e-ISSN: 2541-450X
p-ISSN: 0854-2880

Indigenous: Jurnal Ilmiah Psikologi
2025, 10(2), 232-259

Utami, R., Krisnatuti, D. & Johan I. R. (2025). Parenting autism: Exploring social support and religiosity. *Indigenous: Jurnal Ilmiah Psikologi*, *10*(2). 232-259. https://doi.org/10.23917/indigenous.v10i2.10520

Parenting Autism: Exploring Social Support and Religiosity

Restu Utami[1], Diah Krisnatuti[2] & Irni Rahmayani Johan[3]

Department of Family Science and Child Development, IPB University[1, 2, 3]

Submitted: 19 May 2025	Accepted: 01 July 2025	Published: 31 July 2025

Abstract. *Raising children with autism presents ongoing emotional and psychological challenges. The aim of this research is to explore how social support and religiosity influence the well-being of parents raising children with autism. Following the PRISMA framework, this review analyzed 45 studies through a systematic literature review approach. The studies were selected using the PECO framework and assessed for quality with the Q-SSP and ROBINS-E tools. The participants in the reviewed studies consisted of parents or caregivers, with varying demographics, including age, gender, cultural background, and levels of religiosity. Various data collection techniques were employed, including qualitative interviews, quantitative surveys, and mixed-method approaches; analysis methods included thematic interpretation and statistical modeling. Findings show that social support reduces stress and improves coping abilities, particularly when parents receive consistent support from partners and communities. Religiosity contributes as a psychological and emotional coping resource by offering meaning, comfort, and resilience, though in certain contexts it may also lead to feelings of guilt or stigma. The influence of both factors varies across cultural and social settings. The results highlight the distinct but complementary roles of social support and religiosity in strengthening parental well-being. Integrating these elements into culturally sensitive intervention models may enhance support systems for parents. Future research should aim to examine integrative approaches that connect social and spiritual support strategies.*

Keywords: *Autism spectrum disorder; parental well-being; religiosity; social support; systematic review*

INTRODUCTION

Autism Spectrum Disorder (ASD) is defined as a developmental condition involving social and communicative challenges, accompanied by repetitive or restricted behaviors (American Psychiatric Association, 2022). The disorder impacts roughly 1% of children worldwide, though prevalence rates differ across various demographic groups (Zeidan et al., 2022). Children with ASD often experience behavioral challenges, sleep issues, and self-care difficulties, significantly increasing parental stress (Mangandu et al., 2024). Parents of children with ASD tend to experience higher levels of anxiety and depression compared to those with neurotypical children (Hayes & Watson, 2012). Previous studies have shown that both parents and caregivers of children with ASD experience similar emotional burdens, with emotional strain influenced by resilience and types of social support. These findings indicate that the challenges and burdens are shared across parental and caregiving roles (Rizzo et al., 2024). The emotional and financial demands of caregiving can strain family dynamics, particularly where access to

***Corresponding author: amirestu@apps.ipb.ac.id**

specialized services is limited (Iadarola et al., 2019). Social stigma also heightens parental distress due to widespread misconceptions and blame associated with ASD (Zefanya & Purba, 2024).

Financially, raising a child with ASD incurs costs up to three times higher than for neurotypical children (Ludlow et al., 2011). Coping strategies differ by gender, with fathers often turning to work and mothers relying more on social support (Ludlow et al., 2011). Stress often persists over time, necessitating long-term emotional and structural support (McStay et al., 2014). Support systems (especially those involving family, friends, and religious communities) provide important assistance that helps reduce stress and improve quality of life (Ekas et al., 2010). Religiosity can further promote coping by offering meaning and resilience (Tarakeshwar & Pargament, 2001), although in some cases, negative religious interpretations may increase stigma (Mangandu et al., 2024). This review explores how social support and religiosity, independently and interactively, affect parental well-being, while accounting for the influence of cultural and contextual factors.

METHOD

Literature Search Strategy

This study used the PRISMA guidelines to identify and select articles in four steps: identification, screening, eligibility, and inclusion (Page et al., 2021). The articles are selected from Scopus journals (Q1–Q4) published in English from 2015 to 2025. The search used specific keywords based on early searches and field knowledge. A scoping search helped improve the keyword choices before the final search. This study used the web app Watase Uake to generate search terms. Keywords focused on three main topics: (1) Autism Spectrum Disorder, (2) social or family support for parents of ASD children, and (3) religiosity of parents of ASD children. The main search was in Scopus, with Google Scholar used to find extra studies. The PRISMA screening results are shown in Table 1.

Table 1.
Protocol PRISMA for the review

Phase(s)	Consideration	Results for Systematic Literature Review
Identification	Search focus	Social Support and Religiosity in Parents of Children with ASD
	Search (keyword) string	"social support autism" OR "family support autism" AND "religious and autism" OR "religion coping autism" AND "social support and religion and autism"
	Search period	2015–2025
	Search database	Scopus
	Additional source	Google Scholar (as a supplementary source)
	Search field	Article title, abstract, keywords
	Search results	459 (Scopus) + 8 (Google Scholar)
	Document type	Include "Article"
Screening and Eligibility	Language	Include "English"
	Publication stage	Include "Final"
	Source type	Include "Journal"
	Organizing framework	PRISMA Guidelines applied
	Filtered results	45 studies included in final review

Phase(s)	Consideration	Results for Systematic Literature Review
	Analysis method	Domain-based systematic literature review, content analysis
Assessing for Inclusion and Exclusion	Agenda proposal method	Systematic literature review, narrative synthesis

Classification Framework

To ensure a structured selection of studies, this systematic literature review (SLR) adopts the PECO (Population, Exposure, Comparison, Outcome) framework. PECO is widely used in systematic research to formulate research questions and develop a literature search strategy (Methley et al. 2014). This model helps define the study population, exposure to social support and religiosity, comparisons between different levels of these factors, and the resulting outcomes related to parental well-being and coping mechanisms.

Table 2.
PECO (Population, Exposure, Comparison, Outcome) Framework

Component	Description
Population (P)	Parents or caregivers of children with ASD
Exposure (E)	Social support (e.g., emotional, instrumental, and informational support) and religiosity (e.g., religious beliefs, practices, and community involvement)
Comparison (C)	Variation in social support and religiosity levels
Outcome (O)	Parental well-being (e.g., stress reduction, mental health, coping strategies)

Eligibility Criteria

Included studies examined the association between social support, religiosity, and parenting children with ASD. Only empirical research employing quantitative, qualitative, or mixed-methods approaches was considered, and full-text availability was required to facilitate comprehensive data extraction. Conversely, studies were excluded if they did not specifically examine social support or religiosity in the context of ASD parenting. Additionally, conference papers, book chapters, or opinion pieces were not considered. Studies that lacked abstracts or contained incomplete data that hindered meaningful analysis were also excluded. The exclusion decision was made objectively by assessing the completeness of key information required for systematic analysis, including (1) a clear description of the research methodology (design, participants, and instruments), (2) presentation of primary findings related to social support and religiosity among parents or caregivers of children with ASD, and (3) the availability of essential variables relevant to the study's objectives. Articles without abstracts were excluded because they did not allow initial screening for inclusion criteria, while those with incomplete data could not support a comprehensive synthesis.

Study Selection

To ensure the inclusion of relevant and rigorous studies, the selection procedure was systematically implemented in three stages following PRISMA protocols.

The first stage is identification. The initial search yielded 459 articles from the Scopus database and 8 additional studies from Google Scholar. After removing 73 duplicate records, 95 studies were excluded because they were published outside the 2015–2025 range. Furthermore, 14 studies were removed because their journal rankings were below the Q1–Q4 threshold, and 9 studies were excluded for lacking abstracts. This process resulted in 266 studies progressing to the next stage.

The second stage is screening. Of 266 studies, titles and abstracts were screened for relevance; 197 were excluded for not meeting the inclusion criteria, leaving 71 for full-text review.

The third and last stage is eligibility assessment. Of the 71 full-text articles, 34 were unavailable, leaving 37 for detailed evaluation. After thorough assessment, all 37 studies met the inclusion criteria. In addition, 8 supplementary studies were identified and included, bringing the total to 45.

The complete study selection process is visually represented in Figure 1, which provides a detailed overview of the inclusion and exclusion criteria used throughout.

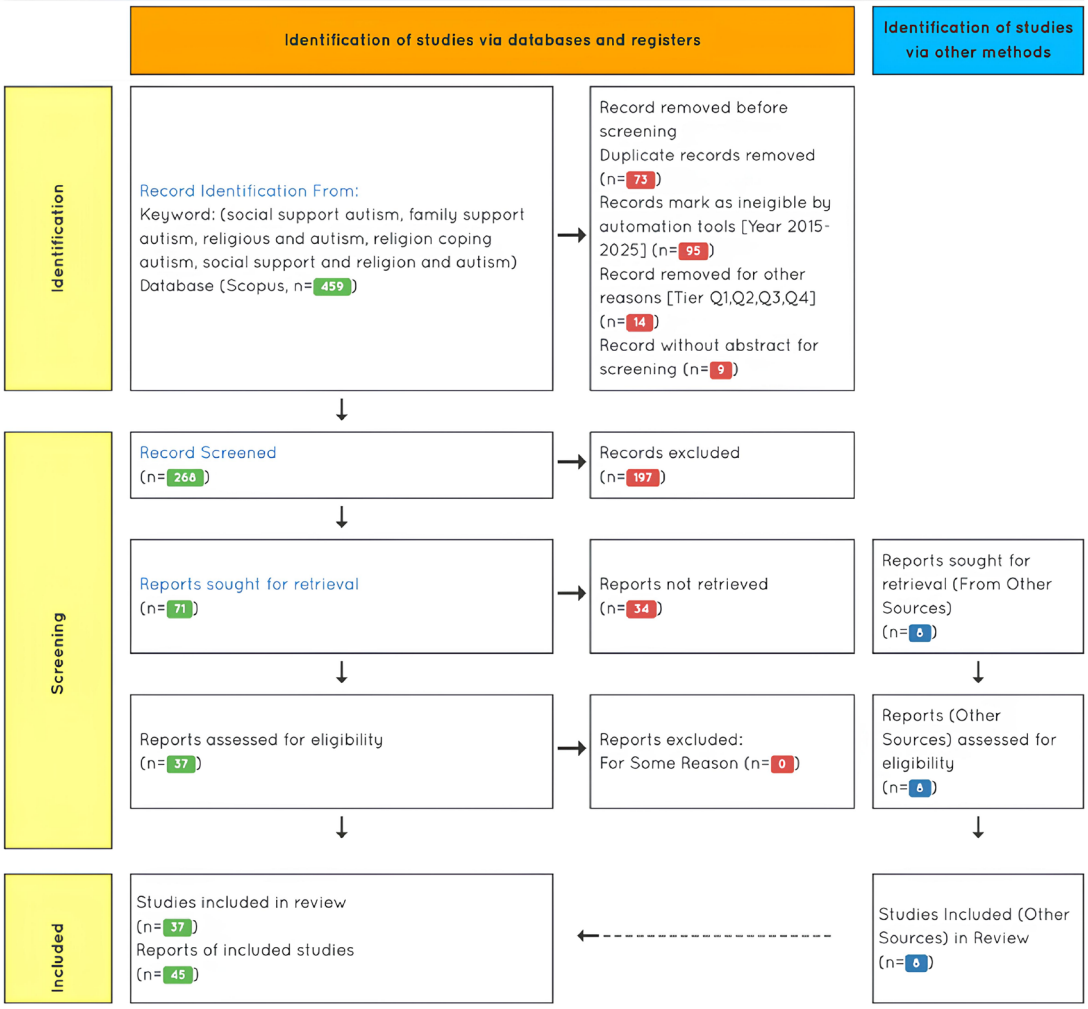

Figure 1.
Flow chart of PRISMA protocol generated from Watase Uake Tools

The Watase Uake Tools were used to manage and organize the literature screening process efficiently. This tool facilitates keyword-based searches across multiple databases and automatically removes duplicate articles, allowing for more systematic data extraction. To minimize bias in keyword selection, keywords were determined based on the primary constructs of the research questions (i.e., autism spectrum disorder, parenting, social support, and religiosity) and refined through a pilot search to ensure relevance and specificity. Synonyms and related terms were also tested to avoid overly narrow or overly broad searches. This process helped ensure comprehensive yet focused retrieval of relevant studies.

Quality Assessment

To maintain the reliability and methodological rigor of the included studies, a systematic quality evaluation was conducted. In quantitative observational studies, the Risk of Bias in Non-Randomized Studies – Exposure (ROBINS-E) tool was applied to assess bias across seven domains, including confounding variables, participant selection, exposure classification, and outcome measurement, yielding an overall bias assessment (Morgan et al., 2019). Meanwhile, qualitative studies were assessed using the Quality Assessment Checklist for Survey Studies in Psychology (Q-SSP). This checklist assesses research quality across four domains: study rationale, participant selection, data collection and analysis, and ethical considerations (Protogerou & Hagger, 2020).

The assessment of bias in each study followed predetermined criteria adapted from established SLR guidelines. Each bias domain (e.g., selection bias, measurement bias, reporting bias) was rated as low, moderate, or high based on the clarity of methodology and completeness of data reporting. For instance, population selection bias was considered low when participant inclusion criteria and sampling methods were clearly described, moderate when they were partially described, and high when they were unclear or absent. The overall bias rating in Tables 3 and 4 was determined by summarizing the domain ratings: studies with mostly low ratings were categorized as low overall bias, and those with mixed or multiple moderate/high ratings were categorized as moderate or high overall bias. The results of the quality assessment are presented in the following section. The summary of quality ratings is presented in Tables 3 and 4.

Table 3.
Risk of bias (ROBINS-E)

Study	Population Selection	Exposure Measurement	Confounders	Outcome Measurement	Data Analysis	Overall
Rezq et al. (2025).	Low	Low	Low	Low	Low	Low
Pan et al. (2024).	Low	Low	Low	Low	Low	Low
Maarefi et al. (2023)	Low	Low	Low	Low	Low	Low
Halki et al. (2024).	Low	Low	Low	Low	Low	Low
Dai et al. (2023)	Low	Low	Low	Low	Low	Low
Mannion & Leader (2023)	Low	Low	Low	Low	Low	Low
Liu et al. (2023)	Low	Low	Low	Low	Low	Low
Matea et al. 2024	Low	Low	Low	Low	Low	Low
Feng et al. (2022)	Low	Low	Low	Low	Low	Low
Wang et al. (2022).	Low	Low	Low	Low	Low	Low
Laslo-Roth et al. (2022)	Low	Low	Low	Low	Low	Low
Sarwar et al. (2022)	Low	Low	Low	Low	Low	Low
Buchholz (2022)	Low	Low	Low	Low	Low	Low

Study	Population Selection	Exposure Measurement	Confounders	Outcome Measurement	Data Analysis	Overall
Herlina et al. (2022)	Low	Low	Low	Low	Low	Low
Yan et al. (2021)	Low	Low	Low	Low	Low	Low
Bernier & McCrimmon (2021)	Low	Low	Low	Low	Low	Low
Weinberg et al. (2021)	Low	Low	Low	Low	Low	Low
Lu et al. (2021)	Low	Low	Low	Low	Low	Low
Lei & Kantor (2021)	Low	Low	Low	Low	Low	Low
Desiningrum et al. (2020)	Low	Low	Low	Low	Low	Low
Sumiati & Dewi (2021)	Low	Low	Low	Low	Low	Low
Lei & Kantor (2021)	Low	Low	Low	Low	Low	Low
Pandya (2020)	Low	Low	Low	Low	Low	Low
Robinson & Weiss (2020)	Low	Low	Low	Low	Low	Low
Ekas et al. (2009)	Low	Low	Low	Low	Low	Low
Lovell & Wetherell (2019)	Low	Low	Low	Low	Low	Low
Pisula & Banasiak (2019)	Low	Low	Low	Low	Low	Low
Seymour et al. (2019)	Low	Low	Low	Low	Low	Low
Ilias et al. (2018)	Low	Low	Low	Low	Low	Low
Riany et al. (2018)	Low	Low	Low	Low	Low	Low
Kuru & Piyal, (2018)	Low	Low	Low	Low	Low	Low
Marsack & Samuel (2017)	Low	Low	Low	Low	Low	Low
Al-Kandari et al. (2017)	Low	Low	Low	Low	Low	Low
Das et al. (2017)	Moderate	Low	Low	Low	Moderate	Moderate
Arellano et al. (2017)	Low	Low	Low	Low	Low	Low
Pandya (2016)	Moderate	Low	Low	Low	Low	Moderate
Obeid & Daou (2015)	Low	Low	Low	Low	Low	Low
Lu et al. (2015)	Low	Low	Low	Low	Low	Low

Findings from the ROBINS-E assessment suggest that most studies have a low overall risk of bias, indicating solid methodological integrity. However, Das et al. (2017) showed moderate bias

in population selection and data analysis, potentially affecting representativeness and interpretation. Overall, the findings are reliable and unbiased, supporting the credibility of this systematic review.

Table 4.
Risk of bias (Q-SSP)

Study	Study Rationale & Variables	Sampling & Recruitment	Data Collection & Analysis	Ethical Considerations	Overall
Pearson et al. (2023)	Low	Moderate	Low	Low	Moderate
Desiningrum et al. (2021)	Low	Moderate	Low	Low	Moderate
Crawford & Aramini (2019)	Low	Low	Low	Low	Low
Pepperell et al. (2016)	Low	Moderate	Low	Low	Moderate
Salkas et al. (2016)	Low	Low	Low	Low	Low
Roffeei et al. (2015)	Low	Moderate	Low	Low	Moderate
Balubaid & Sahab (2017)	Low	Moderate	Low	Low	Moderate

The risk of bias assessment using the Q-SSP framework indicates that most studies exhibit a low risk of bias, particularly in study rationale, data collection, and ethical considerations. However, some studies show moderate bias in sampling and recruitment, suggesting potential limitations in participant selection. Overall, the included studies demonstrate acceptable methodological rigor, thereby ensuring the reliability of their findings.

Data Extraction and Synthesis

Data extraction was conducted using a structured Microsoft Excel sheet to collect key study characteristics systematically. Extracted data included study design, sample size, measurement tools for social support and religiosity, analytical methods, and key findings. The synthesis process included a narrative synthesis of qualitative data and a comparative analysis of quantitative findings. Data extraction involved grouping information by relevant themes to comprehensively explore the connections between social support, religiosity, and ASD parenting.

Analytical Process

Following the PECO framework, the data analysis adopts a structured approach, focusing on parents and caregivers of children with ASD, grouped by socio-demographic characteristics. The exposure focuses on the levels and types of social support and religiosity they receive, measured using various self-administered tools. The comparison examines differences in parental experiences based on varying levels of social support and religiosity. Lastly, the outcome assesses the impact of these factors on parental well-being, including stress levels, coping mechanisms, and quality of life. The analysis employs content analysis, thematic analysis, and narrative synthesis to extract key findings and identify patterns across studies.

RESULTS AND DISCUSSION

Characteristics of the Research

This review examined 45 studies from 26 countries, using diverse research methods.

Most were cross-sectional studies (29), followed by qualitative studies (6), systematic reviews (2), surveys (2), correlational studies (2), and one each of meta-analysis, content analysis, experimental, longitudinal, and randomized controlled trial (RCT). Most studies came from China (10), the United States (7), and Indonesia (6), with others from countries like Saudi Arabia, Iran, Greece, Ireland, Poland, Israel, Pakistan, India, Canada, Australia, Malaysia, Turkey, Kuwait, Lebanon, and several Southeast Asian countries.

The review included data from 17,870 participants, mainly parents and caregivers of children with ASD. Most were mothers, followed by fathers, both parents, and other caregivers, such as grandparents or guardians. Twenty-three studies focused on mothers, 12 included both parents, and a few looked at fathers or other caregivers. Parents' ages ranged from 30 to 47 years, with some studies including parents aged 50 or older. Children's ages ranged from 2 to 29 years, with a focus on early childhood. The review also examined caregiving across different cultural and religious groups, including Black, Jewish, Arab, Muslim, Christian, and Latina families.

Sample sizes varied a lot, from fewer than 50 participants to over 500. The most extensive study had more than 4,800 caregivers (Wang et al., 2022). The studies used surveys, interviews, and other methods to understand caregiving. They mainly focused on social support and religiosity, including religious coping, family support, and other types of help. The details for the participants' characteristics is shown in Table 5.

Social Support in Parents of Children with Autism

The results emphasize that social support plays a key role in enhancing parental well-being across dimensions such as quality of life, stress reduction, parental involvement, and psychological resilience (see Table 6). Family and community support have been associated with enhanced quality of life for parents (Pisula & Banasiak, 2019; Rezq et al., 2025). Greater levels of education and income are linked to improved well-being, while raising multiple children with autism may decrease perceived social support (Rezq et al., 2025).

Additionally, social support helps mitigate the adverse effects of stress and autism symptom severity (Liu et al., 2023). Heightened stress is commonly reported by parents caring for children with severe autism, especially if they lack sufficient support networks (Pearson et al., 2023). Additionally, parents of children with gastrointestinal issues like constipation tend to experience more stress and lower quality of life (Halki et al., 2024). Importantly, partner involvement (particularly fathers) has been shown to reduce stress and enhance overall family functioning significantly (Weinberg et al., 2021).

Parents of autistic children generally use more positive coping strategies than negative ones, with more substantial social support linked to more effective coping (Mannion & Leader, 2023). Fathers often prefer coping by tackling issues head-on, while mothers commonly rely on emotion-focused coping strategies, such as crying or seeking support from others (Kuru & Piyal, 2018). Caregivers with greater social support are more likely to use positive and effective coping strategies (Ekas et al. 2009).

Social support is also vital in managing stress and parental involvement, acting both as a mediator between stress and caregiving participation (Sarwar et al., 2022) and as a moderator that lessens the adverse effects of stress on quality of life (Seymour et al., 2019). Support from family and friends usually has a more substantial effect on reducing stress and increasing parental involvement than support from religious groups. However, effectiveness depends on the type and source of support (Desiningrum et al., 2021).

Table 5.
Socio-demographic characteristics of the participants

Study	Country	Research Method	Participant	N Sample	Age of Parents/ M	Age of Children/ M
Rezq et al. (2025)	Saudi Arabia	Cross-sectional study	Mothers	218	The majority aged 30-39 (40.4%)	Children under 18 years old
Pan et al. (2024)	China	Cross-sectional study	Couples (wives and husbands)	397 wives 397 husbands	Wives: 36.33 Husbands: 35.35	Not mentioned
Maarefi et al. (2023)	Iran	Cross-sectional study	Mothers	102	35.1 ± 5.8 years	Not mentioned
Halki et al. (2024)	Greece	Cross-sectional study	Parents	123	M = 47.3	Not mentioned
Dai et al. (2023)	China	Longitudinal follow-up study (two waves: baseline and one-year follow-up)	Parents of children newly diagnosed with ASD	156 parents at Wave 1 (baseline)110 parents at Wave 2 (one-year follow-up)	M = 34.38	M = 3.39 at baseline
Mannion & Leader (2023)	Ireland	Cross-sectional study	Parents of children and adolescents with ASD	409 parents: 390 females 19 males	M = 40.34 Range 24 to 62 years	Not mentioned
Pearson et al. (2023)	United States	Foucauldian Critical Discourse Analysis (FCDA) to analyze group session transcripts	Black parents (primarily mothers)	7 participants: 6 mothers 1 grandmother	The ages of the parents ranged from 36 to 63 years, with a mix of marital statuses and educational backgrounds	The children's ages ranged from 5 to 17 years, with an average age of 10.5 years
Zovko et al. 2024	Republic of Croatia	Cross-sectional study	Mothers of preschool	80	M = 36.04	M = 5.06
Liu et al. (2023)	China	Descriptive cross-sectional study	Parents of children newly diagnosed with ASD	193 parents: 157 mothers 36 fathers	M = 33.58	M = 3.16 The average age at diagnosis was 2.77
Feng et al. (2022)	China	Cross-sectional study	Parents	385	M = 33.81	M = 3.66
Wang et al. (2022)	China	Meta-analytic SEM	Caregivers	4864	35.22 to 47.49	3.24 to 18.04
Sarwar et al. (2022)	Pakistan	Cross-sectional study	Mothers	112	M = 34.8	8 year
Buchholz (2022)	Poland	Cross-sectional study	Mothers	143	M = 38.41	Not mentioned

Study	Country	Research Method	Participant	N Sample	Age of Parents/ M	Age of Children/ M
Herlina et al. (2023)	Indonesia	Cross-sectional study	Parents	122	Not specified	Not mentioned
Laslo-Roth et al. (2022)	Israel	Cross-sectional study	Mothers	1783 mothers: 546 with ASD children1237 without ASD children	Mothers of ASD, M = 39.81, Mothers without ASD M = 41.88	Not mentioned
Bernier & McCrimmo (2021)	Multiple countries	Systematic review	Muslim parents	117	Not mentioned	Not mentioned
Weinberg et al. (2021)	Israel	Cross-sectional study	Parents (Jewish and Arab)	209 parents: 105 Jewish 104 Arab	Jewish M = 42.42 Arab M = 37.50	Jewish M = 9.36Arab M = 6.80
Yan et al. (2021)	China	Cross-sectional study	Parents	245	M = 34.7	M = 4.76
Lu et al. (2021)	China	Cross-sectional study	Parents	306 parents: 46 fathers 258 mothers	40.00 ± 7.33	10.56 ± 5.63
Lei & Kantor (2021)	China	Cross-sectional study	Caregivers	165	Not mentioned	M = 9.77
Desiningrum et al. (2021)	Indonesia	Phenomenological approach	Mothers (child aged 5–14 years)	10	N/A	N/A
Sumiati & Dewi (2021)	Indonesia	Cross-sectional study	Parents	200	Not mentioned	2-17 years old
Lei & Kantor (2021)	China	Cross-sectional study	Caregivers	167	Not mentioned	M = 9.72
Pandya (2020)	India	Randomized controlled trial	Mothers	137 mothers: 79 intervention group, 58 control group	Not mentioned	Intervention group M= 5.78 Control group M = 5.67
Robinson & Weiss (2020)	Canada	Cross-sectional study	Parents (child aged 4–18 years)	249	M = 43.98	M = 11.47
Desiningrum(2020)	Indonesia	Correlational design	Mothers	120	M = 36.41	M = 9.68 years
Ekas et al. (2009)	USA	Cross-sectional study	Christian mothers	73	M = 40.25	M = 9.14
Lovell & Wetherell (2019)	United Kingdom	Correlational design using online surveys	Caregivers	124	M = 42.4	M = 10.5 (range 3–21)

Study	Country	Research Method	Participant	N Sample	Age of Parents/ M	Age of Children/ M
Seymour et al. (2019)	Australia	A cross-sectional study analyzing existing data from a population survey	Fathers of children with ASD and without disabilities	159 (ASD) 6578 (W/OD)	ASD M = 41.22 W/OD M = 42.09	ASD M = 8.30 W/OD M = 8.33
Pisula & Banasiak (2019)	Poland	Cross-sectional study	Fathers of children with ASD, Down syndrome, and typically developing children	112 fathers: 35 autism 37 DS40 TD	ASD M = 43.14 DS M = 45.3 TD M = 38.4	ASD M = 12.19 DS M = 13.27 TD M = 11.02
Crawford & Aramini (2019)	United States	In-depth, semi-structured interviews	Parents/caregivers	53 parents or caregivers	Not mentioned	Median age of 12 (range 4-29)
Riany et al. (2018)	Indonesia	Survey-based study	Parents	101	M = 37.67 years	M = 5.74 years
Ilias et al. (2018)	Southeast Asia	Systematic review	Parents	1639 participants: 1288 mothers 253 fathers	N/A	N/A
Kuru & Piyal (2018)	Turkey	Descriptive cross-sectional study	Parents	90	Not mentioned	Majority aged 2–10 years (69%)
Marsack & Samuel (2017)	USA	Correlational study using a web-based survey	Parents (aged 50 or older) of adult children with ASD	320 parents: 259 mothers 57 fathers	The majority aged 50–59 (66.3%).	Adults over 18 years (specific mean not provided).
Al-Kandari et al. (2017)	Kuwait	Cross-sectional study	Mothers	198	Not explicitly stated, but grouped as <35, 35-40, >41 years	Not explicitly stated, but grouped by age (<2, 2.1-3, >3.1 years)
Das et al. (2017)	India (North East)	Cross-sectional study	Parents	35	The majority aged 26-40 years (32/35)	Not mentioned
Arellano et al. (2017)	United Kingdom	Cross-sectional study	Mothers	142	Majority aged 35-44 years (48%)	Majority aged 6-15 years (68%)
Balubaid & Sahab (2017)	Saudi Arabia	Semi-structured interviews and thematic analysis	Parents	8 participants: 6 mothers 2 fathers	Between 30 and 60 years	Not mentioned

Study	Country	Research Method	Participant	N Sample	Age of Parents/ M	Age of Children/ M
Pepperell et al. (2016)	Australia	Semi-structured interviews	Parents	19 parents: 10 mothers 9 fathers	Mothers M = 35.5 Fathers M = 38.5	3 years 2 months to 4 years 11 months M = 49 months
Salkas et al. (2016)	USA	Semi-structured interviews	Latina mothers	34	26-61 years M = 40.4	2-20 years M = 9.3
Pandya (2016)	15 countries (India, China, the US, UK, Canada, Australia, etc.)	Cross-country pre and post-test experimental design	Parents	1687	Majority (55%) aged 30-40 years	Majority (72%) aged 10-12 years
Roffeei et al. (2015)	Malaysia	Content analysis of Facebook messages	Parents and caregivers	381 postings and 3256 comments	N/A	N/A
Obeid & Daou (2015)	Lebanon	Quantitative study using regression and t-test analyses	Mothers	163 mothers: 65 mothers of children with ASD 98 mothers of typically developing children	Mothers of ASD children, M = 40.15 Mothers of typically developing children, M = 38.94	Not mentioned
Lu et al. (2015)	China	Cross-sectional study	Parents	118 parents of children with ASD122 control parents	AS D parents 33.75 ± 3.50 Control parents 33.38 ± 3.10	Not mentioned

Religiosity in Parenting Children with Autism

Religiosity is often a coping strategy for parents of autistic children, significantly shaping how they manage stress and find meaning in their experiences. Many parents perceive their child's condition as part of a divine plan, helping them accept and adapt to their situation (Buchholz, 2022; Marsack & Samuel, 2017). Religious coping strategies such as prayer, scripture reading, and faith in divine will are widely practiced across cultures (Obeid & Daou, 2015). Research indicates that religiosity is associated with higher resilience and lower stress levels among parents of autistic children, providing emotional strength and a sense of purpose (Al-Kandari et al., 2017) (Salkas et al. 2016).

Religious involvement often correlates with greater social support, as many parents receive emotional and practical assistance from their religious communities (Buchholz, 2022). However, religious-based support is not always as impactful as support from close family and friends, which may provide more immediate and personalized assistance (Desiningrum et al., 2021). Additionally, some parents engaged in religious communities report experiencing stigma or social pressure related to their child's autism, which can limit the benefits of religious involvement (Sumiati & Dewi, 2021). Beyond social support, religiosity also affects emotional well-being, helping to reduce anxiety and increase hope among parents of autistic children (Sumiati & Dewi, 2021). However, not all experiences are positive, as some parents encounter discrimination or a lack of understanding about autism within their religious communities (Desiningrum, 2020). On the other hand, strong religious beliefs often foster a more accepting and appreciative attitude, with many parents viewing their autistic child as a divine blessing rather than a burden (Marsack & Samuel, 2017). Some findings are in Table 6.

Association Between Social Support and Religiosity

Social support and religiosity interact in complex ways in the context of parenting autistic children, with various factors at play. Support from family and friends directly reduces parental stress, encourages involvement, and raises quality of life. In contrast, religiosity primarily influences how parents cope and perceive their child's condition (Pisula & Banasiak, 2019; Rezq et al., 2025). Parents who use faith-based coping methods, such as prayer, reading sacred texts, or believing in divine purpose, often report higher resilience and lower stress levels (Obeid & Daou, 2015) (Salkas et al., 2016). However, religious-based social support has a more variable impact. While some studies highlight its emotional and practical benefits, reinforcing a sense of belonging and shared experience (Buchholz, 2022; Marsack & Samuel, 2017), others suggest that religious communities may contribute to stigma or social pressure, negatively affecting parents' well-being (Desiningrum, 2020; Sumiati & Dewi, 2021).

Cultural and individual differences further influence how religiosity affects social support. In some cases, faith-based groups foster collective support and shared values, thereby strengthening social connections (Lei & Kantor, 2021; Lu et al., 2021). However, parents may feel isolated if their beliefs about autism differ from the prevailing religious norms within their communities (Desiningrum et al., 2021). While social support and religiosity often coexist, they contribute differently to parental well-being: social support directly alleviates stress, enhances parental engagement, and provides tangible assistance, whereas religiosity offers emotional comfort and a cognitive framework for understanding their experiences. A balanced approach that integrates strong social support networks with inclusive religious perspectives can lead to the best outcomes, ensuring both emotional resilience and practical support (Seymour et al., 2019; Weinberg et al., 2021).

Table 6.
Variables of interest, analysis methods, and main findings

Study	Variables of Interest	Technique Analytic	Main Finding
Rezq et al. (2025)	Social support, quality of life, maternal education, and family income	Correlation and regression analysis	Social support greatly improves parents' well-being by providing emotional, practical, and informational help. Higher education and income also boost quality of life by giving access to more resources and coping tools.
Pan et al. (2024)	Social inhibition, perceived family support, and depressive symptoms	Correlation, Mediation Analysis (APIMeM, SEM in AMOS 22, IBM SPSS)	Social inhibition is linked to depressive symptoms via perceived family support (actor effect). Minimal partner effects, except for a small indirect effect from wives' social inhibition on husbands' depressive symptoms. Social inhibition positively correlates with depressive symptoms and negatively with family support.
Maarefi et al. (2023)	Spiritual-religious well-being and care burden	Correlation and linear regression	Significant inverse relationship between SWB and care burden; hope for the future and general religiosity are predictors of lower care burden.
Halki et al. (2024)	Social support and spirituality	Correlation and regression	Lower fatigue levels were significantly associated with higher social support and spirituality, while mothers reported feeling more fatigued than fathers.
Dai et al. (2023)	Family quality of life, parenting self-efficacy, social support, and coping strategies	Descriptive Analysis, Correlation, Generalized Estimating Equation	Family Quality of Life (FQoL) satisfaction improved over one year, except for physical/material well-being. FQoL importance remained high, with no significant change. Greater parenting self-efficacy and perceived social support are significant for higher FQoL satisfaction. Higher income and education were associated with greater satisfaction with FQoL.
Mannion & Leader (2023)	GI symptoms, parental stress, anxiety, depression, quality of life, and social support	Correlation, Chi-Square, t-tests, MANOVA	Around 40.1% of parents felt very stressed, especially if their child had stomach issues like constipation. These parents also had a lower quality of life and felt less social support, while anxiety and depression levels were similar across all groups.

Study	Variables of Interest	Technique Analytic	Main Finding
Pearson et al. (2023)	Religious coping, stigma, mental health, and support experiences	Qualitative thematic analysis	Parents saw mental health as linked to medical care, but often felt negative about it and sometimes blamed themselves due to stigma. Getting help was tough because of stigma, misunderstandings, and exclusion from religious groups. Supportive religious communities helped parents feel cared for and included. The study suggests religious leaders should be more welcoming and reduce stigma.
Liu et al. (2023)	Coping strategies, parenting confidence (self-efficacy & satisfaction), and social support	Descriptive statistics, correlation, and multiple hierarchical regression	Confidence in parenting was associated with more positive coping strategies and fewer negative ones. Perceived support and the extent of support used were positively associated with positive coping, whereas actual support received was not. Satisfaction with parenting was the only factor linked to a decrease in negative coping behaviors.
Zovko et al. 2024	Parenting stress, coping strategies, social and professional support	Descriptive statistics, correlation analysis, multiple regression,	Parents mostly used problem-focused coping, then emotion-focused, and avoidant coping, which caused more stress. Less support from friends and severe ASD symptoms made stress worse, along with avoidant coping. Even though many kids got several support services, parents' stress did not improve, showing that parents need more help too.
Feng et al. (2022)	Post-traumatic growth (PTG) in parents, social support, and family function	Hierarchical linear regression	Social support acted as a buffer between symptom severity and post-traumatic growth (PTG), reducing the negative impact, whereas family functioning did not influence this relationship.
Wang et al. (2022)	Family quality of life (FQOL), coping strategies, social support, marital status	Two-stage structural equation modeling (TSSEM)	Positive coping increases social support and improves family quality of life, while negative coping harms both. Social support links coping methods to family quality of life, and marital status shapes how negative coping affects social support.
Laslo-Roth et al. (2022)	Loneliness, social support, and emotion regulation	MANOVA, correlations, hierarchical regression	Mothers of children with ASD felt lonelier and less supported. Social support and effective emotion management helped explain this loneliness, and a positive attitude reduced the impact of emotions on loneliness.

Study	Variables of Interest	Technique Analytic	Main Finding
Sarwar et al. (2022)	Social support, psychological capital, and well-being	PLS-SEM	Social support and psychological strength directly affected life satisfaction and stress levels. Psychological strength is also linked to social support for well-being, including life satisfaction, parenting happiness, stress, and negative feelings.
Buchholz (2022)	Parenting stress, social support, and resilience	Correlation moderation analysis	Resilience and perceived social support were positively correlated. Age and education moderated some relationships.
Herlina et al. (2023)	Religiosity and coping strategy	Descriptive statistics, correlation analysis	Religious coping usage among parents was at a moderate level. A significant negative correlation between religious coping and stress was found, indicating that higher religious coping reduces stress.
Yan et al. (2021)	Parental involvement, social support, and parenting stress	Correlation analysis, SEM, and hierarchical regression	Support from family and friends helped reduce parenting stress, thereby increasing parents' involvement. Support from important others directly increased involvement, and family and friend support also lessened the negative impact of stress on parents' participation.
Bernier & McCrimmon (2021)	Parental attitudes, perceptions, and coping strategies	Thematic analysis of attitudes, perceptions, and coping strategies	Positive attitudes toward children with ASD were frequently grounded in beliefs related to divine will, being specially chosen by God, and viewing the experience as a spiritual test. Parents often perceived their children as blessings or gifts from God, commonly employing religious coping strategies such as prayer and Quranic reading. Cross-cultural consistency was observed in these positive perceptions and coping mechanisms.
Weinberg et al. (2021)	Parental stress, mastery, forgiveness, and social support in multicultural contexts	Hierarchical multiple regression	Greater feelings of control (mastery) and strong social support were associated with lower parental stress in both groups. For Jewish parents, stress was influenced by age, education, financial status, mastery, and social support. For Arab parents, key stress predictors included the severity of the child's autism, forgiveness, mastery, and social support.

Study	Variables of Interest	Technique Analytic	Main Finding
Lu et al. (2021)	Life satisfaction, perceived social support, and loneliness	Correlation, mediation, and moderation analyses	Perceived social support was associated with greater life satisfaction and less loneliness. Loneliness helped explain and affect this link; when loneliness was higher, the positive effect of social support on life satisfaction became stronger.
Lei & Kantor (2021)	Social support and family quality of life	Descriptive statistics, ANOVA, correlation, and regression	Caregivers reported experiencing moderate levels of social support and average family quality of life. Increased social support was associated with improved family quality of life, with both perceived (subjective) and tangible (objective) support serving as significant predictors.
Desiningrum et al. (2021)	Religiosity, family support, and emotional well-being	Interpretative Phenomenological Analysis (IPA)	Five key themes: (1) Impact of ASD on marital relationships, (2) Husband's role in parenting, (3) Mothers' perception of husband's support, (4) Factors influencing husband's support, (5) Effects of husband's support on mothers, children, and family. Emotional and instrumental support from husbands reduced stress and improved family well-being.
Sumiati & Dewi (2021)	Religiosity, unconditional love, and social support	Structural Equation Model (SEM)	The severity level of autism negatively affects unconditional love.Religiosity positively influences unconditional love and shapes how autism severity relates to it. Social support also enhances unconditional love, but does not influence the connection between autism severity and unconditional love.
Lei & Kantor (2023)	Family functioning and social support	Correlation and multiple regression	Social support, especially perceived support and its use, was positively linked to family cohesion and adaptability.
Pandya (2020)	Stress, resilience, maternal confidence, and self-efficacy	Mixed-design ANOVA, discriminant function analysis, SEM	Spiritual messages shared through WhatsApp helped reduce parenting stress and increased mothers' confidence, self-efficacy, and resilience. The most significant positive effects were observed among middle-class, well-educated mothers who were employed or self-employed and received strong support from their spouses.

Study	Variables of Interest	Technique Analytic	Main Finding
Robinson & Weiss (2020)	Social support and parenting stress	Hierarchical multiple regression to test moderation effects	Perceived social support was significantly linked to reduced stress, whereas received support did not show a unique connection to stress when both types were analyzed together. Additionally, neither form of support influenced the relationship between child behavior problems and parental stress.
Desiningrum (2020)	Religiosity, compassionate love, and intellectual dimensions	Correlation analysis and simple linear regression	There was a strong positive link between religiosity and compassionate love. Personal practice, religious experiences, and thinking about religion all played important roles in compassionate love.
Ekas et al. (2009)	Mental health, religiosity/spirituality, and positive thinking	Multiple regression and mediation analysis	Stronger spirituality helped parents see more positives and benefits in their child, which lowered their anxiety. However, more severe ASD symptoms in the child were linked to more negative experiences with members of religious communities.
Lovell & Wetherell (2019)	Psychological, affiliate stigma, and social support	Multiple mediation analysis	Affiliate stigma was linked to increased perceived stress, and this was explained by reduced perceived support from family (but not from friends or significant others).
Pisula & Banasiak (2019)	Empowerment, social support, and coping strategies	Multivariate analysis of variance (MANOVA) and Pearson's correlation	Fathers of children with autism felt less empowered in their families compared to those with children who have Down syndrome or typical development. While social support increased feelings of empowerment for Down syndrome fathers, it did not have the same effect for autistic fathers. Additionally, autistic fathers who used emotion-focused coping felt less confident when dealing with service systems.
Seymour et al. (2019)	Social support, psychological distress	Bivariate logistic regression, multiple regression	Fathers of children with ASD said they had more support needs that were not met. Lack of emotional and informational support was the most significant cause of their stress. Still, both groups felt they had about the same level of available social support.

Study	Variables of Interest	Technique Analytic	Main Finding
Crawford & Aramini (2019)	Religious education and social support	Grounded theory, thematic analysis	Mixed experiences with religious education: 11 positive, 8 negative, 5 neutral. Key themes included social isolation, unhelpful religious leaders, supportive environments, and the need for trained educators.
Riany et al. (2018)	Parenting styles, socio-economic status (SES), and social support	Hierarchical multiple regression analysis	Parents with lower socio-economic status (SES) and more social support were more likely to use caring and reasoning parenting styles. Parents with higher SES tended to use stricter, authoritarian parenting. Social support was connected to more positive parenting styles and less strict parenting.
Ilias et al. (2018)	Parenting stress and resilience	Thematic categorization	Six key factors were identified: social support, autism symptom severity, financial challenges, parents' views of ASD, worries about the child's future, and religious beliefs.
Kuru & Piyal (2018)	Social support and quality of life (QoL)	Correlation analysis	Greater perceived social support enhances the quality of life for parents of children with autism.Fathers' job status significantly influenced both QoL and perceived social support. Mothers reported lower QoL compared to fathers. It emphasizes the need for healthcare professionals to address family support needs.
Marsack & Samuel (2017)	Caregiver burden, social support, and quality of life	Multiple linear regression and mediation analysis	Informal social support partially explained the link between caregiver burden and quality of life (QOL), whereas formal support did not. Caregiver burden reduced QOL, but informal support helped improve it.
Al-Kandari et al. (2017)	Social support and coping strategies	Cross-tabulation, M comparison	Mothers reported a reduced ability to enjoy life (57.7%), commonly coping through religion, acceptance, and positive reframing.
Das et al. (2017)	Stress, coping, social support, and resilience	Descriptive statistics	Parents reported high stress, time constraints, and job discontinuity. Coping was effective, with mixed social support. Religion and spirituality were common coping mechanisms.

Study	Variables of Interest	Technique Analytic	Main Finding
Arellano et al. (2017)	Parenting competence, expectations, and family support needs	Descriptive statistics, correlation, and linear regression analysis.	Mothers with higher expectations and fewer family support needs reported greater parenting satisfaction. Ethnicity, expectations, and support needs were important predictors of parenting satisfaction, with higher expectations also associated with greater parenting efficacy.
Balubaid & Sahab (2017)	Spirituality, social, and family support	Thematic analysis of interview transcripts to identify patterns in coping strategies	Identified six key coping strategies: (1) Spirituality – Reliance on religious faith and prayer. (2) Support groups – Sharing experiences with other parents. (3) Family support – Emotional and practical help from relatives. (4) Resources and information – Seeking educational and medical guidance. (5) Additional help – Hiring teachers or caregivers. (6) Finding something positive – Emphasizing rewarding aspects of parenting
Pepperell et al. (2016)	Coping strategies and social support	Framework method for thematic analysis	Mothers used more emotion-focused coping (e.g., crying, venting) and sought more social support. Fathers relied on problem-focused coping strategies (e.g., research and planning). Both genders valued "me time" and external support.
Salkas et al. (2016)	Role of spirituality	Thematic analysis using directed content analysis	Most mothers saw their child's disability as a positive message from God, such as a blessing or part of God's plan.Some rejected negative cultural attributions (e.g., punishment). A minority believed the disability was not related to spirituality.
Pandya (2016)	Spirituality and resilience	Paired t-tests, logistic regression, and SEM	After the test, scores indicated higher resilience, a stronger sense of coherence, and improved family adjustment. Engaging in self-practice and attending multiple spiritual lessons were important predictors of these outcomes.
Roffeei et al. (2015)	Social support	Deductive content analysis of Facebook messages	Informational Support (30.7%) was the most frequent, followed by Emotional Support (27.8%). Tangible assistance was the least frequent (0.4%). Parents primarily sought advice and shared personal experiences.

Study	Variables of Interest	Technique Analytic	Main Finding
Obeid & Daou (2015)	Maternal well-being, coping style, and social support	Regression analysis and t-tests	Avoiding problems and distracting oneself were associated with worse well-being, whereas thinking differently about problems was associated with better well-being. Mothers of children with ASD felt less social support and had lower well-being than mothers of typical children. Child behavior problems also made mothers feel worse.
Lu et al. (2015)	Self-esteem, social support, and life satisfaction	Hierarchical regression and mediation analysis	Parents of children with ASD had lower self-esteem, received less social support, and felt less satisfied with their lives than other parents. Social support helped explain how self-esteem affects life satisfaction. Income, self-esteem, and support were all important in shaping their level of satisfaction.

The findings indicate that social support and religiosity each have important but different impacts on the well-being of parents raising children with autism. Social support, especially from family and friends, directly helps reduce stress, boost quality of life, and increase parental involvement (Pisula & Banasiak, 2019; Rezq et al., 2025). Parents who receive strong emotional and instrumental support are better equipped to handle caregiving challenges, resulting in greater psychological resilience (Liu et al., 2023). However, financial constraints and societal stigma can limit access to social support (Halki et al., 2024; Pearson et al., 2023).

Religious coping methods, such as prayer and faith-based reflection, offer emotional support and help parents make sense of their experiences (Obeid & Daou, 2015) (Salkas et al., 2016). While religiosity fosters resilience and reduces stress, its effectiveness depends on the supportiveness of religious communities (Buchholz, 2022; Marsack & Samuel, 2017). Some religious communities encourage, but others may contribute to stigma and social pressure, making it more difficult for parents to seek help (Desiningrum, 2020; Desiningrum et al., 2021).

Cultural and personal factors influence the interaction between social support and religiosity. While social support provides tangible relief from caregiving burdens, religiosity primarily shapes parents' perceptions and emotional responses. A combination of strong social support networks and inclusive religious perspectives can yield the most beneficial outcomes, ensuring both practical assistance and psychological well-being (Seymour et al., 2019; Weinberg et al., 2021).

CONCLUSION

This study emphasizes the distinct yet related roles of social support and religiosity in the well-being of parents with autistic children. Social support, particularly from family and friends, serves as a protective factor by reducing stress, boosting parental engagement, and improving overall quality of life. In contrast, religiosity provides emotional resilience and a framework for coping with caregiving challenges. However, religious-based social support has mixed effects, depending on the level of understanding and acceptance within religious communities. A holistic approach integrating strong social support networks with an inclusive, understanding religious environment may offer the best outcomes for parents. Future research should explore interventions that combine these elements to enhance further caregivers' well-being across diverse cultural and social contexts.

In practical terms, these findings hold important implications for policymakers and practitioners. For policymakers, the results highlight the need to develop community-based programs that strengthen family and social support systems, such as organizing autism education events, parenting skill workshops, or support groups for parents and caregivers. Such initiatives can foster social solidarity and raise public awareness of ASD. For practitioners, including psychologists, counselors, and religious leaders, approaches that integrate religious values with autism education (such as sermons, religious study sessions, or spiritually based counseling that emphasize acceptance and empathy toward children with ASD) can help reduce emotional burden and enhance coping strategies among parents and caregivers.

REFERENCES

Al-Kandari, S., Alsalem, A., Abohaimed, S., Al-Orf, F., Al-Zoubi, M., Al-Sabah, R., & Shah, N. (2017). Brief report: social support and coping strategies of mothers of children suffering from ASD in Kuwait. *Journal of Autism and Developmental Disorders, 47*(10), 3311–3319.

https://doi.org/10.1007/s10803-017-3225-y

American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*. American Psychiatric Association Publishing. https://doi.org/10.1176/appi.books.9780890425787

Arellano, A., Denne, L. D., Hastings, R. P., & Hughes, J. C. (2017). Parenting sense of competence in mothers of children with autism: Associations with parental expectations and levels of family support needs. *Journal of Intellectual & Developmental Disability, 44*(2), 212–218. https://doi.org/10.3109/13668250.2017.1350838

Balubaid, R., & Sahab, L. (2017). The coping strategies used by parents of children with autism in Saudi Arabia. *Journal of Education and Practice, 8*(35), 141. Retrieved from https://www.iiste.org/Journals/index.php/JEP/article/view/40427/0

Bernier, A. S., & McCrimmon, A. W. (2021). Attitudes and perceptions of Muslim parents toward their children with autism: A systematic review. *Review Journal of Autism and Developmental Disorders, 9*(3), 320–333. https://doi.org/10.1007/s40489-021-00256-9

Buchholz, A. (2022). Correlation between resilience and social support in mothers of young children with autism. Polish perspective. *Health Psychology Report, 11*(1). https://doi.org/10.5114/hpr/151607

Crawford Sullivan, S., & Aramini, V. (2019). Religion and positive youth development: Challenges for children and youth with autism spectrum disorder. *Religions, 10*(10), 540. https://doi.org/10.3390/rel10100540

Dai, Y., Chen, M., Deng, T., Huang, B., Ji, Y., Feng, Y., Liu, S., & Zhang, L. (2023). The importance of parenting self-efficacy and social support for family quality of life in children newly diagnosed with autism spectrum disorder: A one-year follow-up study. *Autism Research, 17*(1), 148–161. https://doi.org/10.1002/aur.3061

Das, S., Das, B., Nath, K., Dutta, A., Bora, P., & Hazarika, M. (2017). Impact of stress, coping, social support, and resilience of families having children with autism: A North East India-based study. *Asian Journal of Psychiatry, 28*, 133–139. https://doi.org/10.1016/j.ajp.2017.03.040

Desiningrum, D. R. (2020). Religiosity and compassionate love in mother of children with autism spectrum disorder. *International Journal of Psychosocial Rehabilitation, 24*(1), 1364–1373. https://doi.org/10.37200/IJPR/V24I1/PR200235

Desiningrum, D. R., Suminar, D. R., Surjaningrum, E. R., Suryanto, & Hendriani, W. (2021). Husband's social support for mother of children with autism spectrum disorder. *The Family Journal*, *0*(0). https://doi.org/10.1177/10664807211005086

Ekas, N. V., Whitman, T. L., & Shivers, C. (2009). Religiosity, spirituality, and socioemotional functioning in mothers of children with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 39*(5), 706-719. https://doi.org/10.1007/s10803-008-0673-4

Ekas, N. V., Lickenbrock, D. M., & Whitman, T. L. (2010). Optimism, social support, and well-being in mothers of children with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 40*(10), 1274–1284. https://doi.org/10.1007/s10803-010-

0986-y

Feng, Y., Zhou, X., Liu, Q., Deng, T., Qin, X., Chen, B., & Zhang, L. (2022). Symptom severity and posttraumatic growth in parents of children with autism spectrum disorder: The moderating role of social support. *Autism Research, 15*(4), 602–613. https://doi.org/10.1002/aur.2673

Halki, E., Kapiri, M., Plakas, S., Tsiou, C., Govina, O., Galanis, P., Alikari, V., Halki, E., Kapiri, M., Plakas, S., Tsiou, C., Govina, O., Galanis, P., & Alikari, V. (2024). Fatigue among Greek parents of children with autistic spectrum disorder: the roles of spirituality and social support. *Healthcare, 12*(4). https://doi.org/10.3390/healthcare12040455

Hayes, S. A., & Watson, S. L. (2012). The impact of parenting stress: a meta-analysis of studies comparing the experience of parenting stress in parents of children with and without autism spectrum disorder. *Journal of Autism and Developmental Disorders, 43*(3), 629–642. https://doi.org/10.1007/s10803-012-1604-y

Herlina, H., Kosasih, I., & Dahlan, T. H. (2023). Religious coping: is it effective to reduce parent's stress during the parenting of special needs children?. *Proceedings of International Conference on Psychology, Mental Health, Religion, and Spririituality, 1*(1), 15–19. https://doi.org/10.29080/pmhrs.v1i1.1155

Ilias, K., Cornish, K., Kummar, A. S., Park, M. S. A., & Golden, K. J. (2018). Parenting stress and resilience in parents of children with autism spectrum disorder (ASD) in Southeast Asia: A systematic review. *Frontiers in psychology, 9,* 280. https://doi.org/10.3389/fpsyg.2018.00280

Iadarola, S., Pérez-Ramos, J., Smith, T., & Dozier, A. (2019). Understanding stress in parents of children with autism spectrum disorder: A focus on under-represented families. *International Journal of Developmental Disabilities, 65*(1), 20–30. https://doi.org/10.1080/20473869.2017.1347228

Kuru, N., & Piyal, B. (2018). Perceived social support and quality of life of parents of children with Autism. *Nigerian Journal of Clinical Practice, 21*(9), 1182. https://doi.org/10.4103/njcp.njcp_13_18

Laslo-Roth, R., George-Levi, S., & Ben-Yaakov, L. (2022). Support me in the good times too: Interpersonal emotion regulation, perceived social support, and loneliness among mothers of children with autism spectrum disorder. *Journal of Social and Personal Relationships, 40*(1), 55–75. https://doi.org/10.1177/02654075221113031

Lei, X., & Kantor, J. (2021). Social support and family functioning in chinese families of children with autism spectrum disorder. *International Journal of Environmental Research and Public Health, 18*(7), 3504. https://doi.org/10.3390/ijerph18073504

Lei, X., & Kantor, J. (2023). Correlates of social support and family quality of life in chinese caregivers of children with autism spectrum disorder. *International Journal of Disability, Development and Education, 70*(6), 963–976. https://doi.org/10.1080/1034912X.2021.1940881

Liu, S., Deng, T., Chen, M., Ji, Y., Dai, Y., Zhang, T., & Zhang, L. (2023). Parenting confidence and social support as predictors of coping strategies in parents of children newly diagnosed with autism spectrum disorder: A cross-sectional study. *Journal of Advanced Nursing,*

79(10), 3946–3955. https://doi.org/10.1111/jan.15708

Lovell, B., & Wetherell, M. A. (2019). Affiliate stigma, perceived social support and perceived stress in caregivers of children with autism spectrum disorder: A multiple mediation study. *Archives of Psychiatric Nursing, 33*(5), 31–35. https://doi.org/10.1016/j.apnu.2019.08.012

Lu, M., Wang, R., Lin, H., Pang, F., & Chen, X. (2021). Perceived social support and life satisfaction of Chinese parents of children with autism spectrum disorder: Loneliness as a mediator and moderator. *Research in Autism Spectrum Disorders, 87*, 101829. https://doi.org/10.1016/j.rasd.2021.101829

Lu, M., Yang, G., Skora, E., Wang, G., Cai, Y., Sun, Q., & Li, W. (2015). Self-esteem, social support, and life satisfaction in Chinese parents of children with autism spectrum disorder. *Research in Autism Spectrum Disorders, 17*, 70–77. https://doi.org/10.1016/j.rasd.2015.05.003

Ludlow, A., Skelly, C., & Rohleder, P. (2011). Challenges faced by parents of children diagnosed with autism spectrum disorder. *Journal of Health Psychology, 17*(5), 702–711. https://doi.org/10.1177/1359105311422955

Maarefi, M., Yazdi, E. A., Saboohi, Z., Hassanvand-Amouzadeh, M., & Taheri-Kharameh, Z. (2023). Correlation of spiritual-religious well-being and care burden among mothers of children with autism. *Health, Spirituality and Medical Ethics, 11*(1), 37–44. https://doi.org/10.32598/hsmej.11.1.496.1

Mangandu, A. I., Korompis, G. E. C., & Rumayar, A. A. (2024). Perbandingan pola asuh anak autis di indonesia dan negara lain. *Jurnal Kesehatan Tambusai, 5*(3). https://doi.org/10.31004/jkt.v5i3.31092

Mannion, A., & Leader, G. (2023). Relationship between gastrointestinal symptoms in autism spectrum disorder and parent stress, anxiety, depression, quality of life and social support. *Journal of Autism and Developmental Disorders, 54*(10), 3933–3941. https://doi.org/10.1007/s10803-023-06110-7

Marsack, C. N., & Samuel, P. S. (2017). Mediating effects of social support on quality of life for parents of adults with autism. *Journal of Autism and Developmental Disorders, 47*(8), 2378–2389. https://doi.org/10.1007/s10803-017-3157-6

McStay, R. L., Trembath, D., & Dissanayake, C. (2014). Maternal stress and family quality of life in response to raising a child with autism: From preschool to adolescence. *Research in Developmental Disabilities, 35*(11), 3119–3130. https://doi.org/10.1016/j.ridd.2014.07.043

Methley, A. M., Campbell, S., Chew-Graham, C., McNally, R., & Cheraghi-Sohi, S. (2014). PICO, PICOS and SPIDER: a comparison study of specificity and sensitivity in three search tools for qualitative systematic reviews. *BMC health services research, 14*(1), 1-10. https://doi.org/10.1186/s12913-014-0579-0

Morgan, R. L., Thayer, K. A., Santesso, N., Holloway, A. C., Blain, R., Eftim, S. E., Goldstone, A. E., Ross, P., Ansari, M., Akl, E. A., Filippini, T., Hansell, A., Meerpohl, J. J., Mustafa, R. A., Verbeek, J., Vinceti, M., Whaley, P., Schünemann, H. J., & GRADE Working Group.

(2019). A risk of bias instrument for non-randomized studies of exposures: A users' guide to its application in the context of GRADE. *Environment International, 122*, 168–184. https://doi.org/10.1016/j.envint.2018.11.004

Obeid, R., & Daou, N. (2015). The effects of coping style, social support, and behavioral problems on the well-being of mothers of children with Autism Spectrum Disorders in Lebanon. *Research in Autism Spectrum Disorders, 10*, 59–70. https://doi.org/10.1016/j.rasd.2014.11.003

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., ... & Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ (Clinical research ed.), 372,* n71. https://doi.org/10.1136/bmj.n71

Pan, T., Wongpakaran, T., Wongpakaran, N., He, B., & Wedding, D. (2024). Social inhibition and depressive symptoms among couples with children with autism spectrum disorder: the mediating role of perceived family support. *Medicina, 60*(3), 488. https://doi.org/10.3390/medicina60030488

Pandya, S. P. (2016). Spirituality to build resilience in primary caregiver parents of children with autism spectrum disorders: A cross-country experiment. *International Journal of Developmental Disabilities, 64*(1), 53–64. https://doi.org/10.1080/20473869.2016.1222722

Pandya, S. P. (2020). Examining the effectiveness of whatsapp-based spiritual posts on mitigating stress and building resilience, maternal confidence and self-efficacy among mothers of children with ASD. *Journal of Autism and Developmental Disorders, 51*(5), 1479–1495. https://doi.org/10.1007/s10803-020-04633-x

Pearson, J. N., Malone, K. M., Stewart-Ginsburg, J. H., Manns, L. D. C., Martin, D. M., & Palazzo, K. M. (2023). "We should all be welcome:" a discourse analysis of religious coping for black parents raising autistic children. *Journal of Disability & Religion, 28*(2), 235–259. https://doi.org/10.1080/23312521.2023.2178993

Pepperell, T. A., Paynter, J., & Gilmore, L. (2016). Social support and coping strategies of parents raising a child with autism spectrum disorder. *Early Child Development and Care, 188*(10), 1392–1404. https://doi.org/10.1080/03004430.2016.1261338

Pisula, E., & Banasiak, A. (2019). Empowerment in Polish fathers of children with autism and down syndrome: The role of social support and coping with stress – a preliminary report. *Journal of Intellectual Disability Research, 64*(6), 434–441. https://doi.org/10.1111/jir.12681

Protogerou, C., & Hagger, M. S. (2020). A checklist to assess the quality of survey studies in psychology. *Methods in Psychology, 3,* 100031. https://doi.org/10.1016/j.metip.2020.100031

Rezq, K. A., Albalawi, H. M. H., & Alharbi, H. F. (2025). Exploring social support and quality of life among mothers of children with autism spectrum disorders: a cross-sectional study. *Healthcare, 13*(2), 95. https://doi.org/10.3390/healthcare13020095

Riany, Y. E., Cuskelly, M., & Meredith, P. (2018). Parenting style among Indonesian Parents of a child with autism spectrum disorder: associations with socio-economic status and social

supports. *Journal of Developmental and Physical Disabilities, 31*(3), 267–283. https://doi.org/10.1007/s10882-018-9638-5

Rizzo, A., Sorrenti, L., Commendatore, M., Mautone, A., Caparello, C., Maggio, M. G., Özaslan, A., Karaman, H., Yıldırım, M., & Filippello, P. (2024). Caregivers of children with autism spectrum disorders: the role of guilt sensitivity and support. *Journal of Clinical Medicine, 13*(14), 4249. https://doi.org/10.3390/jcm13144249

Robinson, S., & Weiss, J. A. (2020). Examining the relationship between social support and stress for parents of individuals with autism. *Research in Autism Spectrum Disorders, 74*, 101557. https://doi.org/10.1016/j.rasd.2020.101557

Roffeei, S. H. M., Abdullah, N., & Basar, S. K. R. (2015). Seeking social support on Facebook for children with Autism Spectrum Disorders (ASDs). *International Journal of Medical Informatics, 84*(5), 375–385. https://doi.org/10.1016/j.ijmedinf.2015.01.015

Salkas, K., Magaña, S., Marques, I., & Mirza, M. (2016). Spirituality in Latino families of children with autism spectrum disorder. *Journal of Family Social Work, 19*(1), 38-55. https://doi.org/10.1080/10522158.2015.1114060

Sarwar, F., Panatik, S. A., Jameel, H. T., Wan Mohd Yunus, W. M. A., & Muhamad, S. N. (2022). Psychological capital, social support and wellbeing in mothers of children with autism spectrum disorder. *Sage Open, 12*(3), 21582440221121773. https://doi.org/10.1177/21582440221121773

Seymour, M., Giallo, R., & Wood, C. E. (2019). Perceptions of social support: Comparisons between fathers of children with autism spectrum disorder and fathers of children without developmental disabilities. *Journal of Intellectual Disability Research, 64*(6), 414–425. https://doi.org/10.1111/jir.12704

Sumiati, N. T., & Dewi, S. A. (2021). The relationship of severity level of autism and parent's unconditional love on children with autism moderated by religiosity and social support. *Jurnal Psikologi, 20*(2), 187–204. https://doi.org/10.14710/jp.20.2.187-204

Tarakeshwar, N., & Pargament, K. I. (2001). Religious coping in families of children with autism. *Focus on Autism and Other Developmental Disabilities, 16*(4), 247–260. https://doi.org/10.1177/108835760101600408

Wang, R., Liu, Q., & Zhang, W. (2022). Coping, social support, and family quality of life for caregivers of individuals with autism: Meta-analytic structural equation modeling. *Personality and Individual Differences, 186*, 111351. https://doi.org/10.1016/j.paid.2021.111351

Weinberg, M., Gueta, N., Weinberg, J., Abu Much, M., Akawi, A., Sharkia, R., & Mahajnah, M. (2021). The relationship between parental stress and mastery, forgiveness, and social support among parents of children with autism. *Research in Autism Spectrum Disorders, 81*, 101712. https://doi.org/10.1016/j.rasd.2020.101712

Yan, T., Hou, Y., & Deng, M. (2021). Direct, indirect, and buffering effect of social support on parental involvement among chinese parents of children with autism spectrum disorders. *Journal of Autism and Developmental Disorders, 52*(7), 2911–2923. https://doi.org/10.1007/

s10803-021-05170-x

Zefanya, E., & Purba, F. D. (2024). How mothers of children with autism spectrum disorder think about their quality of life? *Psikostudia : Jurnal Psikologi, 13*(2), 232. https://doi.org/10.30872/psikostudia.v13i2.14507

Zeidan, J., Fombonne, E., Scorah, J., Ibrahim, A., Durkin, M. S., Saxena, S., Yusuf, A., Shih, A., & Elsabbagh, M. (2022). Global prevalence of autism: A systematic review update. *Autism Research, 15*(5), 778–790. https://doi.org/10.1002/aur.2696

Zovko, M., Šimleša, S., & Olujić Tomazin, M. (2024). Parenting stress, coping strategies and social support for mothers of preschool children with autism spectrum disorder in the Republic of Croatia. *Clinical Child Psychology and Psychiatry, 29*(2), 674–686. https://doi.org/10.1177/13591045231191802