  $p < .03$ ), Reassurance of worth ( $\beta = .28$ ,  $p < .01$ ), positively predicted quality of life (Environment). The value of  $R^2$  showed that Reliable alliance, Attachment, Guidance, Nurturance, Reassurance of worth explained a total of 41 % variance in Quality of life domain Environment. The Social integration could not significantly contribute in predicting quality of life. The above stated prediction is significant as  $F(13.78)$  and  $p < .01$ .

Table 11

Multiple regression analysis to test effects of social support on Marital Adjustment ( $N = 125$ )

Variables	Dyadic adjustment scale (total)	
	B	Model 1 95 % CI
Constant	20.52	[.911, 40.135]
Reliable Alliance	.458	[-1.88, 2.7]
Attachment	.933	[-1.4, 3.32]
Guidance	2.33	[-.013, 4.78]
Nurturance	1.44	[-.455, 3.3]
Social Integration	.178	[-2.79, 3.14]
Reassurance of Worth	1.2	[-1.04, 3.63]
R <sup>2</sup>		.393
F		12.74

Note. CI = confidence interval B=Coefficient  $\beta$ =standardized coefficients

\* $p < 0.05$ , \*\* $p < 0.01$

Multiple regression analysis was computed to explore the predictive features of social support subscales on Dyadic adjustment. As shown in the table, the reliable alliance ( $\beta = .04, p < .01$ ), Attachment ( $\beta = .09, p < .01$ ), social integration ( $\beta = .05, p < .01$ ), Guidance ( $\beta = .28, p < .05$ ), Nurturance ( $\beta = .14, p < .3$ ) positively predicted Marital Adjustment. The value of  $R^2$  showed that reliable alliance, attachment and social integration explained a total of 39 % variance in marital adjustment. The above stated prediction is significant as  $F(12.74)$  and  $p < .01$ .

Table 12

*Multiple regression analysis to test effects of social support on Marital Adjustment (Affectional Expression) (N = 125)*

Variables	Dyadic adjustment scale (Affectional Expression)	
	B	Model 1 95 % CI
Constant	2.60	[1.119, 4.18]
Reliable Alliance	-.067	[-.250, .116]
Attachment	.217	[.030, .404]
Guidance	.040	[-.147, .228]
Nurturance	.157	[.009, .305]
Social Integration	.057	[-.175, .289]
Reassurance of Worth	.042	[-.142, .224]
$R^2$		.300
F		8.41

Note. CI = confidence interval B=Coefficient  $\beta$ =standardized coefficients

\* $p < 0.05$ , \*\* $p < 0.01$

Multiple regression analysis was computed to explore the predictive features of social support subscales on marital adjustment domain of affectional expression. As shown in the table, the reliable alliance ( $\beta = .04, p < .05$ ), Attachment ( $\beta = .09, p < .30$ ), social integration ( $\beta = .05, p < .06$ ), Reassurance of worth ( $\beta = .12, p < .05$ ), Guidance ( $\beta = .28, p < .06$ ), Nurturance ( $\beta = .14, p < .01$ ) positively predicted Marital Adjustment. The value of  $R^2$  showed that reliable alliance, attachment and social integration

explained a total of 30 % variance in marital adjustment. The above stated prediction is significant as  $F(12.74)$  and  $p < .01$ .

Table 13

*Multiple regression analysis to test effects of social support on Marital Adjustment (Dyadic consensus) (N = 125)*

Variables	Dyadic adjustment scale (Dyadic Consensus)	
	B	Model 1 95 % CI
Constant	18.38	[12.38 , 24.37]
Reliable Alliance	.912	[.197, 1.62]
Attachment	.070	[-.660 ,.80]
Guidance	1.11	[.378 , 1.84]
Nurturance	.053	[-.528, .633]
Social Integration	-.756	[-1.66, .152]
Reassurance of Worth	.783	[.067,.1.49]
$R^2$		.504
F		19.97

Note. CI = confidence interval B=Coefficient  $\beta$ =standardized coefficients

\* $p < 0.05$ , \*\* $p < 0.01$

Multiple regression analysis was computed to explore the predictive features of social support subscales on dyadic consensus a domain of marital adjustment. As shown in the table, the reliable alliance ( $\beta = .28$ ,  $p < .01$ ), Attachment ( $\beta = .02$ ,  $p < .08$ ), , Reassurance of worth ( $\beta = .23$ ,  $p < .03$ ), Guidance ( $\beta = .39$ ,  $p < .00$ ), Nurturance ( $\beta = .01$ ,  $p < .56$ ) positively predicted Marital Adjustment. The value of  $R^2$  showed that reliable alliance, attachment, Guidance, Nurturance and reassurance of worth explained a total of 50 % variance in marital adjustment. The above stated prediction is significant as  $F(19.97)$  and  $p < .01$ .

Table 14

*Multiple regression analysis to test effects of social support on Marital Adjustment (Dyadic cohesion) (N = 125)*

Variables	Dyadic adjustment scale (Dyadic Cohesion)	
	B	Model 1 95 % CI
Constant	3.91	[-.933 , 8.76]
Reliable Alliance	-.191	[-.770, .388]

Attachment	-.007	[-.599 ,.584]
Guidance	.311	[-283, .904,]
Nurturance	.425	[-.044, .895]
Social Integration	-.084	[-.818 .650]
Reassurance of Worth	.472	[-.107,1.05]
R <sup>2</sup>		.173
F		4.105

Note. CI = confidence interval B=Coefficient  $\beta$ =standardized coefficients

\* $p < 0.05$ , \*\* $p < 0.001$

Multiple regression analysis was computed to explore the predictive features of social support subscales on dyadic cohesion a domain of marital adjustment. As shown in the table, the Attachment ( $\beta = -.004$ ,  $p > .98$ ), social integration ( $\beta = -.034$ ,  $p < .82$ ), Reassurance of worth ( $\beta = .22$ ,  $p < .10$ ), Guidance ( $\beta = .17$ ,  $p < .03$ ), Nurturance ( $\beta = .20$ ,  $p < .03$ ) predicted Marital Adjustment. The value of  $R^2$  showed that Guidance, Nurturance and reassurance of worth explained a total of 17 % variance in marital adjustment. Attachment, social integration and reassurance of worth is not significantly predict Dyadic cohesion. The above stated prediction is significant as F (4.105) and  $p < .01$ .

Table 15

Multiple regression analysis to test effects of social support on Marital Adjustment (Dyadic satisfaction) (N = 125)

Variables	Dyadic adjustment scale (Dyadic satisfaction)	
	B	Model 1 95 % CI
Constant	8.65	[-.168 , 15.6]
Reliable Alliance	.259	[-.574, 1.09]
Attachment	.065	[-.786,.916]
Guidance	.791	[-.062, 1.64,]
Nurturance	.420	[-.255, 1.09]
Social Integration	-.319	[-1.37, .737]
Reassurance of Worth	.484	[-.349,1.31]
R <sup>2</sup>		.274
F		7.44

Note. CI = confidence interval B=Coefficient  $\beta$ =standardized coefficients

\* $p < 0.05$ , \*\* $p < 0.001$

Multiple regression analysis was computed to explore the predictive features of social support subscales on dyadic satisfaction a subdomain of marital adjustment. As shown in the table, the reliable alliance ( $\beta = .08, p < .5$ ), Attachment ( $\beta = .02, p < .08$ ), social integration ( $\beta = -.08, p < .55$ ), Reassurance of worth ( $\beta = .12, p < .05$ ), Guidance ( $\beta = .29, p < .06$ ), Nurturance ( $\beta = .13, p < .01$ ) predicted Marital Adjustment. The value of  $R^2$  showed that Reliable alliance, Attachment, Guidance, Nurturance and reassurance of worth explained a total of 27 % variance in marital adjustment. Social integration is not significantly predict Dyadic satisfaction. The above stated prediction is significant as F (7.44) and  $p < .01$ .

Table 16

*Multiple regression analysis to test effects of quality of life (WHOQOL-BREF) on Marital Adjustment (N = 125)*

Variables	Dyadic adjustment scale(Dyadic consensus)	
	B	Model 1 95 % CI
Constant	4.43	[1.66 , 7.20]
Physical health	.269	[.146, .392]
Psychological health	1.06	[.808,1.22]
Social Relationship	.15	[-.174, .489]
Environment	.442	[.305, .539]
$R^2$		.862
F		187.0

Note. CI = confidence interval B=Coefficient  $\beta$ =standardized coefficients

\* $p < 0.05$ , \*\* $p < 0.01$

Multiple regression analysis was computed to explore the predictive features of quality of life (WHOQOL-BREF) subscales on dyadic consensus subdomain of marital adjustment. As shown in the table, the physical health ( $\beta = .18, p < .00$ ), psychological health ( $\beta = .52, p < .00$ ), social relationships ( $\beta = .04, p < .34$ ), Environment ( $\beta = .32, p < .000$ ) positively predicted Marital Adjustment. The value of  $R^2$  showed that Physical

health, psychological health, social relationship and environment explained a total of 86 % variance in marital adjustment. The above stated prediction is significant as  $F(187.0)$  and  $p < .01$ .

Table 17

*Multiple regression analysis to test effects of quality of life (WHOQOL-BREF) on Marital Adjustment (Affectional expression) (N = 125)*

Variables	Dyadic adjustment scale(Affectional Expression)	
	B	Model 1 95 % CI
Constant	3.34	[2.00 , 4.67]
Physical health	-.001	[-.060, .058]
Psychological health	.035	[-.065,.135]
Social Relationship	.328	[-.168, .448]
Environment	.010	[-.046, .067]
$R^2$		.303
F		13.07

Note. CI = confidence interval B=Coefficient  $\beta$ =standardized coefficients

\* $p < 0.05$ , \*\* $p < 0.01$

Multiple regression analysis was computed to explore the predictive features of quality of life (WHOQOL-BREF) subscales on Affectional expression subdomain of marital adjustment. As shown in the table, Physical health ( $\beta = -.003$ ,  $p < .97$ ), psychological health ( $\beta = .084$ ,  $p < .05$ ), social relationship ( $\beta = .466$ ,  $p < .00$ ), Environment ( $\beta = .036$ ,  $p < .05$ ), positively predicted Marital Adjustment. The value of  $R^2$  showed that psychological health, social relationship and environment explained a total of 30 % variance in marital adjustment. The above stated prediction is significant as  $F(13.07)$  and  $p < .01$ .



Table 18

*Multiple regression analysis to test effects of quality of life (WHOQOL-BREF) on Marital Adjustment (Dyadic cohesion) (N = 125)*

Variables	Dyadic adjustment scale(Dyadic Cohesion)	
	B	Model 1 95 % CI
Constant	2.56	[-1.47, 6.60]
Physical health	-.109	[-.070, .288]
Psychological health	.140	[-.164, .443]
Social Relationship	.709	[.225, .1.19]
Environment	-.014	[-.185, .156]
R <sup>2</sup>		.251
F		10.05

Note. CI = confidence interval B=Coefficient  $\beta$ =standardized coefficients

\* $p < 0.05$ , \*\* $p < 0.01$

Multiple regression analysis was computed to explore the predictive features of quality of life (WHOQOL-BREF) subscales on dyadic cohesion subdomain of marital adjustment. As shown in the table, Physical health ( $\beta = .11, p < .23$ ), psychological health ( $\beta = .11, p < .36$ ), social relationships ( $\beta = .34, p < .005$ ), Environment ( $\beta = -.08, p < .867$ ), predicted Marital Adjustment. The value of  $R^2$  showed that psychological health and social relationship explained a total of 25 % variance in marital adjustment. Environment and physical health Sub domains of quality of life are non-significantly predicting dyadic cohesion. The above stated prediction is significant as F (10.05) and  $p < .01$ .

Table 19

*Multiple regression analysis to test effects of quality of life (WHOQOL-BREF) on Marital Adjustment (Dyadic satisfaction) (N = 125)*

Variables	Dyadic adjustment scale(Dyadic satisfaction)	
	B	Model 1 95 % CI
Constant	5.95	[.320, 1.15]
Physical health	-.095	[-.155, .344]
Psychological health	.200	[-.223, .622]
Social Relationship	1.53	[.861, 2.209]

Environment	.020	[-.218, .258]
R <sup>2</sup>		.383
F		18.60

Note. CI = confidence interval B=Coefficient  $\beta$ =standardized coefficients

\* $p < 0.05$ , \*\* $p < 0.01$

Multiple regression analysis was computed to explore the predictive features of quality of life (WHOQOL-BREF) subscales on dyadic satisfaction subdomain of marital adjustment. As shown in the table, the Physical health ( $\beta = .067$ ,  $p < .45$ ), psychological health ( $\beta = .10$ ,  $p < .01$ ), social relationships ( $\beta = .48$ ,  $p < .00$ ), environment ( $\beta = .016$ ,  $p < .86$ ), predicted Marital Adjustment. The value of  $R^2$  showed that psychological health and social relationship and environment explained a total of 38% variance in marital adjustment. Physical health Sub domains of quality of life are non-significantly predicting dyadic cohesion. The above stated prediction is significant as F (18.60) and  $p < .01$ .

Table 20

*Mean, Standard Deviation, t values on scores of social provision and its Subscales (Reliable Alliance, Attachment, Guadiana, Nurturance, social integration, Reassurance of worth) and QOL(Physical health, Psychological health, Social relationships, Environment) and dyadic adjustment scale among married and divorced parents of children with ASD. (N = 125)*

Variables	Married (n = 120)		Divorced (n = 5)		t	P	95% CI		Coh
	M	SD	M	SD			LL	UL	
SPS(Total)	64.37	13.4	46.6	6.7	2.9	.00	-2.18	31.1	0.07
Reliable Alliance	10.8	2.71	7.80	.83	2.46	.01	.589	5.42	1.50
Attachment	10.6	2.5	7.00	1.8	3.0	.00	1.28	5.9	1.65

Guidance	10.7	3.08	7.00	1.24	2.7	.00	1.04	6.53	1.57
Nurturance	11.25	2.6	9.2	2.1	1.72	.08	-.304	4.04	0.93
social integration	10.39	2.2	8.0	.76	2.38	.01	.648	5.18	1.45
Reassurance of worth	10.51	2.53	7.6	1.5	2.5	.01	-.755	9.94	1.39
QOL(Total)	85.28	18.7	70.8	6.53	1.7	.08	-2.18	31.1	1.03
Physical Health	20.79	5.9	16.2	2.58	1.69	.09	-1.02	7.15	1.00
Psychological	19.6	4.5	16.0	4.9	1.4	.14	.139	4.89	0.76
Social relationships	9.7	2.6	7.2	.44	2.09	.03	-2.90	9.20	1.34
Environment	25.95	6.7	22.8	3.8	1.03	.00	8.47	22.6	0.57
DAS(total)	94.14	23.9	39.6	23.9	5.05	.00	33.1	75.8	2.28
Dyadic satisfaction	27.5	7.84	12.0	8.4	4.33	.00	8.47	22.6	1.90
Affectional expression	7.54	1.78	4.00	.00	4.4	.00	1.95	5.12	1.90
Dyadic Consensus	41.89	8.7	35.6	4.3	1.5	.11	-1.55	14.1	0.91
Dyadic cohesion	14.2	5.1	4.60	4.0	4.11	.00	5.02	14.3	2.09

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*Note.* CI= Confidence Interval, LL = Lower Limit, UP= Upper Limit.

The results from table 21 showed married and divorced parents of ASD children difference on scores of Dyadic adjustment scale, Social Provision scale and QOL scale (WHOQOL-BREF). Table shows significant mean difference of Social support (reliable alliance, nurturance, social integration, reassurance of worth, attachment, guidance)

among married and divorced parents of ASD children. Findings of table 21 shows that there is significant mean difference on quality of life (Physical health, Psychological health, social relationship, and environment) among married and divorced parents of ASD children. Findings shows that parents of ASD children who are married have better QOL as compare to those who are divorced. The finding are accordance to pervious findings of literature. Table shows that there is significant mean difference on marital adjustment (dyadic satisfaction, dyadic consensus, and dyadic cohesion, Affectional Expression). The overall result shows parents of ASD children who are married are high in marital adjustment as compare to those who are divorced. Cohen's d showed more strength of relationship between both groups.

Table 21

*Mean, Standard Deviation, t values on scores of social provision and its Subscales (Reliable Alliance, Attachment ,Guadiana, Nurturance, social integration, Reassurance of worth) and QOL(Physical health, Psychological health, Social relationships, Environment) and dyadic adjustment scale among parents of ASD children who lives in single and joint family system .(N = 125)*

Variables	Nuclear (n = 83)		Joint (n = 41)		t	P	95% CI		Coh
	M	SD	M	SD			LL	UL	
Reliable Alliance	10.25	2.7	10.3	2.7	-2.60	.01	-2.34	-.31.9	.01
Attachment	10.25	2.4	10.7	2.6	-1.2	.22	-.1.63	.32	.17
Guidance	10.37	3.08	10.0	3.2	-1.25	.21	-1.92	.429	.11
Nurturance	10.77	2.20	10.8	2.1	-2.39	.01	-2.15	.202	.03
social integration	10.12	2.13	9.9	2.2	-1.14	.03	-1.33	.356	.10

Reassurance of worth	10.19	2.53	9.7	2.5	-1.19	.27	-1.55	-.382	.19
Physical Health	19.68	4.5	22.5	7.8	-2.5	.03	-5.08	-.664	.43
Psychological	18.48	4.3	20.0	4.0	-1.7	.08	-3.24	.155	.41
Social relationships	9.30	2.57	10.3	2.6	-2.20	.03	-2.06	-.111	.38
Environment	24.9	7.5	27.6	4.1	-2.08	.01	-5.13	-.127	.44
DAS(total)	89.2	26.6	97.5	23.	-1.68	.08	-18.0	1.44	0.3
Dyadic satisfaction	28.2	8.88	31.7	8.2	-.183	.8	-.776	.645	0.4
Affectional expression	7.39	1.88	7.46	1.8	-2.26	.02	-7.03	-.479	.03
Dyadic Consensus	40.1	8.8	44.7	7.8	-2.7	.00	-7.77	-1.32	0.5
Dyadic cohesion	13.16	5.2	15.2	5.7	-2.05	.04	-4.17	-.074	0.3

Note. CI= Confidence Interval, LL = Lower Limit, UP= Upper Limit.

The results from table 7 showed nuclear and joint family system difference on scores of Dyadic adjustment scale, Social Provision scale and QOL scale (WHOQOL-BREF). Table shows significant mean difference of Social support (reliable alliance, nurturance, social integration, reassurance of worth) among Nuclear and joint family system of ASD children although non-significant mean difference on attachment and guidance. Findings of table 7 shows that there is significant mean difference on quality of life (Physical health, Psychological health, social relationship, and environment) among nuclear and joint family system of parents of ASD children. Findings shows that parents of ASD children who lives in joint family system have better QOL as compare to those who live in nuclear family system. The finding are accordance to pervious findings of

literature. Table shows that there is significant mean difference on marital adjustment (dyadic satisfaction, dyadic consensus, and dyadic cohesion) although no significant mean difference on Affectional Expression. The overall result shows parents of ASD children who lives in joint family system are high in marital adjustment as compare to those who live in nuclear family system. Cohen's  $d$  showed more strength of relationship between both and fathers and mothers of ASD children.

Table 22

*Mean, Standard Deviation,  $t$  values on scores of social provision and its Subscales (Reliable Alliance, Attachment, Guidance, Nurturance, social integration, Reassurance of worth) and QOL (Physical health, Psychological health, Social relationships, Environment) and dyadic adjustment scale among parents of ASD children in reference to different age group ( $N = 125$ )*

Variables	20-35		36-50		<i>t</i>	<i>P</i>	95% <i>CI</i>		<i>Coh</i>
	<i>(n = 59)</i>		<i>(n =65)</i>				<i>LL</i>	<i>UL</i>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>					
Sps total	65.1	14.0	62.1	13.2	1.23	.22	-1.83	7.89	
Reliable Alliance	11.0	2.87	10.3	2.60	1.35	.17	-.308	1.63	
Attachment	10.7	2.60	10.1	2.68	1.38	.17	-.284	1.59	
Guidance	10.7	3.35	10.5	2.92	.422	.67	-.878	1.35	
Nurturance	11.4	2.71	10.7	2.15	-2.39	.12	-.193	1.53	
social integration	10.4	2.13	10.1	2.29	.709	.47	-.507	1.32	
Reassurance of worth	10.6	2.63	10.2	2.5	.885	.37	-1.55	-.382	
QOL total	85.3	18.8	84.2	18.6	.323	.74	-5.58	7.75	

Physical Health	20.7	4.42	20.4	7.15	.324	.74	-1.78	2.49
Psychological	19.06	4.6	18.8	4.5	.250	.80	-1.42	1.83
Social relationships	9.9	2.8	9.3	2.5	1.20	.23	-.374	1.52
Environment	25.6	5.76	26.0	7.5	-.306	.76	-2.77	2.03
DAS(total)	94.5	23.1	88.8	27.5	1.23	.22	-3.42	14.7
Dyadic satisfaction	27.5	7.29	26.4	9.39	.741	.46	-1.88	4.14
Affectional expression	7.77	1.82	7.03	1.87	2.25	.02	.089	1.40
Dyadic Consensus	42.7	9.04	40.7	8.53	1.23	.21	-1.17	-5.09
Dyadic cohesion	14.33	5.1	13.4	5.84	.855	.39	-1.11	2.80

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*Note.* CI= Confidence Interval, LL = Lower Limit, UP= Upper Limit.

The results from table 22 showed difference on scores of Dyadic adjustment scale, Social Provision scale and QOL scale (WHOQOL-BREF) among different age groups of Autistic parents. Table shows significant mean difference of Social support total score as group age range from 20-35 are high in social support as compare to age group of 36-60. Although there is non-significant mean difference on attachment and guidance. Findings of table 22 shows that there is minor mean difference on quality of life (Physical health, Psychological health, social relationship, and environment) among both groups of parents of ASD children. Table 22 shows that there is significant mean difference on marital adjustment (dyadic satisfaction, dyadic consensus, and dyadic cohesion) although no significant mean difference on Affectional Expression. The overall result shows parents of ASD children whose age range from 20-35 are high in marital

adjustment as compare to those whose age range from 36-50. Cohen's d showed more strength of relationship between both and fathers and mothers of ASD children.

Table 23

*Mean, standard deviation, f- value of socioeconomic difference on social provision, dyadic adjustment and quality of life among ASD parents (N = 125)*

	20,000-40,000		41,000-60,000		61000-Above			
	Rupees		Rupees		Rupees			
	<i>n</i> = 42		<i>n</i> = 63		<i>n</i> = 20			
Scales	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>η</i> <sup>2</sup>
P.Health	20.2	8.03	20.28	4.39	22.35	5.1	1.06	.016
Psy.Health	18.19	3.9	18.6	5.03	21.5	3.02	4.07	.063
S.Relationships	8.88	2.47	9.60	2.68	11.20	2.4	5.4	.08
Environment	23.92	4.6	26.0	7.77	29.1	5.50	4.32	.06
R.Alliance	10.52	2.8	10.49	2.6	11.65	2.70	1.49	.024
Attachment	10.38	2.30	10.26	2.66	11.25	3.29	1.06	.017
Guidance	10.45	2.66	10.38	3.29	11.85	3.31	1.82	.029
Nurturance	11.00	2.11	11.25	2.97	11.25	2.51	.128	.03
S.Intigration	10.04	1.97	10.25	2.20	10.95	2.23	1.128	.018
R.Worth	9.90	1.7	10.47	2.7	11.20	3.18	1.806	.029
A.Expression	7.40	1.90	7.31	1.92	7.6	1.75	.235	.004
D.Consensus	39.97	7.1	40.88	9.45	47.50	7.36	5.92	.08
D.Cohesion	13.47	5.4	13.88	5.6	14.80	5.47	.392	.06
D.Satisfaction	25.5	7.64	26.73	9.32	30.55	5.87	2.54	.039

Note: P.Health. Int =Physical health, Psy.Health. Int=Psychological Health, S.Relationships=Social Relationships.,R.Alliance = Reliable Alliance, S.Integration= Social Integration,R.Worth=Reassurance of Worth,A.Expression=Affectional expression,D.Consensus=Dyadic consensus,D.Cohesion=Dyadic cohesion,D.Satisfaction=Dyadic satisfaction.

Table 22 showed the mean difference on income categories of (e.g., 20,000-40,000, 41,000-60,000 and 61,000-above).The mean value of Physical Health ,Psychological health ,social relationships and environment was higher in income range of (61,000-



above) as compare to other categories. The result is according to our 7<sup>th</sup> hypothesis that parents of ASD children who have higher socioeconomic status have high quality of life. The mean value of reliable Alliance, Attachment, Guidance, Nurturance, social integration and Reassurance of worth is higher in income range of (61,000-above) as compare to other categories. Table-22 shows there is significant mean differences on Dyadic consensus, Dyadic cohesion, Dyadic satisfaction and it was high in income range of (61,000-above). This shows that parents of ASD children who belongs to high socioeconomic status are high in marital adjustment. Eta value showed significant effect size of social intolerance and emotional reappraisal on income.

## Chapter IV

### Discussion

As we know that parenting is difficult and challenging tasks because it contain many responsibilities but parenting a child with Autism is not only challenging it also effects the health of parents. As in Pakistan there is knowledge Gap, according to my best knowledge no study was found that tells us the effect of social support on marital adjustment and QOL among parents of children with Autism. This is first research in this respect that cover this knowledge gap.

The current research intended to explore the role of social support in marital adjustment and quality of life between parents of children having Autism. For present study it was purposed that social support would best be accesses by social provision scale (Cutrona & Russell, 1990), Marital adjustment would be accesses through the dyadic adjustment scale (Spanier, 1976). The Quality of life would be assesses by quality of life scale (WHOQOL, 1998). Endways through this the difference of different demographic variables e.g., age, family system, marital status and other psychological disease were also explored. The elementary purpose in the examination of diverse demographic was to highpoint the effect that social demographic can influence the person life especially when they are facing burden and strain of having children with Autism. To fulfill the prerequisite the data was collected from different resource center located in Rawalpindi and Islamabad and Taxila. After the information gathering the figures was analyzed thought different statistical analysis to support the trends of hypothesized variables association.

To assess the interior reliability of scales, Crónbach's alphas were calculated for each of the subscales of the study variables. The existing study calculated the alpha coefficients as a degree of inner reliability of each subscale of the instruments. Alpha reliabilities of the subscale utilized in present study are found to be acceptable according to Nunnally and Bernstein's (1994) criterion. The alpha reliability of subscales of WHO-BREF scale physical health ,psychological health ,social relationships and environment ranged from (.60 to .8).The alpha reliability of subscales of social provision scale ranged from (.68 to .92). The alpha reliability of subscales of emotional regulation questionnaire ranged from (.93 to .95). The alpha reliabilities of the study instrument showed that all the scales are internal reliable and consistent. Hence, they are reliable and valid measure of study constructs. Further the skewness for the subscales were detected to determine the suitability of the data rendering to the expectations of the normality. The values of all three scales are exposed to be quite suitable.

It was hypothesized in this research that there would be a difference in quality of life and marital alteration scores between parents of children with ASD. Furthermore researcher hypothesized that there is relationship between marital adjustment and Quality of life of parents with Autistic children. Secondly, the researcher hypothesized Social support positively predicts quality of life and conjugal adjustment of parents with Autistic children. Another hypothesis was that Martial adjustment would positively predicts quality of life of parents with Autistic children. Finally it was hypothesized that Parents with lower socioeconomic status have low marital adjustment and Quality of life and parents who are living in nuclear family system would score low on social provision scale.

### **Correlation between Quality of life, Social support and marital adjustment**

Keeping in view the aims of the investigation the relationship analysis was calculated to discover the proposal in objective of study. The analysis was also figured to test the hypotheses put forward about the assumption of relationship between quality of life, social support and marital adjustment. The authorization providing by correlation supported some of the hypotheses. Some interesting findings emerged in analysis.

There is relationship between marital adjustment and Quality of life of parents with Autistic children was supposed and result proved that scores of marital adjustment was positively correlate with scores of QOL (Table-3). As quality of life scale has four domains physical health, psychological health, social relationships and environment and literature suggest that there is relationship between health and marital adjustment (Burman & Margolin, 1992).

How partners help each other put up with personal problems is an unexplored but possibly significant field for understanding how married distress grows. One of hypothesis of this research is social support positively correlates with marital adjustment of parents of ASD children. It was also proved that there is positive correlation between dyadic adjustment and social support. Pervious literature also suggested that there was a significant positive relationship between dyadic adjustment and perceived social support (Mills, 2014).

### **Mean Difference on Quality of life, Social support and marital adjustment**

**Gender.** The hypothesis is that there would be a variance among the fathers and mothers scores of QOL was supported. There were significant difference between mothers of children with ASD and fathers of children with ASD. (Table, 4). Participants of the study (mothers) rated their quality of life negative in almost all domain of quality of life (physical health, psychological health, social relationships and environment) as compare to fathers. This result is in link with pervious investigations (Mungo et al, 2007; Yamada et al; 2012; Dardas & Ahmad, 2014). A research shows statistically major variance originate among fathers and mothers was in the physical domain (mothers of children with PDDs show lower scores). Additional explicitly, mothers of children with PDDs showed worse physical health, impairment in social relationship and in the psychological condition, and a poorer overall perception of QOL and health (Mungo et al., 2007). Nevertheless little comparisons have been done between mothers of children detected with ASD and Fathers of children diagnosed with Autism. Earlier investigation has discovered that mothers of children with Autism have low QOL than fathers of these children (e.g. Dardas & Ahmad, 2014). The reason of these findings may be that it was seen that mothers was greater actively involved with their children as compare to fathers that why their lives are more affected.

Nearly all earlier studies have discovered impairment of QOL amongst ASD parents (Benjak, Mavrinac, Simetin, 2009) .It has been establish that parents of Children with ASD and intellectual deficit exposed domineering damage of QOL as equated to the typical healthy control group (Malhotra, Waheeda & Bhatia, 2012).

Marital adjustment is very essential domain in the lives of parents of children with Autism so our second hypothesis is related with this domain. The hypothesis was supported that there would be a difference between the fathers and mothers of ASD children on Dyadic adjustment scale. (Table-5) shows there is significant difference between their scores. This finding was supported by pervious findings as parents of children with Autism experience more stress and demands, thus association and relationship between them is affected (Walsh, Caitlin, O'Leary, Daniel, 2013, Gosztyła, 2013) and mother are more low in marital adjustment than fathers (Gau et al, 2012) as mothers are more closer to their children than fathers (Hartley, Barker, Seltzer, Greenberg & Floyd, 2011).

It was proved in this research that parents Table (6) shows significant difference on Reliable Alliance, Guidance, Nurturance, Social integration and Reassurance of worth. Scores reveled that fathers are high on social support as compare to mothers of ASD children. Findings are accordance to the previous literature that displays that the more severe a child with autism, the more the fathers observe they attain social support. No such association was establish between the mothers (Doron, Sharabany, 2013).

**Socio economic status.** As in person lives economic status matters a lot and its importance is greater when person has child with Autism. As treatment of Autism is too expensive and when parents belong to low socioeconomic status and not able to afford the expensive that effect their quality of life. Our hypothesis of the study was Parents with lower socioeconomic status have low marital adjustment and Quality of life has<sup>1</sup> / proved. There is significant difference among three groups divided on the base of

monthly income. The group who were high in monthly income were also high in marital adjustment, quality of life and social support and parents who belongs to lower monthly income group were lower in all these (Table-23). Our result is consistent with pervious findings as according to Mills (2014) higher annual income increase the dyadic adjustment. Pervious findings provide indication that lower-income parents are at a disadvantage in terms of both information and provision as middle and upper income families have more chances to gain information or provision by joining various seminars, workshops and groups that deliver support for autism. Appearing in workshops and sessions charges money for registration and occasionally for travel and guesthouses. Economic limitations can produce fences for low-income families to join provision groups and other actions that incur a fee (Biegel, Shafran, & Johnson, 2004).

**Family structure.** As we belong to Pakistan here joint family system is prevalent, and in joint family system there are many people at home who are supporting the parents and this may positively affect their quality of life and marital adjustment. Analysis on the demographic of the study e.g nuclear and joint family system shows that people who lives in nuclear family system were less in social support domain of (reliable alliance, attachment, guidance and nurturance) although they are high in domain of social integration and reassurance of worth (Table-21). As pervious research that has been done on family organization reveled that parents who have child with special needs perceived their family expressive feelings lower and family organization high .they perceived friendships and support as lower than other groups of parents(Heiman , Ornit Berger,2008).

Another research shows that parents identified the grandparents support most valuable and supportive. Grandparent emotive provision seemed to be additional noticeable to parental psychosomatic alteration and parenting stress than was grandparent instrumental support (practical help) (Trute, Chair & Professor, 2003). Result indicate that parents of ASD children who lives in joint family system are high in all domains of QOL (Physical Health, Psychological Health, social relationships, Environment) and all domain of marital adjustment (Affectional Expression, Dyadic cohesion, Dyadic Conesus, Dyadic Satisfaction)(Table-21). The result is according to the previous literature that shows that grandparents part of joint family system support to families of children with disabilities is usually linked with better paternal welfare (Johnson & Titus, 2007).

**Marital status.** Marital status has an important role in measuring quality of life and social support. As we know it's very difficult to manage for single parent when he or she has child with Autism. It was supposed that single parent facing too much burden and responsibilities of Autistic child and as they are divorced so they may have poor quality of life. Relationship dissatisfaction may be one of the reason but children with autism may also the reason. There is little literature found in this respect so in this study our one of hypothesis is that divorced parents have low quality of life and marital adjustment as compare to those who are married.

It was also reveled in this study that parents who are divorced and have children with autism are significantly low in quality of life and all its domain, social support and all its domain and marital adjustment and all its domain (Table-20). Researcher haven't found any research on single parenting although an article written by Vigo, MSW, Licsm (2012) reveled that Single childrearing is a hard business. For parents of children with



autism, flying single can feel like directing a single-engine plane in stormy skies.

Literature show that moms were more expected to report lesser levels of provision and provision if they were a single parental, were living in underprivileged accommodation, or were the mother of a boy with ASD. (Bromley, Hare, Davison & Emerson, 2004).

**Age.** Mean differences on age were also sought (see Table 22) within social support, quality of life, and marital adjustment. In the current study the age was divided into 2 categories of (e.g., 20-35, 35-50). Result of current study showed significant mean difference in social support total score. It was seen that parents who belong to age group of (20-35) years are high in social support. Significant mean difference on reliable alliance and nurturance is seen although not too much difference on other domains of Social support. Result shows that there is no significant difference on Quality of life and its domains of physical health, psychological health, and social relationships) although age group of 36-50 are high in environment domain of QOL.

Parents of children with Autism who belongs to age group of 20-30 years are high in marital adjustment as compare to age group of 36-50 years.

#### **Predictive Relationship of social support, marital adjustment and quality of life**

In the present study, the support was measured by social provision scale. It has been proved that social provision plays a significant role in the marital adjustment and quality of life. It was supposed that social support positively predicts quality of life of parents with Autistic children. It was proved through result that social support positively predict quality of life, Psychological health (Table-7). Psychological domain comprises of

questions related to enjoyment, meaningfulness of life, concentration ability, satisfaction with body appearance and mental health (depression, anxiety). As previous literature shows that parents of autistic children experience more psychological issues and these psychological issues are associated with low level of family support (Bromley, Hare, Davison & Emerson, 2004).

The social support positively predict the physical health ((Table-8) , which attained the maximum gratitude, comprises queries about pain and distress, energy and exhaustion, sleep and rest, mobility, activities of daily living, dependence on medication or treatment and work capability. As previous literature is accordance to the findings it was proved that parents especially mothers report poorer physical health and there is relationship between maternal health and behavior problems of child (Allik, Larsson, Smedje, 2005).

The social provision positively predict quality of life domain social relationships (table-9), which attain the question related social relationships, friends, and sexual life. It was seen that social support 48 % enhance social relationships. Recent scientific work shows that there is strong evidence for the causal impact of social relationships on health (House, Karl, Landis, Umberson, 1988).

The environment domain was consist of question related physical security and shelter, home atmosphere, economic resources, healthiness and social care, opportunities to obtain new material and skills, recreation and leisure, physical environment and transportation. It was seen that social support positively predict the QOL (Environment) (Table-10). All these findings are line up with previous findings that social support act as

moderator which amplified the relationship between stress and quality of life (Dardas & Ahmed). Literature show that impairment in quality of life inside families of kids with these severe long-lasting situations is likely to be moderated by a multifaceted medium of environmental and different variables such as economical status, societal support, paternal and child features and coping approaches (Raina , O'Donnell , Schwellnus , Rosenbaum , King , Brehaut , Russell , Swinton , King , Wong , Walter , Wood ,2004).

It was further hypothesized in current study that social support positively predict marital adjustment among ASD parents. Result proved that social support explained total of 39% variance in marital adjustment (Table-11). The result is accordance to the pervious literature a study that's measure the effect of social support on level of stress among parents of autistic children conducted by Weiss (2002) revealed that social support is the predictor of optimistic adaptation.

As Dyadic adjustment scale has its subdomain to measure the marital adjustment. In current study analysis was done for every domain of dyadic adjustment. It was seen that social support (reliable alliance, Attachment, social integration, Reassurance of worth, Guidance, Nurturance) positively predicted Affectional expression (Table-12), Dyadic Consensus (Table-13), Dyadic Cohesion (Table-14), and Dyadic Satisfaction (Table-15).

The 6<sup>th</sup> hypothesis of the study is quality of life positively predict the marital adjustment among parents of Autistic children. Result of the study proved the hypothesis as QOL (Physical health, psychological health, social relationships and environment) positively predicted Affectional expression (Table-17), Dyadic Consensus (Table-16),

Dyadic Cohesion (Table-18), and Dyadic Satisfaction (Table-19). The result is line up with previous research concerning physical health, experimental investigation indicates that marital quality and satisfaction are positively related to measures of global health (Hetherington, 1993). The overall result is matched with pervious researches as Assari et al. (2008) says dyadic adjustment showed significant correlations with total scores of quality of life and with most of its sub-scores. Grounded on logical literature, it is seeming that features of wedding, predominantly marital adjustment consume an influence on the well-being of persons. Stable women have fewer battle with their spouses and resolve their complications easily, and so have high quality of life. Additionally it can be claimed that marital maladjustment can deteriorate the immune system by producing strain and ultimately leads to low quality of life. Another research findings indicate that if there is congruous and levels of agreement between couples related to stress they experienced, it helps them to manage their stressful life events successfully (Peterson, Newton & Karen, 2003).

## **Conclusion**

As in this research most of our hypothesis are proved so we can say that social support has an important role in marital adjustment and better quality of life among parents of Autistic children.

## Limitations of the Research

Questionnaires was usually administered from different institutes of Islamabad and Rawalpindi that deals with ASD children. As sample of 190 parents was aim to collect but only 125 participants show response. The response rate was very low, one of the reason was that parents was too much busy in intervention of their children so they have no time and another reason was that parents don't want to expose their marital issues ,and personal information due to social desirability.

In the effort to sample couples, one of the difficulty is that men response rate is very low. Meanwhile not all the men complete the questionnaires, that why rate of women is more than men that's may be influence on our results as conclusions from this research might not be an effective picture of the experiences fathers of various children with ASDs.

One of the limitation is that our sample is consist of diagnosed ASD children, we our self not diagnosed that children so there was no way to verify the accuracy of the diagnosis of ASD participants. Disorder severity was also not measured in the present study. Symptom severity may influence and aggravate the difficulties faced by parents and therefore must be discovered in upcoming studies.

As mostly data was collected from Autism resource center Rawalpindi, where there is support group for parents. As director and CEO of Autism Resource center are effected parents that's why parents are actively involved in intervention of their children and interact with each other. These parents might be extra accustomed and more attentive of accessible care and support, than common populace of ASD parents.

As parents who have more than one children with ASD, require large amount of time, energy and these parents may experience most negative effects as compare to parents who have one children. They are not able to participate in the study and low participation leads to the study less negative effect.

### **Implications and recommendations of the research**

One of the strength of this study is that demographic variable e.g socioeconomic status, marital status is considered as the literature related demographic of ASD families is restricted. The present research enhances to the experimental literature by providing opening discoveries concerning the marital adjustment, QOL and common demographics of families with multiple children with ASD. Further research in respect to find out the effect upon parents having multiple children with ASD is needed.

As the result of this investigation shows that parents of children with ASD are effected, as they have low marital adjustment, QOL and low social support therefore, psychological wellbeing specialists must be conscious that parents are pretentious by their child's identification and must screen, notice, and mediate upon possible disturbances as initial as possible. So it is strongly recommended that further research must give importance to the parents' maladjustments not only intervene of symptoms of child. As Historical investigation supports that individual and group sessions facilitated by specialists, for parents of a child with a disability, are more effective than information provision on its own (Keen et al., 2010, Eagar et al., 2007).

As in this research sample was limited to Rawalpindi, Islamabad, and Taxila, so in future it was recommended that sample size should be large and there must be some incentive to overcome the dropout rate.

As in this research parents are taken from institutions whose children are under intervention, so they may receive more support, in future it is recommended that must try to locate the parents to ASD children, who are not receiving any intervention.

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in partial fulfillment of the requirements for the degree of Master of Science.*

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