

Coping with Stressful Behaviour of Autism: Voices of Lusaka Parents, Zambia

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ABSTRACT

This was a hermeneutical phenomenological qualitative study of the coping strategies parents of children with autism spectrum disorder (ASD) use to cope with the demanding behaviours of their children in the Lusaka district – in Zambia. Parents, as key caregivers of children with disabilities, are likelier to develop unhappiness and worry than parents of classically developing children. Parental stress is usually associated with the severity of the ASD disorder. It was imperative to study how parents in Lusaka District coped with children with ASD daily. Interviews were used to collect data. Ten (10) parents of children with ASD were purposively selected to participate in the study. Data analysis was done in themes that revealed extra worries for parents, caused mainly by a lack of information about ASD, especially before diagnosis. Parents adopted specific strategies to cope with their children's problematic behaviour in areas of social interaction. Further, parents require much assistance developing interaction between them and specialists to acquire support services regarding coping strategies for their children's behaviour.

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1. INTRODUCTION

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder characterized by frequent high-level behaviour problems [1]. It is not clear what the exact cause of autism is. However, it is related to heredity, and there is no known cure for autism, although treatment has been suggested [2].

Caretakers of children with ASD present various forms of stress, including worries and feelings of helplessness to have a child who often portrays tantrums and violent behaviour, leading to a feeling of humiliation and negative labels [3]. Usually, children are

trained in toileting at two years old, but this may not be the case with children with ASD, who are still aided in nearly all areas of their lives coupled with extra attention from their parents. In Zambia, there are no exact figures for children living with ASD, although roughly, there are indications of about 40,000 cases of ASD [4], [5]. With such estimates, it cannot be ignored that the impact of ASD exerts a significant influence on the individuals with the disorder and those around them. This study explored the influence of ASD on parents and shed light on what helps them cope with it among Zambian Parents.

A wealth of literature provides different experiences parents go through in their everyday lives. Conceivably, parents experience much stress when they are told the results after the diagnosis of their ASD child [6]. Literature reveals that negative coping by some parents of children with ASD led to anger, confusion, avoidance, distress, and projection. Further, parents sometimes encounter physical reactions such as fright, trembling, and loss of appetite [6].

Studies show that parents of children with ASD suffer more from depression, anxiety, and stress than parents of normal developing children or those without disorders [7], [8]. Studies by Rafferty et al. [9] and Hastings and Johnson [10] revealed that those parents require a vigorous and comprehensive level of parenting as children with ASD need more time, resources, and management skills. The literature mentioned above established that most marriages of parents of children with ASD experience less sexual satisfaction and end in divorce more than families of typically developing children [8], [11].

Rafferty et al. [9] also investigated the social dynamics of parents when they inform their friends and relatives about the diagnosis. The study found that parents generally experienced different responses; positive and reassuring responses included expressions of love and support, whereas negative responses included regret and an offer to help if needed. It is also the case that parents will have experienced significant stress before the diagnosis because their child would have been displaying stimulating behavioural symptoms, but the parents would not have understood why or how to deal with them [12].

Empirical analysis has also suggested that parental stress is related to the severity of the child's symptoms and behaviours [13], [14]. Behaviors that are too difficult to manage require professional intervention, and, as such, parents continually need to seek appropriate educational and training services [15]. This can require a significant amount of administration by the parents as they spend much time looking after their children at home, which can be a source of stress. Furthermore, parents are expected to experience stress if the information and necessary access to resources are unavailable. Parents with insufficient information about the disorder will lack the understanding necessary to cope, which can affect how they can meet the child's strains. Parents may also be unable to follow their interests or goals, and mothers, usually the primary caregivers, can feel predominantly restricted.

Economic circumstances resulting from having a child with a disability can also cause parental stress in different instances, like when significant fees are required for private services [5], [16]. Reviewed literature, therefore, shows the focus was on the stress children with ASD go through, challenges and opportunities experienced in learning and

teaching children with ASD, and the psychological functioning of teachers handling children with ASD without necessarily addressing parental stress as they interact with their children with autism. The majority of such studies have involved children with ASD with a focus on educational attainment, instructional strategies, and rehabilitation of such children [4], [17], [18]. Although these studies have been done and significantly have contributed to available knowledge on children with ASD globally, very little attention has been paid to how parents of children with ASD cope with their children's behaviours, which causes them stress. This study was therefore conducted to establish the trials of parents of children with ASD pass through in coping mechanisms in the Lusaka district in Zambia. The study, therefore, sought to answer two main research questions as follows:

- (i) How do parents get stress when working with their children with ASD?
- (ii) How do parents cope with the experiences of their children with ASD?

2. METHODS

This study employed a qualitative approach. A phenomenological research design was used. The study purposefully recruited ten (10) parents aged 30 and 50 years old, where six (6) of the participants were mothers and four (4) were fathers, all from Lusaka District. The study used homogeneous sampling, which helped to describe parents' trials with their children with ASD in the Lusaka district in Zambia.

The research design was suitable for this study because it helped understand how parents and guardians of children with ASD coped with stressful situations. Through interviews, nonverbal cues were observed and coded while what they said was recorded as verbatim excerpts, evidence of fieldwork.

The study involved ten (10) parents and guardians interviewed via face-to-face interactions. Participants were four (4) male and six (6) female. One of the participants was a grandmother who was caring for her daughter with ASD. Participants were tapped from different professions, while others were not working in the formal sector. One of the participants had two children with autism, which gave the study a different experience from those with one child with autism in their family.

Face-to-face in-depth interviews were used to collect data from participants. In-depth interviews allowed flexibility in how the questions were asked, with each interview taking an average of 30 minutes. The interviews helped in asking additional questions and observing nonverbal cues. Interview questions covered the participants' family life, challenges, stress, and coping techniques.

Data were analyzed via the identification of key themes that were guided by the research questions and emergent themes from discussions with participants, a research practice supported by Barriball and While [19], who contended that qualitative data might be analyzed through common and recurrent themes and that thematic analysis is a way of organizing qualitative data and involves the researcher identifying and making sense of the emerging themes [20]. This study transcribed, coded, and categorized data according to themes. It ensured that themes were consistent and well understood [20].

The School of Humanities of the University of Zambia Ethics Committee approved the study. Participants agreed to take part in the study and signed ethical consent forms.

Their identities in this study have been withheld to fulfil the ethical requirements of anonymity and confidentiality.

3. RESULTS AND DISCUSSION

The findings of this study have been presented and discussed according to the main themes derived from the research questions.

3.1 Ways in which parents get stress from their children with ASD

This study revealed several stressful situations for parents of children with ASD. More so, the situations are not any different from parents in similar situations, although the degree or severity of the condition also impacts the amount of stress on an individual parent.

3.1.2. Stressful conditions of Parents'

Generally, the findings showed that parents got stress from performing daily routine duties such as child care, financial burdens, communication barriers, stigma, and frequent discussions with professionals who endeavoured to help out. The findings from the study are supported by Pisula and Kossakowska [16], who opined that parents become distressed and family functioning is impacted in numerous ways due to rearing a child with autism. Parents bear most of the emotional burden as caring for the child falls predominately upon them [7].

3.1.3. stress from childcare duties

Stress also emanates from childcare-related duties. The findings of this study align with Alnema et al. [5]. According to Alnema et al. [5], some parents lack knowledge of how to manage problem behaviour exhibited by a child with autism and end up being overly stressed. The failure to know the condition creates pressure, anxiety, and stress to handle emerging behavioural challenges emitted by children with ASD. Childcare duties create high transport costs for parents as they take their children to and from hospitals for treatment and consultations with medical doctors [2]. According to the findings of this study, it is not easy to care for a child with autism. Thus, a gap emerges in this study that parents appear to have knowledge and skills in managing problem behaviour for children with autism [21]. One of the parents says: *It is not that easy because you have to do everything for the child, from waking up until he or she sleeps. This wears me out*, said participant < A'5 >.

Children living with autism are usually inconsistent in terms of routines. Parents found caring for their children after school difficult without a helper or other family members. Parent participant < A'9 > said *it was challenging because I have changed nannies occasionally. After all, they become stressed and quickly relinquish their duties to look for other less demanding nanny duties. This leaves me with many care responsibilities for the child, yet I have to fend for the family.*

Overall, childcare duties were stressful to parents, as evidenced by the complaints of most parent participants; members who had someone to help reported less stress. For instance, an elder sister would help to take the child to and from school. This was not easy for single parents.

3.1.4. Financial burden

This showed that working parents who could afford financial resources found it easier to take care of their children with autism than those who did not have the resources. This finding relates to Wonani and Muzata [4], who reported that parents complained about the financial burden or costs of having children with ASD compared to those without. Therefore, taking care of a child with autism was highly costly since parents needed to take their children to the hospital for medical checkups, treatment, and professional guidance on how to care for them. In this study, all parents complained that taking care of children with autism was expensive. One of the parent participants < A'2> testified below: *I must confess that I find it costly to take care of my son, who has autism, especially since I am not married, which means I have no husband to help me take care of this child. I also have to shoulder all the costs by going to the hospital and performing home chores when he needs attention. I usually take him to be scanned because it is routine according to how we were advised at the hospital, and because it is routine, you must pay consultation fees every time.*

The other financial-related burden reported by parents was transport. Parents shared that they have to always take and drop their children right at school so that their child is not ridiculed if allowed to walk to school alone or with peers.

Parent participant < A'4> explains: *When using a public minibus, you always worry about people you sit with because they make silly statements about the child.*

Additionally, one participant, < A'10>, reported that she was unemployed and her husband could not continue supporting the child. She narrates: *when my husband stopped supporting the child, I could not take the child for treatment at the hospital as was a routine previously. I cannot afford school fees at a private school.*

These findings, therefore, appear to indicate that parents need financial and other forms of support to provide for their children and offset the adverse impact of such a child on the overall family needs. Institutions and organizations that support the vulnerable in society should take a keen interest in identifying persons in such circumstances. Parents of children with autism need financial support, mental health support, and training in skills to manage problem behaviour that comes with the condition.

3.1.5. Communication barriers

Communication is a critical feature that aids child development. Mutual communication aids children's development as they can quickly receive guidance and instructions from parents, and they, too, can make requests and seek various services. However, it is now naturally accepted that children with autism lack communication. For parents, it was so stressful that they could engage in fruitful interaction with their children

who had autism. One of the extracted excerpts below speaks to this finding: *You know how important it is to communicate. Nevertheless, in this case, I can talk to my child, even if I try. I am not sure he understands me; the worst part is that he cannot communicate back.*

However, some parents, especially the older ones, believed that communication with children gradually improved with time and patience. Parent participant < A'3 > reported his experience as follows: *At the beginning, it was rough, but now the child can follow some instructions, and we can also know what he wants at a particular time. Perhaps with time, we will be communicating < A'3 >.*

3.1.6. Stigma

Families of children with autism are more likely to feel socially isolated and stigmatized than families of children with no disability at all [22]. Studies by Gray [12] and Wonani and Muzata [4] report that parents of children with ASD may feel stigmatized in public places. < A'9 > reported that *People always stigmatize us as parents and the child in places, but you have to show love to your child. However, in a public place, I have to explain to the person my child is seated next to so that he or she understands when my child behaves in a contrary way.*

Although parent < A'9 > reported this, not all parents had similar experiences. Some parents did not report any form of stigma. One parent reported that people at a church were more supportive of her daughter with autism. *We receive positive attention from members of our church. My child is engaged in different entertaining activities when we go to church. However, since I am always worried, I try to check on her or sit with her in church constantly.*

Varied experiences of parents show the different orientations and attitudes in society. When attitudes are negative, the sources of negative attitudes need to be targeted with educational sensitization talks. When positive attitudes linger, there is a need to strengthen and utilize such societies to help turn other societies in the pursuit of supporting parents and children with autism and other disabilities.

3.2. Coping Strategies Used by Parents

3.2.1 Acceptance

When parents realize their child has ASD, they may accept it, put all other emotions behind them, and focus on ways to better their and their children's lives [5]. However, it does not come that easy. Parents must pass through various stages before they adapt and accept and deserve support through the journey to adaptation and acceptance. The adaptation process may know no age, although experience with children with ASD in this study shows that elder parents tended to accept their condition and move on a little quickly. Parents who finally accept their child's condition would say like the parent < A'5 > below: *I have to move on. I do not need to keep on complaining. So, I need to find ways of paying attention to my child's needs, and gradually, the child improves until no one notices that the child has a disorder.*

3.2.2 Support groups

The study discovered that a family raising children with ASD with other family members needs support and assistance in dealing with their emotions. In this study, most parents received support from family members. Most help came from the grandparents of the child with autism, i.e., the child's mother. One middle-aged parent participant responded that she generally cares for her baby, but her biological mother assists her in every way possible. In this study, participants reported getting support from other family members and their families. However, a few others noted that they did not receive regular assistance from relatives or family members. Participant <A8> specified that her family provided psychological and emotional support: *my entire family supports me since I am the first to have an ASD child.*

Surprisingly, this study reveals that female participants received support from family while no male parent did not report this. This calls for further investigations into the nature of support provided to parents of children with autism and establishes whether females receive more support than male parents yet harbour the same challenges.

Generally, the findings restrict support to the family level, meaning that parents may not be aware of the relevance of a broader support system that can be created from the communities in which they live. It is essential to introduce parents to other parents living with similar children so that they can appreciate and exchange knowledge, skills, and understanding of the trials they encounter when children with ASD are raised. Support groups may include professional groups that may train children in social skills, communication, therapeutic activities, and daily living skills. Parents need to be introduced to communities of hope that provide counselling and guidance on where to access financial help.

3.2.3. Leisure Outings

Another finding critical to coping with autism is the adoption and use of technology. Parents with access to information technology tools such as computers, phones, and games easily helped parents engage their children with autism in play and social behaviour regulation. One of the parents <A'4> narrates below:

I use technology at home to keep my child from throwing tantrums and give me free time to do my things. I use phones and tablets, which keep my child away from problems.

Another contribution from participant <A'2>) says: *I use television for my child to watch cartoons and showing my child pictures of new persons or places to enhance growth and understanding to know what is happening and if we want to go to a place unfamiliar to him.*

Although this finding was not prevalent for most parents for various reasons, including lack of access to gadgets, it is essential to explore the use of various technologies in helping regulate social behaviour for children with autism. Various games can entertain children through play, but computer games can help train children in acceptable social behaviour. What needs to be addressed is the issue of access for parents, affordability, and knowledge of the relevant software for behaviour regulation.

3.2.4. Use of technology

Another finding critical to coping with autism is the adoption and use of technology. Parents with access to information technology tools such as computers and phones with games quickly helped parents engage their children with autism in play and social behaviour regulation. One of the parents, < A'4>, narrates below: *At home, we use phones and a tablet, so we use games to help the child play and relax. We use some cartoons to teach good behaviour, how to ask for things, say sorry, etc. Occasionally, we would ignore his demands as another way to control his behaviour. We also explain by use of verbal explanations.*

Another participant < A'2>) recounts: *We sometimes use stories and models, and we show the child pictures of new places and people to help him understand what is in the environment. We advise visitors to our home not to introduce aspects that trigger bad or aggressive behaviour in the child.*

Although this finding was not famous for most parents for various reasons, including lack of access to gadgets, it is essential to explore the use of various technologies in helping regulate social behaviour for children with autism. Various games can entertain children through play, but computer games can help train children in acceptable social behaviour. What needs to be addressed is access for parents, affordability, and knowledge of the relevant software for behaviour regulation.

3.2.5. Safety and Behavioral Tokens

Parents used tokens to reward good behaviour for managing non-compliance and reducing stress. For instance, one parent-participant < A'10> reported that *I use the reward system when my child portrays a specific good behaviour; I give him what he likes. For example, my boy loves Pizza. I go with him to buy to encourage the behaviour. Praising is also a coping strategy for my child to see good behaviour. I also continue with routine demands, various strategies, and social stories despite my child's protests, working with some of these strategies.*

Parents' participant < A'7> submitted that: *Our house is near the main road, so we had mounted steel bars, installed alarms, and inserted many locks on doors and squeezed window frames to stop my son from going out and getting lost. I am comforted and at peace; he is in a familiar place.*

This is another unpopular response that did not receive a higher coding but is relevant in regulating behaviour and reducing stress among caregivers of children with autism—behaviourists such as BF. Skinner, Edward Thorndike, and Ivan Pavlov noted the relevance of rewards in modifying behaviour [11]. Parents need to be helped to become aware of the nature of rewards and how often they can help their children regulate stressful behaviour. In a surprise but real revelation of findings that most parents did not bring out, one parent reported using physical punishment. Below is the attestation by participant< A'5>:

I lose it at times. I beat the child when he shows unacceptable behaviour, so I treat him like any other child in the house. I do not give special treatment coming from a family of orders. I beat him, though he does not show any remorse.

Another parent who used a yelling and shouting strategy at the child eventually realized it was not working. She says: *I fail to tell what strategy to use for my child. As a mother of five children, I screamed, roared, and carried negative distress in return for violence or problem behaviour. My effort to use time out did not work, and the child would shout or leave me alone.*

Punishment to diminish unwanted behaviour is acknowledged in behavioural psychology but not supported in the current discourse of behaviour modification. Negative reinforcement should be discouraged, especially in the current human rights discourse that children should enjoy daily.

3.2.6. Supervision and monitoring of Behavior modification schedules

The responses from the parent participants adopted the supervision and monitoring model to help modify their children's behaviour and reduce stressful occurrences if the children were left loose. This means parents need to stay alert and ready to intervene always to avoid damage. One parent participant < A'4> said, *"My son has no fixed schedule; he can sleep at 14:00 hours and wake up at 22:00 hours. Furthermore, no one is allowed to sleep when he wakes up, and he needs to be given extra attention to have pandemonium in the house. He can sometimes sleep at 18:00 hours and wake up at 02:00 hours. To us, it is to be always ready, and at times, we distract him so that he does not sleep early but after 20:00 hours so that he wakes up in the morning.*

3.2.7. Spiritually and Religious Strategies

Like Banja and Muzata [1], this study revealed that parents resorted to God or other religious figures they believed in to help them cope with their child's condition. Thus, religion can mediate in parents' coping trials, an observation made by Spector and Steve [23] in an earlier study. In this study, the following excerpts reveal what parents said: parent participant < A'6> said that.

I believe God cannot give me a problem I cannot handle. I accepted that my children have a disorder, and I always pray for strength; that was a vital religious experience.

I began reading my Bible, wanting to know why I was given a child with a disorder and where I went wrong. I keep asking myself this question and praying for God's miracle to heal my child.

Participant < A'1> A father said it is essential to be patient and accept every child God has given someone because God rewards people in different ways. *As a Christian, I have accepted my child using verses in the Bible that one day, God will heal my child in his own time.*

Religion has a role in helping parents cope with the difficulties they face in life, and this study, therefore, calls on religious leaders and organizations to play a role in helping parents adapt to the disability and manage the stress caused by having a child with ASD.

CONCLUSION

This study explored the coping strategies parents of children with autism spectrum disorder (ASD) in the Lusaka district use to cope with the stressful behaviours of their children. Through a hermeneutic phenomenology, ten parents participated in the study's sample size. Based on the findings of this study, parents in Lusaka need various services to adapt, accept and support their children with ASD. Parents must be provided with knowledge and skills on various methods to interact and cope with children with ASD. They must be linked to various service providers to access financial support, counselling services, and skills to live with a child with ASD. Linking parents to support groups would help alleviate depressing feelings and improve mental health among parents living with children with autism.

The study was qualitative, using ten parents of children with autism, which means it is restricted in generalizability. It would be necessary to upscale this study quantitatively to obtain more parents in the same situation to broaden service provision to all parents of children with ASD in Lusaka and Zambia.

REFERENCES

- [1] M. K. Banja and K. K. Muzata, "Psychosocial experiences and coping strategies of parents of children with Cerebral Palsy in Zambia," *J. Educ. Res. Child. Parents Teach.*, vol. 2, no. 2, pp. 310–324, 2021.
- [2] J. Baio *et al.*, "Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2014," *MMWR. Surveill. Summ.*, vol. 67, no. 6, pp. 1–23, Apr. 2018, doi: 10.15585/mmwr.ss6706a1.
- [3] B. Sivberg, "Family System and Coping Behaviors," *autism*, vol. 6, no. 4, pp. 397–409, Dec. 2002, doi: 10.1177/1362361302006004006.
- [4] L. Wonani and K. K. Muzata, "Parenting and Educating Children with Autism: Lived Experiences of Lusaka Parents - Zambia," *Int. J. Sci. Basic Appl. Res.*, vol. 48, no. 6 SE-Articles, pp. 20–36, Nov. 2019, [Online]. Available: <https://gssrr.org/index.php/JournalOfBasicAndApplied/article/view/10458>.
- [5] F. M. Alnemary, H. M. Aldhalaan, G. Simon-Cerejido, and F. M. Alnemary, "Services for children with autism in the Kingdom of Saudi Arabia," *autism*, vol. 21, no. 5, pp. 592–602, Jul. 2017, doi: 10.1177/1362361316664868.
- [6] K. H. Chalwe, J. M. Mandyata, and S. Kasonde-Ng'andu, "Making A Case on Social Interaction of Parents of Children With Autistic Spectrum Disorders: A Study of Selected Compounds of Lusaka, Zambia," *Eur. J. Educ. Stud.*, 2021, [Online]. Available: <https://api.semanticscholar.org/CorpusID:237951830>.
- [7] T. T. Dyches, L. K. Wilder, R. R. Sudweeks, F. E. Obiakor, and B. Algozzine, "Multicultural Issues in Autism," *J. Autism Dev. Disord.*, vol. 34, no. 2, pp. 211–222, Apr. 2004, doi: 10.1023/B:JADD.0000022611.80478.73.
- [8] B. A. Boyd, "Examining the Relationship Between Stress and Lack of Social Support in Mothers of Children With Autism," *Focus Autism Other Dev. Disabl.*, vol. 17, no. 4, pp. 208–215, Nov. 2002, doi: 10.1177/10883576020170040301.
- [9] D. Rafferty, L. Tidman, and N. V. Ekas, "Parenting experiences of fathers of children with autism spectrum disorder with or without intellectual disability," *J. Intellect. Disabil. Res.*, vol. 64, no. 6, pp. 463–474, Jun. 2020, doi: 10.1111/jir.12728.
- [10] R. P. Hastings and E. Johnson, "Stress in UK Families Conducting Intensive Home-Based Behavioral Intervention for Their Young Child with Autism," *J. Autism Dev. Disord.*, vol. 31, no. 3, pp. 327–336, 2001, doi: 10.1023/A:1010799320795.
- [11] K. K. Muzata, *Special and Inclusive Education Provision in the Zambian Context*. Zambia: UNZA Press, 2021.
- [12] D. E. Gray, "Coping over time: the parents of children with autism," *J. Intellect. Disabil. Res.*, vol. 50, no. 12, pp. 970–976, Dec. 2006, doi: 10.1111/j.1365-2788.2006.00933.x.

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- [13] J. J. Gallagher, P. Beckman, and A. H. Cross, "Families of Handicapped Children: Sources of Stress and its Amelioration," *Except. Child.*, vol. 50, no. 1, pp. 10–19, Sep. 1983, doi: 10.1177/001440298305000102.
- [14] C. D. Hoffman, D. P. Sweeney, D. Hodge, M. C. Lopez-Wagner, and L. Looney, "Parenting Stress and Closeness: Mothers of Typically Developing Children and Mothers of Children With Autism," *Focus Autism Other Dev. Disabl.*, vol. 24, no. 3, pp. 178–187, Sep. 2009, doi: 10.1177/1088357609338715.
- [15] A. M. Babatin, B. S. Alzahrani, F. M. Jan, E. H. Alkarimi, and M. M. Jan, "The availability of services for children with autism spectrum disorder in a Saudi population," *Neurosciences*, vol. 21, no. 3, pp. 223–226, Jul. 2016, doi: 10.17712/nsj.2016.3.20150597.
- [16] E. Pisula and Z. Kossakowska, "Sense of Coherence and Coping with Stress Among Mothers and Fathers of Children with Autism," *J. Autism Dev. Disord.*, vol. 40, no. 12, pp. 1485–1494, Dec. 2010, doi: 10.1007/s10803-010-1001-3.
- [17] B. Barrett *et al.*, "Service and Wider Societal Costs of Very Young Children with Autism in the UK," *J. Autism Dev. Disord.*, pp. 1–8, 2011, [Online]. Available: <https://api.semanticscholar.org/CorpusID:189913429>.
- [18] B. Ingersoll and A. Dvortcsak, "Including Parent Training in the Early Childhood Special Education Curriculum for Children With Autism Spectrum Disorders," *Topics Early Child. Spec. Educ.*, vol. 26, no. 3, pp. 179–187, Jul. 2006, doi: 10.1177/02711214060260030501.
- [19] K. Louise Barriball and A. While, "Collecting data using a semi-structured interview: a discussion paper," *J. Adv. Nurs.*, vol. 19, no. 2, pp. 328–335, Feb. 1994, doi: 10.1111/j.1365-2648.1994.tb01088.x.
- [20] D. Harper and A. R. Thompson, Eds., *Qualitative Research Methods in Mental Health and Psychotherapy*. Wiley, 2011.
- [21] V. Macha, F. Simui, and K. K. Muzata, "Parents and Teachers Experiences of Managing Peculiar Psychosocial Behaviours of Learners with Autism Spectrum Disorder in Selected Special Units in Lusaka, Zambia," *Multidiscip. J. Lang. Soc. Sci. Educ.*, vol. 3, no. 2, pp. 16–42, 2020.
- [22] A. Dabrowska and E. Pisula, "Parenting stress and coping styles in mothers and fathers of pre-school children with autism and Down syndrome," *J. Intellect. Disabil. Res.*, vol. 54, no. 3, pp. 266–280, Mar. 2010, doi: 10.1111/j.1365-2788.2010.01258.x.
- [23] D. L. Paulhus, "Two-component models of socially desirable responding.," *J. Pers. Soc. Psychol.*, vol. 46, no. 3, pp. 598–609, Mar. 1984, doi: 10.1037/0022-3514.46.3.598.
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